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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: TRI - STATE MOTOR TRANSIT CO

DOC LOG ID: 37984

CHAZ ID: MOD095038998

CITY: JOPLIN

COUNTY: ALL FL CNTYS

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Document Types

Document Type

RHWT

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
216069	MP	donnie.lester@tsmtco.com	MOD095038998	Tri - State Motor Transit Co
318878	HWT	donnie.lester@roadmastergroup.com	MOD095038998	Tri - State Motor Transit Co

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/14/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	08/15/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	08/15/2017	HORLICK_S	✘
RHWT	Data Entry Completed	08/15/2017	SIMMONS_JLS	✘
RHWT	Waiting for information	08/16/2017	HORLICK_S	✘
RHWT	Final Review	08/21/2017	HORLICK_S	✘
RHWT	Notification Letter Emailed	08/21/2017	HORLICK_S	✘
RHWT	Booked into Oculus	08/21/2017	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	08/14/2017	Notification has an original signature.	SIMMONS_JLS
RHWT	08/15/2017	Valid Certificate of Liability insurance form on file.	HORLICK_S
RHWT	08/16/2017	<p>Email to Donnie Lester: In reviewing your submittals, we notice additional information is needed. Please revise the Florida Hazardous Waste Transporter Liability Endorsement form as follows; 1. In section 1. under "coverage applies at" must be filled in with the physical location- complete street address of insured that goes with the EPA ID number(see attached). This is Item 4. On the 8700 -12FL Florida Notification of Regulated Waste Activity 2. Submit the revised insurance form hand signed ("wet signature") by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.) Please submit an updated 8700-12FL Florida Notification of Regulated Waste Activity to include the address (17235 N 75th Avenue, Suite D175, Glendale, AZ 85308), which I assume is a parent company. If you cannot include it in a numbered address space, add it to the comments on page 5 of the form. If you choose this option, please make sure there is an original wet signature. As soon as possible, please mail the required forms to: DEP Waste Management Division/HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	08/21/2017	Updated HWT/UOH Certificate of Liability and Liability Endorsement insurance forms received.	HORLICK_S

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