

## MyFDEP

Florida Department of Environmental Protection




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## Completed Document Details

**NATIVE NAME:** ACTION RESOURCES, INC**DOC LOG ID:** 38590**CHAZ ID:** ALR000007237**CITY:** HANCEVILLE**COUNTY:** ALL FL CNTYS
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### Document Types


Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
425982	UOP	<a href="mailto:michelle.kerns@actn.com">michelle.kerns@actn.com</a>	ALR000007237	Action Resources, Inc
426090	MP	<a href="mailto:michelle.kerns@actn.com">michelle.kerns@actn.com</a>	ALR000007237	Action Resources, Inc
426683	HWT	<a href="mailto:michelle.kerns@actn.com">michelle.kerns@actn.com</a>	ALR000007237	Action Resources, Inc

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/07/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	12/11/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	01/02/2018	HORLICK_S	✘
RHWT	Data Entry Completed	01/02/2018	SIMMONS_JLS	✘
RHWT	Final Review	01/03/2018	HORLICK_S	✘
RHWT	Booked into Oculus 	01/05/2018	THURSBY_K	✘
RUOH	Logged	12/07/2017	SIMMONS_JLS	✘
RUOH	Completeness Review	12/11/2017	ASHWOOD_J	

					✘
RUOH	Waiting for information	12/11/2017	ASHWOOD_J		✘
RUOH	Ready for Data Entry	12/27/2017	ASHWOOD_J		✘
RUOH	Data Entry Completed	12/27/2017	SIMMONS_JLS		✘
RUOH	Final Review	12/27/2017	ASHWOOD_J		✘
RUOH	Booked into Oculus 	01/05/2018	THURSBY_K		✘

**Comments**

Document Type	Date	Comment	Author
General Comment	12/07/2017	Insurance doc does not have an original signature.	SIMMONS_JLS
RHWT	12/11/2017	Valid Certificate of Liability insurance form on file with same insurance carrier, same expiration date and different policy number.	HORLICK_S
RUOH	12/11/2017	Email sent to Michelle Kerns: In reviewing your submittal, we noticed additional information is needed. The Insurance form does not have an original (wet) signature (see attached). UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need you to submit two separate Insurance forms. Please submit the following to continue updating your Insurance in our database (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	12/27/2017	Received updated ACORD form - Good.	ASHWOOD_J