

MyFDEP

Florida Department of Environmental Protection



 Welcome, Kim Thursby. You are logged on with a role of CHAZ_USER. [\[Sign Out\]](#)

[\[Pending List\]](#) [\[Completed List\]](#)
[\[Completed List - this DocLog\]](#)

Completed Document Details

NATIVE NAME: THOMAS GRAY & ASSOCIATES

DOC LOG ID: 38731

CHAZ ID: CAD066151648

CITY: ORANGE

COUNTY: ALL FL CNTYS

[View email records](#)
[📁 RHWT Email Template](#) [📁 RHWT Approvals](#)

Document Types

Document Type

RHWT

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID

252212

Interest Type

HWT


Email
rich@tgainc.com
Native ID

CAD066151648

Native Name

Thomas Gray & Associates

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	01/02/2018	SIMMONS_JLS	✘
RHWT	Completeness Review	01/04/2018	HORLICK_S	✘
RHWT	Waiting for information	01/04/2018	HORLICK_S	✘
RHWT	Ready for Data Entry	01/22/2018	HORLICK_S	✘
RHWT	Data Entry Completed	01/22/2018	SIMMONS_JLS	✘
RHWT	Final Review	01/23/2018	HORLICK_S	✘
RHWT	Booked into Oculus 	01/23/2018	THURSBY_K	✘

Comments

Document	Date	Comment	Author
----------	------	---------	--------

Type

		Email sent to Richard Gallego: In reviewing your submittal, we noticed additional information is needed. The submitted ACORD form must exactly match the Certificate of Liability Insurance form we have on file. Please submit the following to continue processing your insurance update (see attached blank form for your convenience): ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original ¿WET¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. 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. Thanks	
RHWT	01/04/2018		HORLICK_S
RHWT	01/22/2018	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

[DEP Home](#) | [About DEP](#)