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Pending Document Details

NATIVE NAME: ASSOCIATED WASTE SERVICES CORP

DOC LOG ID: 43030

CHAZ ID: FLR000223313

CITY: MEDLEY

COUNTY: MIAMI-DADE

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Document Types

Document Type

HWG
RUOH

Primary Type

Y
N

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
453181	HWR	larryrodriguez@associatedwasteservices.com	FLR000223313	Emaxx Miami LLC
453311	MP	larryrodriguez@associatedwasteservices.com	FLR000223313	Emaxx Miami LLC
453707	HWT	larryrodriguez@associatedwasteservices.com	FLR000223313	Emaxx Miami LLC
496726	UOP	rsantana@eco-maxx.com	FLR000223313	Emaxx Miami LLC

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	12/14/2018	SIMMONS_JLS	
RUOH	Logged	12/14/2018	SIMMONS_JLS	
RUOH	Completeness Review	12/17/2018	ASHWOOD_J	
RUOH	Waiting for information	12/17/2018	ASHWOOD_J	
RUOH	Ready for Data Entry	04/18/2019	ASHWOOD_J	
RUOH	Data Entry Completed	04/18/2019	ASHWOOD_J	
RUOH	Final Review	04/18/2019	ASHWOOD_J	
RUOH	Notification Letter Emailed	04/18/2019	ASHWOOD_J	
RUOH	Booked into Oculus	04/19/2019	THURSBY_K	

Add A New Process

Comments

Document Type	Date	Comment	Author
General Comment	03/25/2019	Notification has an originals signature, insurance form is not signed.	NOLAND_T
RUOH	03/21/2019	Owners moving to new location.	ASHWOOD_J
RUOH	03/27/2019	Email sent to Matt Gudorf: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted is incomplete (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 by Tuesday, April 17, 2019 to continue processing your UO registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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	04/18/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

Add A New Comment

Document Type

Comments

Hazardous Waste Generator (HWG) ▼

Add Comment