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Completed Document Details

NATIVE NAME: RANGER CONSTRUCTION INDUSTRIES INC

DOC LOG ID: 47301

CHAZ ID: FLD984183970

CITY: FORT PIERCE

COUNTY: ST. LUCIE

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Document Types

Document Type
RUOH

Primary Type
Y

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
432178	UOP	TOM.REHYANSKY@rangerconstruction.com	FLD984183970	Ranger Construction Industries Inc
451857	HWR	tom.rehyansky@rangerconstruction.com	FLD984183970	Ranger Construction Industries Inc

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	06/10/2019	OUTLEY_D	
RUOH	Completeness Review	06/10/2019	ASHWOOD_J	
RUOH	Waiting for information	06/10/2019	ASHWOOD_J	
RUOH	Ready for Data Entry	06/25/2019	ASHWOOD_J	
RUOH	Data Entry Completed	06/25/2019	ASHWOOD_J	
RUOH	Final Review	06/25/2019	ASHWOOD_J	
RUOH	Notification Letter Emailed	06/25/2019	ASHWOOD_J	
RUOH	Booked into Oculus	06/25/2019	THURSBY_K	

Comments

Document Type	Date	Comment	Author
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6/25/2019

Completed Document Details

General Comment	06/10/2019	Notification has original signature.	OUTLEY_D
RUOH	06/17/2019	Received original 8700 form, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	06/17/2019	Registration fee received in F&A on 6/3/19.	ASHWOOD_J
RUOH	06/17/2019	Email sent to Tom Rehyansky: In reviewing your submittal, we noticed additional information is needed. Your Insurance has expired as of 4/1/19 (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 Monday, June 24, 2019 to continue processing your UO renewal 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	06/25/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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