



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: EARTH SMART ENVIRONMENTAL SOLUTIONS LLC

DOC LOG ID: 49492

CHAZ ID: MIR000037697

CITY: NILES

COUNTY: ALL FL CNTYS

[View email records](#)

[RHWT Email Template](#) [RHWT Approvals](#)

Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
459643	HWT	david.hux@es2.us	MIR000037697	Earth Smart Environmental Solutions LLC
459846	MP	david.hux@es2.us	MIR000037697	Earth Smart Environmental Solutions LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/26/2019	OUTLEY_D	✘
RHWT	Completeness Review	08/26/2019	HORLICK_S	✘
RHWT	Waiting for information	08/28/2019	HORLICK_S	✘
RHWT	Ready for Data Entry	09/12/2019	HORLICK_S	✘
RHWT	Data Entry Completed	09/12/2019	HORLICK_S	✘
RHWT	Final Review	09/12/2019	HORLICK_S	✘
RHWT	Notification Letter Emailed	09/12/2019	HORLICK_S	✘
RHWT	Booked into Oculus	09/17/2019	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	08/26/2019	Certificate have original signature.	OUTLEY_D
RHWT	08/28/2019	Michigan EPA ID number with Florida address.	HORLICK_S
RHWT	08/28/2019	Email sent to David Hux: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration insurance update.	HORLICK_S

Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler Form as follows; \hat{z} In the center section under \hat{z} coverage applies at \hat{z} please correct the EPA/DEP ID Number, Name of Insured and physical location- complete street address of insured that goes with the EPA ID number (see attached). The EPA/DEP ID Number (MIR000037697) is for Earth Smart Environmental Solutions LLC., Niles, Michigan. The address is for Winter Garden, Florida.. \hat{z} Submit the revised insurance form hand signed (\hat{z} WET signature \hat{z}) 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.) As soon as possible, please mail the required forms to: DEP Waste Management Division \hat{z} HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks

RHWT 09/12/2019

Updated HWT/UOH Certificate of Liability received.

HORLICK_S

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