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Florida Department of Environmental Protection



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Pending Document Details

NATIVE NAME: DANIELS SHARPSMART INC
DOC LOG ID: 61799 **CHAZ ID:** FLD984171850
CITY: ORLANDO **COUNTY:** ORANGE

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Document Types


Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	
RMH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
491797	HWR	kittle@danielshealth.com	FLD984171850	Daniels SharpSMART Inc
531287	HWT	PKhera@danielshealth.com	FLD984171850	Daniels SharpSMART Inc
539687	MP	PKhera@danielshealth.com	FLD984171850	Daniels SharpSMART Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	08/19/2020	SIMMONS_JLS	✕
HWG	Post Stamp	12/18/2020	HORLICK_S	✕
RHWT	Logged	08/19/2020	SIMMONS_JLS	✕
RHWT	Completeness Review	08/20/2020	HORLICK_S	✕
RHWT	Waiting for information	09/15/2020	HORLICK_S	✕
RHWT	Waiting for information	10/09/2020	HORLICK_S	✕
RHWT	Waiting for information	11/13/2020	HORLICK_S	✕
RHWT	Ready for Data Entry	11/23/2020	HORLICK_S	✕
RHWT	Data Entry Completed	11/23/2020	HORLICK_S	✕
RHWT	Final Review	11/23/2020	HORLICK_S	✕
RHWT	Notification Letter Emailed	11/23/2020	HORLICK_S	✕

RHWT	Booked into Oculus 	11/23/2020	HORLICK_S	
RMH	Logged	08/19/2020	SIMMONS_JLS	
RMH	Completeness Review	11/02/2020	HORLICK_S	
RMH	Ready for Data Entry	12/18/2020	HORLICK_S	
RMH	Data Entry Completed	12/18/2020	HORLICK_S	
RMH	Final Review	12/18/2020	HORLICK_S	
RMH	Notification Letter Emailed	12/18/2020	HORLICK_S	

Add A New Process

Document Type	Process	Date	
<input type="text" value="Please select"/>	<input type="text" value="---"/>	<input type="text" value="12/18/2020"/>	<input type="button" value="Add Process"/>

Comments

Document Type	Date	Comment	Author
General Comment	08/19/2020	Notification has an original signature, insurance form is a copy.	SIMMONS_JLS
RHWT	09/15/2020	Email sent to PJ Khera, Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; The document must be hand signed (WET signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation, if signed by an underwriter or insurance broker, this person must be an authorized agent of the insurer or have a digital signature due to COVID-19 (see attached). As soon as possible, please mail the required form to: DEP Waste Management Division;PCAP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	10/09/2020	Email to Ian- MacDougall, we are waiting on an updated Certificate of Liability. Email was sent to PJ Khera on 9/15/2020 (see below). Let me know if you have any questions or comments.	HORLICK_S
RHWT	11/02/2020	Email sent to Ian MacDougal1, The submitted ACORD form must exactly match the Certificate of Liability Insurance form we have on file. The insurance carrier and policy number do not match. 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-PCAP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions. Thanks	HORLICK_S
RHWT	11/23/2020	Updated HWT/UOH Certificate of Liability received with digital signature due to COVID-19.	HORLICK_S
RMH	12/18/2020	Processed as a SQH, transporter and transfer facility for Hg lamps and devices.	HORLICK_S

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Document Type	Comments	
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