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NATIVE NAME: APOLLOS WATERS LLC
DOC LOG ID: 86365 **CHAZ ID:** INR000145292
CITY: BATTLE GROUND **COUNTY:** ALL FL CNTYS

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
592558	HWT	cburden@apolloswater.com	INR000145292	Apollos Waters LLC
597349	UOP	cburden@apolloswater.com	INR000145292	Apollos Waters LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	03/06/2023	CIARAVELLA_J	✖
RHWT	Completeness Review	03/07/2023	HORLICK_S	✖
RHWT	Waiting for information	03/28/2023	HORLICK_S	✖
RHWT	Ready for Data Entry	04/03/2023	HORLICK_S	✖
RHWT	Data Entry Completed	04/03/2023	HORLICK_S	✖
RHWT	Final Review	04/03/2023	HORLICK_S	✖
RHWT	Notification Letter Emailed	04/03/2023	HORLICK_S	✖
RHWT	Booked into Oculus	04/03/2023	HORLICK_S	✖
RUOH	Logged	03/06/2023	CIARAVELLA_J	✖
RUOH	Completeness Review	03/06/2023	ASHWOOD_J	✖
RUOH	Waiting for information	03/06/2023	ASHWOOD_J	✖
RUOH	Ready for Data Entry	04/04/2023	ASHWOOD_J	✖
RUOH	Data Entry Completed	04/04/2023	ASHWOOD_J	✖
RUOH	Final Review	04/04/2023	ASHWOOD_J	✖
RUOH	Notification Letter Emailed	04/04/2023	ASHWOOD_J	✖
RUOH	Booked into Oculus	04/04/2023	ASHWOOD_J	✖

Comments

Document Type	Date	Comment	Author
General Comment	03/06/2023	Notification has an original signature.	CIARAVELLA_J
RHWT	03/28/2023	3/16/2023 Email sent to Craig Burden: In reviewing your submittals, we notice additional information is needed in order to continue processing your Florida Hazardous Waste Transporter registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; The Certificate of Liability is incomplete- please correct the missing dates (see highlighted on attached). Submit the revised insurance form hand signed (wet signature) 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.) An official digital signature with date and time stamp, or DocuSign is also acceptable. As soon as possible, please mail the required forms to: DEP Waste Management Division, HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	04/03/2023	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	03/28/2023	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	03/28/2023	Waiting for revised Insurance form.	ASHWOOD_J
RUOH	04/04/2023	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J