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Completed Document Details

**NATIVE NAME:**ATLANTIC RECOVERY SERVICES, INC

**DOC LOG ID:** 103742

**CITY:**

**CHAZ ID:**PAR000023515

**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
216366	HWT	<a href="mailto:dan_convery@msn.com">dan_convery@msn.com</a>	PAR000023515	Atlantic Recovery Services Inc
680234	UOP	<a href="mailto:dan_convery@msn.com">dan_convery@msn.com</a>	PAR000023515	Atlantic Recovery Services Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/04/2024	CIARAVELLA_J	
RHWT	Completeness Review	12/04/2024	HORLICK_S	
RHWT	Ready for Data Entry	02/07/2025	HORLICK_S	
RHWT	Data Entry Completed	02/07/2025	HORLICK_S	
RHWT	Final Review	02/07/2025	HORLICK_S	
RHWT	Notification Letter Emailed	02/07/2025	HORLICK_S	
RHWT	Booked into Oculus	02/07/2025	HORLICK_S	
RUOH	Logged	12/04/2024	CIARAVELLA_J	
RUOH	Completeness Review	12/04/2024	ASHWOOD_J	
RUOH	Waiting for information	12/04/2024	ASHWOOD_J	

RUOH	Ready for Data Entry	02/11/2025	ASHWOOD_J	✖
RUOH	Data Entry Completed	02/11/2025	ASHWOOD_J	✖
RUOH	Final Review	02/11/2025	ASHWOOD_J	✖
RUOH	Notification Letter Emailed	02/11/2025	ASHWOOD_J	✖
RUOH	Booked into Oculus 	02/11/2025	ASHWOOD_J	✖

## Comments

Document Type	Date	Comment	Author
General Comment	12/04/2024	Notification has an original signature.	CIARAVELLA_J
RHWT	02/07/2025	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	12/04/2024	Received original 8700 form, registration fee, and training manual statement.	ASHWOOD_J
RUOH	12/05/2024	Email sent to Daniel Convery: In reviewing your submittal, we noticed additional information is needed. 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 Thursday, December 26, 2024 to continue processing your UO registration (see attached blank forms for your convenience): 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 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	01/07/2025	Email sent to Daniel Convey: We are still waiting for the Insurance form. 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 Thursday, January 28, 2025 to continue processing your UO registration (see attached blank forms for your convenience): 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 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	01/28/2025	mail sent to Daniel Convey: We are still waiting for the Insurance form. 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 Thursday, January 28, 2025 to continue processing your UO registration (see attached blank forms for your convenience): 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 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	02/11/2025	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J