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Completed Document Details

NATIVE NAME: SAFETY-KLEEN SYSTEMS INC

DOC LOG ID: 30138

CHAZ ID: TXR000081205

CITY: RICHARDSON

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
406665	UOP	jeff.curtis@safety-kleen.com	TXR000081205	Safety-Kleen Systems Inc
406719	HWT	jeff.curtis@safety-kleen.com	TXR000081205	Safety-Kleen Systems Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	03/03/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	03/05/2015	HORLICK_S	✕
RHWT	Waiting for information	03/05/2015	HORLICK_S	✕
RHWT	Data Entry Completed	03/26/2015	SIMMONS_JLS	✕
RHWT	Final Review	03/27/2015	HORLICK_S	✕
RHWT	Final Review	05/11/2015	HORLICK_S	✕
RHWT	Waiting for information	05/26/2015	HORLICK_S	✕

RHWT	Final Review	06/23/2015	HORLICK_S	✘
RHWT	Notification Letter Emailed	06/25/2015	HORLICK_S	✘
RHWT	Booked into Oculus 	06/26/2015	THURSBY_K	✘
RUOH	Logged	03/03/2015	SIMMONS_JLS	✘
RUOH	Completeness Review	03/05/2015	ASHWOOD_J	✘
RUOH	Waiting for information	03/05/2015	ASHWOOD_J	✘
RUOH	Ready for Data Entry	03/25/2015	ASHWOOD_J	✘
RUOH	Data Entry Completed	03/26/2015	SIMMONS_JLS	✘
RUOH	Final Review	03/30/2015	ASHWOOD_J	✘
RUOH	Waiting for information	04/22/2015	ASHWOOD_J	✘
RUOH	Waiting for information	06/17/2015	ASHWOOD_J	✘
RUOH	Notification Letter Emailed	06/25/2015	ASHWOOD_J	✘
RUOH	Booked into Oculus 	06/25/2015	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	03/03/2015	Notification has an original signature. Insurance form is a copy.	SIMMONS_JLS
RHWT	03/05/2015	Need updated HWT/UO Certificate of Liability Insurance form.	HORLICK_S
RHWT	05/11/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	05/26/2015	Spoke with a woman at Richardson, TX Safety Kleen on 5/15. She said Suite 400 was correct. Spook with Jeff Curtis on 5/18. He said Suite 200 is correct.	HORLICK_S
RHWT	06/23/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RUOH	03/05/2015	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	03/05/2015	Email sent to Jeff Curtis: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have an original signature (see attached). Please submit the following to continue processing your renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance Form. As soon as possible, please mail the required forms 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	03/25/2015	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	04/22/2015	Email sent to Jeff Curtis: In reviewing your submittal, we see that the Richardson, Texas is the transporter so we need the Insurance form to reflect the transporter physical address of Insured at 2600 N. Central Expressway, Suite 200 Richardson, TX 75080 instead of the 42 Longwater Drive, Norwell MA 02061 (see attached). Please submit the following to continue processing your renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance Form for all facilities. As	ASHWOOD_J

soon as possible, please mail the required forms with original (hand signed wet) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.

RUOH	06/17/2015	Email sent to Jeff/Anthony: In reviewing your latest submittal, we see that the Richardson, Texas physical address is 2600 N. Central Expressway, Richardson, TX 75080 but is it Suite 200 or Suite 400 (see attached). Please submit the following to continue processing your renewal registration (see attached blank forms for your convenience): Revised Combined HWT/VO Certificate of Liability Insurance Form for all facilities. As soon as possible, please mail the required forms with original (hand signed wet) 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	06/22/2015	Received revised Combined HWT/VO Insurance form - Good.	ASHWOOD_J

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