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NATIVE NAME: VEOLIA ES TECHNICAL SOLUTIONS LLC

DOC LOG ID:32796CHAZ ID: NJD080631369CITY:FLANDERSCOUNTY: ALL FL CNTYS

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Υ	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
216054	MP	Denise.Krous@Veolia.com	NJD080631369	Veolia ES Technical Solutions LLC
216235	HWT	Denise.Krous@veolia.com	NJD080631369	Veolia ES Technical Solutions LLC
217323	UOP	denise.krous@veolia.com	NJD080631369	Veolia ES Technical Solutions LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	01/20/2016	SIMMONS_JLS	×
RHWT	Completeness Review	01/21/2016	HORLICK_S	×
RHWT	Waiting for information	01/21/2016	HORLICK_S	×
RHWT	Ready for Data Entry	02/03/2016	HORLICK_S	×
RHWT	Data Entry Completed	02/03/2016	SIMMONS_JLS	×
RHWT	Final Review	02/03/2016	HORLICK_S	×
RHWT	Booked into Oculus	02/04/2016	THURSBY_K	×
RUOH	Logged	01/20/2016	SIMMONS_JLS	×
RUOH	Completeness Review	01/21/2016	ASHWOOD_J	×
RUOH	Waiting for information	01/21/2016	ASHWOOD_J	×
RUOH	Ready for Data Entry	02/03/2016	ASHWOOD_J	

				×
RUOH	Data Entry Completed	02/03/2016	SIMMONS_JLS	×
RUOH	Final Review	02/04/2016	ASHWOOD_J	×
RUOH	Booked into Oculus	02/04/2016	THURSBY_K	×

Comments

Document Type	Date	Comment	Author
General Comment	01/20/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	01/21/2016	Updated HWT/UOH Certificate of Liability received with errors.	HORLICK_S
RHWT	01/21/2016	ACORD COMMENTS: RHWT 12/30/2015 The ACORD policy number does not match the Certificate of Liability form on file. HORLICK_S RHWT 12/30/2015 Email was copied to Denise Kraus. HORLICK_S RUOH 12/30/2015 Email sent to Linda Dunwoody and Denise Krous: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Certificate of Liability Insurance form on file (see attached). Please submit the following to continue updating our database (see attached blank forms for your convenience): Updated 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 01/07/2016 Email sent to Linda Dunwoody and Denise Krous: We could not use the submitted ACORD form to update our database and the Insurance form on file has expired. According to Rule 62-710.600, Florida Administrative Code, used oil transporters are required to maintain vehicle insurance at all times when transporting used oil. Handling used oil or used oil filters without liability insurance and a valid registration is a violation of the law, subject to penalty. Please submit a revised Insurance form as soon as possible. Let me know if you have any questions. ASHWOOD_J	HORLICK_S
RHWT	02/03/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	01/21/2016	Email sent to Denise Krous: In reviewing your submittal, we noticed additional information is needed. The Certificate of Liability Insurance form submitted does not have the primary limited liability amount, expiration date, and address of representative completed (see attached). Please submit the following to continue updating our database (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form 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	02/03/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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