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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: MCF SYSTEMS ATLANTA INC

DOC LOG ID: 34677

CHAZ ID: GAR000060905

CITY: ELLENWOOD

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
334088	HWT	scochran@mcfsystems.com	GAR000060905	MCF Systems Atlanta Inc
334144	UOP	scochran@mcfsystems.com	GAR000060905	MCF Systems Atlanta Inc
334147	MP	scochran@mcfsystems.com	GAR000060905	MCF Systems Atlanta Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/15/2016	SIMMONS_JLS	
RHWT	Completeness Review	06/16/2016	HORLICK_S	
RHWT	Ready for Data Entry	06/16/2016	HORLICK_S	
RHWT	Data Entry Completed	06/16/2016	SIMMONS_JLS	
RHWT	Final Review	06/20/2016	HORLICK_S	
RHWT	Final Review	06/30/2016	RAINEY_JC	

RHWT	Notification Letter Emailed	06/30/2016	HORLICK_S	✕
RHWT	Booked into Oculus 	07/01/2016	THURSBY_K	✕
RUOH	Logged	06/15/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	06/22/2016	ASHWOOD_J	✕
RUOH	Waiting for information	06/22/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	06/29/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	06/30/2016	SIMMONS_JLS	✕
RUOH	Final Review	06/30/2016	RAINEY_JC	✕
RUOH	Final Review	06/30/2016	ASHWOOD_J	✕
RUOH	Notification Letter Emailed	06/30/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 	06/30/2016	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	06/15/2016	Notification has an original signature. RMH registration is current, expires 3/2017.	SIMMONS_JLS
RHWT	06/15/2016	Facility called today asking if their applications had arrived.	HORLICK_S
RHWT	06/16/2016	Valid HWT/UOH Certificate of Liability insurance form on file.	HORLICK_S
RUOH	06/22/2016	Email sent to Steve Cochran: In reviewing your submittal, we noticed additional information is needed. Please clarify which Insurance carrier should be on the Insurance form because the ACORD form submitted on 6/14/16 indicate something different (see attached). Please submit the following to continue processing your UO registration (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required report 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	06/22/2016	Email sent to Steve: Also, make sure to include the 2015 Annual Report. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/22/2016	Received original 8700 form, registration fee and training manual statement.	ASHWOOD_J
RUOH	06/29/2016	Received revised original Combined HWT/UO Insurance form and Annual Report.	ASHWOOD_J

