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NATIVE NAME: NEXEO SOLUTIONS LLC

DOC LOG ID: 34501

CHAZ ID: OHR000162800

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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
414373	UOP	customerservice@leetrans.com	OHR000162800	Nexeo Solutions LLC
414983	HWT	customerservice@leetrans.com	OHR000162800	Nexeo Solutions LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	05/18/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	05/19/2016	HORLICK_S	✕
RHWT	Waiting for information	05/19/2016	HORLICK_S	✕
RHWT	Waiting for information	06/29/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	07/05/2016	HORLICK_S	✕
RHWT	Data Entry Completed	07/05/2016	SIMMONS_JLS	✕
RHWT	Final Review	07/06/2016	HORLICK_S	✕
RHWT	Final Review	07/07/2016	RAINEY_JC	✕
RHWT	Notification Letter Emailed	07/07/2016	HORLICK_S	✕
RHWT	Booked into Oculus 	07/07/2016	THURSBY_K	✕
RUOH	Logged	05/18/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	05/24/2016	ASHWOOD_J	✕
RUOH	Waiting for information	05/24/2016	ASHWOOD_J	✕

Add A New Process

Document Type	Process	Date	
Registered Used Oil Handler (RUOH) <input type="button" value="v"/>	Completeness Review <input type="button" value="v"/>	07/07/2016	<input type="button" value="Add Process"/>

Comments

Document Type	Date	Comment	Author
General Comment	05/18/2016	Notification and insurance form have original signatures.	SIMMONS_JLS
RHWT	05/19/2016	Ohio EPA ID number with Texas address.	HORLICK_S
RHWT	05/19/2016	Email to Jeannie Lilley: In reviewing your submittals, we notice that additional information is needed. In the submitted Hazardous Waste Transporter Certificate of Liability Insurance Form the address given in the box under coverage applies at must be the physical location of the insured listed on the 8700-12FL Notification form (see attached). Please submit a Hazardous Waste Transporter Certificate of Liability Insurance Form with original signature and corrected physical location address in the blanks indicated on the attached highlighted copy to continue processing your documents (see blank forms attached for your convenience). 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	06/29/2016	Email to Jeannie, I am forwarding this request from Janet Ashwood dated May 24, 2016. The required insurance document is the same for HWT. I see no updated Certificate of Liability in our records to finish this registration renewal. We must have an updated Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler hand signed (original wet signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. Update the Certificate of Liability per the instructions in the attached documents. Please mail the required form to: DEP Waste Management Division, HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Corrections to the 8700-12FL Florida Notification of Regulated Waste Activity can be emailed, since this does not involve a signature page. Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	07/05/2016	Emailled copy of Certificate of Liability with Fed Ex receipt received.	HORLICK_S
RHWT	07/06/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	07/06/2016	Updated page 1 of 8700-12FL received.	HORLICK_S
RUOH	05/24/2016	Received original 8700 form, training manual statement and Combined HWT/UO Insurance form.	ASHWOOD_J
RUOH	05/24/2016	Email sent to Jeannie Lilley: In reviewing your submittal, we noticed additional information is needed. The physical location address on the 8700 form and Insurance form is incorrect (see attached). Please submit the following to continue processing your UO renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form, 2015 Annual Report, Revised 8700 form and Registration fee of \$100 made payable to Florida Department of Environmental Protection via check or money order. As soon as possible, please mail the required forms with original (hand signed) signature to us at: 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	07/07/2016	Received revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	07/07/2016	Received revised Page 1 of 8700 form.	ASHWOOD_J

Add A New Comment

Document Type	Comments	
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