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Completed Document Details

NATIVE NAME: CLEAN HARBORS ENVIRONMENTAL SERVICES INC

DOC LOG ID:35703CHAZ ID: MAD039322250CITY:NORWELLCOUNTY: ALL FL CNTYS

View email records

RHWT Email Template RHWT Approvals RUOH Email Template RUOH Approvals

Document Types

Document Type	Primary Type	Discontinued On	
RHWT	Υ		
RUOH	N		

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
283814	HWT	cellucci.anthony@cleanharbors.com	MAD039322250	Clean Harbors Environmental Services Inc
302563	UOP	cellucci.anthony@cleanharbors.com	MAD039322250	Clean Harbors Environmental Services Inc
346394	MP	cellucci.anthony@cleanharbors.com	MAD039322250	Clean Harbors Environmental Services Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	11/07/2016	SIMMONS_JLS	×
RHWT	Completeness Review	11/10/2016	HORLICK_S	×
RHWT	Ready for Data Entry	11/28/2016	HORLICK_S	×
RHWT	Data Entry Completed	11/28/2016	SIMMONS_JLS	×
RHWT	Final Review	11/28/2016	HORLICK_S	×
RHWT	Booked into Oculus	11/29/2016	THURSBY_K	×
RUOH	Logged	11/07/2016	SIMMONS_JLS	×
RUOH	Completeness Review	11/10/2016	ASHWOOD_J	×
RUOH	Waiting for information	11/10/2016	ASHWOOD_J	×
RUOH	Ready for Data Entry	11/28/2016	ASHWOOD_J	×
RUOH	Data Entry Completed	11/28/2016	SIMMONS_JLS	×
RUOH	Final Review	11/28/2016	ASHWOOD_J	×
RUOH	Booked into Oculus	11/29/2016	THURSBY_K	×

Comments

Document Type	Date	Comment	Author
RHWT	11/10/2016	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	11/28/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	11/10/2016	The ACORD form does not match Insurance form on file.	ASHWOOD_J
RUOH	11/10/2016	Email sent to Anthony Cellucci: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form 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	11/28/2016	Received revised original Combined HWT/UO Insurance form.	ASHWOOD_J

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