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DOC LOG ID: 36731

CHAZ ID: GAR000060905

CITY: ELLENWOOD

COUNTY: ALL FL CNTYS

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Document Types


Document Type	Primary Type	Discontinued On
RHWT	Y	
RMH	N	
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	03/10/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	03/17/2017	HORLICK_S	✕
RHWT	Waiting for information	03/17/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	04/12/2017	HORLICK_S	✕
RHWT	Data Entry Completed	04/12/2017	SIMMONS_JLS	✕
RHWT	Final Review	04/13/2017	HORLICK_S	✕
RHWT	Notification Letter Emailed	04/13/2017	HORLICK_S	✕
RHWT	Booked into Oculus 	04/13/2017	THURSBY_K	✕

RMH	Logged	03/10/2017	SIMMONS_JLS	✕
RMH	Completeness Review	03/13/2017	ASHWOOD_J	✕
RMH	Ready for Data Entry	03/13/2017	ASHWOOD_J	✕
RMH	Data Entry Completed	03/13/2017	SIMMONS_JLS	✕
RMH	Final Review	03/13/2017	ASHWOOD_J	✕
RMH	Notification Letter Emailed	03/13/2017	ASHWOOD_J	✕
RMH	Booked into Oculus 	03/13/2017	THURSBY_K	✕
RUOH	Logged	03/10/2017	SIMMONS_JLS	✕
RUOH	Completeness Review	03/23/2017	ASHWOOD_J	✕
RUOH	Waiting for information	03/23/2017	ASHWOOD_J	✕
RUOH	Ready for Data Entry	03/30/2017	ASHWOOD_J	✕
RUOH	Waiting for information	04/06/2017	ASHWOOD_J	✕
RUOH	Ready for Data Entry	04/12/2017	ASHWOOD_J	✕
RUOH	Data Entry Completed	04/12/2017	SIMMONS_JLS	✕
RUOH	Final Review	04/13/2017	ASHWOOD_J	✕
RUOH	Notification Letter Emailed	04/13/2017	ASHWOOD_J	✕
RUOH	Booked into Oculus 	04/13/2017	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	03/10/2017	Notification has an original signature.	SIMMONS_JLS
RHWT	03/17/2017	Email to Steve Cochran: In order to process your HWT registration renewal, please submit a State of Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form (blank form attached for your convenience). The documents submitted must be signed (original "WET" signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. 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	03/30/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	04/12/2017	Second updated HWT/UOH Certificate of Liability received.	HORLICK_S
RMH	03/13/2017	Out of State transporter only.	ASHWOOD_J
RUOH	03/13/2017	Please process as transporter and SQH of devices and lamps.	ASHWOOD_J
RUOH	03/23/2017	Received original 8700 form, registration fee, training manual statement and Annual Report.	ASHWOOD_J
RUOH	03/30/2017	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	04/06/2017	Disregard 3/30 comment above, Name of Insurance carrier is incorrect.	ASHWOOD_J
RUOH	04/12/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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