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Pending Document Details

NATIVE NAME: CSX TRANSPORTATION INC

DOC LOG ID: 35961

CHAZ ID: FLD006921340

CITY: JACKSONVILLE

COUNTY: DUVAL

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Document Types

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
341445	MP	Gabriel_Treesh@CSX.com	FLD006921340	CSX Transportation Inc
374650	UOP	kim_vaughn@csx.com	FLD006921340	CSX Transportation Inc
374694	HWR	kim_vaughn@csx.com	FLD006921340	CSX Transportation Inc
413350	HWT	kim_vaughn@csx.com	FLD006921340	CSX Transportation Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	12/16/2016	SIMMONS_JLS	✖
RHWT	Logged	12/16/2016	SIMMONS_JLS	✖
RHWT	Completeness Review	12/19/2016	HORLICK_S	✖
RHWT	Waiting for information	12/19/2016	HORLICK_S	✖
RUOH	Logged	12/16/2016	SIMMONS_JLS	✖
RUOH	Completeness Review	12/19/2016	ASHWOOD_J	✖
RUOH	Waiting for information	12/19/2016	ASHWOOD_J	✖
RUOH	Waiting for information	01/04/2017	ASHWOOD_J	✖
RUOH	Waiting for information	01/25/2017	ASHWOOD_J	✖
RUOH	Ready for Data Entry	04/27/2017	ASHWOOD_J	✖
RUOH	Data Entry Completed	04/27/2017	SIMMONS_JLS	✖
RUOH	Final Review	04/27/2017	ASHWOOD_J	✖
RUOH	Notification Letter Emailed	04/27/2017	ASHWOOD_J	✖
RUOH	Booked into Oculus 🚧🚧	04/27/2017	THURSBY_K	✖

Add A New Process

Document Type	Process	Date	
Please select ▼	---	04/27/2017	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	12/16/2016	Notification and insurance form have original signatures.	SIMMONS_JLS
RHWT	12/19/2016	HWT registration package received,	HORLICK_S
RUOH	12/19/2016	Email sent to Kimberly Vaughn: In reviewing your submittal, we noticed additional information is needed. The certification box on Page 5 is not checked and the limit liability amount for the Insurance is \$1,000,000.00 (see attached). Please submit the following to continue updating your Insurance on file (see attached blank forms for your convenience): Revised Page 5 of 8700 form, Revised Combined HWT/VO Certificate of Liability Insurance form and Registration fee of \$200 (2016 and 2017 renewal periods) 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	01/04/2017	Email sent to Kim: Please mail a revised Page 5 of 8700 form with certification box #17 checked (see attached) and sign & date again. Also, we are still waiting for registration fee and updated Insurance form. Let me know if you have any further questions.	ASHWOOD_J
RUOH	01/25/2017	Received original revised 8700 form and registration fee.	ASHWOOD_J
RUOH	01/25/2017	Email sent to Kim Vaughn: Please have your Insurance carrier to complete another original Insurance form with a limit liability amount of 1,000,000 million not \$100,000 (see attached). Please submit the following to continue processing your VO renewal (see attached blank forms for your convenience): Revised Combined HWT/VO Certificate of Liability Insurance form 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	04/27/2017	Expiration Letter sent 4.27.17.	ASHWOOD_J

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Document Type	Comments	
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