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Completed Document Details

NATIVE NAME: SAFETY-KLEEN SYSTEMS INC
DOC LOG ID: 38454 **CHAZ ID:** TXR000081205
CITY: RICHARDSON **COUNTY:** 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	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
406665	UOP	jeff.curtis@safety-kleen.com	TXR000081205	Safety-Kleen Systems Inc
406719	HWT	jeff.curtis@safety-kleen.com	TXR000081205	Safety-Kleen Systems Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	11/07/2017	SIMMONS_JLS	✖
RHWT	Completeness Review	11/13/2017	HORLICK_S	✖
RHWT	Waiting for information	11/13/2017	HORLICK_S	✖
RHWT	Ready for Data Entry	11/29/2017	HORLICK_S	✖
RHWT	Data Entry Completed	11/29/2017	SIMMONS_JLS	✖
RHWT	Final Review	11/29/2017	HORLICK_S	✖
RHWT	Booked into Oculus	11/30/2017	THURSBY_K	✖

RUOH	Logged	11/07/2017	SIMMONS_JLS	✖
RUOH	Completeness Review	11/13/2017	ASHWOOD_J	✖
RUOH	Waiting for information	11/13/2017	ASHWOOD_J	✖
RUOH	Ready for Data Entry	11/28/2017	ASHWOOD_J	✖
RUOH	Data Entry Completed	11/29/2017	SIMMONS_JLS	✖
RUOH	Final Review	11/29/2017	ASHWOOD_J	✖
RUOH	Booked into Oculus 	11/30/2017	THURSBY_K	✖

Comments

Document Type	Date	Comment	Author
General Comment	11/07/2017	Insurance form is for all facilities; does not have an original signature.	SIMMONS_JLS
RHWT	11/13/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	11/29/2017	Updated HWT/UOH Certificate of Liability received for all facility locations.	HORLICK_S
RUOH	11/13/2017	Email sent to Pamela Harvey: In reviewing your submittal, we noticed additional information is needed. We do not accept stamped or digital signatures (see Page 2) and outdated forms. UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need you to submit two separate Insurance forms. Please submit the following to continue updating our database (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for all facilities. As soon as possible, please mail the required forms with original (hand signed) signature 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	11/28/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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