



Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: MCF SYSTEMS ATLANTA INC

DOC LOG ID: 38168

CHAZ ID: GAR000060905

CITY: ELLENWOOD

COUNTY: ALL FL CNTYS

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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
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	09/19/2017	SIMMONS_JLS	
RHWT	Completeness Review	09/21/2017	HORLICK_S	
RHWT	Waiting for information	09/21/2017	HORLICK_S	
RHWT	Ready for Data Entry	06/19/2018	HORLICK_S	
RHWT	Data Entry Completed	06/19/2018	SIMMONS_JLS	
RHWT	Final Review	06/19/2018	HORLICK_S	
RHWT	Notification Letter Emailed	06/19/2018	HORLICK_S	
RHWT	Booked into Oculus	06/20/2018	THURSBY_K	

RUOH	Logged	09/19/2017	SIMMONS_JLS	✖
RUOH	Completeness Review	09/21/2017	ASHWOOD_J	✖
RUOH	Waiting for information	09/21/2017	ASHWOOD_J	✖
RUOH	Ready for Data Entry	06/20/2018	ASHWOOD_J	✖
RUOH	Data Entry Completed	06/21/2018	SIMMONS_JLS	✖
RUOH	Final Review	06/21/2018	ASHWOOD_J	✖
RUOH	Notification Letter Emailed	06/21/2018	ASHWOOD_J	✖
RUOH	Booked into Oculus 	06/22/2018	THURSBY_K	✖

Comments

Document Type	Date	Comment	Author
RHWT	09/21/2017	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	06/19/2018	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	09/21/2017	Updated ACORD form does not match the Insurance form on file.	ASHWOOD_J
RUOH	09/21/2017	Email sent to Steve Cochran: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Insurance form on file (see attached). 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): Combined HWT/UO Certificate of Liability Insurance form. 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	05/29/2018	Email sent to Steve: We are still waiting for the revised Combined HWT/UO Certificate of Liability Insurance form for the automobile and pollution liability. Please submit original Insurance form no later than Tuesday, June 19, 2018. This is the last reminder. Let me know if you have any further questions.	ASHWOOD_J
RUOH	05/31/2018	Received original 8700 form, registration fee, training manual statement, and Annual Report. Waiting for Insurance form.	ASHWOOD_J
RUOH	06/20/2018	Received updated Combined HWT/UO Insurance form.	ASHWOOD_J