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Completed Document Details

NATIVE NAME: MCF SYSTEMS ATLANTA INC**DOC LOG ID:** 41796**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	09/20/2018	SIMMONS_JLS	✘
RHWT	Completeness Review	09/21/2018	HORLICK_S	✘
RHWT	Waiting for information	09/21/2018	HORLICK_S	✘
RHWT	Waiting for information	10/16/2018	HORLICK_S	✘
RHWT	Ready for Data Entry	11/02/2018	HORLICK_S	✘
RHWT	Data Entry Completed	11/02/2018	HORLICK_S	✘
RHWT	Final Review	11/02/2018	HORLICK_S	✘
RHWT		11/05/2018	THURSBY_K	

	Booked into Oculus 				✘
RUOH	Logged	09/20/2018	SIMMONS_JLS		✘
RUOH	Completeness Review	09/21/2018	ASHWOOD_J		✘
RUOH	Waiting for information	09/21/2018	ASHWOOD_J		✘
RUOH	Ready for Data Entry	10/31/2018	ASHWOOD_J		✘
RUOH	Data Entry Completed	10/31/2018	ASHWOOD_J		✘
RUOH	Final Review	10/31/2018	ASHWOOD_J		✘
RUOH	Booked into Oculus 	11/05/2018	THURSBY_K		✘

Comments

Document Type	Date	Comment	Author
RHWT	09/21/2018	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	10/16/2018	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	10/16/2018	Email sent to Steve Cochran: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; <ul style="list-style-type: none"> • Correct the facility name as highlighted on the form (see attached). • The center section under <ul style="list-style-type: none"> • coverage applies at <ul style="list-style-type: none"> • must be filled in with the correct EPA/DEP ID Number (see attached). • Submit the revised insurance form hand signed (<ul style="list-style-type: none"> • WET signature <ul style="list-style-type: none"> • by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division <ul style="list-style-type: none"> • HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks 	HORLICK_S
RHWT	11/02/2018	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	10/23/2018	Email sent to Steve: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted is not correct form (see attached). Insurance form are not to be altered in any way or any strike-throughs. 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 by Tuesday, November 6, 2018 to continue updating our database (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability with original (wet) signature. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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 further questions.	ASHWOOD_J
RUOH	10/31/2018	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J