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NATIVE NAME:	SHAMROCK ENVIRONMENTAL CORP		
DOC LOG ID:	63584	CHAZ ID:	NC0000942144
CITY:	BROWNS SUMMIT	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
404286	MP	jhollingsworth@shamrockenviro.com	NC0000942144	Shamrock Environmental Corp
405369	UOP	jhollingsworth@shamrockenviro.com	NC0000942144	Shamrock Environmental Corp
405380	HWT	jhollingsworth@shamrockenviro.com	NC0000942144	Shamrock Environmental Corp

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/07/2020	SIMMONS_JLS	✕
RHWT	Completeness Review	10/08/2020	HORLICK_S	✕
RHWT	Ready for Data Entry	11/05/2020	HORLICK_S	✕
RHWT	Data Entry Completed	11/05/2020	HORLICK_S	

					✘
RHWT	Final Review	11/05/2020	HORLICK_S		✘
RHWT	Booked into Oculus 	11/12/2020	ASHWOOD_J		✘
RUOH	Logged	10/07/2020	SIMMONS_JLS		✘
RUOH	Completeness Review	10/07/2020	ASHWOOD_J		✘
RUOH	Waiting for information	10/07/2020	ASHWOOD_J		✘
RUOH	Ready for Data Entry	11/04/2020	ASHWOOD_J		✘
RUOH	Data Entry Completed	11/04/2020	ASHWOOD_J		✘
RUOH	Final Review	11/04/2020	ASHWOOD_J		✘
RUOH	Booked into Oculus 	11/12/2020	ASHWOOD_J		✘

Comments

Document Type	Date	Comment	Author
RHWT	11/05/2020	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	10/16/2020	Email sent to Jim Hollingsworth: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly 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 by Friday, November 6, 2020 to continue updating our database (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for pollution liability. 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 questions.	ASHWOOD_J
RUOH	11/04/2020	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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