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NATIVE NAME: AMERICAN TRANSPORTATION SOLUTIONS LLC

DOC LOG ID: 30005

CHAZ ID: PAR000521740

CITY: SEWICKLEY

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RMH	N	
RUOH	N	02/24/2015

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
381721	HWR	jeremy.rowe@americanenviro.com	PAR000521740	American Transportation Solutions LLC
403984	MP	lindsay.ferguson@americanenviro.com	PAR000521740	American Transportation Solutions LLC
412250	HWT	lindsay.ferguson@americanenviro.com	PAR000521740	American Transportation Solutions LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	02/23/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	02/24/2015	HORLICK_S	✕
RHWT	Waiting for information	03/12/2015	HORLICK_S	✕
RHWT	Waiting for information	05/07/2015	HORLICK_S	✕
RHWT	Waiting for information	06/10/2015	HORLICK_S	✕
RHWT	Waiting for information	06/24/2015	HORLICK_S	✕
RHWT	Ready for Data Entry	07/08/2015	HORLICK_S	✕
RHWT	Data Entry Completed	07/08/2015	SIMMONS_JLS	✕
RHWT	Final Review	07/08/2015	HORLICK_S	✕
RHWT	Notification Letter Emailed	07/08/2015	HORLICK_S	✕
RHWT	Booked into Oculus 	07/09/2015	THURSBY_K	✕
RMH	Logged	02/23/2015	SIMMONS_JLS	✕

RMH	Completeness Review	02/26/2015	TENACE_L	✘
RMH	Ready for Data Entry	02/26/2015	TENACE_L	✘
RMH	Data Entry Completed	03/02/2015	SIMMONS_JLS	✘
RMH	Final Review	03/02/2015	TENACE_L	✘
RMH	Notification Letter Emailed	03/02/2015	TENACE_L	✘
RMH	Booked into Oculus 	03/02/2015	TENACE_L	✘

Comments

Document Type	Date	Comment	Author
General Comment	02/24/2015	Notification has an original signature.	HORLICK_S
RHWT	02/24/2015	Notification of change of ownership and mailing address.	HORLICK_S
RHWT	02/24/2015	Notification also includes a change in address of facility physical location.	HORLICK_S
RHWT	02/25/2015	Physical location address changed in data, as it was never the physical location, but rather the mailing address.	HORLICK_S
RHWT	03/12/2015	Email to Nicole in response to a phone call and email. I was confused. I thought you were talking about a Certificate of Liability, not the 8700-12FL Florida Notification of Regulated Waste Activity and ACORD form, which I have. An ACORD form is acceptable evidence of current insurance only if the same policy with the same insurance provider found on the Hazardous Waste Certificate of Liability Insurance in our file is renewed. The insurance provider and policy number do not match. The facility name and address do not match. In order to process your HWT renewal, please submit a State of Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form (blank form attached for your convenience). The documents submitted must be signed (original <i>¿wet¿</i> signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. Make sure the center section of the form is filled in with the EPA ID number, facility name and facility physical location address exactly as it is listed on the 8700-12FL Notification form. As soon as possible, please mail the required forms to: DEP Waste Management Division¿HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	04/24/2015	Received phone call and email that Great Divide Insurance Policy BAP2012176-10 was canceled effective today, 4/24/2015.	RAINEY_JC
RHWT	05/07/2015	Spoke with Madeline on phone. She is working on a Certificate of Liability.	HORLICK_S
RHWT	06/10/2015	Spoke with Nicole. She asked if an original Certificate of Liability is required.	HORLICK_S
RHWT	06/24/2015	Email to Lindsay Ferguson: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration renewal. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler Form as follows; ¿ The center section under ¿coverage applies at¿ must be filled in with the EPA/DEP ID Number, Name of Insured and physical location- complete street address of insured that goes with the EPA ID number in Item # 4 on the 8700-12FL Notification form (see attached). ¿ Submit the revised insurance form hand signed (¿wet signature¿) 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¿HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	06/25/2015	Spoke with Madeline Zollo regarding physical location address on Certificate of Liability.	HORLICK_S
RHWT	07/01/2015	Updated HWT/UOH Certificate of Liability insurance form received. Certificate is expired.	HORLICK_S
RHWT	07/08/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RMH	02/26/2015	Please process as a transporter only of lamps and devices.	TENACE_L

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