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Florida Department of Environmental Protection



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## **Completed Document Details**

NATIVE NAME: NOBLE OIL SERVICES INC

**DOC LOG ID:** 31574 **CHAZ ID:** NCD986172476 **CITY:** SANFORD **COUNTY:** ALL FL CNTYS

View email records

RUOH Email Template RUOH Approvals

### **Document Types**

**Document Type Primary Type Discontinued On**RUOH

Y

#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	<b>Native Name</b>
224836	UOP	vchuna@nobleoil.com	NCD986172476	Noble Oil Services Inc

#### **Processes**

<b>Document Type</b>	Process	Date	Author	Delete
RUOH	Logged	08/03/2015	SIMMONS_JLS	×
RUOH	Completeness Review	08/06/2015	ASHWOOD_J	×
RUOH	Waiting for information	08/06/2015	ASHWOOD_J	×
RUOH	Waiting for information	08/11/2015	ASHWOOD_J	×
RUOH	Ready for Data Entry	08/17/2015	ASHWOOD_J	×
RUOH	Data Entry Completed	08/17/2015	SIMMONS_JLS	×
RUOH	Final Review	08/17/2015	ASHWOOD_J	×
RUOH	Notification Letter Emailed	08/18/2015	ASHWOOD_J	

×

RUOH

Booked into Oculus

08/18/2015

THURSBY\_K

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### Comments

Document Type	Date	Comment	Author
General Comment	08/03/2015	Notification has an original signature.	SIMMONS_JLS
RUOH	08/06/2015	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	08/06/2015	Email sent to Yoke Chung: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Certificate of Liability Insurance form we have on file (see attached). Please submit the following to continue processing your registration (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signatures 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	08/11/2015	Email sent to Yoke Chung: In reviewing your submittal, we noticed additional information is needed. The Certificate of Liability Insurance carrier submitted does not match the ACORD form Insurance carrier (see attached). Please submit the following to continue processing your registration (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signatures 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	08/17/2015	Received revised ACORD form.	ASHWOOD_J

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