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NATIVE NAME: SAFETY - KLEEN SYSTEMS INC

DOC LOG ID: 32730

CHAZ ID: FLD982133159

CITY: TALLAHASSEE

COUNTY: LEON

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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 |
|----------------|---------------|--|--------------|----------------------------|
| 381779 | MP | jeff.curtis@safety-kleen.com | FLD982133159 | Safety - Kleen Systems Inc |
| 381781 | HWR | jeff.curtis@safety-kleen.com | FLD982133159 | Safety - Kleen Systems Inc |
| 394442 | HWT | jeff.curtis@safety-kleen.com | FLD982133159 | Safety - Kleen Systems Inc |
| 394703 | UOP | jeff.curtis@safety-kleen.com | FLD982133159 | Safety - Kleen Systems Inc |

Processes

| Document Type | Process | Date | Author | Delete |
|---------------|----------------------|------------|-------------|--------|
| RHWT | Logged | 01/11/2016 | SIMMONS_JLS | |
| RHWT | Completeness Review | 01/13/2016 | HORLICK_S | |
| RHWT | Ready for Data Entry | 01/13/2016 | HORLICK_S | |
| RHWT | Data Entry Completed | 01/13/2016 | SIMMONS_JLS | |
| RHWT | Final Review | 01/13/2016 | HORLICK_S | |
| RHWT | Booked into Oculus | 01/14/2016 | THURSBY_K | |

| | | | | |
|------|--|------------|-------------|---|
| RUOH | Logged | 01/11/2016 | SIMMONS_JLS | ✘ |
| RUOH | Completeness Review | 01/12/2016 | ASHWOOD_J | ✘ |
| RUOH | Ready for Data Entry | 01/12/2016 | ASHWOOD_J | ✘ |
| RUOH | Data Entry Completed | 01/12/2016 | SIMMONS_JLS | ✘ |
| RUOH | Final Review | 01/12/2016 | ASHWOOD_J | ✘ |
| RUOH | Booked into Oculus  | 01/14/2016 | THURSBY_K | ✘ |

Comments

| Document Type | Date | Comment | Author |
|-----------------|------------|--|-------------|
| General Comment | 01/11/2016 | Insurance form has an original signature. | SIMMONS_JLS |
| RHWT | 01/13/2016 | Updated HWT/UOH Certificate of Liability received. | HORLICK_S |
| RUOH | 01/12/2016 | Received original Combined HWT/UO Insurance form - Good. | ASHWOOD_J |

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