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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: CARE ENVIRONMENTAL CORP

DOC LOG ID: 37967

CHAZ ID: NJR986651743

CITY: HACKETTSTOWN

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
447008	HWT	frank@careenv.com	NJR986651743	Care Environmental Corp
453986	UOP	frank@careenv.com	NJR986651743	Care Environmental Corp

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/11/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	08/16/2017	HORLICK_S	✘
RHWT	Data Entry Completed	08/24/2017	SIMMONS_JLS	✘
RHWT	Final Review	08/24/2017	HORLICK_S	✘
RHWT	Notification Letter Emailed	08/24/2017	THURSBY_K	✘
RHWT	Booked into Oculus 	08/24/2017	THURSBY_K	✘
RUOH	Logged	08/11/2017	SIMMONS_JLS	✘
RUOH	Completeness Review	08/16/2017	ASHWOOD_J	✘

RUOH	Waiting for information	08/16/2017	ASHWOOD_J	✘
RUOH	Ready for Data Entry	08/24/2017	ASHWOOD_J	✘
RUOH	Data Entry Completed	08/24/2017	SIMMONS_JLS	✘
RUOH	Final Review	08/24/2017	ASHWOOD_J	✘
RUOH	Booked into Oculus 	08/24/2017	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	08/11/2017	Insurance forms do not have original signatures.	SIMMONS_JLS
RHWT	08/16/2017	HWT/UOH Certificate of Liability and Liability Endorsement are not FLOIR compliant. New Jersey EPA ID number with a Georgia address.	HORLICK_S
RHWT	08/24/2017	Additional updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	08/16/2017	Email sent to Frank McKenna, Jr: In reviewing your submittal, we noticed additional information is needed. The 8700-12 FL notification form submitted is incorrect: The facility physical location address is in Valdosta, GA so we will need a Georgia EPA ID number (see attached), the Name of the Insurer, as listed on the Insurance form (see attached), is not registered with the Florida Department of Insurance website http://www.floir.com/companysearch . The Name of the Insurer must be listed exactly as it is registered on Page 1 and 2. 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 and also, we do not accept stamped signatures. Please submit the following to continue processing your UO registration (see attached blank form for your convenience): Revised 8700 form and Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. As soon as possible, please mail the required forms with original (hand signed wet) 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	08/24/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J