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Completed Document Details

NATIVE NAME: CARE ENVIRONMENTAL CORP

DOC LOG ID: 39076

CHAZ ID: NJR986651743

CITY: HACKETTSTOWN

COUNTY: ALL FL CNTYS

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Document Types

Document Type

RUOH

Primary Type

Y

Discontinued On

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
478802	MP	frank@careenv.com	NJR986651743	Care Environmental Corp

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	02/12/2018	SIMMONS_JLS	
RUOH	Completeness Review	02/14/2018	ASHWOOD_J	
RUOH	Waiting for information	02/14/2018	ASHWOOD_J	
RUOH	Ready for Data Entry	07/25/2018	ASHWOOD_J	
RUOH	Data Entry Completed	07/25/2018	SIMMONS_JLS	
RUOH	Final Review	07/25/2018	ASHWOOD_J	
RUOH	Notification Letter Emailed	07/25/2018	ASHWOOD_J	
RUOH	Booked into Oculus	07/26/2018	THURSBY_K	

Comments

Document Type	Date	Comment	Author
General Comment	07/25/2018	Section 7 (facility contact) was left blank on notification. Signature is in the wrong block on page 5. Insurance form has an original signature.	SIMMONS_JLS
RUOH	04/04/2018	Made several phone calls to clarify submittal and received no returned call as of yet.	ASHWOOD_J
RUOH	05/22/2018	Received original 8700 form, registration fee, training manual statement, Combined HWT/VO Insurance form.	ASHWOOD_J
RUOH	05/22/2018	Email sent to Frank McKenna: In reviewing your submittal, we noticed additional information is needed. A revised 8700 form is requested (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 Tuesday, June 12 , 2018 to continue processing your UO renewal registration (see attached blank forms for your convenience):Revised 8700 form and 2017 Annual Report. 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 further questions.	ASHWOOD_J
RUOH	07/25/2018	Received revised original 8700 form and Annual Report.	ASHWOOD_J

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