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Completed Document Details

NATIVE NAME: HAZARDOUS WASTE HAULERS INC







DOC LOG ID: 56930

CITY: NEW LENOX

CHAZ ID: ILR000200097

COUNTY: ALL FL CNTYS

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Document Types



Document Type	Primary Type	Discontinued On
RHWT	N	
RMH	N	
RUOH	Y	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
496561	HWT	mark@hwhenv.com	ILR000200097	Hazardous Waste Haulers Inc
498154	MP	mark@hwhenv.com	ILR000200097	Hazardous Waste Haulers Inc
499016	UOP	mark@hwhenv.com	ILR000200097	Hazardous Waste Haulers Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	03/26/2020	OUTLEY_D	✕
RHWT	Completeness Review	03/26/2020	HORLICK_S	✕

RHWT	Ready for Data Entry	06/17/2020	HORLICK_S	✘
RHWT	Data Entry Completed	06/17/2020	HORLICK_S	✘
RHWT	Final Review	06/17/2020	HORLICK_S	✘
RHWT	Notification Letter Emailed	06/17/2020	HORLICK_S	✘
RHWT	Booked into Oculus 	06/18/2020	THURSBY_K	✘
RMH	Logged	03/26/2020	OUTLEY_D	✘
RMH	Completeness Review	03/26/2020	HORLICK_S	✘
RMH	Ready for Data Entry	03/27/2020	HORLICK_S	✘
RMH	Data Entry Completed	03/27/2020	HORLICK_S	✘
RMH	Final Review	03/27/2020	HORLICK_S	✘
RMH	Notification Letter Emailed	03/30/2020	HORLICK_S	✘
RMH	Booked into Oculus 	03/31/2020	THURSBY_K	✘
RUOH	Logged	03/26/2020	OUTLEY_D	✘
RUOH	Completeness Review	03/26/2020	ASHWOOD_J	✘
RUOH	Waiting for information	03/26/2020	ASHWOOD_J	✘
RUOH	Ready for Data Entry	06/16/2020	ASHWOOD_J	✘
RUOH	Data Entry Completed	06/16/2020	ASHWOOD_J	✘
RUOH	Final Review	06/16/2020	ASHWOOD_J	✘
RUOH	Notification Letter Emailed	06/16/2020	ASHWOOD_J	✘
RUOH	Booked into Oculus 	06/17/2020	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	03/26/2020	Notification has original signature.	OUTLEY_D
RHWT	06/17/2020	HWT registration package is complete.	HORLICK_S
RHWT	06/17/2020	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RMH	03/27/2020	Processed as transporter only of Hg lamps or devices. Out of State.	HORLICK_S
RUOH	06/16/2020	Received original 8700 form, registration fee, training manual statement, Combined HWT/UO Insurance form, and Annual Report.	ASHWOOD_J

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