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Pending Document Details

NATIVE NAME: CSX TRANSPORTATION INC

DOC LOG ID: 102408 **CHAZ ID:** FLD006921340

CITY: **JACKSONVILLE COUNTY: DUVAL**

View email records

RUOH Email Template RHWT Email Template RHWT Approvals RUOH Approvals

Document Types

Document Type	Primary Type	Discontinued On
RHWT	Υ	

RUOH

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
341445	MP	Gabriel Treesh@CSX.com	FLD006921340	CSX Transportation Inc
374650	UOP	kim_vaughn@csx.com	FLD006921340	CSX Transportation Inc
374694	HWR	kim_vaughn@csx.com	FLD006921340	CSX Transportation Inc
676032	HWT	Matthew T Williamson@csx.com	FLD006921340	CSX Transportation Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/11/2024	THURSBY_K	×
RHWT	Completeness Review	10/11/2024	HORLICK_S	×
RHWT	Waiting for information	10/14/2024	HORLICK_S	×
RUOH	Logged	10/11/2024	THURSBY_K	×
RUOH	Completeness Review	10/14/2024	ASHWOOD_J	×
RUOH	Waiting for information	10/14/2024	ASHWOOD_J	×
RUOH	Ready for Data Entry	10/22/2024	ASHWOOD_J	×
RUOH	Data Entry Completed	10/22/2024	ASHWOOD_J	×
RUOH	Final Review	10/22/2024	ASHWOOD_J	×
RUOH	Booked into Oculus	10/22/2024	ASHWOOD_J	×

Add A New Process

Document Type	Process	Date

Document Type	Date	Comment	Author
General Comment	10/11/2024	Signature on form not original	THURSBY_K
RUOH		Email sent to Kim Vaughn: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have an original signature (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 Monday, November 4, 2024 to continue updating our database (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. 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 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

Received revised original Combined HWT/UO Insurance form - Good.

Add Process

ASHWOOD_J

✓][10/22/2024

Add A New Comment

10/22/2024

RUOH

Comments

Registered Hazardous Waste Transporter (RHWT) 🗸 📗 Completeness Review

Document Type	Comments
Registered Hazardous Waste Transporter (RHWT) 🗸	Add Comment

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