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NATIVE NAME: SAFETY-KLEEN SYSTEMS INC

DOC LOG ID: 105961

CHAZ ID: FLD980847271

CITY: TAMPA

COUNTY: HILLSBOROUGH

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Document Types

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

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
676492	UOP	todd.blake@safety-kleen.com	FLD980847271	Safety-Kleen Systems Inc
683572	MP	Cozzie.Thomas@Safety-Kleen.com	FLD980847271	Safety-Kleen Systems Inc
687280	HWR	cozzie.thomas@safety-kleen.com	FLD980847271	Safety-Kleen Systems Inc
687395	HWT	gvanstechelman@safety-kleen.com	FLD980847271	Safety-Kleen Systems Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	02/27/2025	CIARAVELLA_J	
RHWT	Logged	02/27/2025	CIARAVELLA_J	
RHWT	Completeness Review	02/27/2025	HORLICK_S	
RHWT	Ready for Data Entry	03/13/2025	HORLICK_S	
RHWT	Data Entry Completed	03/13/2025	HORLICK_S	
RHWT	Final Review	03/13/2025	HORLICK_S	
RHWT	Notification Letter Emailed	03/13/2025	HORLICK_S	
RHWT	Booked into Oculus	03/13/2025	HORLICK_S	
RUOH	Logged	02/27/2025	CIARAVELLA_J	

3/13/25, 4:29 PM

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RUOH	Completeness Review	02/27/2025	ASHWOOD_J	✖
RUOH	Waiting for information	02/27/2025	ASHWOOD_J	✖

Add A New Process

Document Type

Please select

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Process

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Date

03/13/2025

Add Process

Comments

Document Type	Date	Comment	Author
General Comment	02/27/2025	Notification has an original signature.	CIARAVELLA_J
RHWT	03/13/2025	Valid Certificate of Liability insurance form on file.	HORLICK_S
RUOH	03/05/2025	Received original 8700 form, registration fee, training manual statement, and Annual Report. Insurance form on file is current.	ASHWOOD_J
RUOH	03/05/2025	Email sent to Greg Van Stechelma n: In reviewing your submittal, we noticed additional information is needed. Please correct Insurance form (see attached). Have carrier to correct Insurance carrier name to “Starr Indemnity & Liability Company” on Page 1 & 2. That’s all I need. Please submit the following by Wednesday, March 26, 2025 to continue processing your UO renewal registration (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-PCAP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J

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Comments

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