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DEFUNIAK SPRINGS

CHAZ ID: FLR000168203 **COUNTY: WALTON**

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CHWT Email Template

Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	Ν	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
315176	HWR	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer Inc
318917	UOP	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer Inc
372060	HWT	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/26/2015	SIMMONS_JLS	×
RHWT	Completeness Review	11/02/2015	HORLICK_S	×
RHWT	Waiting for information	11/02/2015	HORLICK_S	×
RHWT	Ready for Data Entry	11/05/2015	HORLICK_S	×
RHWT	Data Entry Completed	11/05/2015	SIMMONS_JLS	×
RHWT	Final Review	11/13/2015	HORLICK_S	×
RHWT	Notification Letter Emailed	11/13/2015	THURSBY_K	×
RUOH	Logged	10/26/2015	SIMMONS_JLS	×
RUOH	Completeness Review	10/28/2015	ASHWOOD_J	×
RUOH	Waiting for information	10/28/2015	ASHWOOD_J	×
RUOH	Ready for Data Entry	11/05/2015	ASHWOOD_J	×
RUOH	Data Entry Completed	11/05/2015	OUTLEY_D	×
RUOH	Final Review	11/05/2015	ASHWOOD_J	×

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Please select	t	\			11/13/2015	Add Process
Comments						
Document Type	Date		Comme	nt		Author
RHWT	11/02/2015		ACORD form submitted by	insurance provider.		HORLICK_S
RHWT	11/05/2015	U	odated HWT/UOH Certificate of Lia	bility insurance form received	i.	HORLICK_S
RUOH	10/28/2015	form submitted does match to continue updating our Certificate of Liability Insur	oton: In reviewing your submittal, the Certificate of Liability Insuranc database (see attached blank form ance form. As soon as possible, ple nagement Division-HWRS, MS456 me know if you have	e form on file (see attached). Is for your convenience): Upo Pase mail the required forms 0 2600 Blair Stone Rd. Tallah	Please submit the following lated Combined HWT/UO with original (hand signed)	
RUOH	11/05/2015		Received original Combined HWT,	UO Insurance form - Good.		ASHWOOD_J
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