

## MyFDEP

Florida Department of Environmental Protection

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**NATIVE NAME:** FLORIDA TRANSFORMER INC**DOC LOG ID:** 32254**CHAZ ID:** FLR000168203**CITY:** DEFUNIAK SPRINGS**COUNTY:** WALTON[View email records](#)
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## Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

## Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
315176	HWR	<a href="mailto:jpennington@emeraldtransformer.com">jpennington@emeraldtransformer.com</a>	FLR000168203	Florida Transformer Inc
318917	UOP	<a href="mailto:jpennington@emeraldtransformer.com">jpennington@emeraldtransformer.com</a>	FLR000168203	Florida Transformer Inc
372060	HWT	<a href="mailto:jpennington@emeraldtransformer.com">jpennington@emeraldtransformer.com</a>	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	✕
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	✕
RUOH	Booked into Oculus 🌳🌳	11/13/2015	THURSBY_K	✕

## Add A New Process

Document Type	Process	Date	
Registered Hazardous Waste Transporter (RHWT) ▼	Notification Letter Emailed ▼	11/13/2015	Add Process

**Comments**

Document Type	Date	Comment	Author
RHWT	11/02/2015	ACORD form submitted by insurance provider.	HORLICK_S
RHWT	11/05/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RUOH	10/28/2015	Email sent to Jessica Pennington: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does match the Certificate of Liability Insurance form on file (see attached). Please submit the following to continue updating our database (see attached blank forms for your convenience): Updated Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required forms 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 questions.	ASHWOOD_J
RUOH	11/05/2015	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

**Add A New Comment**

Document Type	Comments	
Registered Hazardous Waste Transporter (RHWT) ▼	<div></div>	Add Comment

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