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Completed Document Details

NATIVE NAME: FLORIDA TRANSFORMER INC

DOC LOG ID: 32254

CHAZ ID: FLR000168203

CITY: DEFUNIAK SPRINGS

COUNTY: WALTON

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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	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	Booked into Oculus 	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	
RUOH	Booked into Oculus 	11/13/2015	THURSBY_K	

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

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