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NATIVE NAME: FLORIDA TRANSFORMER INC

DOC LOG ID: 35652

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 DBA Emerald Transformer
318917	UOP	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer Inc DBA Emerald Transformer
372060	HWT	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer Inc DBA Emerald Transformer

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/31/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	11/02/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	11/17/2016	HORLICK_S	✕
RHWT	Data Entry Completed	11/17/2016	SIMMONS_JLS	✕
RHWT	Final Review	11/17/2016	HORLICK_S	✕
RUOH	Logged	10/31/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	11/02/2016	ASHWOOD_J	✕
RUOH	Waiting for information	11/02/2016	ASHWOOD_J	✕
RUOH	Waiting for information	11/14/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	11/17/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	11/17/2016	SIMMONS_JLS	✕
RUOH	Final Review	11/17/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 🌳🌳	11/17/2016	THURSBY_K	✕

Add A New Process

Document Type	Process	Date	
Registered Hazardous Waste Transporter (RHWT) ▼	Notification Letter Emailed ▼	11/17/2016	Add Process

Comments

Document Type	Date	Comment	Author
RHWT	11/02/2016	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	11/17/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	11/02/2016	Email sent to Jessica Pennington: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to us at: 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	11/14/2016	Email sent to Jessica Pennington: In reviewing your submittal, we noticed additional information is needed. The Insurance form is missing liability amount of 1,000,000 (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to us at: 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	11/17/2016	Received 2nd revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J

Add A New Comment

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