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Pending Document Details

NATIVE NAME: TAMPA TRANSFLO TERMINAL

DOC LOG ID: 36655

CHAZ ID: FLR000105338

CITY: TAMPA

COUNTY: HILLSBOROUGH

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Document Types







Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	
RMH	N	03/07/2017
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
213804	HWR	jbarnes@transflo.net	FLR000105338	Tampa Transflo Terminal
259677	HWT	jbarnes@transflo.net	FLR000105338	Tampa Transflo Terminal
289575	UOP	jbarnes@transflo.net	FLR000105338	Tampa Transflo Terminal

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	03/02/2017	SIMMONS_JLS	✕
HWG	Completeness Review	06/20/2017	NOLAND_T	✕
HWG	Ready for Data Entry	06/20/2017	NOLAND_T	✕
RHWT	Logged	03/07/2017	HORLICK_S	✕
RHWT	Completeness Review	03/07/2017	HORLICK_S	✕
RHWT	Waiting for information	03/07/2017	HORLICK_S	✕
RHWT	Waiting for information	06/15/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	06/27/2017	HORLICK_S	✕
RHWT	Data Entry Completed	06/27/2017	SIMMONS_JLS	✕
RHWT	Final Review	06/27/2017	HORLICK_S	✕
RHWT	Notification Letter Emailed	06/27/2017	HORLICK_S	✕

RHWT	Booked into Oculus 	06/28/2017	THURSBY_K	
RMH	Logged	03/07/2017	ASHWOOD_J	
RUOH	Logged	03/02/2017	SIMMONS_JLS	
RUOH	Completeness Review	03/07/2017	ASHWOOD_J	
RUOH	Waiting for information	03/07/2017	ASHWOOD_J	
RUOH	Waiting for information	06/15/2017	ASHWOOD_J	
RUOH	Ready for Data Entry	06/27/2017	ASHWOOD_J	
RUOH	Data Entry Completed	06/27/2017	SIMMONS_JLS	
RUOH	Final Review	06/27/2017	ASHWOOD_J	
RUOH	Notification Letter Emailed	06/27/2017	ASHWOOD_J	

Add A New Process

Document Type	Process	Date	
Please select ▼	--- ▼	06/28/2017	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	03/07/2017	Notification has an original signature.	HORLICK_S
RHWT	03/07/2017	Facility is not RMH.	HORLICK_S
RHWT	06/27/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	03/07/2017	Received original 8700 form, registration fee and Annual Report.	ASHWOOD_J
RUOH	03/07/2017	Email sent to Jan Barnes: In reviewing your submittal, we noticed additional information is needed. Please check box #17 on Page 5 of 8700 form and resign, add 2B2 to the Tampa facility street address on Insurance form and Insurance form does not have original (wet) signature (see attached). UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability (see attached). However, in the event your policies are separate then we will need to submit two separate Insurance forms. Please submit the following to continue to processing your UO renewal registration (see attached blank form for your convenience): Revised Page 5 of 8700 form and Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution policy. As soon as possible, please mail the required form 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	06/15/2017	Email sent to Jan: We have not receive the requested revised Insurance form per our email sent on 3/7/17 see below. Let me know if you have any further questions.	ASHWOOD_J
RUOH	06/27/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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Document Type	Comments	
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