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Pending Document Details

NATIVE NAME: ROBBIE D WOOD INC

DOC LOG ID: 38601

CHAZ ID: ALD067138891

CITY: HUEYTOWN

COUNTY: ALL FL CNTYS

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RMH	N	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
384568	UOP	tiffany@robbiedwood.com	ALD067138891	Robbie D Wood Inc
443084	MP	bruce@robbiedwood.com	ALD067138891	Robbie D Wood Inc
446065	HWT	bruce@robbiedwood.com	ALD067138891	Robbie D Wood Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/13/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	12/15/2017	HORLICK_S	✕
RMH	Logged	12/13/2017	SIMMONS_JLS	✕
RMH	Completeness Review	12/15/2017	HORLICK_S	✕
RMH	Ready for Data Entry	12/15/2017	HORLICK_S	✕
RMH	Data Entry Completed	12/15/2017	SIMMONS_JLS	✕
RMH	Final Review	01/03/2018	HORLICK_S	✕
RMH	Notification Letter Emailed	01/03/2018	HORLICK_S	✕
RMH	Booked into Oculus 	01/03/2018	THURSBY_K	✕
RUOH	Logged	12/13/2017	SIMMONS_JLS	✕
RUOH	Completeness Review	12/27/2017	ASHWOOD_J	✕
RUOH	Waiting for information	12/27/2017	ASHWOOD_J	✕

Add A New Process

Document Type

Please select ▼

Process

Date

01/03/2018

Add Process

Comments

Document Type	Date	Comment	Author
General Comment	12/13/2017	Notification has an original signature. It looks like this facility renewed their used oil registration back in Jan 2017 through ESSA.	SIMMONS_JLS
RHWT	12/15/2017	Valid ACORD insurance form on file.	HORLICK_S
RMH	12/15/2017	Please process as transporter only of Hg lamps or devices. Out of State.	HORLICK_S
RUOH	12/27/2017	Facility submitted UO registration package for 2018.	ASHWOOD_J
RUOH	12/27/2017	Received original 8700 form, registration fee, training manual statement and ACORD form.	ASHWOOD_J
RUOH	12/27/2017	Email sent to Bruce Wood: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Insurance form on file (see attached). UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need you to submit two separate Insurance forms. Please submit the following to continue processing your UO registration (see attached blank form for your convenience): 2017 Annual Report and Updated Combined HWT/UO Insurance form. 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

Add A New Comment

Document Type

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Comments

Add Comment