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Pending Document Details

NATIVE NAME: JACKSONVILLE TRANSFLO TERMINAL

DOC LOG ID: 44771

CHAZ ID: FLD984253526

CITY: JACKSONVILLE

COUNTY: DUVAL

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Document Types


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

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
189942	HWR	jbarnes@transflo.net	FLD984253526	Jacksonville Transflo Terminal
289577	UOP	jbarnes@transflo.net	FLD984253526	Jacksonville Transflo Terminal
289619	HWT	jbarnes@transflo.net	FLD984253526	Jacksonville Transflo Terminal

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	03/04/2019	SIMMONS_JLS	✖
RHWT	Logged	03/04/2019	SIMMONS_JLS	✖
RHWT	Completeness Review	03/04/2019	HORLICK_S	✖
RHWT	Waiting for information	03/19/2019	HORLICK_S	✖
RHWT	Ready for Data Entry	04/05/2019	HORLICK_S	✖
RHWT	Data Entry Completed	04/05/2019	HORLICK_S	✖
RMH	Logged	03/04/2019	SIMMONS_JLS	✖
RMH	Completeness Review	03/04/2019	HORLICK_S	✖
RMH	Withdrawn 🚩	03/04/2019	HORLICK_S	✖
RUOH	Logged	03/04/2019	HORLICK_S	✖
RUOH	Completeness Review	03/05/2019	ASHWOOD_J	✖
RUOH	Waiting for information	03/05/2019	ASHWOOD_J	

					✕
RUOH	Ready for Data Entry	04/11/2019	ASHWOOD_J		✕
RUOH	Data Entry Completed	04/11/2019	ASHWOOD_J		✕
RUOH	Final Review	04/11/2019	ASHWOOD_J		✕
RUOH	Notification Letter Emailed	04/11/2019	ASHWOOD_J		✕
RUOH	Booked into Oculus 	04/11/2019	THURSBY_K		✕

Add A New Process

Document Type	Process	Date	
Please select ▼	--- ▼	04/11/2019	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	03/04/2019	Notification has an original signature, insurance form is a copy.	HORLICK_S
RHWT	04/05/2019	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RMH	03/04/2019	Facility is not RMH.	HORLICK_S
RUOH	03/19/2019	Email sent to Jan Barnes: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have an original signature (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 by Tuesday, April 9, 2019 to continue processing your UO renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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	03/19/2019	Received original 8700 form, registration fee, and Annual Report.	ASHWOOD_J
RUOH	04/01/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	04/02/2019	Disregard above comment on 4/1/19.	ASHWOOD_J
RUOH	04/11/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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Document Type	Comments	
Please select ▼		Add Comment