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Florida Department of Environmental Protection



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# **Pending Document Details**

**NATIVE NAME:** FLORIDA TRANSFORMER INC DBA EMERALD TRANSFORMER

**DOC LOG ID:** 44682 **CHAZ ID:** FLR000168203

CITY: DEFUNIAK SPRINGS COUNTY: WALTON

View email records

HWG Email Template Notification Approvals RHWT Email Template RHWT Approvals RUOH Email Template RUOH Approvals

#### **Document Types**

Document Type	Primary Type	Discontinued On
HWG	Υ	
RHWT	N	
RUOH	N	

#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	Native Name
315176	HWR	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer LLC DBA Emerald Transformer
318917	UOP	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer LLC DBA Emerald Transformer
372060	HWT	jpennington@emeraldtransformer.com	FLR000168203	Florida Transformer LLC DBA Emerald Transformer

#### **Processes**

Document Type	Process	Date	Author	Delete
HWG	Logged	03/01/2019	SIMMONS_JLS	×
RHWT	Logged	03/01/2019	SIMMONS_JLS	×
RHWT	Completeness Review	03/04/2019	HORLICK_S	×
RHWT	Waiting for information	03/04/2019	HORLICK_S	×
RUOH	Logged	03/01/2019	SIMMONS_JLS	×
RUOH	Completeness Review	03/02/2019	ASHWOOD_J	×
RUOH	Waiting for information	03/02/2019	ASHWOOD_J	×
RUOH	Ready for Data Entry	08/14/2019	ASHWOOD_J	×
RUOH	Data Entry Completed	08/14/2019	ASHWOOD_J	×
RUOH	Final Review	08/14/2019	ASHWOOD_J	×
RUOH	Notification Letter Emailed	08/14/2019	ASHWOOD_J	×
RUOH	Booked into Oculus	08/14/2019	THURSBY_K	×

#### **Add A New Process**

Document Type Process Date

08/14/2019



### Comments

Document Type	Date	Comment	Author
General Comment	03/01/2019	Notification has an original signature.	SIMMONS_JLS
RHWT	03/04/2019	8700-12FL Notification form received. Corrected HWT/UOH Certificate of Liability to be mailed directly from insurance provider.	HORLICK_S
RUOH	03/11/2019	Received original 8700 form, registration fee, and training manual statement.	ASHWOOD_J
RUOH	03/11/2019	Email sent to Jessica Pennington: In reviewing your submittal, we noticed additional information is needed. The Annual Report beginning inventory is incorrect (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 Monday, April 1, 2019 to continue processing your renewal UO registration (see attached blank forms for your convenience): Revised 2018 Annual Report and 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	03/28/2019	Received revised Annual Report.	ASHWOOD_J
RUOH	03/28/2019	Email sent to Jessica Pennington: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted is incomplete (see attached). The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Department of Insurance website http://www.floir.com/companysearch. The Name of the Insurer must be listed exactly as it is registered. 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 Thursday, April 18, 2019 to continue processing your renewal UO 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	08/14/2019	Received revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J

### Add A New Comment

Document Type	Comments
Please select ▼	Add Comment

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