# **MyFDEP**

Florida Department of Environmental Protection



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# **Completed Document Details**

NATIVE NAME: USA OIL LLC

**DOC LOG ID:** 36550 **CHAZ ID:** GAR000052746 **CITY:** OCHLOCKNEE **COUNTY:** ALL FL CNTYS

### View email records

RUOH Email Template RUOH Approvals

### **Document Types**

Document Type	Primary Type	Discontinued On
RUOH	Y	

#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	<b>Native Name</b>
277162	UOP	usaoil33@yahoo.com	GAR000052746	USA Oil LLC

#### **Processes**

Document Type	Process	Date	Author	Delete
RUOH	Logged	02/23/2017	SIMMONS_JLS	×
RUOH	Completeness Review	03/02/2017	ASHWOOD_J	×
RUOH	Waiting for information	03/02/2017	ASHWOOD_J	×
RUOH	Ready for Data Entry	03/09/2017	ASHWOOD_J	×
RUOH	Data Entry Completed	03/09/2017	SIMMONS_JLS	×
RUOH	Final Review	03/14/2017	ASHWOOD_J	×
RUOH	Notification Letter Emailed	03/14/2017	ASHWOOD_J	×
RUOH	Booked into Oculus	03/15/2017	THURSBY_K	×

### Comments

Document Type	Date	Comment	Author
General Comment	02/23/2017	Notification does not have an original signature.	SIMMONS_JLS
RUOH	03/02/2017	Received 8700 form, training manual statement and Annual Report.	ASHWOOD_J
RUOH	03/02/2017	Received registration fee.	ASHWOOD_J
RUOH	03/02/2017	Email sent to Todd Johnson: In reviewing your submittal, we noticed additional information is needed (see attached). Please complete a revised Page 5 of 8700 form and donat forgot to check box 17 and the Insurance form need to be completed by your authorized Insurance carrier. 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 two separate Insurance forms. Please submit the following to continue processing your UO renewal registration (see attached blank form for your convenience): Revised Page 5 of 8700 form and Combined HWT/UO Certificate of Liability Insurance form (automobile & pollution prevention policy). As soon as possible, please mail the required forms 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	03/09/2017	Received original Page 5 of 8700 and revised Insurance Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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