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NATIVE NAME: SOLOMON CORPORATION

DOC LOG ID: 45728 **CHAZ ID:** KSD054757646 **CITY:** SOLOMON **COUNTY:** ALL FL CNTYS

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RUOH Email Template RUOH Approvals

Document Types

Document Type Primary Type Discontinued On

RUOH Y

Email Addresses

Affiliation-ID Interest Type Email Native ID Native Name
412730 UOP bbaird@solomoncorp.com KSD054757646 Solomon Corporation

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	04/08/2019	SIMMONS_JLS	×
RUOH	Completeness Review	04/08/2019	ASHWOOD_J	×
RUOH	Waiting for information	04/08/2019	ASHWOOD_J	×
RUOH	Ready for Data Entry	04/22/2019	ASHWOOD_J	×
RUOH	Data Entry Completed	04/22/2019	ASHWOOD_J	×
RUOH	Final Review	04/22/2019	ASHWOOD_J	×
RUOH	Notification Letter Emailed	04/22/2019	ASHWOOD_J	×
RUOH	Booked into Oculus	04/23/2019	THURSBY K	×

Comments

Document Type	Date	Comment	Author
General Comment	04/08/2019	Notification has an original signature.	SIMMONS_JLS
RUOH	04/15/2019	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	04/15/2019	Email sent to Bob Baird: In reviewing your submittal, we noticed additional information is needed. The Insurance form on file has expired (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, May 6, 2019 to continue processing your UO renewal registration (see attached blank forms for your convenience): 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	04/22/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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