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Completed Document Details

NATIVE NAME: CUMMINS LLC

DOC LOG ID: 52747 **CHAZ ID:** FLR000233379

CITY: MIAMI LAKES **COUNTY:** MIAMI-DADE

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Document Types



Document Type	Primary Type	Discontinued On
HWG	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
517124	UOP	joseph.richardson@cummins.com	FLR000233379	Cummins LLC
517303	HWR	joseph.richardson@cummins.com	FLR000233379	Cummins LLC

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	12/09/2019	SIMMONS_JLS	✕
HWG	Completeness Review	12/16/2019	SIMMONS_JLS	✕
HWG	Ready for Data Entry	12/16/2019	SIMMONS_JLS	✕
HWG	FDM Facility Created	12/16/2019	SIMMONS_JLS	✕
HWG	Waiting for information	12/16/2019	ASHWOOD_J	✕
HWG	Ready for Data Entry	03/11/2020	ASHWOOD_J	✕

HWG	Data Entry Completed	03/11/2020	ASHWOOD_J	✘
HWG	Final Review	03/11/2020	ASHWOOD_J	✘
HWG	Notification Letter Emailed	03/11/2020	ASHWOOD_J	✘
HWG	Booked into Oculus 	03/11/2020	THURSBY_K	✘
RUOH	Logged	12/09/2019	SIMMONS_JLS	✘
RUOH	Completeness Review	12/09/2019	ASHWOOD_J	✘
RUOH	Waiting for information	12/09/2019	ASHWOOD_J	✘
RUOH	Ready for Data Entry	03/10/2020	ASHWOOD_J	✘
RUOH	Data Entry Completed	03/10/2020	ASHWOOD_J	✘
RUOH	Final Review	03/10/2020	ASHWOOD_J	✘
RUOH	Notification Letter Emailed	03/10/2020	ASHWOOD_J	✘
RUOH	Booked into Oculus 	03/11/2020	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	12/18/2019	Notification has an original signature. EPA ID on form does not match physical location. Data-entry use ME 111685.	SIMMONS_JLS
HWG	12/16/2019	Waiting on approval to promote.	SIMMONS_JLS
RUOH	12/16/2019	Waiting for EPA ID number.	ASHWOOD_J
RUOH	12/19/2019	Email sent to Joseph Richardson: In reviewing your submittal, we noticed additional information is needed. Your new EPA ID # is FLR000233379. Please use this number on all documents where indicated. 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, January 9, 2020 to continue processing your Used Oil registration (see attached blank forms for your convenience): Revised 8700-12FL form, Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability and Registration fee of \$100 made payable to Florida Department of Environmental Protection via check or money order. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please sign and 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	01/06/2020	Received revised original 8700 form.	ASHWOOD_J
RUOH	01/06/2020	Email sent to Joseph Richardson: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have any original (wet) signature. 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, January 27, 2020 to continue processing your UO registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability and Registration	ASHWOOD_J

fee of \$100 made payable to Florida Department of Environmental Protection via check or money order. 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.

RUOH	03/10/2020	Received registration fee, training manual statement, Combined HWT/UO Insurance form.	ASHWOOD_J
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