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Pending Document Details

NATIVE NAME: ERS CORP

DOC LOG ID: 85087 **CHAZ ID:** FLD984261412

CITY: JACKSONVILLE **COUNTY:** DUVAL

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-  [HWG Email Template](#)
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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
402470	UOP	ap@ersfl.com	FLD984261412	ERS Corp
403178	HWT	j.anderson@ersfl.com	FLD984261412	ERS Corp
403661	MP	j.anderson@ersfl.com	FLD984261412	ERS Corp
403757	HWR	j.anderson@ersfl.com	FLD984261412	ERS Corp

Processes	Document Type	Process	Date	Author	Delete
	HWG	Logged	01/12/2023	CIARAVELLA_J	
	RHWT	Logged	01/12/2023	CIARAVELLA_J	
	RHWT	Completeness Review	01/13/2023	HORLICK_S	
	RMH	Logged	01/12/2023	CIARAVELLA_J	
	RMH	Completeness Review	01/13/2023	HORLICK_S	
	RUOH	Logged	01/12/2023	CIARAVELLA_J	
	RUOH	Completeness Review	01/12/2023	ASHWOOD_J	
	RUOH	Waiting for information	01/12/2023	ASHWOOD_J	
	RUOH	Ready for Data Entry	01/23/2023	ASHWOOD_J	
	RUOH	Data Entry Completed	01/23/2023	ASHWOOD_J	
	RUOH	Final Review	01/23/2023	ASHWOOD_J	
	RUOH	Notification Letter Emailed	01/23/2023	ASHWOOD_J	
	RUOH	Booked into Oculus	01/23/2023	ASHWOOD_J	

Add A New Process

Comments

Document Type	Date	Comment	Author
General Comment	01/12/2023	Notification has an original signature.	CIARAVELLA_J

		Email sent to John Anderson: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (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, February 8, 2023 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. 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 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	01/18/2023		ASHWOOD_J
RUOH	01/18/2023	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	01/23/2023	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

Add A New Comment

Document Type	Comments	
<input style="width: 100%; border: 1px solid #ccc;" type="text" value="Please select"/>	<div style="border: 1px solid #ccc; height: 60px; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;">//</div>	<input style="border: 1px solid #ccc;" type="button" value="Add Comment"/>