

MyFDEP

Florida Department of Environmental Protection

Welcome, Kim Thursby. You are logged on with a role of CHAZ_USER. [\[Sign Out\]](#)[\[Pending List\]](#)[\[Pending List - this DocLog\]](#) [\[Edit DocLog\]](#) [\[Document Checkout\]](#)

Pending Document Details

NATIVE NAME: HERITAGE-CRYSTAL CLEAN LLC**DOC LOG ID:** 27363**CHAZ ID:** FLR000170431**CITY:** TAMPA**COUNTY:** HILLSBOROUGH[View email records](#)

[HWG Email Template](#)
[Notification Approvals](#)
[RHWT Email Template](#)
[RHWT Approvals](#)
[RMH Email Templates](#)
[RMH Approvals](#)
[RUOH Email Template](#)
[RUOH Approvals](#)

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
328263	MP	michelle.walper@crystal-clean.com	FLR000170431	Heritage-Crystal Clean LLC
347564	UOP	michelle.walper@crystal-clean.com	FLR000170431	Heritage-Crystal Clean LLC
347566	HWR	michelle.walper@crystal-clean.com	FLR000170431	Heritage-Crystal Clean LLC
347567	HWT	michelle.walper@crystal-clean.com	FLR000170431	Heritage-Crystal Clean LLC

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	04/23/2014	SIMMONS_JLS	✕
HWG	Completeness Review	06/05/2014	NOLAND_T	✕
HWG	Ready for Data Entry	06/05/2014	NOLAND_T	✕
RHWT	Logged	04/23/2014	SIMMONS_JLS	✕
RHWT	Completeness Review	04/29/2014	HORLICK_S	✕
RHWT	Waiting for information	04/29/2014	HORLICK_S	✕
RHWT	Ready for Data Entry	05/07/2014	HORLICK_S	✕
RHWT	Data Entry Completed	05/08/2014	SIMMONS_JLS	✕
RHWT	Waiting for information	06/06/2014	HORLICK_S	✕
RMH	Logged	04/23/2014	SIMMONS_JLS	✕
RMH	Completeness Review	04/28/2014	TENACE_L	✕
RMH	Ready for Data Entry	04/28/2014	TENACE_L	✕
RMH	Data Entry Completed	04/30/2014	SIMMONS_JLS	✕
RMH	Final Review	04/30/2014	TENACE_L	✕

RMH	Notification Letter Emailed	04/30/2014	TENACE_L	✕
RMH	Booked into Oculus 	04/30/2014	TENACE_L	✕
RUOH	Logged	04/23/2014	SIMMONS_JLS	✕
RUOH	Completeness Review	04/24/2014	ASHWOOD_J	✕
RUOH	Waiting for information	04/24/2014	ASHWOOD_J	✕
RUOH	Waiting for information	04/29/2014	ASHWOOD_J	✕
RUOH	Ready for Data Entry	05/07/2014	ASHWOOD_J	✕
RUOH	Data Entry Completed	05/08/2014	SIMMONS_JLS	✕
RUOH	Waiting for information	06/17/2014	ASHWOOD_J	✕
RUOH	Final Review	06/25/2014	ASHWOOD_J	✕
RUOH	Notification Letter Emailed	06/25/2014	ASHWOOD_J	✕
RUOH	Booked into Oculus 	06/26/2014	THURSBY_K	✕

Add A New Process

Document Type	Process	Date	
Please select ▼	---	06/26/2014	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	04/23/2014	Notification has an original signature.	SIMMONS_JLS
HWG	06/05/2014	Non-handler	NOLAND_T
RHWT	04/29/2014	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	05/07/2014	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	06/06/2014	Updated HWT/UOH Certificate of Liability insurance form received for 4 facilities.	HORLICK_S
RHWT	06/06/2014	Email to Michelle Walper: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; 1 The center section under coverage applies at 2 must be filled in with the correct EPA/DEP ID Number for the Elgin, Illinois facility. 3 The zip code for the Jacksonville location does not match the zip code given on the 8700-12FL for that facility (see attached). 4 Submit the revised insurance form hand signed (1 wet signature2) by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division2HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RMH	04/28/2014	Please process as a transfer facility and transporter of lamps and devices.	TENACE_L
RUOH	04/24/2014	Received original 8700 form, registration fee, training manual statement, and Annual Report - Good.	ASHWOOD_J
RUOH	04/24/2014	Email sent to Michelle Walper: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed (see attached), is not registered with the Florida Department of Insurance website http://www.flair.com/companysearch. The Insurance form submitted has the incorrect EPA ID # and authorized signature is not original (see attached). Please submit the following to continue to processing your renewal. (see attached blank form for your convenience): Received Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signatures 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	04/29/2014	Email sent to Michelle Walper: In reviewing your submittal, we notices additional information is needed. The facility physical location address is incorrect (see attached). Please submit the following to continue to processing your renewal (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signatures 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	05/07/2014	Received revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	06/16/2014	Left message for Michelle to return phone call for UO registration.	ASHWOOD_J
RUOH	06/17/2014	Email sent to Michelle Walper: In reviewing your submittal, we noticed additional information is needed. On the Insurance form, please add 4A444(see attached). Please submit the following to continue to processing your renewal(see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signatures 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

Add A New Comment

Document Type	Comments
Please select ▼	Add Comment

A rectangular box with a thin black border and a light gray background. On the right side, there is a vertical scrollbar with a small upward-pointing arrow at the top and a downward-pointing arrow at the bottom.

[DEP Home](#) | [About DEP](#)