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Florida Department of Environmental Protection

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## Completed Document Details

**NATIVE NAME:** CLIFF BERRY INC - FORT PIERCE FACILITY**DOC LOG ID:** 32599**CHAZ ID:** FLR000009266**CITY:** FORT PIERCE**COUNTY:** ST. LUCIE[View email records](#)
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## Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	


## Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
407891	MP	<a href="mailto:scollins@cliffberryinc.com">scollins@cliffberryinc.com</a>	FLR000009266	Cliff Berry Inc - Fort Pierce Facility
409982	UOP	<a href="mailto:kbrandenburg@cliffberryinc.com">kbrandenburg@cliffberryinc.com</a>	FLR000009266	Cliff Berry Inc - Fort Pierce Facility
410415	HWT	<a href="mailto:kbrandenburg@cliffberryinc.com">kbrandenburg@cliffberryinc.com</a>	FLR000009266	Cliff Berry Inc - Fort Pierce Facility
410594	HWR	<a href="mailto:kbrandenburg@cliffberryinc.com">kbrandenburg@cliffberryinc.com</a>	FLR000009266	Cliff Berry Inc - Fort Pierce Facility

## Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/22/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	12/30/2015	HORLICK_S	✕
RHWT	Ready for Data Entry	12/30/2015	HORLICK_S	✕
RHWT	Data Entry Completed	12/31/2015	SIMMONS_JLS	✕
RHWT	Final Review	01/04/2016	HORLICK_S	✕
RHWT	Booked into Oculus 🚧	01/04/2016	THURSBY_K	✕
RUOH	Logged	12/22/2015	SIMMONS_JLS	✕
RUOH	Completeness Review	12/30/2015	ASHWOOD_J	✕
RUOH	Ready for Data Entry	12/30/2015	ASHWOOD_J	✕
RUOH	Data Entry Completed	12/31/2015	SIMMONS_JLS	✕
RUOH	Final Review	01/04/2016	ASHWOOD_J	

RUOH

Booked into Oculus 

01/04/2016

THURSBY\_K

**Comments**

Document Type	Date	Comment	Author
General Comment	12/22/2015	Insurance form has an original signature.	SIMMONS_JLS
RHWT	12/30/2015	Updated HWT/UOH Certificate of Liability received for all 6 facilities.	HORLICK_S
RUOH	12/30/2015	Received updated original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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