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Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** HERITAGE-CRYSTAL CLEAN LLC

**DOC LOG ID:** 34591

**CHAZ ID:** FLR000170431

**CITY:** TAMPA

**COUNTY:** HILLSBOROUGH

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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
328263	MP	<a href="mailto:michelle.walper@crystal-clean.com">michelle.walper@crystal-clean.com</a>	FLR000170431	Heritage-Crystal Clean LLC
347564	UOP	<a href="mailto:michelle.walper@crystal-clean.com">michelle.walper@crystal-clean.com</a>	FLR000170431	Heritage-Crystal Clean LLC
347566	HWR	<a href="mailto:michelle.walper@crystal-clean.com">michelle.walper@crystal-clean.com</a>	FLR000170431	Heritage-Crystal Clean LLC
347567	HWT	<a href="mailto:michelle.walper@crystal-clean.com">michelle.walper@crystal-clean.com</a>	FLR000170431	Heritage-Crystal Clean LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/03/2016	SIMMONS_JLS	
RHWT	Completeness Review	06/03/2016	HORLICK_S	
RHWT	Ready for Data Entry	06/21/2016	HORLICK_S	
RHWT	Data Entry Completed	06/21/2016	SIMMONS_JLS	
RHWT	Final Review	06/23/2016	HORLICK_S	
RHWT	Booked into Oculus	06/24/2016	THURSBY_K	
RUOH	Logged	06/03/2016	SIMMONS_JLS	

RUOH	Completeness Review	06/13/2016	ASHWOOD_J	✕
RUOH	Waiting for information	06/13/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	06/23/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	06/23/2016	SIMMONS_JLS	✕
RUOH	Final Review	06/23/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 	06/24/2016	THURSBY_K	✕

## Comments

Document Type	Date	Comment	Author
General Comment	06/03/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	06/03/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	06/21/2016	Updated HWT/UOH Certificate of Liability received for all facility locations.	HORLICK_S
RUOH	06/13/2016	Email sent to Michelle Walper: In reviewing your submittal, we noticed additional information is needed. The Insurance form is incorrect (see attached). Please submit the following to continue updating your Insurance (see attached blank form for your convenience): Revised Combined HWT/VO Certificate of Liability Insurance form. As soon as possible, please mail the required report 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	06/23/2016	Received revised original Combined HWT/VO Insurance form - Good.	ASHWOOD_J

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