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NATIVE NAME: CLIFF BERRY INC - JACKSONVILLE FACILITY

DOC LOG ID: 36134

CHAZ ID: FLR000119784

CITY: JACKSONVILLE

COUNTY: DUVAL

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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
409977	UOP	kbrandenburg@cliffberryinc.com	FLR000119784	Cliff Berry Inc - Jacksonville Facility
410416	HWT	kbrandenburg@cliffberryinc.com	FLR000119784	Cliff Berry Inc - Jacksonville Facility
425758	MP	compliance@cliffberryinc.com	FLR000119784	Cliff Berry Inc - Jacksonville Facility
426217	HWR	kbrandenburg@cliffberryinc.com	FLR000119784	Cliff Berry Inc - Jacksonville Facility

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	01/11/2017	SIMMONS_JLS	✘
HWG	Completeness Review	01/19/2017	SIMMONS_JLS	✘
HWG	Ready for Data Entry	01/19/2017	SIMMONS_JLS	✘
RHWT	Logged	01/11/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	01/12/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	01/12/2017	HORLICK_S	✘
RHWT	Data Entry Completed	01/19/2017	SIMMONS_JLS	✘
RHWT	Final Review	01/20/2017	HORLICK_S	✘
RMH	Logged	01/11/2017	SIMMONS_JLS	✘
RMH	Completeness Review	02/01/2017	ASHWOOD_J	✘
RMH	Ready for Data Entry	02/01/2017	ASHWOOD_J	✘
RMH	Data Entry Completed	02/02/2017	SIMMONS_JLS	✘

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RMH	Final Review	02/07/2017	ASHWOOD_J	✘
RMH	Notification Letter Emailed	02/07/2017	ASHWOOD_J	✘
RMH	Booked into Oculus 🚧🚧	02/07/2017	THURSBY_K	✘
RUOH	Logged	01/11/2017	SIMMONS_JLS	✘
RUOH	Completeness Review	01/12/2017	ASHWOOD_J	✘
RUOH	Ready for Data Entry	01/12/2017	ASHWOOD_J	✘
RUOH	Data Entry Completed	01/18/2017	SIMMONS_JLS	✘

Add A New Process

Document Type	Process	Date	
Please select ▼	---	02/07/2017	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	01/11/2017	Notification has an original signature.	SIMMONS_JLS
RHWT	01/12/2017	Valid Certificate of Liability insurance form on file.	HORLICK_S
RMH	02/01/2017	Please process as transporter and SQH of lamps and devices.	ASHWOOD_J
RUOH	01/12/2017	Received original 8700 form and training manual statement. No registration fee required - UO Processor. Insurance form on file is current.	ASHWOOD_J
RUOH	01/18/2017	Email sent to Kelly Brandenburg: In reviewing your submittal, we noticed additional information is needed. We need the Annual Report for all 6 facilities and the registration fee for the Ft. Pierce facility. Please submit the following to continue processing your UO registration renewal (see attached blank form for your convenience): Annual Report for all 6 facilities and Registration fee for Ft. Pierce facility made payable to Florida Department of Environmental Protection via check or money order. As soon as possible, please mail the required forms to us at: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J

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