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NATIVE NAME: HERITAGE-CRYSTAL CLEAN LLC

DOC LOG ID: 39039

CHAZ ID: FLR000170431

CITY: TAMPA

COUNTY: HILLSBOROUGH

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[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
347567	HWT	michelle.walper@crystal-clean.com	FLR000170431	Heritage-Crystal Clean LLC
447014	HWR	michelle.walper@crystal-clean.com	FLR000170431	Heritage-Crystal Clean LLC

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	02/07/2018	SIMMONS_JLS	
RHWT	Logged	02/07/2018	SIMMONS_JLS	
RHWT	Completeness Review	02/16/2018	HORLICK_S	
RHWT	Waiting for information	02/16/2018	HORLICK_S	
RMH	Logged	02/07/2018	SIMMONS_JLS	
RMH	Completeness Review	02/16/2018	HORLICK_S	
RMH	Ready for Data Entry	02/16/2018	HORLICK_S	
RMH	Data Entry Completed	02/20/2018	SIMMONS_JLS	
RMH	Final Review	02/20/2018	HORLICK_S	
RMH	Notification Letter Emailed	02/20/2018	HORLICK_S	
RMH	Booked into Oculus	02/20/2018	THURSBY_K	

RUOH	Logged	02/07/2018	SIMMONS_JLS	✖
RUOH	Completeness Review	02/14/2018	ASHWOOD_J	✖
RUOH	Waiting for information	02/14/2018	ASHWOOD_J	✖

Add A New Process

Document Type	Process	Date	
Please select ▼	--- ▼	02/20/2018	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	02/07/2018	Notification has an original signature.	SIMMONS_JLS
RHWT	02/16/2018	8700-12FL Notification form received. Updated HWT/UOH Certificate of Liability received. Signature not original.	HORLICK_S
RMH	02/16/2018	Please process as a transfer facility for Hg lamps and devices.	HORLICK_S
RUOH	02/14/2018	Received original 8700 form, registration fee, training manual statement and Annual Report.	ASHWOOD_J
RUOH	02/14/2018	Email sent to Vinnie Glorioso: In reviewing your submittal, we noticed additional information is needed. Insurance form does not have an original (wet) signature (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 Wednesday, March 7, 2018 to continue processing your UO renewal registrations (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability coverage. As soon as possible, please mail the required forms with original (hand signed) signature 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

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