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## Completed Document Details

**NATIVE NAME:** CLIFF BERRY INC - PORT EVERGLADES FACILITY

**DOC LOG ID:** 38859

**CHAZ ID:** FLR000083071

**CITY:** FORT LAUDERDALE

**COUNTY:** BROWARD

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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
409979	UOP	<a href="mailto:kbrandenburg@cliffberryinc.com">kbrandenburg@cliffberryinc.com</a>	FLR000083071	Cliff Berry Inc - Port Everglades Facility
410420	HWT	<a href="mailto:kbrandenburg@cliffberryinc.com">kbrandenburg@cliffberryinc.com</a>	FLR000083071	Cliff Berry Inc - Port Everglades Facility
425760	MP	<a href="mailto:compliance@cliffberryinc.com">compliance@cliffberryinc.com</a>	FLR000083071	Cliff Berry Inc - Port Everglades Facility
426219	HWR	<a href="mailto:kbrandenburg@cliffberryinc.com">kbrandenburg@cliffberryinc.com</a>	FLR000083071	Cliff Berry Inc - Port Everglades Facility

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	01/16/2018	SIMMONS_JLS	✘
RHWT	Completeness Review	01/22/2018	HORLICK_S	✘
RHWT	Ready for Data Entry	01/22/2018	HORLICK_S	✘
RHWT	Data Entry Completed	02/01/2018	SIMMONS_JLS	✘
RHWT	Final Review	02/01/2018	HORLICK_S	✘
RHWT	Booked into Oculus 🚧🚧	02/01/2018	THURSBY_K	✘
RUOH	Logged	01/16/2018	SIMMONS_JLS	✘
RUOH	Completeness Review	01/18/2018	ASHWOOD_J	✘
RUOH	Waiting for information	01/18/2018	ASHWOOD_J	✘
RUOH	Ready for Data Entry	02/01/2018	ASHWOOD_J	✘
RUOH	Data Entry Completed	02/01/2018	SIMMONS_JLS	✘
RUOH	Final Review	02/01/2018	ASHWOOD_J	✘

RUOH

Booked into Oculus 

02/01/2018

THURSBY\_K

**Comments**

Document Type	Date	Comment	Author
General Comment	01/16/2018	Insurance form has an original signature.	SIMMONS_JLS
RHWT	01/22/2018	Updated HWT/UOH Certificate of Liability received for all facility locations.	HORLICK_S
RHWT	02/01/2018	Updated HWT/UOH Certificate of Liability received for all facility locations.	HORLICK_S
RUOH	01/18/2018	Email sent to Kelly Brandenburg:In reviewing your submittal, we noticed additional information is needed. 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 to continue updating our database (see attached blank forms for your convenience): Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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 further questions.	ASHWOOD_J
RUOH	02/01/2018	Received revised original Combined HWT/UO Insurance form for auto liability - Good.	ASHWOOD_J

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