

Fax

To: MARGARET HOLLADAY From: John Jones
Fax: (850) 245-8810 Pages: _____
Phone: _____ Date: _____
Re: _____ CC: BHEEM KOTHUR
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

THIS NOTIFICATION IS FOR A PERMIT TRANSFER
CHANGE FOR PETROLEUM MANAGEMENT INC
TO WORLD PETROLEUM. BHEEM IS
WORKING ON THIS ONE.

John Jones

PLEASE CALL ME AT (479) 353-1368
IF YOU HAVE QUESTIONS.



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760

Date Received
(for FDEP Official Use Only)

JAN 03 2008

EPA ID

FLD980709075

MTS

RCRA 110

1. Reason for Submittal

Check correct
box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name

World Petroleum Corp

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

World Petroleum Corp

☒ New Operator

Date became Operator: 12 / 07 / 2007
mm dd yyyy

Street or P.O. Box:

3650 SW 47th Avenue

Phone Number:

(954) 581-4455

City or Town:

Davie

State:

FL

Zip Code:

33329

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

3650 SW 47th Avenue

City or Town:

Davie

State:

FL

Zip Code:

County:

Broward

Land Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

Latitude:

26

42

43

ss

Longitude:

80

12

36

ss

Method: GPS

dd

mm

ss

ssss

dd

mm

ss

ssss

Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A.

324191

B.

C.

D.

6. Facility Mailing Address

Street Address or P.O. Box:

3650 SW 47th Avenue

City or Town:

Davie

State:

FL

Zip Code:

33329

7. Facility Contact Person

First Name:

Eric

Last Name:

Miranda

Title:

Owner

Phone Number:

(954) 581-4455

Extension:

E-Mail:

Street or P.O. Box:

3650 SW 47th Avenue

City or Town:

Davie

State:

FL

Zip Code:

33329

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property Owner:

Eric Miranda

☒ New Owner

Date became Owner: 12 / 07 / 2007
mm dd yyyy

Street or P.O. Box:

3650 SW 47th Avenue

Phone Number:

(954) 581-4455

City or Town:

Davie

State:

FL

Zip Code:

33329

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):**A. Hazardous Waste Activities:****For Items 2 through 7, check all that apply.****1. Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; **or** Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☒ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste **and/or** 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities (that apply).

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

2. ☐ **Treater, Storer, or Disposer of Hazardous Waste** (at your facility) Note: A hazardous waste permit may be required for this activity.

3. ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial; ☐ Non-Commercial.

Note: A hazardous waste permit may be required for this activity.

4. ☐ **Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Refining Furnace Exemption

5. ☐ **Person Authorized to Manage Conditionally Exempt Waste generated at other facilities** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. ☐ **Underground Injection Control**

7. ☐ **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. ☐ a. For own waste only; ☐ b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____

Address _____

Contact: _____ Telephone: _____

Policy Number: _____ Expiration date: _____

- d. Transportation Mode: ☐ Air; ☐ Rail; ☐ Highway; ☐ Water; ☐ Other - specify _____

- e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste (UW) Activities:

- 1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)**

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Maximum quantity of UW handled/transported at any time**

- ☐ a. 5,000 kg or more; Large Quantity Handler (LQH)
- ☐ b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- ☐ c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. ☐ **Destination Facility for UW**

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. ☐ **Transporter of UW**

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☒ a. Transporter
☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- ☒ a. Processor
☐ b. Re-refiner

3. ☐ Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
☒ b. Marketer who first claims the used oil meets the specifications

5. ☐ Used Oil Generator**D. Other State Regulated Waste Activities:****1. ☒ Used Oil Filter Handler****2. ☒ PCW Handler**

These activities may require additional submissions.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes **routinely** or **usually** transported. Use an additional page if more spaces are needed.

1	D001	2	D007	3	D008	4	D018	5		6		7	
8		9		10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in the appropriate boxes):**A. Non-Handler of Regulated Waste at this facility**

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
☐ 2. Waste generated by business has been delisted.
☐ 3. Other (explain) _____.

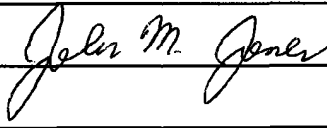
B. Facility Closed

- ☐ 1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ 2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Comments:**

Waste codes are based on possible characteristics of tank cleaning sludge.

13. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	John M. Jones, Professional Engineer	12/27/2007

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: