



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

02/06/2008

Eric Miranda, President
World Petroleum Corp
4717 Orange Dr
Davie, FL 33314-

DEP/EPA ID: **FLD980709075**
LOCATION: **3650 SW 47th Ave, Davie.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number to receive the following name change under RCRA:

World Petroleum Corp

The status of your facility is:

HW Transporter, Non-handler, Used Oil Handler


Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

A handwritten signature in black ink that reads "Michael X. Redig". The signature is written in a cursive, flowing style.

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 50795
Email Address: emiranda@wpcorp.net
Previous Facility Name: Petroleum Management Inc

		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			
EPA ID		FLD 980 709 075			
1. Reason for Submittal	Check correct box: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).				
2. Facility or Business Name <p style="text-align: center;">WORLD PETROLEUM CORP.</p>					
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: <p style="text-align: center;">WORLD PETROLEUM CORP.</p>		<input checked="" type="checkbox"/> New Operator Date became Operator: <u>12 / 7 / 2007</u> <small>mm dd yy</small>		
	Street or P.O. Box: <p style="text-align: center;">4717 ORANGE DRIVE</p>		Phone Number: <p style="text-align: center;">(954) 327-0724</p>		
	City or Town: <p style="text-align: center;">DAVIE</p>		State: FL	Zip Code: 33314	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
4. Facility Physical Location Information	Physical Street Address: <p style="text-align: center;">3650 SW 47 AVENUE</p>				
	City or Town: <p style="text-align: center;">DAVIE</p>		State: FL	Zip Code: ²⁹ 33314	
	County: <p style="text-align: center;">Broward</p>		Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Latitude: <u>26</u> <u>04</u> <u>30</u> N Longitude: <u>80</u> <u>12</u> <u>03</u> W Method: <small>dd mm ss.ssss dd mm ss.ssss Datum:</small>				
5. Facility North American Industry Classification System (NAICS) Code(s)		A. 562910		B.	
		C.		D.	
6. Facility Mailing Address	Street Address or P.O. Box: <p style="text-align: center;">POST OFFICE BOX 291197</p>				
	City or Town: <p style="text-align: center;">DAVIE</p>		State: FL	Zip Code: 33329	
7. Facility Contact Person	First Name: <p style="text-align: center;">ERIC</p>		Last Name: <p style="text-align: center;">MIRANDA</p>		Title: <p style="text-align: center;">PRESIDENT</p>
	Phone Number: <p style="text-align: center;">(954) 327-0724</p>		Extension:	E-Mail: <p style="text-align: center;">emiranda@wpcorp.net</p>	
	Street or P.O. Box: <p style="text-align: center;">4717 ORANGE DRIVE</p>				
	City or Town: <p style="text-align: center;">DAVIE</p>		State: FL	Zip Code: 33314	
8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)	Name of Real Property Owner: <p style="text-align: center;">ERIC MIRANDA</p>		<input checked="" type="checkbox"/> New Owner Date became Owner: <u>12 / 7 / 2007</u> <small>mm dd yy</small>		
	Street or P.O. Box: <p style="text-align: center;">4717 ORANGE DRIVE</p>		Phone Number: (954) 327-0724		
	City or Town: <p style="text-align: center;">DAVIE</p>		State: FL	Zip Code: 33314	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				

EPA ID No. **FLD 980 709 075**

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 GREENWICH INSURANCE CO. / AGENT SEITLIN INSURANCE
 Address 6700 NORTH ANDREWS AVENUE, SUITE 300
FORT LAUDERDALE, FLORIDA 33309
 Contact: JEFF HORSEFORD Telephone: 954-267-8606
 Policy Number: AEC0023573 Expiration date: 7/7/08

- 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 checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" 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**

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9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):

C. Used Oil Activities:

- | | |
|---|--|
| <p>1. Used Oil Transporter - Indicate type(s) of activity(ies)</p> <p><input checked="" type="checkbox"/> a. Transporter</p> <p><input checked="" type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)</p> <p><input checked="" type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p>3. <input type="checkbox"/> Off-Specification Used Oil Burner</p> | <p>4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner</p> <p><input checked="" type="checkbox"/> b. Marketer who first claims the used oil meets the specifications</p> <p>5. <input type="checkbox"/> Used Oil Generator</p> |
|---|--|

Used Oil Transfer

- 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	2	3	4	5	6	7
D001	D002	D011	F001	F003	F005	
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 _____

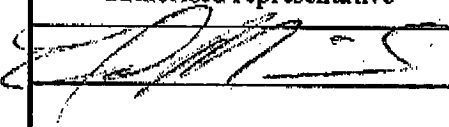
C. Property Tax Default

D. Petition for Bankruptcy Protection

12. Comments:

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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)
	ERIC MIRANDA	1-9-08

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: