

Andrea Miranda

From: Lancellotti, Romina [Romina.Lancellotti@FloridaDEP.gov]
Sent: Friday, November 15, 2019 12:32 PM
To: avmiranda@wpcorp.net
Subject: FW: World Petroleum (EPA ID FLD980709075)- Exit Interview

From: Lancellotti, Romina
Sent: Friday, November 15, 2019 12:30 PM
To: cgregory@wpcorp.net; avmirand@wpcorp.net
Cc: Blandin, Norva <Norva.Blandin@FloridaDEP.gov>
Subject: World Petroleum (EPA ID FLD980709075)- Exit Interview

Good afternoon,

This email serves as follow up to the hazardous waste compliance evaluation inspection conducted on October 31, 2019, by the Florida Department of Environmental Protection (FDEP). Thank you and your team for taking the time to assist us during the inspection. The inspection revealed the following noncompliance items (also discussed during the inspection) and corrective actions required:

Acceptance/Delivery Records Manifests: Based on record review during the time of inspection, the inspectors discovered that World Petroleum has accepted and delivered hazardous waste and failed to comply with hazardous waste transporter requirements under 62-730.171F.A.C.

The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than **24 hours but 10 days or less** (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," pursuant to 62-730.171(2)(a).

1. During the time of inspection, the inspectors found the manifest tracking number 019087930JJJ that indicates that on 07/15/19 World Petroleum accepted one (1) 55-gallon drum of hazardous wastes (EPA waste codes D001, D035, F003, F005) from the generator, and delivered it at Stericycle (transporter 2) on 07/17/19. Based on this information, World Petroleum kept hazardous waste more than 24 hours.
2. The manifest tracking number 019087919JJJ indicates that on 03/08/19 World Petroleum accepted one (1) 55-gallon drum of hazardous waste (EPA waste code D001) from the generator, and delivered it at Stericycle (Transporter 2) on 03/11/19. Based on this information, World Petroleum kept hazardous waste more than 24 hours.

Pursuant to 62-730.171(1) If the waste is stored for **more than 10 days**, the facility is subject to the permitting requirements for a hazardous waste storage facility.

3. During the time of inspection, the inspectors observed the manifest tracking number 015912473JJJ that indicates that on 01/04/17 World Petroleum (EPA ID FLD980709075) accepted one (1) 55-gallon drum of hazardous waste, EPA waste codes F003, F005, D001 from the generator, and delivered it at Stericycle (Transporter 2) on 01/27/19. Based on this information, World Petroleum Corp kept hazardous waste more than 10 days.

During the time of inspection, Mr. Chad Gregory stated that the hazardous waste has been delivered to the transporter 2 within 24 hours. World Petroleum may have supporting documentation to probe that the discrepancies discovered during the time of inspection are not accurate.

- Please provide supporting documentation that demonstrates that the waste was delivered within the time frame required for HW transporters under 40 CFR 263 and 62-730, F.A.C.

Waste Analysis Plan: According to 40 CFR 279.55, owners of used oil processing must develop and follow a written Analysis Plan describing the procedures that will be used to comply with the analysis requirements of 40 CFR 279.53 and 279.72.

- Please provide a copy of the Waste Analysis Plan to the Department.

Current Liability Insurance: Based on record review during the time of inspection, the inspectors confirmed that the facility holds a current liability insurance; however, the updated Acord form has not been submitted to the Department.

- Please provide proof of submission of current liability insurance to the Department even though it was confirmed that WP does not have any lapse in their liability insurance.

Please submit the above information requested within 14 calendar days of this email (**11/29/2019**). If you have any questions or concerns, you may contact me at this email address or the phone number below.

Best Regards,



Romina Lancellotti

Environmental Specialist II

Florida Department of Environmental Protection

Southeast District – West Palm Beach

3301 Gun Club Road, MSC 7210-1

West Palm Beach, FL 33406

Romina.Lancellotti@floridadep.gov

Office: 561.681.6624





November 25, 2019

World Petroleum Response to FDEP October 31, 2019 Inspection

Acceptance/Delivery Records Manifests: *Based on record review during the time of inspection, the inspectors discovered that World Petroleum has accepted and delivered hazardous waste and failed to comply with hazardous waste transporter requirements under 62-730.171F.A.C.*

*The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than **24 hours but 10 days or less** (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," pursuant to 62-730.171(2)(a).*

World Petroleum Corp (WPC) does not agree with the alleged violation for storage of hazardous waste drums. WPC operates as a hazardous waste transporter under 62-730 F.A.C. and does not store hazardous waste at its facility. Accordingly, 62-730.171 F.A.C. is not applicable in this situation. The hazardous waste drums (3 each) referred to in the hazardous waste compliance evaluation conducted on October 31, 2019, at WPC were never removed from the transport vehicle and were therefore not "stored" at the WPC site.

Waste Analysis Plan: *According to 40 CFR 279.55, owners of used oil processing must develop and follow a written Analysis Plan describing the procedures that will be used to comply with the analysis requirements of 40 CFR 279.53 and 279.72.*

PLEASE SEE ATTACHMENT

Current Liability Insurance: *Based on record review during the time of inspection, the inspectors confirmed that the facility holds a current liability insurance; however, the updated Acord form has not been submitted to the Department.*

PLEASE SEE ATTACHMENT

WASTE ANALYSIS PLAN

Waste Analysis Plan

General:

1. This Analysis Plan is applicable to all used oil processing operations at the World Petroleum Corporation facility. The purpose of this plan is to detail those procedures which World Petroleum Corporation employees must follow when complying with the used oil analysis requirements contained in 40 CFR 279.53.
2. A copy of this plan must be retained at the World Petroleum Corporation facility processing used oil. Each facility manager is responsible to ensure this plan is adhered to. If any errors, omissions or modifications to this plan are identified, they should be reported to the Director of Facilities Operations for review and update to this plan.

Procedures:

1. Drivers of used oil collection trucks will follow the following procedures when collecting used oil for delivery to the World Petroleum Corporation facility.

When collecting used oil, the driver will utilize a "Tiff Instruments Inc. Model Number 5050" automatic halogen leak detector to determine if the oil contains halogens. If the "Tiff 5050" indicates an elevated reading, the driver will perform a field test using a Dexsil Kit Q-4000 to verify the halogen level is less than 1,000 ppm. The Dexsil Kit Q-4000 confirms to EPA SW-846 Method 9077.

Any time a Dexsil Kit is used on-site, a field sample must be taken, witnessed and recorded on the job sheet. The sample will be retained at the facility for a minimum of three months.

Any driver who determines a client's oil has an elevated halogen level, (above 1,000 ppm) must not load that oil onto his truck until a reputable presumption test has been performed.

If, after the reputable presumption test has been performed, the test readings are greater than 1,000 ppm total halogens, it is presumed that the oil is a hazardous waste because it has been mixed with halogenated hazardous waste listed in 40 CFR 261.

All on-specification used oil fuel must meet the following specifications:

Constituent/Property	Allowable Level
Arsenic	5 ppm Max.
Cadmium	2 ppm Max.
Chromium	10 ppm Max.
Lead	100 ppm Max.
Flash Point	100°F Minimum
Total Halogens	1000 ppm Maximum

Records of analysis conducted or information used to comply with the tracking requirements of 40 CFR 279 must be maintained for at least three years.

CURRENT LIABILITY INSURANCE

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Nautilus Insurance Company
(Name of Insurer)

(the "Insurer"), of 101 Hudson Street, Suite 2550, Jersey City, NJ 07302
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

World Petroleum Corp
(Name of Insured)

(the "Insured"), of 4100 SW 47 Avenue, Davie, FL 33314
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD980709075	World Petroleum Corp	3650 SW 47th Ave, Davie, FL 33314
FLR000167023	World Petroleum Corp	10407 US Hwy 41 N, Palmetto, FL 34221

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number SSP202312712, issued on 07/07/2019.
(date)

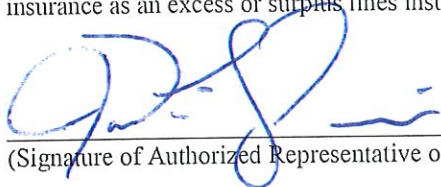
The effective date of said policy is 07/07/2019 and the expiration date of said policy is 07/07/2020.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FX202312812, issued on 07/07/2019. The effective date of said policy is 07/07/2019 and the expiration date of said policy is 07/07/2020.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Justin Failoni

(Typed name)

Producer

(Title)

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)

8000 Governors Square Blvd, Ste 301, Miami Lakes, FL 33016

(Address of Representative)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Great Divide Insurance Company
(Name of Insurer)

(the "Insurer"), of 101 Hudson Street Ste 2550 Jersey City, NJ 07302
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

World Petroleum Corp
(Name of Insured)

(the "Insured"), of 4100 SW 47th Ave Davie, Florida 33314
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD980709075	World Petroleum Corp	3650 SW 47 Ave Davie Fl 33314
FLR000167023	World Petroleum Corp	10407 Hwy 41 N Palmetto, Fl 334221

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP202312612, issued on 07/07/2019.
(date)

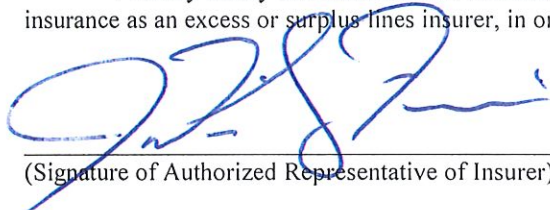
The effective date of said policy is 07/07/2019 and the expiration date of said policy is 07/07/2020.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFX202312812, issued on 07/07/2019. The effective date of said policy is 07/07/2019 and the expiration date of said policy is 07/07/2020.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Justin Failoni

(Typed name)

Producer

(Title)

Authorized Representative of

Great Divide Insurance Company

(Name of Insurer)

8000 Governors Square Blvd. ste 301 Miami Lakes, Florida 33016

(Address of Representative)



WORLPET-01

SNIEDERMEYER

DATE (MM/DD/YYYY)

07/02/2019

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME: Susan Niedermeyer	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
	E-MAIL ADDRESS: Sniedermeyer@caffllc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Nautilus Ins Company	17370
	INSURER B : Great Divide Insurance Co	25224
	INSURER C : Markel American Ins Co	28932
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	GLP202312512	07/07/2019	07/07/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS90 <input checked="" type="checkbox"/> CA9948	X	X	BAP202312612	07/07/2019	07/07/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FFX202312812	07/07/2019	07/07/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WCA202937110	07/07/2019	07/07/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Pollution Liability			SSP202312712	07/07/2019	07/07/2020	Aggregate 2,000,000
C	Motor Truck Cargo			MKLM3IM0051392	07/07/2019	07/07/2020	Any One Veh/Loss 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Florida is named as additional insured with respect to general liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
The Department of Environmental Protection PO Box 3070 Tallahassee, FL 32315-3070	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Andrea Miranda

From: Andrea Miranda [avmiranda@wpcorp.net]
Sent: Wednesday, November 20, 2019 11:12 AM
To: 'Janet.Ashwood@dep.state.fl.us'
Cc: 'Horlick, Susan'
Subject: World Petroleum Insurance Forms
Attachments: 20191120105748964.pdf

Good Morning,

I have attached the COI and forms for your review.

If all looks good I will put the hard copies in the mail today.

Regards,

Andrea Miranda
World Petroleum Corp
954-327-0724

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEP Waste Mgmt Division HWRS, MS4560
2600 Blair Stone Rd
Tallahassee, FL 32399-2400



2. Article Number
(Transfer from sender)

7014 2120 0000 2616 3160

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7014 2120 0000 2616 3160
7014 2120 0000 2616 3160

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

DEP Waste Mgmt Division HWRS, MS4560

Street & Apt. No.,
or PO Box No.

City, State, ZIP+4

2600 Blair Stone Rd
Tallahassee FL 32399

PS Form 3800, July 2014

See Reverse for Instructions