#### 0-cler # 4/41388

Ple	asi	print or type. (Form desig	ned for use on elite (12-pitch) t	ypewriter.)							Approved.	OMB No.	2050-0039
Î		INIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number	<b>G</b>	Ī	95	rgency Response <u> 9 - 327</u>	7-0724		908	<sup>mber</sup> 798	1 J.	JK
	5	. Generator's Name and Mailin	ng Address Miami De	in 25th S	Dept.	General	or's Site Address	(if different than	mailing addres	5S)			
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	21	). Designated Facility Owner of	r Operator: Certification of receipt of	i hazardous materials covere	ed by the mani	fest excep	ot as noted in lter	n 18a	l				
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DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

### CERTIFICATE OF ACCEPTANCE FOR RECYCLING AND/OR DISPOSAL

**ISSUED TO:** 

#### WORLD PETROLEUM CORP 4100 SW 47TH AVE.

#### **DAVIE, FL 33314**

By accepting the waste products described by the document number below on this certificate, Veolia ES Technical Solutions L.L.C. (Veolia ES) certifies to the generator that the transportation, storage or processing methods employed are in accordance with the Veolia ES permit parameters and all applicable federal, state and local laws.

Product Code	Description	QTY	UOM
LP-F04	Recycle - Four Foot Fluorescent Lamps	36	LMP

KEY: P=POUNDS, LFT = LINEAR FEET, LMP = LAMP, EA = EACH. Questions regarding this certificate should be directed to customer service, toll-free at 1-800-556-5267.

DOCUMENT #: K12719208 RECEIVED DATE: 14-DEC-20 PROCESSING FACILITY: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 342 MARPAN LANE , TALLAHASSEE, FL 32305 PROCESSING FACILITY EPA ID#: FL0000207449 RETURN TRACKING#: 691191700846725 UNIQUE CONTAINER NUMBER: 6C52245D-8E12845F ITEM CODE #: SUPPLY-098



Kevin Shaver, Branch Manager

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1275 MINERAL SPRINGS DRIVE PORT WASHINGTON, WI 53074

### CERTIFICATE OF ACCEPTANCE FOR RECYCLING AND/OR DISPOSAL

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DOCUMENT #: K12719209 RECEIVED DATE: 14-DEC-20 PROCESSING FACILITY: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 342 MARPAN LANE , TALLAHASSEE, FL 32305 PROCESSING FACILITY EPA ID#: FL0000207449 RETURN TRACKING#: 691191700846718 UNIQUE CONTAINER NUMBER: 8Y52246Z-1A12839B ITEM CODE #: SUPPLY-098



Kevin Shaver, Branch Manager

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1275 MINERAL SPRINGS DRIVE PORT WASHINGTON, WI 53074

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DOCUMENT #: K12719179 RECEIVED DATE: 14-DEC-20 PROCESSING FACILITY: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 342 MARPAN LANE , TALLAHASSEE, FL 32305 PROCESSING FACILITY EPA ID#: FL0000207449 RETURN TRACKING#: 691191700848705 UNIQUE CONTAINER NUMBER: 9052243P-7Q14824R ITEM CODE #: SUPPLY-098



Kevin Shaver, Branch Manager

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1275 MINERAL SPRINGS DRIVE PORT WASHINGTON, WI 53074

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Ple	ase pi	int or type. (Form designed for use on elite (12-pitch) typewriter.)					n Approved,	OMB No.	2050-0039
↑		FORM HAZARDOUS 1. Generator ID Number VASTE MANIFEST FLD98/75/589 2. Page 1 of 3. Emil FS1/55/589 551	ergency Response <u> - 327 - c</u> tor's Site Address		4. Manifest	$\cap \cap \cap$	<sup>umber</sup> 796	9. <b>J</b> .	JK
	5. G		tor's Site Address	(if different tha	in mailing addre	ss)			
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	Gene	erator's Phone: <u>56/- 900 - 3/47</u> anspoter 1 Company Name			U.S. EPA ID	Number			
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	7. Tr	ansporter 2 Company Name Stericy Cile Special H Wriste Solu	HICIA		U.S. EPAID	Number	11974	)	
	8. De	esignated Facility Name and Site Address PSC/Allworth			U.S. EPA ID I	Number	1010		
		ssignated Facility Name and Site Address P.5: /Allworth 500 Medica Rd Birmingham, AL							
	Facil	ity's Phone:			AL	DUG	4474	579	3
	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Contair No.	ners Type	11. Total Quantity	12. Unit Wt./Vol.		Vaste Code:	
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		2) Drofile #							
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		Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgmen I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator		liquantity gene	erator) is true.				
		rators/Offeror's Printed/Typed Name Mario Vergara (As Agent) 1	Yd	$\mathcal{A}$	ha ,		Mont	h Day	Year
	16. In	ternational Shipments Import to U.S.	Port of end				l	1/2	
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DESIGNATED FACILITY	18c. S	signature of Alternate Facility (or Generator)					Mon	h Day	Year
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		asignated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest exce	ot as noted in item	n 18a	I				
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e print or type. (Form designed for use on elite (12-pltch) typewriter.) UNIFORM HAZARDOUS WASTE MANIFEST I. Generator ID Number PLR000046268		3. Emergency Response 454-327	-07.24		<u>308</u>	796	2 <b>J</b> J	IK
5. Generator's Name and Mailing Address I Central To yoth Colliss 12480 Stur 130 St Micami, FL	ion	Generator's Site Address	(if different tha	in mailing addres:	\$}			
Generator's Phone:				U.S. EPA ID N	umber			
3. Transporter 1 Company Name						7090	75	
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Sterively Decialty	Waste	SOLUTION	<u>]</u>	IRMYS	000	1104	14	
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Facility's Phone: 9a. 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Num	mber,	10. Conta		11. Total Quantity	12. Unit Wt./Vol.	13. \	Vaste Code:	5
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Form	8700-22A (Rev. 3-05) Previous editions are	obsolete.	DESIGN	ATED FACILITY TO E	ESTINATIC	N STATE (IF REQUIRED

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)			1		n Approved. Ol	VB No. 20	50-0039
WASTE MANIFEST FLD045466083	of 3. Emergency Respons 954-327	-07.24	4. Manifest	908	<u>7968</u>	JJ	K
5. Generator's Name and Mailing Address ED MOIZSE BUYUW Cad, 1160 1240 N Fectured Hwy Ft. Landerde Te, FL J3304	Generator's Site Address	s (if different tha	n mailing addre	ss)			
Generator's Phone: 934-563-6338 6. Transporter 1 Company Name							
6. Transporter 1 Company Name	Lino	U.S. EPA ID Number <i>FLD 980709075</i> U.S. EPA ID Number					
7. Transporter 200mpany Name Stericy Lie Specie My Waste	Salata	~ 5		Number	1097	1	
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Birmingham, AL			ن مد ا		ار وست <i>ار دو</i> ند.	-	~
Facility's Phone: 205 - 841. 1707		1			<u>4476</u>	74	2
9a.         9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10, Conta No.	iners Type	11. Total Quantity	12. Unit Wt./Vol.	13. Wa	ste Codes	
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15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment marked and labeled/placarded, and are in all respects in proper condition for transport according to an Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Ackord I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity	oplicable international and many invited on the second second second second second second second second second s	uona govenna	entai regulason	hipping nam s. If export s	ie, and are classi hipment and I an	iled, packag 1 the Primary	y Y
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16. International Shipments     Import to U.S.       Transporter signature (for exports only):	m U.S. Port of e	ving U:0.:			><		
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18. Discrepancy       18a. Discrepancy Indication Space         Quantity   Type	Residue		Partial R	lejection		Full Rejec	ction
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L 18b. Alternate Facility (or Generator)	Manifest Referer	ce Number:	U.S. EPA II	) Number			
18b. Alternate Facility (or Generator)         Facility's Phone:         18b. Alternate Facility (or Generator)         18b. Alternate Facility (or Generator)         19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, dis         1.       1.         2.			1				
Facility's Phone:					Mon	lh Day	Year
18c. Signature of Alternate Facility (or Generator)							1
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, dis	posal, and recycling systems	3)	4.				
	3.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the	manifest except as noted in	ilem 18a			Mon	th Day	Year
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27.         27.         U.S. DOT Description (decleding Proper Shipping Name, Hazard Clines, ID Namber, No. Type         28. Creationer         29. Lossing Wir Act.         31. Weak Codes           1         And Posking Group (f avy)         1	26. Transporter Company Name	Menuia Laxtoge	, Loci	U.S. EP.	AID Number	1126164
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1	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number FLD06724	2677	1	3. Emergency Response 454-527	0724	01		<u>7967</u>	JJK			
	5. Generator's Name and Mailin	g Address Alan Jay	Chevrolet I HWY 27 FL 33870	Dni. N	Generator's Sile Address	(if different than	mailing addre	ss)					
	E.1.7	Setting,	FL 33870	<u>ن</u> کر			· · · · · · · · · · · · · · · · · · ·						
	Generator's Phone: 503 6. Transporter 1 Company Nam	10	. s				U.S. EPA ID Number						
	7. Transporten 2 Company Nam	el Potroleum					U.S. EPAID	<u>98070</u> Number	19075				
	SPACE	1118 Spellal-	ty Was-	te 20	IV HOUS			<u>500011</u>	0924				
	8. Designated Facility Name ap	d Site Address PSC/A. 500 Mei 131mingt	to Rd				0.0. EFA ID I	IN (III IDEI		,			
		Birmingh	nam, AL				AL	0094	4767	97			
	Facility's Phone: 203 -	on (including Proper Shipping Name,		э <b>г</b> ,	t0. Contai	ners	11. Total	12. Unit	13. Waste				
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	14. Special Handling Instruction	is and Additional Information	ΛΙΧ	55 (	56 Mete	al Dr	um						
					# 967								
	15 GENERATOR'S/OFFERO	R'S CERTIFICATION: I hereby decl	iare that the contents of it	his consignment a	are fully and accurately de	scribed above b	y the proper si	hipping name,	and are classified	l, packaged,			
	marked and labeled/placa	rded, and are in all respects in proper contents of this considement conform	r condition for transport a to the terms of the attac	iccording to applic thed EPA Acknowl	cable international and nat ledgment of Consent.	ional governmer	tai regulations	s. If export ship	ment and I am th	e Primary			
	I certify that the waste min Generator's/Offeror's Printed/Ty	pinization statement identified in 40 C	1		erator) or (b) (in am a sma Nature	all quantity gene		0_	Month	Day Year			
Ţ	16. International Shipments		<u>-t</u>		Maa	<u>dal</u>	(50	The second	4	13 20			
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	18b. Alternate Facility (or Gene	evalor)			Manifest Reference	e Number:	U.S. EPA ID	Number					
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EA T	Facility's Phone: 18c. Signature of Atternate Fac	acility's Phone: 3c. Signature of Alternate Facility (or Generator)					1		Month	Day Year			
NATE		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
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	1.	2.					1						
	1 414	2.	f hazardous materials co	overed by the man	ifest except as noted in Ite	em 18a	l						
DESIGNATED FACILITY	1 414	2. or Operator: Certification of receipt o	of hazardous materials co	overed by the man Si	ifest except as noted in Ite gnalure	em 18a	l		Month	Day Year			

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	UNI	FORM HAZARDOUS WASTE MANIFEST 21. Generator ID Number	22. Page	1	st Tracking Nu		
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	24. G 25. 1	FORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) HEDOG 747677 HOLM Jay Hourolet, Im. (ransporter Company Name Fxeehold Cartage, Two.			U.S. EPAIDI		126164
	26. 1	ransporter Company Name			U.S. EPA ID I	Number	
						<b></b>	
	27a. HM	<ol> <li>U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))</li> </ol>	28. Contair No.		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
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	36.1	Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and n	ecycling systems)				
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5.	WASTE MANIFEST	FLR00019		2, Page 1 of	95	jency Response 4-327	-472	$4^{4. \text{ Manifest}}$	<u>908</u>	<sup>mber</sup> 797	2 J.	IK
	Generator's Name and Mailin	FLDOOOP gAddress Sarugrass 14501 W S Sunrise	Ford unrise Bi FL 3335	hel	Generato	r's Site Address	(if different tha	n mailing addres	ss)			
Ge	enerator's Phone:	-			<del>V</del> /á	Han		U.S. EPAID N		7090	75	
7.	Transporter 2 Company Nam Stericych	e Specialty	Waste	Solu	ition				0001	10924		
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		on (including Proper Shipping Name,				10. Contai	1	11. Total Quantity	12. Unit Wt./Vol.		Waste Code	
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1	4. Special Handling Instructio	ns and Additional Information	/ x 55	1-1	M	etal i	Trun				I	1
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1	marked and labeled/place	OR'S CERTIFICATION: I hereby dec arded, and are in all respects in prope contents of this consignment conform inimization statement identified in 40	r condition for transport a	bed FPA Ackon	wledomer	t of Consent.			s. If export s	hipment and l	am the Prin	ary
↓	Senerator's/Offeror's Printed/T	yped Name			ignature X	P	~7				inth Day 5 OX	~
L.	<ol> <li>International Shipments</li> <li>Transporter signature (for exp I7. Transporter Acknowledgme</li> </ol>	Import to U.S.		Export from	1 U.S.		entry/exit: wing U.S.:					
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	18. Discrepancy 18a. Discrepancy Indication S	pace Quantity	Туре			Residue		Partial R	Rejection		Full Re	ejection
	18b. Alternate Facility (or Ger	ierator)	, <u>, , , , , , , , , , , , , , , ,</u>			Manifest Referen	nce Number:	U.S. EPA IC	D Number			
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IGNATE		Management Method Codes (i.e., co	des for hazardous waste	reatment, dispo	osal, and r	ecycling system:	s)	4.			I	
1 1	1. ital	e ( er or Operator: Certification of receipt		ľ								
	20. Designated Facility Own Printed/Typed Name	er or Operator: Certification of receipt		1		Sc	<b></b>	TO DEST			5 11	ay Year 220

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	(Continuation Sheet) 24. Generator's Name	FLR 000193276	d	107 108	170	KJJK
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	5	awarass tord				
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╟			28. Contain	ners 29, Total	30, Unit	·····
	27a. 27b. U.S. DOT Description (including Proper SI HM and Packing Group (if any))	hipping Name, Hazard Class, ID Nomber,	No.	Type Quantity	Wt./Vol,	31. Waste Codes
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	36. Hazardous Waste Report Management Method	Codes (i.e., codes for hazardous waste treatment, disposal, ar	id recycling systems)	)		
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	6. Transporter 1 Company Name	- 327-0724					U.S. EPA ID	Number -		
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$\prod'$	7. Transporter 2 Company Name SHEFTCV		N VAI		Salution	a. <b>L</b>			07090	<u>_/ _</u>
8	3. Designated Facility Name and	Site Address DC/ IA	Ilwarth	MAIL		<i></i>	U.S. EPA ID		10924	
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<sub>F</sub>	acility's Phone:	Birning	ham, AL	-			A1.	れつ	944	7679
	9a. 9b. U.S. DOT Description HM and Packing Group (if any	(including Proper Shipping Name, H	lazard Class, ID Number,		10. Contai	iners	11. Total	12. Unit		
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	marked and labeled/placarded	CERTIFICATION: I hereby declare , and are in all respects in proper co ents of this consignment conform to	a that the contents of this condition for transport accord	onsignment are fully a ling to applicable inte	nd accurately desi mational and natio	cribed above by nal government	the proper ship al regulations. I	oping name, If export ship	and are classifi ment and I am	ed, packaged, the Primary
1	Loorlife that the waste minimum	stian at the consignation of the comora to	262.27(a) (if I am a large o	auantity generator) or	of Consent. (b) (if I am a small	quantity genera	ator) is true.			,
	r cerury mar me waste minimiz	auon statement toentmed in 40 CFR								
Gei		Name	a set \	Signature					Month	Day
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UNIFORM HAZARDOUS WASTE MANIFES (Continuation Sheet)	T 21. Generator ID Number FL K 000 28 9 8 2 9	22. Page	23. Manifest Tracking N 0 L 90 8		2 172
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26. Transporter Company Name		<u> </u>	U.S. EPA ID	Number	
27a.         27b. U.S. DOT Description (including Proper \$           HM         and Packing Group (if any))	inioping Name, Hazard Class, ID Number, 1	28. Contain No.	ers 29. Total Type Quantity	30. Unit Wt./Vol.	31. Waste Codes
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34. Transporter Acknowledgment of Receipt of Printed/Typed Name	Materials Signature				Month Day Year
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35. Discrepancy			· · · · · · · · · · · · · · · · · · ·		
36. Hazardous Waste Report Management Method Co	des (i.e., codes for hazardous waste treatment, disposal, and r	ecycling systems)			
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1	UNIFORM HAZARDOUS 1. Generator ID Number WASTE MANIFEST FLD 981468796	2. Page 1 of	954 -32			908	37933	JJK	
	5. Generator's Name and Mailing Address ED Morse Auto Pkzz	9	Senerator's Site Address			ess)			_
	10135 US. HWY 19 Port Richie, FL 34	668				<b>,</b>			
	Generator's Phone: 727-862-5411								
	1.6 Transporter 1 Company Name	1.			U.S. EPAID		709074	5	
	7. Transporter 2 Company Name	Dration	2				709075		
	Sterrycle Specienty W	laste 2	olutions		IMNS	<u>()(()</u>	0924		
	8. Designated Facility Name and Site Address pSC /Allworth 500 Medico Rd				0.8. EFA ID	numper			
	Burning				1 1 1	NX ~		300	
	Facility's Phone: 205-344-7711 9a 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number	•	10. Contair	ant:			4476	193	
	HM and Packing Group (if any))		No	Туре	11. Total Quantity	12. Unit Wt./Vol.	13. Wa	ste Codes	
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	2) F	Profile	# 1579	74 -	00				
	<ol> <li>GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of the marked and labeled/placarded, and are in all respects in proper condition for transport ac</li> </ol>	nis consignment ar	e fully and accurately de	scribed above	by the proper s	hipping nam	ne, and are classifi	ed, packaged,	-
	Exporter, I certify that the contents of this consignment conform to the terms of the attach certify that the waste minimization statement Identified in 40 CFR 262.27(a) (if I am a la	ted EPA Acknowle	doment of Consent.			o. ir disport o	inprinsire dirici i dari	and Findary	
	Generators/Offeror's Printed/Typed Name	Signa					Month	Day Yea	
<u> </u>	Date Young		May	au	5/		88	18 2	
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ANSF	Transporter 2 Printed/Typed Name	Signa		1/7	Ń		Month		۶Ţ
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1  ≻	18b. Alternate Facility (or Generator)		Manifest Reference	e Number:	U.S. EPA ID	Number			
D FA	Facility's Phone: 18c. Signature of Alternate Facility (or Generator)						Month	Day Ye	ear
MTE	10C. Signature of Autennate Facility (or Generatory								
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste tre	eatment, disposal,	and recycling systems)		4.				
비	1 $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$	3.			<b>1</b>				
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials cover	ered by the manife	est except as noted in iter	m 18a			Month	Day Ye	
	Printed/Typed Name Shenitta Cale	Sign	alure	de.				Day Yei	ð
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EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type.  VINIFORM HAZARDOUS WASTE MANIFEST 21. Generator ID Number  21. Generator ID Number	1.00.0			Form A	Approved, OMB No. 2050-00
1 UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) 21. Generator ID Number FLD9819(@796	Of Z	- 23. Man	lfest Tracking No 0874	33177	K
24. Generator's Name			00 614	2000	
24. Generator's Name Ed Morse Arto Plaza 25. Transporter <u>3</u> Company Name Freeherd Curtuge ML					
25. Transporter 3 Company Name Transporter Culture Line			U.S. ĘPA ID	Number	······································
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26. Transporter Company Name			U.S. EPA ID	Number	······································
27a. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number,	28. Conta	iners	29. Total	30. Unit	
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32. Special Handling Instructions and Additional Information					
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33. Transporter <u>3</u> Acknowledgment of Receipt of Materials Printed/Typed Name Signature	<u></u>				Month Day Year
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So. Transporter     Zecknowledgment of Receipt of Materials       Printed/Typed Name     Signature       34. Transporter     Acknowledgment of Receipt of Materials       Printed/Typed Name     Signature					
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36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and rec	ycling systems)				n
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and rec					· · · · · · · · · · · · · · · · · · ·
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	5, Ger	nerator's Name and Mailing	Address // Au 2010 3 Ft. La	uto Air Condi 5 Andrews andurdale,	tioning Ave FL	Generato	or's Site Address	(if different tha	n mailing addres	55)			
	Gener	rator's Phone: 9.54 nsporter 1 Company Name	1-524-11	69						lumbor			
	6. Trai	nsporter 1 Company Name	rid Dat	- valen 1	n conceti	2			U.S. EPAIDA		1710.	のつち	
	7. Trar	nsporter 2 Company Name	in her	troleum (	L) C		} .		U.S. EPA ID N				
		signated Facility Name and	NUE TH	LINH N	laste So	lvfi	ms Inc				0924	ļ	
			Gile Address PSC 50 Bir	Allworth Delecto R Mingham, A	id L						a)))-	1/ -1/	2-7
		y's Phone: ZO5-	<u> </u>	•	lumbar	Г	40 O-mini-				<u>9447</u>	6/7	<u>,                                    </u>
	9a. HM	and Packing Group (if an	y))	ig Name, Hazard Class, ID I			10. Contair No.	ners Type	11. Total Quantity	12. Unit Wt./Vol.	13. W	aste Codes	3
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FACI	Facilit	y's Phone:	Į.										
DESIGNATED FACILITY	18c. S	Signature of Alternate Facili	y (or Generator)								Mor	nth Day	Year
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1		HOL	Opportuni Condification -1	receipt of hazardous materia	ate covered by the meni	festerro	nt as noted in liter	m 18a	l				
		esignated Facility Owner or d/Typed Name	Operator: Certification of			nature		<u>~</u>			Мол	A	Year
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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)     21. Generator JD Number (CFSQG)       24. Generator's Name	22. Page Z OF Z	23 Manifest Tracking	Number QZGTT	Approved. OMB
24. Generator's Name Kel Avts Air Condition, 25. Transporter 3 company Name Freehold Curtuying 26. Transporter Company Name	n 4	101 100 /	15:00	E
25. Transporter 3 Company Name I Kopland Control 1		110 504	10 M	
26. Transporter Company Name			10 Number 205477.61	164
27a. 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, HM and Packing Group (If any))		0.5. EPA	ID Number	-
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WASTE MANIFEST	ing Address Alan Jay ( Lyul Us ( Sebring .	Chouralet Ca	dillac In	Generator	s Site Address (i	f different tha	n mailing addres	s)			
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	Sebring.	, PL 3387	0								•
Generator's Phone: 816	3-385-0144 me						U.S. EPA ID N	lumber			
6. Transporter 1 Company Nar	me								10915	15	
World	d Detrokum	Corporat	101	7			U.S. EPAID N	lumber	010 -	<u> </u>	
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9a. 9b. U.S. DOT Descrip	tion (including Proper Shipping Narr	ne, Hazard Class, ID Nun	nber,	F	10. Contair No.	ers Type	11. Total Quantity	12. Unit Wt./Vol.	13.	Waste C	odes
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lease print or type. UNIFORM HAZARDOUS WASTE MANIFEST 21. Generator ID Number	22. Page-1	23. Manif	est Trącking Ni	Forn	Approved. OMB No. :	2050-0
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27a. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, HM and Packing Group (if any))	28. Conta No.	iners Type	29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	anno martinational
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32. Special Handling Instructions and Additional Information			- With .			
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36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and re	cycling systems)					
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#### **BUSINESS OWNER/MANAGER FORM**

I hereby acknowledge receipt of a copy of the Used Oil Transporters Certification and Training Manual. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a business owner/manager.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Owner/Manager)

(Print Full Name of Owner/Manager)

107/20

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47th Avenue Davie, FL 33314 954-327-0724

Instructions: This business owner/manager form receipt is to be read and signed by the firm's owner/manager and placed in his or her qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

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(Signature of Owner/Manager)

(Print Full Name of Owner/Manager) Jan 07-2020

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47th Avenue Davie, FL 33314 954-327-0724

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(Signature of Owner/Manager)

Andrea Miranda (Print Full Name of Owner/Manager)

(Today's Date: Include Month, Date & Year)

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Instructions: This business owner/manager form receipt is to be read and signed by the firm's owner/manager and placed in his or her qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

#### **EMPLOYEE/ DRIVERS** FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, a documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Driver)

(Print Full Name of Driver)

(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47th Avenue

Davie, FL 33314

954-327-0724

(Sign Lung of Ourser/Managan)

(Signature of Owner/Manager)

#### **EMPLOYEE/ DRIVERS FORM**

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, a documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

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(Signature of Driver)

(Print Full Name of Driver)

(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47th Avenue

Davie, FL 33314

954-327-0724

(Signature of Owner/Manager)

#### **EMPLOYEE** / DRIVERS FORM

I hereby acknowledge receipt of a copy of the Used Oil Transporters Certification and Training Manual. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

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At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Driver)

Wish e

(Print Full Name of Driver)

14170

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47 Ave Davie FL 33314

(954) 327-0724

(Signature of Owner/Manager)

#### **EMPLOYEE/ DRIVERS FORM**

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

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At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

Signature of Driver)

ne of Driver)

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47 Ave Davie FL 33314 (954) 327-0724

(Signature of Owner/Manager)

#### **EMPLOYEE/ DRIVERS FORM**

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At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Driver) (Print Full Name of Driver)

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47 Ave Davie FL 33314 (954) 327-0724

(Signature of Owner/Manager)

#### **EMPLOYEE/DRIVERS FORM**

I hereby acknowledge receipt of a copy of the Used Oil Transporters Certification and Training Manual. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

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At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Driver)

(Print Full Name of Driver)

01-8-20

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47 Ave

Davie FL 33314

(954) 327-0724

(Signature of Owner/Manager)

#### EMPLOYEE/ DRIVERS FORM

I hereby acknowledge receipt of a copy of the Used Oil Transporters Certification and Training Manual. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I +further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Driver)

AUCLIV NAVM

(Print Full Name of Driver)

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47 Ave Davie FL 33314 (954) 327-0724

(Signature of Owner/Manager)

#### EMPLOYEE/ DRIVERS FORM

I hereby acknowledge receipt of a copy of the Used Oil Transporters Certification and Training Manual. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

(Signature of Driver)

Chris Northey (Print Full Name of Driver)

1/07/20

(Today's Date: Include Month, Date & Year)

World Petroleum Corp 4100 SW 47 Ave Davie FL 33314

(954) 327-0724

(Signature of Owner/Manager)

# **99 SOLUTIONS GROUP, INC.**

**Certifies that** 

## **Chad Gregory**

has successfully completed the certificate requirements for

## 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2026 Certificate Expire: 11-2021

# **99 SOLUTIONS GROUP, INC.**

**Certifies that** 

## **Chad Gregory**

has successfully completed the certificate requirements for

## **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-3013

### **99 SOLUTIONS GROUP, INC. Certifies that Chad Gregory** has successfully completed the certificate requirements for **8 Hour Department of Transportation** HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 Certificate #: 20-5023 Instructor Certificate Expire: 11-2023

**Certifies that** 

# Mario Vergara

has successfully completed the certificate requirements for

## 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2027 Certificate Expire: 11-2021

**Certifies that** 

# Mario Vergara

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

### **99 SOLUTIONS GROUP, INC. Certifies that Mario Vergara** has successfully completed the certificate requirements for 8 Hour Department of Transportation HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 Certificate #: 20-5024 Instructor Certificate Expire: 11-2023

## **99 SOLUTIONS GROUP, INC. Certifies that Christopher Northey** has successfully completed the certificate requirements for **8 Hour Hazardous Waste Operations** & Emergency Response Training {Annual Re-Certification per 29 CFR 1910.120 (e)(8)} and in evidence thereof is awarded this **Certificate of Completion** on November 5<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 21

Instructor

Certificate #: 20-2028 Certificate Expire: 11-2021

# Certifies that Christopher Northey

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

### **99 SOLUTIONS GROUP, INC. Certifies that Christopher Northey** has successfully completed the certificate requirements for 8 Hour Department of Transportation HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 **Certificate #: 20-5025** Instructor **Certificate Expire: 11-2023**

## **99 SOLUTIONS GROUP, INC. Certifies that Sauveur Verminal** has successfully completed the certificate requirements for 8 Hour Hazardous Waste Operations & Emergency Response Training {Annual Re-Certification per 29 CFR 1910.120 (e)(8)} and in evidence thereof is awarded this **Certificate of Completion** on November 5th, 2020 Brandon G. Dow CHMM, CSHM 3885 21 Certificate #: 20-2029 **Instructor**

Certificate Expire: 11-2021

**Certifies that** 

# **Sauveur Verminal**

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

### **99 SOLUTIONS GROUP, INC. Certifies that** Sauveur Verminal has successfully completed the certificate requirements for 8 Hour Department of Transportation HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 **Certificate #: 20-5026** Instructor Certificate Expire: 11-2023

**Certifies that** 

# **Jasmy Metayer**

has successfully completed the certificate requirements for

## 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2030 Certificate Expire: 11-2021

**Certifies that** 

# **Jasmy Metayer**

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

### **99 SOLUTIONS GROUP, INC. Certifies that Jasmy Metayer** has successfully completed the certificate requirements for 8 Hour Department of Transportation HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 Certificate #: 20-5027 Instructor Certificate Expire: 11-2023

Certifies that

# Luis Bigay

has successfully completed the certificate requirements for

# 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2031 Certificate Expire: 11-2021

**Certifies that** 

# Luis Bigay

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

# Certifies that Luis Bigay

has successfully completed the certificate requirements for

# 8 Hour Department of Transportation HM181, 126F, 215A & Security

{Certification per 49 CFR}

and in evidence thereof is awarded this

Certificate of Completion on November 6<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-5028 Certificate Expire: 11-2023

## **99 SOLUTIONS GROUP, INC. Certifies that Christopher Grimm** has successfully completed the certificate requirements for **8 Hour Hazardous Waste Operations** & Emergency Response Training {Annual Re-Certification per 29 CFR 1910.120 (e)(8)} and in evidence thereof is awarded this **Certificate of Completion** on November 5<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 21 **Certificate #: 20-2032** Instructor

Certificate Expire: 11-2021

**Certifies that** 

# **Christopher Grimm**

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

### **99 SOLUTIONS GROUP, INC. Certifies that Christopher Grimm** has successfully completed the certificate requirements for 8 Hour Department of Transportation HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 Certificate #: 20-5029 Instructor Certificate Expire: 11-2023

Certifies that

# **Leon Charles**

has successfully completed the certificate requirements for

# 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2033 Certificate Expire: 11-2021

**Certifies that** 

## **Leon Charles**

has successfully completed the certificate requirements for

# **Confined Space Entry Training**

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

### **99 SOLUTIONS GROUP, INC. Certifies that Leon Charles** has successfully completed the certificate requirements for 8 Hour Department of Transportation HM181, 126F, 215A & Security {Certification per 49 CFR} and in evidence thereof is awarded this **Certificate of Completion** on November 6<sup>th</sup>, 2020 Brandon G. Dow CHMM, CSHM 3885 121 Certificate #: 20-5030 Instructor Certificate Expire: 11-2023

## Certifies that Andrea Miranda

has successfully completed the certificate requirements for

## 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2034 Certificate Expire: 11-2021

## Certifies that Zandra Medina

has successfully completed the certificate requirements for

# 8 Hour Hazardous Waste Operations & Emergency Response Training

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

Certificate of Completion on November 5<sup>th</sup>, 2020



Brandon G. Dow CHMM, CSHM Instructor

Certificate #: 20-2035 Certificate Expire: 11-2021

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

Steadlest Insurance Company

1.

(Name of Insurer)

(the "Insurer"), of 299 Zuitch Way, Schaumburg, IL 60196

(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 Corporation

(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:

EPA/DEP I.D. No.	Name	Physical Address
FLD980709075	World Petroleum Corp.	3650 SW 47th Ave., Davie 33314

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

This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of  $\frac{2.000,000}{1}$  for each accident, exclusive of legal defense costs. The coverage is provided under policy number  $\frac{\text{GPL 0321521-00}}{1}$ , issued on  $\frac{\text{July 7, 2020}}{1}$ .

(date)

(date)

The effective date of said policy is July 7, 2020 and the expiration date of said policy (date)

is <sup>July 7, 2021</sup>

\_\_\_\_

(date)

(date)

This insurance is excess	and the company shall not be liable for amounts in exc	ess of
\$	for each accident in excess of the underlying limit of	of
\$	for each accident, exclusive of legal defense costs.	
under policy number	, issued on	The effective date of
	(date)	
said policy is	and the expiration date of said policy is	July 7, 2021

Page 1 of 2

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

Department of Environmental Protection 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)

#### John Harrold

(Typed name)

#### Vice President (Resident Insurance Agent)

(Title)

Authorized Representative of

#### Steadfast Insurance Company

(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)

Mail original completed form to:

Department of Environmental Protection 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

Zurich American Insurance Company

1.

(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196

(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 Corporation

(Name of Insured)

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

(date)

(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>	Name	Physical Address
FLD980709075	World Petroleum Corp.	3650 SW 47th Ave., Davie 33314

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

This insurance is <u>primary</u> 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 BAP 0321620-00 , issued on July 7, 2020 (date) The effective date of said policy is July 7, 2020 and the expiration date of said policy (date) is July 7, 2021 (date)

This insurance is <u>excess</u> and the company shall not be liable for amounts in excess of

 for each accident in excess of the underlying limit of

 for each accident, exclusive of legal defense costs. The coverage is provided

 under policy number\_\_\_\_\_\_, issued on\_\_\_\_\_\_. The effective date of

 gaid policy is \_\_\_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_\_\_\_.

(date)

#### Page 1 of 2

Department of Environmental Protection 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)

#### John Harrold

(Typed name)

#### Vice President (Resident Insurance Agent)

(Title)

Authorized Representative of

#### **Zurich American Insurance Company**

#### (Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2020

**HARRISJ** 

WORLPET-01

~									
CE BE RE	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMATIN LOW. THIS CERTIFICATE OF INSI PRESENTATIVE OR PRODUCER, AN	VELY URAI D TH	' OR VCE E CI	NEGATIVELY AMEND, EXTE DOES NOT CONSTITUTE A ERTIFICATE HOLDER.	CONTRACT	BETWEEN 1	HE ISSUING INSURER(S	5), AU	THORIZED
IM	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights to	is an		DITIONAL INSURED, the policy terms and conditions of the po ficate holder in lieu of such end	dorsement(s).	oncies may	AL INSURED provisions require an endorsement.	or be Ast	endorsed. atement on
	UCER License #0E67768			CONTA	CT Christine	Milone			
	ance Office of America			PHONE	o, Ext): (954) 3	34-0377	FAX (A/C, No):		
500 V	V. Cypress Creek Road			E-MAIL	ss: Christine	.Milone@ic			
Suite Fort	auderdale, FL 33309			- ADDAL			DING COVERAGE		NAIC #
				INCLO	ER A : Steadfa				26387
							surance Company		16535
INSUR									
	World Petroleum Corporation	n		INSUR					
	P.O. Box 291197 Davie, FL 33329			INSUR					
	MANING I IN YOURU			INSUR					
				INSUR	EKF:		REVISION NUMBER:		<u>I</u>
COV	ERAGES CER	TIFIC	ATE	ENUMBER:	CENHOOLED -				
IN	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH F	EQUIF	REMI	THE INSURANCE AFFORDED B	REDUCED BY	ES DESCRIBI PAID CLAIMS.			
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	INSU	WVD				EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR	x		GPL 0321621-00	7/7/2020	7/7/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		^					MED EXP (Any one person)	\$	10,000
		.				-	PERSONAL & ADV INJURY	\$	2,000,000
							GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:       X     POLICY       PRO- JECT     LOC						PRODUCTS - COMP/OP AGG	\$ \$	4,000,000
	OTHER:						COMBINED SINGLE LIMIT	\$	1,000,000
В	AUTOMOBILE LIABILITY				7/7/2020	7/7/2021	(Ea accident) BODILY INJURY (Per person)	<u> </u>	
	X ANY AUTO			BAP 0321620-00	111/2020	7772021			
	AUTOS ONLY		ŀ				BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
	X Poll Liab CA9948	ļ						\$	10,000,000
A	X UMBRELLA LIAB X OCCUR		1		7/7/0000	7/7/2021	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	4		SXS 0321622-00	7/7/2020	11114041	AGGREGATE	\$	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DED RETENTION \$ 0			-		<u> </u>		\$	
В	WORKERS COMPENSATION		1			71710004	X PER OTH- STATUTE ER		4 000 000
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N	ALLA		WC 0321619-00	7/7/2020	7/7/2021	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			Į		EL. DISEASE - EA EMPLOYEE	\$	1,000,000
١	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Site Pollution			EPC 08632361-00	7/7/2020	7/7/2021	Each Pollution event		1,000,000
	Site Pollution			EPC 08632361-00	7/7/2020	7/7/2021	Aggregate Policy		3,000,000
		1			<u> </u>	<u> </u>	[	L	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ays' notice of cancellation, except 10 D								
Exce	ess Liability coverage is excess over Er	nviroi	nmei	ntal Services Package, Automob			on Liability.		

State of Florida is named as additional insured with respect to general liability, where required by written contract or agreement.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The Department of Environmental Protection PO Box 3070 ITallahassee, FL 32315 ACORD 25 (2016/03)	authorized REPRESENTATIVE Other U Hambles © 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

, WAS		Pompano	h Hill 7 48th Str 9 Beach, F 54) 984-20	L, 33073	· .		Reprint Ticket‡	1528293
Tick Paym Manu Haul Rout Stat Mani Dest PO Prof	e Waste Code fest WP1393 ination ile CD2866	O2O Account (SOIL PET		Cont Driv Chec Bill Gen Grid	cle# 60 ainer er k# ing # EPA ID	0006301	ld Petro Volume	
In Out Comm	Time 12/05/2020 07:32 12/05/2020 08:01 ents	:45 Sca	ale le 2-307 le 2-307	Operat ctorti ctorti	or	Inbound	Gross Tare Net Tons	53160 lb 32240 lb 20920 lb 10.46
	THANK YOU							
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1 2 3 4 5	ContSoilPet-Tons RCR-P-Regulatory FUEL-Fuel Surcha EVF-P-Standard E WWM-P-Waste Wate	C 100 rg 100 nv 100	10.46	Tons % % % %			****	BROWARD BROWARD BROWARD BROWARD BROWARD BROWARD

Driver`s Signature

Total Fees Total Ticket

	tese print or type orm designed for use on elite (12 pitch) typewriter.)									
4	NON-HAZARDOUS 1. Generator ID Number	2. Page 1	of 3. Emergence		e Phone	4. Waste Tr		nber		
					s (if different f	han mailing addre				· · ·
	5. Pinerator's Name and Mailing Address webro Petrosecom Coop PC Box 231197					<b>a</b> - 1.	,			
	Davis FL 33329									
	Generator's Phone:									
	6. Transporter 1 Company Name 20 Wor PEFDTEUM C	neA				U.S. EPA ID		7090	01	
	7. Transporter 2 Company Name					U.S. EPA ID		1000	7.2	
						1				
	8. Designated Facility Name and Site Address	nervar, wawyth			· · · · · ·	U.S. EPA ID	Number			
	·····································									
	Facility's Phone:	175				1				
				10. Con	ainers	11. Total	12. Unit	:		
	9. Waste Shipping Name and Description			No.	Туре	Quantity	Wt./Vol.			
GENERATOR	ion Haartons Petroleni Related POLJSOLCHARSONDENSIONNENKY PETRO									
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	13. Special Handling Instructions and Additional Information									
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