



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

03/05/2009

Joseph Stearns
FedEx Ground
1000 Fed Ex Dr
Moon Township, PA 15108-

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **3000 Directors Row, Orlando, FL 32809-5674** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLR000030817**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

Date Received
(for FDEP Official Use Only)

EPA ID **FLR 0000 30817**

MTS

RCRA Info

1. Reason for Submittal

Check correct box:

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

2. Facility or Business Name **FedEx Ground**

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

Name of Operator:

FedEx Ground Package System, Inc.

☐ New Operator

Date became Operator: **1/1/**
mm dd yyyy

Street or P.O. Box:

1000 FedEx Drive

Phone Number:

412-262-7347

City or Town:

MOON TOWNSHIP

State:

PA

Zip Code:

15108

Operator Type:

☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical Location Information

Physical Street Address:

3000 Directors Row

City or Town:

Orlando

State:

FL

Zip Code:

32809

County:

Orange

Land Type:

☒ Private ☐ Federal ☐ Municipal
☐ State ☐ Other

Latitude: **28 27 44.98** Longitude: **81 25 37.65** Method:
dd mm ss.ssss dd mm ss.ssss Datum:

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

A.

492110

B.

C.

D.

6. Facility Mailing Address

Street Address or P.O. Box:

1000 FedEx Drive, Attn: ENVIR. SVCS.

City or Town:

MOON TOWNSHIP

State:

PA

Zip Code:

15108

7. Facility Contact Person

First Name:

Nancy

Last Name:

Beaumont

Title:

ENVIR. COMPLIANCE SPEC.

Phone Number:

412-262-7347

Extension:

E-Mail:

nancy.beaumont@fedex.com

Street or P.O. Box:

1000 FedEx Drive ; Attn: ENVIR. SVCS.

City or Town:

MOON TOWNSHIP

State:

PA

Zip Code:

15108

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

Name of Real Property Owner:

FedEx Ground Package System, Inc.

☐ New Owner

Date became Owner: **1/1/**
mm dd yyyy

Street or P.O. Box:

1000 FedEx Dr. ; Attn: ENVIR SVCS.

Phone Number:

412-262-7347

City or Town:

MOON TOWNSHIP

State:

PA

Zip Code:

15108

Owner Type:

☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):**A. Hazardous Waste Activities:****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): 2008
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

For Items 2 through 7, check all that apply.

2. ☐ **Treater, Storer, or Disposer of Hazardous Waste**
(at your facility) Note: A hazardous waste permit may be required for this activity.
3. ☐ **Recycler of Hazardous Waste** (at your facility)
Specify: ☐ Commercial; ☐ Non-Commercial.
Note: A hazardous waste permit may be required for this activity.
4. ☐ **Exempt Boiler and/or Industrial Furnace**
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption
5. ☐ **Person Authorized to Manage Conditionally Exempt Waste generated at other facilities** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.
6. ☐ **Underground Injection Control**

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

c. Hazardous Waste Transporter Insurance Information:Insurance Company _____
Address _____Contact: _____ Telephone: _____
Policy Number: _____ Expiration date: _____

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

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

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

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input checked="" 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**

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

- ☐ a. Transporter
☐ b. Transfer Facility

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

- ☐ a. Processor
☐ b. Re-refiner

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

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

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

These activities may require additional submissions.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).Hazardous waste transporters list codes **routinely** or **usually** transported. Use an additional page if more spaces are needed.

1 D001	2 D002	3 D007	4 U003	5 U154	6 D021	7 U239
8 D008	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 _____

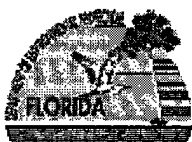
☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Comments:**

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)
<i>J.C. Swart</i>	<i>Jerry C. SWART, MANAGING DIRECTOR</i>	<i>02-09-2009</i>

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:



Department of Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

FEDEx GROUND 1500 FEDEx DRIVE MOON TOWNSHIP, PA 15108
Facility Name Street Address City and State
(412) 262-7306 (412) 859-2232 Joseph.Stearns@Fedex.com
Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year.

422,113

Types:

Fluorescent ☒

HID ☒

2. Estimated number of DEVICES handled during the last calendar year.

215

Types: Thermostats ☒

Electric Switches/Relays ☐

Thermometers ☐

Manometers ☐

Other ☐

3. Estimated weight of DEVICES handled during the last calendar year. 189 lb.
(NOT ballasts)

4. Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

360,476 FEDEx GROUND TALLAHASSEE, FL (412) 262-7306
Number L ☒ D ☒ Facility Name City/State Phone

61,852 FEDEx GROUND COCOA, FL (412) 262-7306
Number L ☒ D ☒ Facility Name City/State Phone

FEEDBACK TO ABOVE FEDEx GROUND ORLANDO, FL (412) 262-7306
Number L ☐ D ☐ Facility Name City/State Phone

JOSEPH B. STEARNS JR. Joseph B. Stearns Jr. 1/29/09
Print Name of Authorized Agent Signature of Authorized Agent Date

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes _____

No _____

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously _____

Submitted in What Year? _____

JOSEPH E. STRANNS JR.
Print Name of Authorized Agent


Signature of Authorized Agent

1/29/09
Date

Complete, sign and return this checklist along with your registration form to:

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 488-0300 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc

**FedEx Ground
Florida Facilities**

Hub:

FedEx Ground
3000 Directors Row
Orlando, FL 32809

Terminals (Feeders):

FedEx Ground
2045 High Ridge Road
Boynton Beach, FL 33426

FedEx Ground
5731 Premier Park Drive
West Palm Beach, FL 33407

FedEx Ground
3155 Grissom Parkway
Cocoa, FL 32926

FedEx Ground
2700 NW 25th Street
Pompano Beach, FL 33069

FedEx Ground
2670 Colonial Blvd.
Ft. Myers, FL 33907

FedEx Ground
2480 N. Lane Ave
Jacksonville, FL 32254

FedEx Ground
100 Chapman Road
Big Pine Key, FL 33043

FedEx Ground
11401 NW 100 Rd
Medley, FL 33178

**FedEx Ground
Florida Facilities (Continued)**

FedEx Ground
4160 SW 13th St.
Ocala, FL 34474

FedEx Ground
408 Brookmeade Drive
Crestview, FL 32539

FedEx Ground
132-2 Hamilton Park Drive
Tallahassee, FL 32304

FedEx Ground
8411 Florida Mining Blvd.
Tampa, FL 33634

FedEx Ground
1177 Blue Heron Drive, Suite B102-50
Riviera Beach, FL 33404

FedEx Ground

Environmental Services
P.O. Box 108
Pittsburgh, PA 15230

PHONE 412-262-7347 FAX 412-859-2232

RECEIVED

FEB 16 2009

February 10, 2009

BY: [Signature]

LETTER OF TRANSMITTAL

SENT:

First Class Mail

Certified Mail

x

TO: FL DEP – Waste Mgmt Div
HWRs, MS4560
2600 Blair Stone Road
Tallahassee FL 32399-2400

FedEx Ground
3000 Directors Row
Orlando FL 32809

WE ARE SENDING YOU:

X	Enclosed		File		Partially Executed
	Drawings		Copies	X	Fully Executed

COPIES	DATED	DESCRIPTION
1	02/09/09	Form 62-730.900(1)(b) – Notification of Regulated Waste Activity
1	01/29/09	Universal Waste Label & Device Transporter & Transfer Facility Information

1

	For Execution		Approved as Submitted		Please Return 1 Copy for File
	For Your Records		Approved as Noted		Resubmit for Approval
X	As Required		Returned for Correction		Return Corrected
	For Approval		Other (Returned)		For Your Signature

REMARKS:

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cc: Joseph Stearns

FROM: Nancy J. Beaumont
Environmental Compliance Specialist
412-262-7347

FACILITY DOCUMENT LOG DETAILS:

Back to main page

Document Log ID: 4807

City: Orlando ,County: Orange ,Login Name:

HWR : joseph.stearns@fedex.com

Process	Date	Author
Logged	2/17/2009 3:51:54 PM	Sullivan_TA
Completeness Review	3/5/2009 1:42:13 PM	Noland_T
Data processing	3/5/2009 1:42:19 PM	Noland_T
Final reviewed	3/5/2009 1:42:23 PM or	

Add new process

Date	Comment	Author
3/5/2009 1:06:13 PM	IEFT A MESSAGE FOR MR. STEARNS- NEED TO ASK IF THEY TRANSPORT BATTERIES SINCE THE BOX IS MISSING ON THE FORM AND THE DID LAST YEAR ACCORDING TO DATA AND ALSO WHAT THEIR GENERATRO STATUS IS BECAUSE DATA SAYS THEY ARE lqg BUT THEIR FORM SAYS SQG	Noland_T
3/5/2009 1:42:12 PM	He does transport batteries and he is a SQG.	Noland_T

Add new comment

Add comment