



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

03/04/2010

Nancy Beaumont, Env Compliance Specialist
FedEx Ground
1000 Fed Ex Dr
Moon Township, PA 15108-9373

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for FedEx Ground located at **3000 Directors Row, Orlando.**

FLR000030817

Your facility has been registered with the following requested status/activities:

Small Quantity Generator

Small Quantity Handler, Universal Batteries, Universal Battery Transporter, Universal Lamps, Universal Lamp Transporter, Universal Devices, Universal Device Transporter

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 61129 , Email Address: nancy.beaumont@fedex.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000030817



CERTIFIED MAIL

February 16, 2010

Florida Department of Environmental Protection
Hazardous Waste Section
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: FedEx Ground
3000 Directors Row
Orlando, FL 32809
EPA ID Number – FLR000030817

To Whom It May Concern:

Please find enclosed the following documentation regarding the above:

- Filled out and signed **8700-12FL – Florida Notification of Regulated Waste Activity**.
- Filled out and signed **Universal Waste Lamp and Device Transporter And Transfer Facility Information Checklist** with attached list of all our feeder facilities in the State of Florida.

If you have any further questions, please contact me.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe E. Stearns".

Joseph E. Stearns, Jr., Senior Environmental Compliance Specialist
FedEx Ground



Cc: Senior Managers – ORLA, TALA, and COCO

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

EPA ID FL 12 04 00 30 81 7

MTS

RCRAInfo

1. Reason for
Submittal

Mark 'X' in
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).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or
Business Name

Fedex Ground

FEID No.

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

Name of Operator:

Fedex Ground Package System, Inc.

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

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:

Choose ORANGE

If available, please attach a map or sketch of the facility boundaries.

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 or
Business Mailing
Address

Street Address or P.O. Box:

1000 Fedex Drive

City or Town:

MOON TOWNSHIP

State:

PA

Zip Code:

15108

7. Facility or
Business Contact
Person

First Name:

NANCY

Last Name:

BEAUMONT

Title:

ENVIRON.
COMPLIANCE SPECIALIST

Phone Number:

(412) 262-7347

Extension:

E-Mail:

nancy.beaumont@fedex.com

Street or P.O. Box:

1000 Fedex Drive ; ATTN: ENVIRONMENTAL SERVICES

City or Town:

MOON TOWNSHIP

State:

PA

Zip Code:

15108

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

Name of Real Property (Land) Owner:

Fedex Ground Package System, Inc.

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

1000 Fedex Drive ; ATTN: ENVIRONMENTAL SERVICES

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 all that apply):**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):
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 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, mark 'X' in 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.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(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 - Choose 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 - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(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 _____

☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☐ **Annual update notification**

EPA ID No. FL000030817**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>200</u>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u><100</u>
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u><100</u>

(3) Mercury Recovery and/or Reclamation Facility ☐
[Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☐ The site (facility) address

EPA ID No. FLA00030817**D. Other State Regulated Waste Activities:**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

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 <u>D001</u>	2 <u>D002</u>	3 <u>D007</u>	4 <u>U003</u>	5 <u>U154</u>	6 <u>D021</u>	7 <u>U239</u>
8 <u>D008</u>	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 all that apply):**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 Form 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. 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. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

JOSEPH E. STEARNS JR.

02/15/10

Sr. Environmental Compliance Specialist

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

JOSEPH E. STEARNS JR.

(412) 262-7306

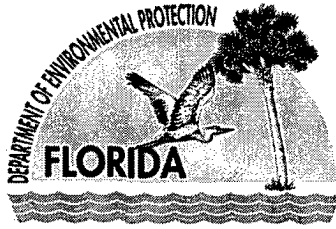
joseph.stearns@fedex.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
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 1000 Fedex Drive Mason 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.

- Estimated number of LAMPS handled during the last calendar year. 643,248
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 1,109
Types: Thermostats ☒ Electric Switches/Relays ☐
Thermometers Manometers ☐ Other ☒ MIXED MERCURY DEVICES
- Estimated weight of DEVICES handled during the last calendar year. 615 lb.
- Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

598,650 Fedex Ground Tallahassee, FL (412) 262-7386
Number L ☒ D ☒ Facility Name City/State Phone

45,707 Fedex Ground Cocoa, FL (412) 262-7386
Number L ☒ D ☒ Facility Name City/State Phone

(SEE ATTACHED) Fedex Ground Orlando, FL (412) 262-7386
FEDERALS TO ABOVE Number L ☐ D ☐ Facility Name City/State Phone

JOSEPH E. STEARNS JR. [Signature] 2/15/10
Print Name of Authorized Agent Signature of Authorized Agent Date

"More Protection, Less

www.dep.state.fl.us

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. STEANNS JR.

Print Name of Authorized Agent



Signature of Authorized Agent

2/15/10

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) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

IMAGE QUALITY

AS YOU VIEW THE NEXT PAGE(S), PLEASE
NOTE THAT THE ORIGINAL DOCUMENT
WAS OF POOR QUALITY

**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