

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID		FL R000030817		Site Name		Fed Ex Ground		New Site Contact?		Robert Dindler		Phone:		412-212-7375	
Receipt and Data Entry	form	recv pages	Submission Paper	Disk	Quality Control initial	date	QC error pages			Data Entry initial	date	Transfer Initial	Date		
	SI	3	X		B7	2/19	OKay			Jm	3/9	Jm	3/20		
	GM	X	X		↓	↓									
	WR														
	OI														
Data entry or Basic edit errors	form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment			
	OI			No Form OI	B7	2/19	mailed		rec'd	Jm	3/9	Email 3/1			
Advanced Edit Errors															

DATA ENTRY/FILING ASSIGNMENT:

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number F L R 0 0 0 0 3 0 8 1 7		
3. Site Name (page 10)	Name: FEDEX GROUND		
4. Site Location Information (page 10)	Street Address: 3000 DIRECTORS ROW		
	City, Town, or Village: ORLANDO	State: FL	
	County Name: ORANGE	Zip Code: 32809	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 492110	B.	
	C.	D.	
7. Site Mailing Address (page 11)	Street or P. O. Box: P.O. Box 108		
	City, Town, or Village: PITTSBURGH		
	State: PA		
	Country: USA	Zip Code: 15230-0108	
8. Site Contact Person (page 11)	First Name: ROBERT	MI: W	Last Name: DENGLER
	Phone Number: 412-262-7375 Extension:		Email address: robert.dengler@fedex.com
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: FEDEX GROUND		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: FEDEX GROUND		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>P.O. Box 108</u>	
	City, Town, or Village: <u>PITTSBURGH</u>	
	State: <u>PA</u>	
	Country: <u>USA</u>	Zip Code: <u>15230-0108</u>

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ 2. Transporter of Hazardous Waste☐ ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.☐ ☒ 4. Recycler of Hazardous Waste (at your
site)☐ ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace Exemption☐ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.☐ a. Transporter
☐ b. Transfer Facility☐ ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor
☐ b. Re-refiner☐ ☒ 3. Off-Specification Used Oil Burner☐ ☒ 4. Used Oil Fuel Marketer

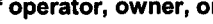
If "Yes", mark each that applies.

☐ 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

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	V080	V122			

[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	ROBERT W. DENGLER II, P.E. - ENVIRON. COORDINATOR	02/09/2004

WASTE GENERATION AND MANAGEMENT

EPA ID NO: F L R 0 0 0 0 3 0 8 1 7

FORM
GM

Sec. 1	A. Waste description
---------------	-----------------------------

DAMAGED HAZARDOUS MATERIALS PACKAGES

B. EPA hazardous waste code D001 D002
U080 U122 | | |

C. State hazardous waste code

D. Source code

|G|3|2|

Management Method code for Source code G25

E. Form code
W 001

F. Quantity generated in 2003

| | | | 3 | 6 | 5 | 6 | 4 | 2

G. UOM

Density

☐ lbs/gal ☐ s

Sec. 2	Was any of this waste managed on site? (pages
---------------	---

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management Method code	Quantity treated, disposed, or recycled on site in 2003
-----------------------------------	--

[illegible]

ON-SITE PROCESS SYSTEM 2

On-site Management Method code	Quantity treated, disposed, or recycled on site in 2003
-----------------------------------	--

[illegible]

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped FLD 981 932 494
--------	---

C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2003

365642

Site 2	B. EPA ID No. of facility to which waste was shipped

C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2003

Site 3	B.	EPA ID No. of facility to which waste was shipped

C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2003

Page 1 of 1

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**
2003 Hazardous Waste Report

 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

 SITE NAME: FED Ex GROUND - ORLANDO, FL

 EPA ID NO: FLR 000 030 817
**FORM
OI**
**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>FLD 981 932 494</u>	B. Name of off-site installation or transporter <u>U.S. LIQUIDS OF FLORIDA, INC.</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	
D. Address of off-site installation Street <u>2002 NORTH ORIENT ROAD</u> City <u>TAMPA</u> State <u>FL</u> Zip <u>33619</u> - <u> </u>		
Site 2	A. EPA ID No. of off-site installation or transporter <u>TXR 000 050 930</u>	B. Name of off-site installation or transporter <u>SAFETY-KLEEN SYSTEMS, INC.</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street <u>N/A</u> City <u> </u> State <u> </u> Zip <u> </u> - <u> </u>		
Site 3	A. EPA ID No. of off-site installation or transporter <u>FLD 984 171 165</u>	B. Name of off-site installation or transporter <u>SAFETY-KLEEN SYSTEMS, INC.</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	
D. Address of off-site installation Street <u>600 CENTRAL PARK DRIVE</u> City <u>SANFORD</u> State <u>FL</u> Zip <u>32771</u> - <u> </u>		
Site 4	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip <u> </u> - <u> </u>		

Comments: