



## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard Jr.  
Secretary

04/30/2012

Nancy Beaumont, Environmental Compliance Specialist

FedEx Ground

1000 Fed Ex Dr

Moon Township, PA 15108-9373

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. 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 , FL32809-5674**

**FLR000030817**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Small Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Lamps, Universal Waste Devices.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp SQH, UW Device SQH (reg exp on 03/01/13).**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000030817](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000030817).


For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 61129 , Email Address: [nancy.beaumont@fedex.com](mailto:nancy.beaumont@fedex.com)

 <b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received (for FDEP Official Use Only)  <div style="border: 1px solid black; padding: 5px; display: inline-block;">           MAR 09 2012            BSHW         </div>	
EPA ID <span style="border: 1px solid black; padding: 2px;">FLR000030817</span>		MTS <span style="border: 1px solid black; padding: 2px;">RCRAinfo</span>	
<b>1. Reason for Submittal</b>	Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).           </div> <div> <input checked="" type="checkbox"/> To provide <b>subsequent notification</b> (to update status and facility identification information).           </div> <div> <input type="checkbox"/> Is this the <b>final notification</b> (see instructions) for the facility?           </div> </div>		
<b>2. Facility or Business Name</b> <span style="font-family: cursive;">FedEx Ground</span>		<b>FEID No.</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).	<b>Name of Operator:</b> <span style="font-family: cursive;">FedEx Ground Package System, Inc.</span>		<input type="checkbox"/> New Operator <b>Date became Operator:</b> <span style="font-family: cursive;">08/01/1991</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>mm</span> <span>dd</span> <span>yy</span> </div>
	<b>Street or P.O. Box:</b> <span style="font-family: cursive;">1000 FedEx Dr.</span>		<b>Phone Number:</b> <span style="font-family: cursive;">412-262-7347</span>
	<b>City or Town:</b> <span style="font-family: cursive;">MOON TOWNSHIP</span>		<b>State:</b> <span style="font-family: cursive;">PA</span> <b>Zip Code:</b> <span style="font-family: cursive;">15108</span>
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		
<b>4. Facility Physical Location Information</b>	<b>Physical Street Address:</b> <span style="font-family: cursive;">3000 Directors Row</span>		
	<b>City or Town:</b> <span style="font-family: cursive;">Orlando</span>		<b>State:</b> <span style="font-family: cursive;">FL</span> <b>Zip Code:</b> <span style="font-family: cursive;">32809</span>
	<b>County:</b> <span style="font-family: cursive;">Choose Orange</span>		If available, please attach a map or sketch of the facility boundaries.
	<b>Latitude:</b> <span style="font-family: cursive;">28</span> <span style="font-family: cursive;">27</span> <span style="font-family: cursive;">44.98</span> <b>Longitude:</b> <span style="font-family: cursive;">81</span> <span style="font-family: cursive;">25</span> <span style="font-family: cursive;">37.65</span> <b>Method:</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>dd mm ss.ssss</span> <span>dd mm ss.ssss</span> <span>Datum:</span> </div>		
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>	<b>A.</b> <span style="font-family: cursive;">492110</span>		<b>B.</b>
	<b>C.</b>		<b>D.</b>
<b>6. Facility or Business Mailing Address</b>	<b>Street Address or P.O. Box:</b> <span style="font-family: cursive;">1000 FedEx Dr</span> <span style="font-family: cursive;">Attn: ENVIR SVCS.</span>		
	<b>City or Town:</b> <span style="font-family: cursive;">MOON TOWNSHIP</span>		<b>State:</b> <span style="font-family: cursive;">PA</span> <b>Zip Code:</b> <span style="font-family: cursive;">15108</span>
<b>7. Facility or Business Contact Person</b>	<b>First Name:</b> <span style="font-family: cursive;">Nancy</span>		<b>Last Name:</b> <span style="font-family: cursive;">Beaumont</span>
	<b>Phone Number:</b> <span style="font-family: cursive;">412-262-7347</span>		<b>Extension:</b> _____
	<b>Street or P.O. Box:</b> <span style="font-family: cursive;">1000 FedEx Dr.</span>		<b>E-Mail:</b> <span style="font-family: cursive;">nancy.beaumont@fedex.com</span>
	<b>City or Town:</b> <span style="font-family: cursive;">MOON TOWNSHIP</span>		<b>State:</b> <span style="font-family: cursive;">PA</span> <b>Zip Code:</b> <span style="font-family: cursive;">15108</span>
<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)	<b>Name of Real Property (Land) Owner:</b> <span style="font-family: cursive;">FedEx Ground Package System, Inc.</span>		<input type="checkbox"/> New Owner <b>Date became Owner:</b> <span style="font-family: cursive;">08/01/1991</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>mm</span> <span>dd</span> <span>yy</span> </div>
	<b>Street or P.O. Box:</b> <span style="font-family: cursive;">1000 FedEx Dr.</span>		<b>Phone Number:</b> <span style="font-family: cursive;">412-262-7347</span>
	<b>City or Town:</b> <span style="font-family: cursive;">MOON TOWNSHIP</span>		<b>State:</b> <span style="font-family: cursive;">PA</span> <b>Zip Code:</b> <span style="font-family: cursive;">15108</span>
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in all that apply.

**(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

**(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**

**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"/>	<i>&lt; 100</i>
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"/>	<i>&lt; 100</i>
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>&lt; 100</i>

**(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

**(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

**(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.

**(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. FLR0000 30819**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	D001	2	D002	3	U002	4	U239	5	U220	6	D003	7	D009
8		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 \_\_\_\_\_

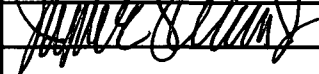
City, State, Zip \_\_\_\_\_

☐ **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.  
SR. ENVIR. COMPLIANCE SPECIALIST

2/21/2012

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

Nancy Beaumont  
(Name of person completing this form)412-262-7347  
(Phone Number)nancy.beaumont@fedex.com  
(E-mail Address)**13. Comments:**

**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 25<sup>th</sup> 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



Chris Risch  
<ChrisR@aircycle.com>  
02/07/2012 07:39 PM

To "joseph.stearns@fedex.com" <joseph.stearns@fedex.com>  
cc Tim Racke <Tim@aircycle.com>, Scott Beierwaltes  
<ScottB@aircycle.com>  
bcc  
Subject RE: Universal Waste - Florida 2012 Registration - Need  
Information (Time sensitive)

Joseph,

Below are the responses to your inquiry in regards to Air Cycle's Florida Customers returns of universal waste:

**Estimated number of LAMPS handled during CY2011:**

How many fluorescent? **6700**

How many HID? **1260**

**Estimated number of DEVICES handled during CY2011:**

How many thermostats? **4**

How many thermometers? **0**

How many electric switches/relays? **0**

How many manometers? **0**

**Estimated weight of DEVICES during CY2011:**

What is the estimated weight of devices handled during CY2011 (in pounds)? **13lbs**

If you have any further questions or require any clarifications feel free to contact me.

Thanks,

**Chris Risch**

Corporate Projects Manager  
Air Cycle Corporation  
2200 Ogden Avenue  
Suite 100  
Lisle IL, 60532  
(708) 223-1044





Scott P Thibodeau  
<scott.thibodeau@veoliaes.com>

02/14/2012 01:57 PM

To "joseph.stearns@fedex.com" <joseph.stearns@fedex.com>

cc Phillip G Ditter <phillip.ditter@veoliaes.com>

bcc

Subject Veolia FL Data

**Estimated number of LAMPS handled during CY2011:**

How many fluorescent? **972,846**

How many HID? **44,174**

**Estimated number of DEVICES handled during CY2011:**

How many thermostats? **0**

How many thermometers? **0**

How many electric switches/relays? **0**

How many manometers? **0**

**MIXED DEVICES (MCMA) = 826 Devices**

**Estimated weight of DEVICES during CY2011:**

What is the estimated weight of devices handled during CY2011 (in pounds)? **413**

Scott Thibodeau  
Marketing Manager, Electronics Recycling  
Veolia ES Technical Solutions, L.L.C.  
N936 Craftsmen Drive, Unit B  
Greenville, WI 54942  
Tel: 920-574-2437 Fax: 920-757-5485  
E-Mail: [scott.thibodeau@veoliaes.com](mailto:scott.thibodeau@veoliaes.com)  
[www.VeoliaES.com](http://www.VeoliaES.com)

Service First. Safety Always.

For prepaid recycling of fluorescent lamps, ballasts, batteries and more, visit [www.prepaidrecycling.com](http://www.prepaidrecycling.com)

Subscribe to Veolia's E-Newsletter <http://lamprecycling.veoliaes.com/subscribe>

This e-mail message from Veolia ES Technical Solutions, L.L.C. is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please communicate with the sender by reply e-mail and destroy all copies of the original message and delete same from all