

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: BELLA NGUYEN  
EPA ID: NCR000011908  
Facility Name: FEDEX FREIGHT, INC  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 11/2/2015  
Author of Doc: SUANN ENGEL

**File Room Use Only**

Date Recieved by File Room:

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5	4	16

NCR000011908

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**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY

*Governor*

DONALD R. VAN DER VAART

*Secretary*

MICHAEL SCOTT

*Acting Director*

April 13, 2016

SUANN ENGEL  
FEDEX FREIGHT, INC  
6900 ALCOA ROAD  
BENTON, AR 72015

**RE: EPA ID # NCR000011908 - FEDEX FREIGHT, INC**

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief  
Hazardous Waste Section

cc: Central Files (General)

# IBEAM - RCRA Site Detail

Report run on: April 13, 2016

**NCR00011908 FEDEX FREIGHT, INC**

County: MECKLENBURG Source Type: S Seq. Number: 45 Receive Date: 12-Mar-2016

<b>Location</b> 4349 SCOTT FUTRELL DRIVE <b>Address:</b> CHARLOTTE, NC 28214	<b>Mailing</b> 6900 ALCOA ROAD <b>Address:</b> BENTON, AR 72015
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<b>Contact Person</b> SUANN ENGEL For Source Information (501) 860-7904	6900 ALCOA ROAD BENTON, AR 72015 US
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<b>Owner (current)</b> FEDEX FREIGHT, INC	2200 FORWARD DRIVE HARRISON, AR 72601	Type: P
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From: 01/01/2009	To:	Phone: (870) 741-9000
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<b>Operator (current)</b> FEDEX FREIGHT, INC	2200 FORWARD DRIVE HARRISON, AR 72601	Type: P
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From: 01/01/2009	To:	Phone: (870) 741-9000
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Land Type: P	Non Notifier : E	Commercial Availability: U	Tsd Date:
Accessibility:	No. Employees :	State District:	

**Regulated Waste Activities**

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity Generator

Transfer Facility: U	<b>Used Oil Activities</b>		
<b>Other Hazardous Waste Generator Activities</b>	Used Oil Transport Activity	Off-Specification Used Oil Burner:	No
Importer Activity: No	Transporter: No	Used Oil Fuel Marketer Activity	
Mixed Waste Generator: No	Transfer Facility: No	Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No	Destination Facility for Universal Waste:	No
<b>Exempt Boiler and/or Industrial Furnace</b>	Underground Injection Control: No		
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

**Certification Information**

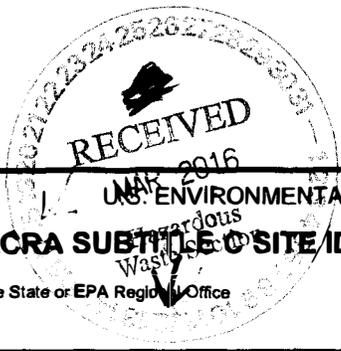
First Name : SUANN	Title	EMER SPEC
Last Name : ENGEL	Date Signed	11/02/2015

**NAICS Codes**

484122

**Comments**

UPDATED 8700-12 DATED 11/2/2015 DOWNGRADED FROM LQG TO SQG. MD 3/16/2016



*Upgrade to SQG*

<p>Send completed form to this address:</p>	<p align="center">    <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)</b>          The Appropriate State or EPA Regional Office       </p>
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number: NCR000011908</p>
<p><b>3. Site Name</b></p>	<p>Name: FEDEX FREIGHT, INC</p>
<p><b>4. Site Location Information</b></p>	<p>Street Address: 4349 SCOTT FUTRELL DRIVE          City, Town, or Village: CHARLOTTE          State: NC Country: US County: NC119          Zip Code: 28214</p>
<p><b>5. Site Land Type</b></p>	<p><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</p>
<p><b>6. NAICS Code(s) for the Site</b></p>	<p>A. 484122 B. C. D.</p>
<p><b>7. Site Mailing Address</b></p>	<p>Street or P. O. Box: 6900 ALCOA ROAD          City, Town, or Village: BENTON          State: AR Country: US Zip Code: 72015</p>
<p><b>8. Site Contact Person</b></p>	<p>First Name: SUANN MI: Last Name: ENGEL          Title: EMERGENCY RESPONSE SPECIALIST          Street or P. O. Box: 6900 ALCOA ROAD          City, Town, or Village: BENTON          State: AR Country: US Zip Code: 72015          Email: 1514857@fedex.com          Phone: 5018607904 Ext: Fax: 8703651082</p>
<p><b>9. Operator and Legal Owner of the Site</b></p>	<p><b>A. Name of Site's Owner: FEDEX FREIGHT, INC.</b> Date Became Owner: 01/01/2009</p> <p>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</p> <p>Street or P. O. Box: 2200 FORWARD DRIVE          City, Town, or Village: HARRISON          State: AR Country: US Phone: 8707419000          Zip Code: 72601</p> <p><b>B. Name of Site's Operator: FEDEX FREIGHT, INC.</b> Date Became Operator: 01/01/2009</p> <p>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</p>

**10. Type of Regulated Waste Activity**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts 1-7.**

**1. Generator of Hazardous Waste**

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

**Q1QG:** Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup

**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

If "Yes" above, indicate other generator activities.

**2 Short-Term Generator** (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

**3. United States Importer of Hazardous Waste**

**4. Mixed Waste (hazardous and radioactive) Generator**

**5. Transporter of Hazardous Waste**

If Yes, mark all that apply.

a. Transporter

b. Transfer Facility (at your site)

**6. Treater, Storer, or Disposer of Hazardous Waste (at your site)**

Note: A hazardous waste permit is required for this activity.

**7. Recycler of Hazardous Waste (at your site)**

**8. 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

**9. Underground Injection Control**

**10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

**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 managed at your site. If "Yes", mark all boxes that apply:

a. Batteries

b. Pesticides

c. Mercury containing equipment

d. Lamps

e. Other (specify) \_\_\_\_\_

f. Other (specify) \_\_\_\_\_

g. Other (specify) \_\_\_\_\_

**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this

**C. Used Oil Activities; Complete all parts 1-4.**

**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

**D. Eligible Academic Entities with Laboratories-Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**
  - a. College or University
  - b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
  - c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Wastes**

**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, D003, D035, F003, F005

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.**

Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y  N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

FEDEX FREIGHT, INC. IS A LTL (LESS-THAN-TRUCKLOAD) CARRIER AND AN EPISODIC GENERATOR OF HAZARDOUS WASTE DUE TO THE UNPLANNED/ACCIDENTAL RELEASE OF HAZARDOUS MATERIALS DURING THE NORMAL OPERATIONS OF LOADING AND UNLOADING OF FREIGHT. FACILITY BECAME LQG IN OCTOBER 2015 AND HAS SINCE RETURNED TO SQG STATUS AS OF NOVEMBER 2015.

**14. 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 Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	SUANN ENGEL, EMERGENCY RESPONSE SPECIALIST	11/02/2015