

<p align="center">MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p align="center">United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>														
<p>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</p> <p>CHECK CORRECT BOX(ES)</p>	<p>A. Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input type="checkbox"/> To provide subsequent notification (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 checked="" type="checkbox"/> As a component of the Hazardous Waste Report.</p>														
<p>2. Site EPA ID Number (see instructions on page 11)</p>	<p>EPA ID Number: MSD981865470</p>														
<p>3. Site Name (see instructions on page 11)</p>	<p>Legal Name: The University of Mississippi</p>														
<p>4. Site Location Information (see instructions on page 11)</p>	<p>Street Address: 200 Old Power Plant St.</p> <table border="1" data-bbox="370 829 1533 936"> <tr> <td>City, Town, or Village: University</td> <td>State: MS</td> </tr> <tr> <td>County Name: Lafayette</td> <td>Zip Code: 38677</td> </tr> </table>			City, Town, or Village: University	State: MS	County Name: Lafayette	Zip Code: 38677								
City, Town, or Village: University	State: MS														
County Name: Lafayette	Zip Code: 38677														
<p>5. Site Land Type (see instructions on page 11)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p>														
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</p>	<table border="1" data-bbox="370 1018 1533 1163"> <tr> <td>A. 61131</td> <td>B.</td> </tr> <tr> <td>C.</td> <td>D.</td> </tr> </table>			A. 61131	B.	C.	D.								
A. 61131	B.														
C.	D.														
<p>7. Site Mailing Address (see instructions on page 12)</p>	<p>Street or P.O.: 200 Old Power Plant St</p> <p>City, Town, or Village: University</p> <p>State: MS</p> <table border="1" data-bbox="370 1312 1533 1360"> <tr> <td>Country: UNITED STATES</td> <td>Zip Code: 38677</td> </tr> </table>			Country: UNITED STATES	Zip Code: 38677										
Country: UNITED STATES	Zip Code: 38677														
<p>8. Site Contact Person (see instructions on page 12)</p>	<table border="1" data-bbox="370 1360 1533 1474"> <tr> <td>First Name: Edward</td> <td>MI: M</td> <td>Last Name: Movitz</td> </tr> <tr> <td colspan="2">Phone Number: 6629155433</td> <td>Phone Number Extension:</td> </tr> </table>			First Name: Edward	MI: M	Last Name: Movitz	Phone Number: 6629155433		Phone Number Extension:						
First Name: Edward	MI: M	Last Name: Movitz													
Phone Number: 6629155433		Phone Number Extension:													
<p>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</p>	<table border="1" data-bbox="370 1474 1533 1722"> <tr> <td colspan="2">A. Name of Site's Legal Owner: State of Mississippi Bureau of Buildings</td> <td>Date Became Owner (mm/dd/yyyy): 02/24/1844</td> </tr> <tr> <td colspan="3">Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2">B. Name of Site's Operator: The University of Mississippi</td> <td>Date Became Operator (mm/dd/yyyy): 11/06/1848</td> </tr> <tr> <td colspan="3">Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</td> </tr> </table>			A. Name of Site's Legal Owner: State of Mississippi Bureau of Buildings		Date Became Owner (mm/dd/yyyy): 02/24/1844	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other			B. Name of Site's Operator: The University of Mississippi		Date Became Operator (mm/dd/yyyy): 11/06/1848	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
A. Name of Site's Legal Owner: State of Mississippi Bureau of Buildings		Date Became Owner (mm/dd/yyyy): 02/24/1844													
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other															
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Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other															

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

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

In addition, indicate other generator activities (check all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

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) Note: A hazardous waste permit may be required for this activity
- 5. Exempt Boiler and/or Industrial Furnace**
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, Refining Furnace Exemption
6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**

	Generated	Accumulated
a. Batteries	<input checked="" 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**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

11. Description of Hazardous Wastes(see instructions on page 16)**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	D004	D005	D006	D007
D008	D010	D011	D017	D018	D022	D023
D024	D025	D035	D038	F002	F003	F005
LABP						

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. Comments (see instructions on page 17)

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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. **(see instructions on page 17)**

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Edward M Movitz, H & S Officer	

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2002 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**FORM
GM**

SITE NAME: The University of Mississippi

EPA ID NO: MSD981865470

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Lab Packs of used, out of date and out of spec., toxic materials and solutions, from research, containing numerous "P" and "U" waste Codes, Copper Cyanide, Potassium Cyanide, Osmium				
B. EPA hazardous waste code LABP (page 22)			C. State hazardous waste code (page22)		
D. Source code G11 (page23) Management Method code for Source code G25		E. Form code (page23) W004	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 965	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled on site in 2002 (page 25)		

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) IND000646943	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 965	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:

SITE NAME: The University of Mississippi

EPA ID NO: MSD981865470

**U.S. ENVIRONMENTAL
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2002 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Lab Packs of used, out of date and out of spec., Non-acute reagents and materials, from research, Flammable Liquids, Oxidizers, Corrosive Materials, Toxic Materials, LABP				
B. EPA hazardous waste code (page 22) LABP			C. State hazardous waste code (page22)		
D. Source code (page23) Management Method code for Source code G25 G11		E. Form code (page23) W001	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 3221	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)				
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2002 (page 25)

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) IND000646943	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 3221	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2002 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**FORM
GM**

SITE NAME: The University of Mississippi

EPA ID NO: MSD981865470

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Lab Packs of used, out of date and out of spec., toxic materials and solutions, from research, containing numerous "P" and "U" waste Codes, Zinc Cyanide, Sodium Cyanide, Osmium				
B. EPA hazardous waste code LABP (page 22)			C. State hazardous waste code (page22)		
D. Source code G11 (page23) Management Method code for Source code G25		E. Form code (page23) W004	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 109	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled on site in 2002 (page 25)		

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TND000772186	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 109	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:

SITE NAME: The University of Mississippi

EPA ID NO: MSD981865470

U.S. ENVIRONMENTAL PROTECTION AGENCY

2002 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Lab Packs of used, out of date and out of spec., Non-acute reagents and materials, from research, Flammable Liquids, Oxidizers, Corrosive Materials, Toxic Materials, LABP				
B. EPA hazardous waste code (page 22) LABP			C. State hazardous waste code (page22)		
D. Source code (page23) Management Method code for Source code G25 G11		E. Form code (page23) W001	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 439	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		On-site Management Method code (page 24)
				Quantity treated, disposed, or recycled on site in 2002 (page 25)

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TND000772186	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 439	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2002 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**FORM
GM**

SITE NAME: The University of Mississippi

EPA ID NO: MSD981865470

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Bulked, Drummed, used and out of spec materials, from organizational services, Flammable Liquids, Mineral Spirits, Paint.				
B. EPA hazardous waste code (page 22) D001			C. State hazardous waste code (page22)		
D. Source code (page23) G06 Management Method code for Source code G25		E. Form code (page23) W209	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 417	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled on site in 2002 (page 25)		

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TND000772186	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 417	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2002 Hazardous Waste Report

**WASTE GENERATION
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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Bulked, Drummed, mixtures of used solvents and reagents, from research and classrooms, Flammable Liquids, Hexane, Ethyl Acetate				
B. EPA hazardous waste code (page 22) D001 D018 D022 F002 F003 F005			C. State hazardous waste code (page22)		
D. Source code (page23) G22 Management Method code for Source code G25		E. Form code (page23) W204	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 5424	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TND000772186	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 5424	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2002 Hazardous Waste Report

**WASTE GENERATION
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SITE NAME: The University of Mississippi

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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Drummed, Containers of Vials of mixtures of solvents and reagents, from research, Toluene, Xylene				
B. EPA hazardous waste code (page 22) D001 F003 F005			C. State hazardous waste code (page22)		
D. Source code (page23) Management Method code for Source code G25 G22		E. Form code (page23) W219	F. RCRA radioactive mixed (page23) <input checked="" type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 25	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		
		On-site Management Method code (page 24) Quantity treated, disposed, or recycled on site in 2002 (page 25)		

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) FLD980711071	C. Off-site Management Method code Shipped to (page 26) H040	D. Total quantity shipped in 2002 (page 26) 25	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments:
Scintillation Fluids from Research Labs, Mixed LLW

**U.S. ENVIRONMENTAL
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**WASTE GENERATION
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SITE NAME: The University of Mississippi

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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec.1	A. Waste description (page 22) Bulked, Drummed, mixtures of used solvents and reagents, from research and classrooms, Flammable Liquids, Hexane, Ethyl Acetate				
B. EPA hazardous waste code (page 22) D001 D022 F002 F003 F005			C. State hazardous waste code (page22)		
D. Source code (page23) G22 Management Method code for Source code G25		E. Form code (page23) W204	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2002 (page 23) 18484	H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/ga <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)		Quantity treated, disposed, or recycled onsite in 2002 (page 25)		

Sec. 3	A. Was any of this waste shipped off site in 2002 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TND000772186	C. Off-site Management Method code Shipped to (page 26) H141	D. Total quantity shipped in 2002 (page 26) 18484	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2002 (page 26)	

Comments: