

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM (2007)
1. Reason for Submittal 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	EPA ID Number: MSD981865470
3. Site Name	Name: THE UNIVERSITY OF MISSISSIPPI
4. Site Location Information	Street Address: 100 HEALTH AND SAFETY BUILDING City, Town, or Village: UNIV OF MISS State: MS County Name: LAFAYETTE Zip Code: 38677 1848
5. Site Land Type	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
6. NAICS Code(s) for the Site	A. 61131 B. C. D.
7. Site Mailing Address	Street or P. O. Box: 100 HEALTH AND SAFETY BUILDING 91 HICKORY LANE City, Town, or Village: UNIV OF MISS State: MS Country: UNITED STATES Zip Code: 38677 1848
8. Site Contact Person	First Name: EDWARD MI: M Last Name: MOVITZ Phone Number: 6629155433 Extension: Email Address: movitz@olemiss.edu
9. Operator and Legal Owner of the Site	A. Name of Site's Operator: The University of Mississippi Date Became Operator: 11/6/1848 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 B. Name of Site's Legal Owner: STATE OF MISSISSIPPI Date Became Owner: 2/24/1844 BUREAU OF BUILDINGS 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

9. Legal Owner Address (continued)	Street or P. O. Box: 501 NORTH WEST ST.	
	City: JACKSON	State: MS
	Country: UNITED STATES	Zip Code: 39201

10. Type of Regulated Waste Activity
 Mark Yes or No for all activities; complete any additional boxes as instructed.

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

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 mark all boxes that apply:

	<u>Generate</u>	<u>Managed</u>
a. Batteries		<input type="checkbox"/>
b. Pesticides		<input type="checkbox"/>
c. Mercury containing equipment		<input type="checkbox"/>
d. Lamps		<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

11. Description of Hazardous Wastes		
<p>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.</p> <p>D001 D004 D008 P078 D007 D005 D006 D009 D010 D011 D018 D019 D022 D024 D037 F002 F003 F005 P010 D002 D003 P098 P105 P106 U007 U045 U080 U092 U108 U135 U170 U188 U196 U197 U404</p>		
<p>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.</p>		
12. Comments		
13. Certification		
<p>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.</p>		
Signature of Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	EDWARD M. MOVITZ, HEALTH & SAFETY OFFICER	02/19/2008

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**FORM
GM**

**US ENVIRONMENTAL
PROTECTION AGENCY**

2007 HAZARDOUS WASTE REPORT

**WASTE GENERATION AND
MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description LAB PACKS OF OUT OF DATE AND OUT OF SPEC. TOXIC MATERIALS FROM RESEARCH ACTIVITIES, CONTAINING "P" AND "U" CODES, SODIUM AZIDE, SODIUM CYANIDE.		
	B. EPA hazardous waste code LABP	C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W004	F. Quantity generated in 2007 711.0	G. UOM 1 Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	TND000772186	H141	511.0
SITE 2	IND000646943	H061	200.0
SITE 3			
Comments:			

Submit Date:

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**US ENVIRONMENTAL
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2007 HAZARDOUS WASTE REPORT

**WASTE GENERATION AND
MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description LAB PACKS OF OUT OF DATE AND OUT OF SPEC. NON-ACUTE REAGENTS AND MATERIALS, FROM RESEARCH ACTIVITIES, FLAMMABLE LIQUIDS AND SOLIDS, OXIDIZERS AND CORROSIVE MATERIALS		
	B. EPA hazardous waste code LABP		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W001	F. Quantity generated in 2007 2851.0
		G. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	IND000646943	H061	1465.0
SITE 2	IND000646943	H141	410.0
SITE 3	TND000772186	H141	976.0
Comments:			

Submit Date:

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2007 HAZARDOUS WASTE REPORT

**WASTE GENERATION AND
MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description BULKED, DRUMMED, MIXTURES OF USED AND OUT OF SPEC. MATERIALS, FROM ORGANIZATIONAL SERVICES, FLAMMABLE LIQUIDS, PAINTS AND MINERAL SPIRITS		
B. EPA hazardous waste code D001		C. State hazardous waste code	
D. Source code G06 Management method code for source code G25	E. Form code W211	F. Quantity generated in 2007 200.0	G. UOM 1 Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	TND000772186	H061	200.0
SITE 2			
SITE 3			
Comments:			

Submit Date:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**FORM
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**US ENVIRONMENTAL
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2007 HAZARDOUS WASTE REPORT

**WASTE GENERATION AND
MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description BULKED, DRUMMED MIXTURES OF SOLVENTS AND REAGENTS, FROM RESEARCH AND CLASSROOMS, FLAMMABLE LIQUIDS, HEXANE, ETHYL ACETATE		
	B. EPA hazardous waste code D001 D018 D022 F002 F003 F005		C. State hazardous waste code
D. Source code G22 Management method code for source code G25		E. Form code W204	F. Quantity generated in 2007 26920.0
		G. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	TND000772186	H061	26920.0
SITE 2			
SITE 3			
Comments:			

Submit Date:

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**WASTE GENERATION AND
MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description BULKED, DRUMMED, LAMPS, BULBS, GLASS AND MERCURY FROM ORGANIZATIONAL SERVICES		
B. EPA hazardous waste code D009		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W320	F. Quantity generated in 2007 2512.0	G. UOM 1 Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	TND000772186	H141	2512.0
SITE 2			
SITE 3			
Comments:			

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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description FLAMMABLE LIQUIDS FROM RESEARCH, CONTAINING LOW LEVEL RADIOACTIVE WASTE, TOLUENE, XYLENE		
B. EPA hazardous waste code D001 F003 F005		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W203	F. Quantity generated in 2007 75.0	G. UOM 1 Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	FLD980711071	H141	75.0
SITE 2			
SITE 3			
Comments:			

Submit Date:

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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

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**US ENVIRONMENTAL
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2007 HAZARDOUS WASTE REPORT

**WASTE GENERATION AND
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Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description LAB PACKS CONTAINING SMALL, LECTURE BOTTLE SIZED, GAS CYLINDERS, FROM RESEARCH AND CLASSROOM ACTIVITIES, ETHYL CHLORIDE, METHYL CHLORIDE		
	B. EPA hazardous waste code LABP		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W801	F. Quantity generated in 2007 94.0
		G. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2007	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped in 2007
SITE 1	TND000772186	H141	94.0
SITE 2			
SITE 3			
Comments:			

Submit Date:

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