


<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office	 United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2009)</b>
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <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. (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LOG regulations)
<b>2. Site EPA ID Number</b>	<b>EPA ID Number:</b> MSD981865470
<b>3. Site Name</b>	<b>Name:</b> THE UNIVERSITY OF MISSISSIPPI
<b>4. Site Location Information</b>	<b>Street Address:</b> 100 HEALTH & SAFETY, 91 HICKORY LANE <b>City, Town, or Village:</b> UNIVERSITY OF MISSISSIPPI <b>County:</b> LAFAYETTE <b>State:</b> MS <b>Country:</b> US <b>Zip Code:</b> 386771848
<b>5. Site Land Type</b>	<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>6. NAICS Code(s) for the Site</b>	<b>A.</b> 61131 <b>B.</b> <b>C.</b> <b>D.</b>
<b>7. Site Mailing Address</b>	<b>Street or P. O. Box:</b> 100 HEALTH & SAFETY, P.O. BOX 1848 <b>City, Town, or Village:</b> UNIVERSITY OF MISSISSIPPI <b>State:</b> MS <b>Country:</b> US <b>Zip Code:</b> 386771848
<b>8. Site Contact Person</b>	<b>First Name:</b> EDWARD <b>MI:</b> M <b>Last Name:</b> MOVITZ  <b>Title:</b>  <b>Street or P. O. Box:</b> 100 HEALTH & SAFETY, 91 HICKORY LANE <b>City, Town, or Village:</b> UNIVERSITY OF MISSISSIPPI <b>State:</b> MS <b>Country:</b> US <b>Zip Code:</b> 386771848  <b>Email :</b> movitz@olemiss.edu  <b>Phone:</b> 6629155433 <b>Ext:</b> <b>Fax:</b> 6629155480
<b>9. Operator and Legal Owner of the Site</b>	<b>A. Name of Site's Owner:</b> STATE OF MISSISSIPPI BUREAU OF ENVIRONMENTAL PROTECTION <b>Date Became Owner:</b> 02/24/1844 <b>Type:</b> <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>Street or P. O. Box:</b> 501 NORTH WEST ST. <b>City, Town, or Village:</b> JACKSON <b>Phone:</b> <b>State:</b> MS <b>Country:</b> US <b>Zip Code:</b> 39201  <b>B. Name of Site's Operator:</b> THE UNIVERSITY OF MISSISSIPPI <b>Date Became Operator:</b> 11/06/1848 <b>Type:</b> <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 "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.

- a. LQG: 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

- 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.

- d 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

- e. United States Importer of Hazardous Waste

- f. Mixed Waste (hazardous and radioactive) Generator

**2. Transporter of Hazardous Waste**

If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

**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**

**7. 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, D004, D005, D006, D007, D008, D009, D011, D016, D018, D022, D023, D024, D025, D035, D036, D038, D040, F002, F003, F005, P003, P012, P022, P023, P030, P077, P098, P105, P106, U006, U048, U053, U055, U080, U103, U125, U138, U170, U188

**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**

**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)
	EDWARD M. MOVITZ, HEALTH & SAFETY OFFICER	02/11/2010

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**

2009 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

<b>SEC. 1</b>	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 2009 385.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	IND000646943	H141	250.00
<b>SITE 2</b>	IND000646943	H061	135.00
<b>SITE 3</b>			
<b>Comments:</b>			

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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**FORM  
GM**

**US ENVIRONMENTAL  
PROTECTION AGENCY**

2009 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

<b>SEC. 1</b>	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 2009 2,725.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	IND000646943	H141	1079.00
<b>SITE 2</b>	IND000646943	H061	1646.00
<b>SITE 3</b>			
<b>Comments:</b>			

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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**FORM  
GM**

**US ENVIRONMENTAL  
PROTECTION AGENCY**

2009 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

<b>SEC. 1</b>	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 2009 1,841.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minimization code X
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	TND000772186	H061	1640.00
<b>SITE 2</b>	IND000646943	H061	134.00
<b>SITE 3</b>	IND000646943	H141	67.00
<b>Comments:</b>			

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EPA ID NO: **MSD981865470**

**FORM  
GM**

**US ENVIRONMENTAL  
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2009 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

<b>SEC. 1</b>	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 2009 24,616.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	TND000772186	H061	23956.00
<b>SITE 2</b>	IND000646943	H061	660.00
<b>SITE 3</b>			
<b>Comments:</b>			



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EPA ID NO: **MSD981865470**

**FORM  
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2009 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

<b>SEC. 1</b>	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 2009 1,956.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	TND000772186	H141	1756.00
<b>SITE 2</b>	IND000646943	H141	200.00
<b>SITE 3</b>			
<b>Comments:</b>			

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**

2009 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

<b>SEC. 1</b>	A. Waste description BULKED, DRUMMED LEAD BASED PAINTS AND OILS CONTAINING LEAD RESIDUES FROM ORGANIZATIONAL SERVICES		
B. EPA hazardous waste code D008		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W209	F. Quantity generated in 2009 319.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	IND000646943	H061	200.00
<b>SITE 2</b>	TND000772186	H141	119.00
<b>SITE 3</b>			
<b>Comments:</b>			

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EPA ID NO: **MSD981865470**

**FORM  
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2009 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

<b>SEC. 1</b>	A. Waste description OUT OF DATE AND OUT OF SPEC, BULKED, DRUMMED, WATER TREATMENT CHEMICALS FROM ORGANIZATIONAL SERVICES - SODIUM HYDROXIDE SOLUTIONS, POTASSIUM HYDROXIDE SOLUTIONS		
	B. EPA hazardous waste code D002		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W110	F. Quantity generated in 2009 3,960.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	TND000772186	H061	3960.00
<b>SITE 2</b>			
<b>SITE 3</b>			
<b>Comments:</b>			

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EPA ID NO: **MSD981865470**

**FORM  
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**US ENVIRONMENTAL  
PROTECTION AGENCY**

2009 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

<b>SEC. 1</b>	A. Waste description OUT OF DATE AND OUT OF SPEC, BULKED, DRUMMED, WATER TREATMENT CHEMICALS FROM ORGANIZATIONAL SERVICES - SODIUM HYDROXIDE SOLUTIONS, ETHANOL		
	B. EPA hazardous waste code D001 D002		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W110	F. Quantity generated in 2009 1,320.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	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 2009	
<b>ON-SITE PROCESS 1</b>			
<b>ON-SITE PROCESS 2</b>			
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2009 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 2009
<b>SITE 1</b>	TND000772186	H061	880.00
<b>SITE 2</b>	TND000772186	H141	440.00
<b>SITE 3</b>			
<b>Comments:</b>			

**DECLARATION OF ELECTRONIC FILING OF  
THE 2009 ANNUAL HAZARDOUS WASTE REPORT**

**For the calendar year January 1, 2009, through December 31, 2009**

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EPA ID MSD981865470

Site/Company Name THE UNIVERSITY OF MISSISSIPPI

Site Address 100 HEALTH & SAFETY, 91 HICKORY LANE

City UNIVERSITY OF MISSISSIPPI State MS Zip 386771848

Mailing Address 100 HEALTH & SAFETY, P.O. BOX 1848

City UNIVERSITY OF MISSISSIPPI State MS Zip 386771848

Contact Name EDWARD M. MOVITZ Phone No 6629155433 Ext

Contact Title Health and Safety Officer

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**Part I - Declaration of Filer**

I certify under penalty of law that the information shown on my 2009 Hazardous Waste Report, which I filed electronically, and 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, is correct and current. Based on my inquiry of the person or persons who manage the system or those 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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for known violations.

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**Part II- Signature of Certification**

Last Name MOVITZ First Name EDWARD Title HEALTH & SAFETY OFFICER

Signature \_\_\_\_\_ Date 02/11/2010

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**Part III - Method of File Transmittal**

     CD  ARM Web Site

\*\* Note: This is not the 2009 Annual Hazardous Waste Report. Only file this form if you submitted your 2009 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2009 Hazardous Waste Report but is required for all methods of electronic submission of the report.

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Submit Date: