

U.S. ENVIRONMENTAL PROTECTION AGENCY

RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)



Mississippi Department of Environmental Quality DID
 P.O. Box 2261, Jackson, MS 39225
 Phone (601) 961-5305

Send completed form to this address:

1. Reason for Submittal

 MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)

To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).

As a component of a First RCRA Hazardous Waste Part A Permit Application.

As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).

As a component of the Hazardous Waste Report. (If marked, see sub-bullet below)

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 LQG regulations)

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 & SAFETY, 91 HICKORY LANE
City, Town, or Village: UNIVERSITY **County:** MS071
State: MS **Country:** US **Zip Code:** 38677

5. Site Land Type

Private County District Federal Indian Municipal State Other

6. NAICS Code(s) for the Site

A. 611310 **B.** **C.** **D.**

7. Site Mailing Address

Street or P. O. Box: 100 HEALTH & SAFETY, P.O. BOX 1848
City, Town, or Village: UNIVERSITY **Zip Code:** 38677
State: MS **Country:** US

8. Site Contact Person

First Name: EDWARD **MI:** M **Last Name:** MOVITZ
Title: ENVIRONMENTAL COMPLIANCE OFFICER
Street or P. O. Box: 100 HEALTH & SAFETY, 91 HICKORY LANE
City, Town, or Village: UNIVERSITY **Zip Code:** 38677
State: MS **Country:** US
Email : movitz@olemiss.edu
Phone: 6629155433 **Ext:** **Fax:** 6629155480

9. Operator and Legal Owner of the Site

A. Name of Site's Owner: STATE OF MISSISSIPPI BUREAU OF BUILDINGS **Date Became Owner:** 02/24/1844

Type: Private County District Federal Indian Municipal State Other

Street or P. O. Box: 501 NORTH WEST ST. **Phone**
City, Town, or Village: JACKSON **Zip Code:** 39201
State: MS **Country:** US

B. Name of Site's Operator: THE UNIVERSITY OF MISSISSIPPI **Date Became Operator:** 11/06/1848

Type: Private County District Federal Indian Municipal State 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 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, D005, D006, D007, D008, D009, D011, D018, D022, D038, F002, F003, F005, LABP, U037, U108, U196, U213

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, RESEARCH COMPLIANCE OFFICER	02/18/2016

**DECLARATION OF ELECTRONIC FILING OF
THE 2015 ANNUAL HAZARDOUS WASTE REPORT**
For the calendar year January 1, 2015, through December 31, 2015

Submit Date

EPA ID MSD981865470

Site/Company Name THE UNIVERSITY OF MISSISSIPPI

Site Address 100 HEALTH & SAFETY, 91 HICKORY LANE

City UNIVERSITY State MS Zip 38677

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

City UNIVERSITY State MS Zip 38677

Contact Name EDWARD M. MOVITZ Phone No 6629155433 Ext

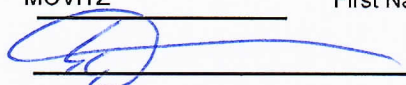
Contact Title ENVIRONMENTAL COMPLIANCE OFFICER

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2015 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.

Part II- Signature of Certification

Last Name MOVITZ First Name EDWARD Title RESEARCH COMPLIANCE OFFICER

Signature  Date 02/19/2016

Part III - Method of File Transmittal

CD ARM Web Site

** Note: This is not the 2015 Annual Hazardous Waste Report. Only file this form if you submitted your 2015 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2015 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/19/2016

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning 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 2015 20100.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
SEC. 2	A. 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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H061	20,100.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning 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 2015 900.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
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		Total quantity treated, disposed, or recycled On-site in 2015
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H141	900.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning 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 ETHANOL, ETHYL ACETATE		
	B. EPA hazardous waste code D001		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W219	F. Quantity generated in 2015 543.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H061	543.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

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

SEC. 1	A. Waste description OUT OF DATE AND OUT OF SPEC, BULKED, CORROSIVE WATER TREATMENT CHEMICALS FROM ORGANIZATIONAL SERVICES - SODIUM HYDROXIDE SODIUM BORATE 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 2015 150.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H110	150.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

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

SEC. 1	A. Waste description BULKED PHOTOGRAPHY WATER BASED DEVELOPING SOLUTION WITH SILVER		
B. EPA hazardous waste code D011		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W101	F. Quantity generated in 2015 400.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H061	400.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

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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 2015 3200.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H141	3,200.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning 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, FLAMMABLE 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 2015 250.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H061	250.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning 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, FLAMMABLE 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 2015 3229.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
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	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 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 2015
SITE 1	TND000772186	H141	3,229.00
Comments:			