



**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, D003, D006, D007, D008, D009, D010, D011, D018, D022, D036, D038, F002, F003, F005, LABP, U144, U169, U188, U196, U213, U220

**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	01/26/2017

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 HAZARDOUS WASTE REPORT

**FORM GM**

**WASTE GENERATION AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning 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 NONACUTE 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 2016 6652.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H061	2,601.00
<b>SITE 2</b>	TND000772186	H141	4,051.00
<b>Comments:</b>			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 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

<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 2016 3127.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H061	2,727.00
<b>SITE 2</b>	TND000772186	H141	400.00
<b>Comments:</b>			

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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 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

<b>SEC. 1</b>	A. Waste description BULKED DRUMMED MIXTURES OF SOLVENTS AND REAGENTS FROM RESEARCH AND CLASSROOMS FLAMMABLE LIQUIDS 2-PROPANOL, FORMALDEHYDE SOLUTIONS		
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  W219	F. Quantity generated in 2016 500.0  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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H061	500.00
<b>Comments:</b>			

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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 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

<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 2016 24400.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H061	24,400.00
<b>Comments:</b>			



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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 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

<b>SEC. 1</b>	A. Waste description OUT OF DATE AND OUT OF SPEC, BULKED, CORROSIVE WATER TREATMENT CHEMICALS FROM ORGANIZATIONAL SERVICES - SODIUM BISULFITE \ 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 2016 400.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H141	400.00
<b>Comments:</b>			

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EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 HAZARDOUS WASTE REPORT

**FORM GM**

**WASTE GENERATION AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning 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, CORROSIVE WATER TREATMENT CHEMICALS FROM ORGANIZATIONAL SERVICES - SODIUM HYDROXIDE SODIUM NITRITE SOLUTIONS		
	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 2016 800.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H110	800.00
<b>Comments:</b>			

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SITE NAME: THE UNIVERSITY OF MISSISSIPPI

EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 HAZARDOUS WASTE REPORT

**FORM GM**

**WASTE GENERATION AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning 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 2016 2900.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H141	2,900.00
<b>Comments:</b>			

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EPA ID NO: **MSD981865470**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2016 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

<b>SEC. 1</b>	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 2016 950.0 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	Total quantity treated, disposed, or recycled On-site in 2016	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2016 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 2016
<b>SITE 1</b>	TND000772186	H061	950.00
<b>Comments:</b>			

**DECLARATION OF ELECTRONIC FILING OF  
THE 2016 ANNUAL HAZARDOUS WASTE REPORT**

**For the calendar year January 1, 2016, through December 31, 2016**

Submit Date

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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 2016 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 01/27/2017

---

**Part III - Method of File Transmittal**

CD

ARM Web Site

\*\* Note: This is not the 2016 Annual Hazardous Waste Report. Only file this form if you submitted your 2016 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2016 Hazardous Waste Report but is required for all methods of electronic submission of the report.

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Submit Date: 01/27/2017