

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time (includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for Reporting Year <u>2018</u>
<input 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 LQG regulations)
<input type="checkbox"/>	Notifying that regulated Activity is not longer occurring as this site.
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

MSD981865470

3. Site Name

THE UNIVERSITY OF MISSISSIPPI

4. Site Location Address

Street Address	100 HEALTH & SAFETY, 91 HICKORY LANE		
City, Town, or Village:	UNIVERSITY	County:	MS071
State:	MS	Country	US
		Zip Code:	38677

5. Site Mailing Address

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

6. Site Land Type

Private
 County
 District
 Federal
 Indian
 Municipal
 State
 Other

7..NAICS Code(s) for the Site

A. 611310 B. C. D.

8. Site Contact Information

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

9. Legal Owner and Operator of the Site

A. Name of Site's Owner:

Full Name	STATE OF MISSISSIPPI BUREAU OF BUILDINGS			Date Became Owner	02/24/1844			
Owner Type	<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Other
Street Address	501 NORTH WEST ST.							
City, Town, or Village	JACKSON							
State:	MS	Country	US	Zip Code	39201			
Email								
Phone		Ext		Fax				
Comments								

B. Name of Site's Operator:

Full Name	THE UNIVERSITY OF MISSISSIPPI C/O EDWARD MOVITZ			Date Became Operator	11/06/1848			
Operator Type	<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Other
Street Address	100 HEALTH & SAFETY, 91 HICKORY LANE							
City, Town, or Village	UNIVERSITY							
State:	MS	Country	US	Zip Code	38677			
Email	MOVITZ@OLEMISS.EDU							
Phone	6629155433	Ext		Fax	6629155480			
Comments								

10. Type of Regulated Waste Activity (at your site)

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

<input checked="" type="radio"/> Y	<input type="radio"/> N	1. Generator of Hazardous Waste -- If Yes, mark only one of the following - a, b, or c.	
<input checked="" type="checkbox"/>	a. LQG	- Generates, in any calendar month (including quantities imported by importer site) 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	
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and n more than 100 kg (220 lb) of any acute hazardous spill cleanup material	
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste.	
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.			
<input checked="" type="radio"/> Y	<input type="radio"/> N	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 section.	
<input checked="" type="radio"/> Y	<input type="radio"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input checked="" type="radio"/> Y	<input type="radio"/> N	4. Treater, Storer, or Disposer of Hazardous Waste -- Note: A hazardous waste Part B permit is required for these activities.	
<input checked="" type="radio"/> Y	<input type="radio"/> N	5. Receives Hazardous Waste from Off-site	
<input checked="" type="radio"/> Y	<input type="radio"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input checked="" type="radio"/> Y	<input type="radio"/> N	7. Exempt Boiler and/or Industrial Furnace -- If Yes, mark all that apply.	
<input type="checkbox"/>	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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, D005, D008, D009, D011, D018, D019, D022, D028, F002, F003, F005, LABP, P011, P012, P022, P029, P077, P087, P105, P106, U007, U012, U053, U080, U103, U115, U151, U188, U211, U246
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C. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.

Please list the waste codes of the State 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.

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11. Additional Regulated Waste Activity

A. Other Waste Activities

Y <input checked="" type="radio"/>	1. Transporter of Hazardous Waste -- If Yes, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
Y <input checked="" type="radio"/>	2. Underground Injection Control
Y <input checked="" type="radio"/>	3. United States Importer of Hazardous Waste
Y <input checked="" type="radio"/>	4. Recognized Trader -- If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
Y <input checked="" type="radio"/>	5. Importer/Exporter of Spent Lead-Acid Batteries (SLAs) under 40 CFR 266 Subpart G -- If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

Y <input checked="" type="radio"/>	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	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"/>	e. Other (specify)
<input type="checkbox"/>	e. Other (specify)
Y <input checked="" type="radio"/>	2. Destination Facility for Universal Waste. Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Y <input checked="" type="radio"/>	1. Used Oil Transporter -- If "Yes", mark all that apply
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
Y <input checked="" type="radio"/>	2. Used Oil Processor and/or Re-refiner -- If "Yes". mark all that apply
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
Y <input checked="" type="radio"/>	3. Off-Specification Used Oil Burner
Y <input checked="" type="radio"/>	4. Used Oil Fuel Marketer -- If "Yes", mark all that apply
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

Y <input checked="" type="radio"/>	A. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories - If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
Y <input checked="" type="radio"/>	B. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

13. Episodic Generation

Y <input checked="" type="radio"/>	Are you an SQG or BSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

Y <input checked="" type="radio"/>	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) OR Entire Facility

Y <input checked="" type="radio"/>	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed: _____ mm/dd/yyyy	
<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

16. Notification of Hazardous Secondary Material (HSM) Activity

Y <input checked="" type="radio"/>	A. Are you notifying 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
Y <input checked="" type="radio"/>	B. Are you notifying 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site,

17. Electronic Manifest Broker

Y <input checked="" type="radio"/>	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

Public Notes:

19. 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 fines and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Date (mm/dd/yyyy) 02/07/2019
Printed Name EDWARD MOVITZ, RESEARCH COMPLIANCE OFFICER	Title RESEARCH COMPLIANCE OFFICER
Email MOVITZ@OLEMISS.EDU	
Signature of Operator, Owner, or an Authorized Representative	Date (mm/dd/yyyy)
Printed Name	Title
Email	

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time (includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for Reporting Year <u>2018</u>
<input 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 LQG regulations)
<input type="checkbox"/>	Notifying that regulated Activity is not longer occurring as this site.
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

MSD981865470

3. Site Name

THE UNIVERSITY OF MISSISSIPPI

4. Site Location Address

Street Address	100 HEALTH & SAFETY, 91 HICKORY LANE		
City, Town, or Village:	UNIVERSITY	County:	MS071
State:	MS	Country	US
		Zip Code:	38677

5. Site Mailing Address

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

6. Site Land Type

Private
 County
 District
 Federal
 Indian
 Municipal
 State
 Other

7..NAICS Code(s) for the Site

A. 611310 B. C. D.

8. Site Contact Information

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

9. Legal Owner and Operator of the Site

A. Name of Site's Owner:

Full Name	STATE OF MISSISSIPPI BUREAU OF BUILDINGS			Date Became Owner	02/24/1844			
Owner Type	<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Other
Street Address	501 NORTH WEST ST.							
City, Town, or Village	JACKSON							
State:	MS	Country	US	Zip Code	39201			
Email								
Phone		Ext		Fax				
Comments								

B. Name of Site's Operator:

Full Name	THE UNIVERSITY OF MISSISSIPPI C/O EDWARD MOVITZ			Date Became Operator	11/06/1848			
Operator Type	<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Other
Street Address	100 HEALTH & SAFETY, 91 HICKORY LANE							
City, Town, or Village	UNIVERSITY							
State:	MS	Country	US	Zip Code	38677			
Email	MOVITZ@OLEMISS.EDU							
Phone	6629155433	Ext		Fax	6629155480			
Comments								

10. Type of Regulated Waste Activity (at your site)

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

<input checked="" type="radio"/> Y	<input type="radio"/> N	1. Generator of Hazardous Waste -- If Yes, mark only one of the following - a, b, or c.	
<input checked="" type="checkbox"/>	a. LQG	- Generates, in any calendar month (including quantities imported by importer site) 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	
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and n more than 100 kg (220 lb) of any acute hazardous spill cleanup material	
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste.	
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.			
<input checked="" type="radio"/> Y	<input type="radio"/> N	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 section.	
<input checked="" type="radio"/> Y	<input type="radio"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input checked="" type="radio"/> Y	<input type="radio"/> N	4. Treater, Storer, or Disposer of Hazardous Waste -- Note: A hazardous waste Part B permit is required for these activities.	
<input checked="" type="radio"/> Y	<input type="radio"/> N	5. Receives Hazardous Waste from Off-site	
<input checked="" type="radio"/> Y	<input type="radio"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input checked="" type="radio"/> Y	<input type="radio"/> N	7. Exempt Boiler and/or Industrial Furnace -- If Yes, mark all that apply.	
<input type="checkbox"/>	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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, D005, D008, D009, D011, D018, D019, D022, D028, F002, F003, F005, LABP, P011, P012, P022, P029, P077, P087, P105, P106, U007, U012, U053, U080, U103, U115, U151, U188, U211, U246
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C. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.

Please list the waste codes of the State 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.

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11. Additional Regulated Waste Activity

A. Other Waste Activities

Y N	1. Transporter of Hazardous Waste -- If Yes, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
Y N	2. Underground Injection Control
Y N	3. United States Importer of Hazardous Waste
Y N	4. Recognized Trader -- If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
Y N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLAs) under 40 CFR 266 Subpart G -- If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

Y N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	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"/>	e. Other (specify)
<input type="checkbox"/>	e. Other (specify)
Y N	2. Destination Facility for Universal Waste. Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Y N	1. Used Oil Transporter -- If "Yes", mark all that apply
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
Y N	2. Used Oil Processor and/or Re-refiner -- If "Yes". mark all that apply
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
Y N	3. Off-Specification Used Oil Burner
Y N	4. Used Oil Fuel Marketer -- If "Yes", mark all that apply
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

Y <input checked="" type="radio"/>	A. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories - If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
Y <input checked="" type="radio"/>	B. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

13. Episodic Generation

Y <input checked="" type="radio"/>	Are you an SQG or BSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

Y <input checked="" type="radio"/>	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) OR Entire Facility

Y <input checked="" type="radio"/>	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed: _____ mm/dd/yyyy	
<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

16. Notification of Hazardous Secondary Material (HSM) Activity

Y <input checked="" type="radio"/>	A. Are you notifying 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
Y <input checked="" type="radio"/>	B. Are you notifying 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site,

17. Electronic Manifest Broker

Y <input checked="" type="radio"/>	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
---	--

18. Comments (include item number for each comment)

Public Notes:

19. 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 fines and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Date (mm/dd/yyyy) 02/07/2019
Printed Name EDWARD MOVITZ, RESEARCH COMPLIANCE OFFICER	Title RESEARCH COMPLIANCE OFFICER
Email MOVITZ@OLEMISS.EDU	
Signature of Operator, Owner, or an Authorized Representative	Date (mm/dd/yyyy)
Printed Name	Title
Email	

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste description	LAB PACKS OF OUT OF DATE AND OUT OF SPEC. TOXIC MATERIALS FROM RESEARCH ACTIVITIES CONTAINING MATERIALS WITH P AND U CODES				
B. EPA hazardous waste code	LABP				
C. State hazardous waste code					
D. Source code	G11	Management method code (source code G25 only)			
E. Form code	W004	F. Waste minization code	X		
G. Quantity	2231.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1		
Process System	On-site management method code	Quantity		
Process System	On-site management method code	Quantity		

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped	
Site 1	TND000772186	H141	2,231.00	
Site				
Site				

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

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 (source code G25 only)			
E. Form code	W001	F. Waste minization code	X		
G. Quantity	2498.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1			
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped		
Site 1	TND000772186	H141	2,498.00		
Site					
Site					

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste description	LAB PACK QUANTITIES OF FUELS FROM RESEARCH AND EDUCATIONAL ACTIVITIES				
B. EPA hazardous waste code	LABP				
C. State hazardous waste code					
D. Source code	G11	Management method code (source code G25 only)			
E. Form code	W001	F. Waste minization code	X		
G. Quantity	100.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1		
Process System	On-site management method code	Quantity		
Process System	On-site management method code	Quantity		

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped	
Site 1	TND000772186	H061	100.00	
Site				
Site				

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

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 (source code G25 only)			
E. Form code	W211	F. Waste minization code	X		
G. Quantity	2070.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1			
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped		
Site 1	TND000772186	H061	1,250.00		
Site 2	TND000772186	H141	820.00		
Site					

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste description	BULKED, DRUMMED MIXTURES OF USED AND OUT OF SPEC. MATERIALS FROM RESEARCH AND CLASSROOMS FLAMMABLE LIQUIDS, HEXANE FORMALDEHYDE SOLUTIONS				
B. EPA hazardous waste code	D001				
C. State hazardous waste code					
D. Source code	G11	Management method code (source code G25 only)			
E. Form code	W211	F. Waste minization code	X		
G. Quantity	9597.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1				
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped	
Site 1	TND000772186	H061	9,597.00	
Site				
Site				

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

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 (source code G25 only)			
E. Form code	W204	F. Waste minization code	X		
G. Quantity	9200.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1		
Process System	On-site management method code	Quantity		
Process System	On-site management method code	Quantity		

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped	
Site 1	TND000772186	H061	9,200.00	
Site				
Site				

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

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 (source code G25 only)			
E. Form code	W101	F. Waste minization code	X		
G. Quantity	440.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1			
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped		
Site 1	TND000772186	H061	440.00		
Site					
Site					

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste description	LAB PACKS OF OUT OF DATE AND OUT OF SPEC CYLINDERS OF GASSES FROM RESEARCH ACTIVITIES FLAMMABLE GASSES, OXIDIZERS AND CORROSIVE MATERIALS				
B. EPA hazardous waste code	LABP				
C. State hazardous waste code					
D. Source code	G11	Management method code (source code G25 only)			
E. Form code	W801	F. Waste minization code	X		
G. Quantity	197.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1			
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped		
Site 1	TND000772186	H141	197.00		
Site					
Site					

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste description	BULKED DRUMMED MIXTURES OF REAGENTS FROM ORGANIZATIONAL SERVICES CORROSIVE LIQUIDS, MURIATIC ACID				
B. EPA hazardous waste code	D002				
C. State hazardous waste code					
D. Source code	G11	Management method code (source code G25 only)			
E. Form code	W105	F. Waste minization code	X		
G. Quantity	400.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1			
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped		
Site 1	TND000772186	H141	400.00		
Site					
Site					

4. Comments:

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

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 (source code G25 only)			
E. Form code	W320	F. Waste minization code	X		
G. Quantity	3525.0	UOM	Pounds	Density	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

2. On-site Generation and Management of Hazardous Waste

Y	N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1			
Process System	On-site management method code	Quantity			
Process System	On-site management method code	Quantity			

3. Off-site Shipment of Hazardous Waste

Y	N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If YES, continue to site 1.			
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total Quantity Shipped		
Site 1	TND000772186	H141	3,525.00		
Site					
Site					

4. Comments: