SDMS DOCID# 1118241

Reclaim back to customer.
See Jack Gaspar

January 13, 1986

P.O.# [illegible]

C

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD042231431 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
UCLA MEDICAL CENTER (A-Level loading dock)
650 Circle Drive South, Los Angeles, Calif.

4. Generator's Phone (213) 825-1423

A. State Manifest Document Number: 84720023

B. State Generator's ID: CAD042231431

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. Hazardous waste, Liquid N.O.S. ORM-E NA 9189 (R-11)	004	DM	800	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information
No delivery at this time. Customer will take back their own reclaimed material.
NOTIFY JACK GASPAR OR DON KEISS PRIOR TO PICK UP.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: JACK GASPAR — Signature: Jack Gaspar — Date (Month Day Year): 01 24 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TIM BALTIERRA — Signature: [illegible] — Date (Month Day Year): 01 24 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year):

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date (Month Day Year): 01 24 86

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento CA 95812

DHS 8022 A (11/84)
(EPA 8700-22)

84 8964

04/25/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD042313431 — Manifest Document No.

2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
UCLA (NICK)
721 Circle Drive South, Los Angeles, CA 90024

4. Generator's Phone (213) 825-1364; 825-9268

A. State Manifest Document Number: 86544240

B. State Generator's ID: CAD042313431

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES — 6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 803765

D. Transporter's Phone: ~~213/698-0991~~

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous waste, Liquid NOS ORM-E NA 9189 (Lithium Bromide)	010	DM	300	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: NICK CICCONE — Signature: Nick Ciccone — Month Day Year: 1 4 2 0 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TIM BATTIERRA — Signature: [signature] — Month Day Year: 0 4 2 0 8 7

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK FORD — Signature: [signature] — Month Day Year: 0 4 2 0 8 7

DHS 8022 A (11/85)
(EPA 8700-22)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento CA 95812

04/25/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-86)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAI000625293 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
UNIVERSITY OF CALIFORNIA IRVINE
CENTRAL POWER PLANT IRVINE CA

4. Generator's Phone (714) 856-5731

A. State Manifest Document Number 87114041

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

C. State Transporter's ID 203785

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID NOS ORM-E NA 9189 (R-12)	002	CIY	1000	P	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Freon R-12

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
TAKE SAMPLE from 145 lbs cylinder and one from 1 ton cylinder BEFORE RECLAIMING. REQUIRE REFRIGERANT CERTIFICATION SAMPLES ON RECLAIM

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: BOB GARRISON — Signature: Bob Garrison — Month Day Year: 05 26 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 05 26 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 05 26 87

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

05/31/2001 "ORIGINAL MANIFEST COPY"

Form Approved OMB No. 2050-0039 (Expires 9-30-91) and Front of Page 7 Toxic Substances Control Div Sacramento, Calif

Please print or type. (Form designed for use on elite (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 042 231 343 | Manifest Document No. 4 5 3 3 2 | 2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
U.C.L.A. MEDICAL CENTER
605 CIRCLE DRIVE SOUTH, LOADING DOCK A
4. Generator's Phone (213 825-1423 LOS ANGELES, CA.

A. State Manifest Document Number 88345332
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 208452
D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID CAD042245991
H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE LIQUID N.O.S., NA 1760 (Lithium Bromide, Water)	041	DM	01200	G	State 131 / EPA/Other D002
b. WASTE CORROSIVE LIQUID N.O.S., NA 1760 (Empty Drums)	032	DM	00160	P	State 131 / EPA/Other D002
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a.b.-Material for disposal

K. Handling Codes for Wastes Listed Above
a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
Profile#B11355

*EMERGENCY#213/825-1423

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JACK GASPAR | Signature: Jack Gaspar | Month Day Year 1 0 2 4 9 1

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year 1 0 2 4 9 1

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: John HAUTT | Signature | Month Day Year 1 0 2 5 9 1

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88345332

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAY
To: P.O. Box 3000, Sacramento, CA 95812

02/11/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 042 231 481
Manifest Document No. 46813
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
U.C.L.A STORHOUSE
3505 HAYDEN AVE.,,CULVER CITY CA 90230
4. Generator's Phone (213 836-7650

A. State Manifest Document Number 88346373
B. State Generator's ID

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES
6. US EPA ID Number CAD 042 245 001
C. State Transporter's ID 110237
D. Transporter's Phone 213 698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number CAD 042 245 001
G. State Facility's ID CAD014124590 11
H. Facility's Phone 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE LIQUID, N.O.S NA 1760 (EMPTY DRUMS) previously contain lithium bromide	011	B DM	00100	G	State 131 / EPA/Other D002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) EMPTY DRUMS PREVIOUSLY CONTAINED LITHIUM BROMIDE

K. Handling Codes for Wastes Listed Above
a. 01. b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 11286
EMERGENCY CONTACT 213 836-7650

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Jose MARTIN
Signature: Jun-6-13-91 (13)
Month Day Year: 06 11 1991

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Clements
Signature: Robert J Clements
Month Day Year: 06 11 1991

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 06 11 1991

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-352-7550

88346373

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

05/29/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 8-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA D0 4 2231431
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
UCLA
627 Circle Drive, Los Angeles, CA 90024

A. State Manifest Document Number: 88614940

4. Generator's Phone (213) 206-8692

B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 010 3821
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042245 001

G. State Facility's ID: CAD 042245001
H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous waste Liquid N.O.S. NA9189 Toxic liquid	~~005~~ 0111	DM	00020		State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) Empty Lithium Bromide Drums

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
A) Disposal.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: RAMON C. MARTI
Signature: Ramon C. Marti
Month Day Year: 1/10/1989

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T. CIRINGERONI
Signature: Robert Ciringeroni
Month Day Year: 1/10/1989

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 1/10/1989

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88614940

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

05/29/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12 pitch typewriter)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0202107073138 — Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address: UCSD EH&S 0920, La Jolla, CA. 92093-0920
4. Generator's Phone (619) 534-2753

A. State Manifest Document Number: 90203438
B. State Generator's ID: HAAD36-000931 0

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CA0042245001
C. State Transporter's ID: 110236
D. Transporter's Phone: (1-800) 852-8886
7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: Omega Recovery Services, 12504 E. Whittier Blvd., Whittier, CA 90602
10. US EPA ID Number: CA0042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 1-800 852-8886

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. #1-11 WASTE FLAMMABLE Liquid N.O.S. UN1993 (Acetone, Methanol)	011	DM	031	08	State 551; EPA/Other D001, U154, F002
b.					State F003, F005; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: See Attached Packing List For Amplification

K. Handling Codes for Wastes Listed Above: a. 01 b. c. d.

15. Special Handling Instructions and Additional Information: Use proper protective Clothing

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Clark Martin — Signature: Clark Martin — Month Day Year: 10 23 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10 23 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: John Hall — Signature — Month Day Year: 10 24 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

90203438

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812