SDMS DOCID# 1118303

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

Raw Material

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83516533

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
J & S Laboratories
521 East "D" Street
Wilmington, CA Attn: Bob Angelo
AREA CODE PHONE NUMBER (213) 830 1412

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD006965751

TRANSPORTER NO 1
INDUSTRIAL WASTE ENGINEERING
P. O. Box 6127
Long Beach, CA 90806

VEH/CONTAINER NO 42936
EPA ID NUMBER CAT080029671

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CO.
12504 E Whittier Blvd
Whittier CA 90602
AREA CODE PHONE NUMBER (213) 698 0991

EPA ID NUMBER CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Waste Methylene Chloride (ORM-A)	UN1593	2255	G	41	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	95	90	X	
Water	5	2	X	

SPECIAL HANDLING INSTRUCTIONS *Material for Recycle/reclaim

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature Robert M. Angelo Robert M. Angelo — MO 07 DAY 17 YR 84

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature LEIGH H. FLOYD Leigh H. Floyd — DATE REC'D & ACCEPTED MO 07 DAY 17 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Printed or typed full name and signature Jim BALTIERRA Jim Baltierra — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 07 DAY 18 YR 84

FORM NO. DHS-8022A 11-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/13/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency W.O. 5068

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: CAD009657511 — 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
J & S LABS
521 East D. St., Wilmington, CA
4. Generator's Phone (213) 830-1412

A. State Manifest Document Number: 84334004
B. State Generator's ID: CAD009657511
C. State Transporter's ID: 235
D. Transporter 1 Phone: 213-518-5201
E. State Transporter's ID: 235
F. Transporter 2 Phone:
G. State Facility's ID: CAD009245001
H. Facility's Phone: 213-698-0991

5. Transporter 1 Company Name: INDUSTRIAL WASTE ENGINEERING — 6. US EPA ID Number: CAT080029671
7. Transporter 2 Company Name — 8. US EPA ID Number:
9. Designated Facility Name and Site Address
OMEGA CHEMICAL COMPANY
12504 E. Whittier Blvd.
Whittier, CA 90605 — 10. US EPA ID Number: CAD009245001

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Waste Methylene Chloride, ORM-A, UN1593		TI	2000	G	217
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: K01

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, governmental regulations.

Printed/Typed Name: Robert M. Angelo — Signature: Robert M. Angelo — Date: Month 10 Day 16 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Cliff Richards — Signature: Cliff Richards — Date: Month 10 Day 16 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: 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: Tim Balterra — Signature: Tim Balterra — Date: Month 10 Day 16 Year 85

GENERATOR / TRANSPORTER / FACILITY

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

DHS 8022 A (7/84)
(EPA 8700-22)