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.: CAD008479834
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: Gaiser Tool Company, 4544 McGrath St., Ventura, CA 93003
4. Generator's Phone (805) 644-5583

A. State Manifest Document Number: 84457219 (9)
B. State Generator's ID:

5. Transporter 1 Company Name: AMERICAN TRK
6. US EPA ID Number: 809591
C. State Transporter's ID:
D. Transporter's Phone: 3 4 599 6026

7. Transporter 2 Company Name:
8. US EPA ID Number: CAD000032870
E. State Transporter's ID: 809591
F. Transporter's Phone:

9. Designated Facility Name and Site Address: Omega Chemical, 12021 E. Whittier Blvd, WHITTIER CA.
10. US EPA ID Number: CAD042245001
G. State Facility's ID: 213 698 0991
H. Facility's Phone: CAD042245001

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. Trichloroethane 1,1,1 UN 2831 ORM-A	10	DRS	605	GL	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: UN-2831
K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information: Rubber Gloves & Goggles

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: [signature] Signature: Peter Truphumme Date: Month 12 Day 31 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: George P. Hudak Signature: [signature] Date: Month 12 Day 31 Year 87

18. Transporter 2 Acknowledgement or 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: [signature] BALTIERRA Signature: [signature] Date: Month 01 Day 09 Year 88

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

DHS 6022 A (7/84)
(EPA 8700-22)