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 98 0 3 8 3 7 5 5
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:
GAMBOA'S BODY & FRAME SHOP
1101 NORTH D STREET
SACRAMENTO, CALIFORNIA 95814 (916) 448-9721

A. State Manifest Document Number: 83578353
B. State Generator's ID:

5. Transporter 1 Company Name: BOR INDUSTRIES
6. US EPA ID Number: CAD 102 827 599
C. State Transporter's ID:
D. Transporter's Phone: (916) 372-2342

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
12312 E. WHITTIER BLVD.
WHITTIER, CALIFORNIA 90602
10. US EPA ID Number: CAD 042245001
G. State Facility's ID: CAD 042245001
H. Facility's Phone: (213) 698-8991

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	15. Waste No.
a. NOS NA 9189 WASTE NON COMBUSTIBLE LIQUID	0012	PM	00975	G	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
WASTE WATER & CEMENT
PROFILE # 75028

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

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.
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 the waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Richard E Solis
Signature: [signature]
Month Day Year: 1 13 97 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BOR Industries
Signature: [signature]
Month Day Year: 03 27 90

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

19. Discrepancy Indicator 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: Henry R. Solomon
Signature: [signature]
Month Day Year: 03 27 90

Do Not Write Below This Line

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

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

GENERATOR

TRANSPORTER

FACILITY

83578353

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

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