generator_name	IBM CORPORATION DEPT 706/204-1
lc_name:	International Business Machines Corporation 1626
lc_calc_volume:	3 tons

manifest_number	manifest_quantity_ton
87118831	3 tons

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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.: MND006161756
Manifest Document No.: 88139
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
IBM Corporation Dept 706/204-1
Hwy 52 & NW 37th Street Rochester, MN 55901
4. Generator's Phone: 507 253-2142

A. State Manifest Document Number: 87118831
B. State Generator's ID:

5. Transporter 1 Company Name: Indian Head Truck Lines
6. US EPA ID Number: MND006963318
C. State Transporter's ID: 2101
D. Transporter's Phone: 612-633-2661

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
12512 East Whitter Blvd
Whitter, 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. X Waste Refrigerant gas, n.o.s. (Dichlorotetrafluoroethane) Nonflammable gas UN1078	002	CY	06000	P	State / EPA/Other F002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Dichlorotetrafluoroethane

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

15. Special Handling Instructions and Additional Information
Reclaimabel Material
Alternate TSDF: Return To Generator

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: Randy Back
Signature: Randy Back
Month Day Year: 06 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DEL BLUE
Signature: Del Blue
Month Day Year: 06 10 88

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: 6 22 88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER (800-424-8802) WITHIN CALIFORNIA CALL (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 20 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

State of California - Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-88)
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.: MND006161756
Manifest Document No.: 88139
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
IBM Corporation Dept 706/204-1
Hwy 52 & NW 37th Street Rochester, MN 55901
4. Generator's Phone: 507 253-2142

A. State Manifest Document Number: 87118831
B. State Generator's ID:

5. Transporter 1 Company Name: Indian Head Truck Lines
6. US EPA ID Number: MND006963318
C. State Transporter's ID: 2101
D. Transporter's Phone: 612-633-2661

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
12512 East Whitter Blvd
Whitter, 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	15. Waste No.
X Waste Refrigerant gas, n.o.s. (Dichlorotetrafluoroethane) Nonflammable gas UN1078	002	CY	06000	P	State / EPA/Other F002
					State / EPA/Other
					State / EPA/Other
					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Dichlorotetrafluoroethane

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

15. Special Handling Instructions and Additional Information
Reclaimabel Material
Alternate TSDF: Return To Generator

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: Randy Back
Signature: [signature]
Month Day Year: 06 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DEL BLUE
Signature: [signature]
Month Day Year: 06 10 88

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: [signature]
Month Day Year: 6 22 88

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

White: TSDF SENDS THIS COPY TO DOHS WITHIN 20 DAYS
to P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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.: MND006161756 — Manifest Document No.: 88139
2. Page 1 of 1

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

3. Generator's Name and Mailing Address:
IBM Corporation Dept 706/204-1
Hwy 52 & NW 37th Street Rochester, MN 55901

4. Generator's Phone (507) 253-2142

A. State Manifest Document Number: 87118831
B. State Generator's ID:

5. Transporter 1 Company Name: Indian Head Truck Lines
6. US EPA ID Number: MND006963318
C. State Transporter's ID: 2101
D. Transporter's Phone: 612-633-2661

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
12512 East Whitter Blvd
Whitter, 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. X Waste Refrigerant gas, n.o.s. (Dichlorotetrafluoroethane) Nonflammable gas UN1078	0012	CY	06000	P	State: EPA/Other: F002
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

J. Additional Descriptions for Materials Listed Above:
Dichlorotetrafluoroethane

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

15. Special Handling Instructions and Additional Information:
Reclaimabel Material
Alternate TSDF: Return To Generator

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: Randy Back — Signature: [signature] — Month Day Year: 06 07 88

17. Transporter 1 Acknowledgement of Receipt of Materials:
Printed/Typed Name: DEL BLUE — Signature: [signature] — Month Day Year: 06 10 88

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: 6 22 88

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

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