OMEGA - 01

State of California—Health and Welfare Agency
TOXIC SUBSTANCES CONTROL DIVISION
714-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

9:23

STATE ID NUMBER 33618512

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
O.L & SOLVENT PROCESS CO
1704 W. FIRST ST
AZUSA, CA. 91702
AREA CODE/PHONE NUMBER 818-334-5117

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008310291 03

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
O.L & SOLVENT PROCESS CO
1704 W. FIRST ST
AZUSA, CA 91702

VEH./CONTAINER NO. 425714
EPA ID NUMBER CAD008310291 03

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

AREA CODE/PHONE 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
HAZARDOUS WASTE LIQUID N.O.S. ORME	NA9118 19	24 96	G	48	DM	2111	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROTRIFLUOROETHANE	96	92	%	
METHANOL/ETHANOL	3	1	%	
OIL/DIRT/WATER	4	2	%	

SPECIAL HANDLING INSTRUCTIONS
Gloves & Goggles - USE ALL SAFETY PRECAUTIONS

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

MO 07 DAY 10 YR 84

Printed or typed full name and signature Roy Cammack Roy Cammack

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
DATE REC'D & ACCEPTED MO 07 DAY 10 YR 84
Printed or typed full name and signature Allen Lyndolph Allen Lyndolph

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

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.

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 07 DAY 10 YR 84

Omega Chemical
Printed or typed full name and signature TIM BALTERRA Tim Balterra

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS