Omega

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

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

Department of Health Services

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

STATE ID NUMBER 03618719

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Oil & solvent Process Company
1704 West First Street
Azusa, Ca 91702
AREA CODE/PHONE NUMBER Tel 818 334-5117

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008302903

TRANSPORTER NO 1 NAME AND MAILING ADDRESS
Oil & Solvent Process Company
1704 West First Street
Auzsa, Ca 91702

VEH/CONTAINER NO 425579
EPA ID NUMBER CAD008302903

TRANSPORTER NO 2 ALTERNATE TSD FACILITY
AREA CODE/PHONE NUMBER
VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical co
12504 E. Whittier Blvd
Whittier, Ca 9062
AREA CODE/PHONE NUMBER Tel 213 6980991
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. ORM-E	NA 9189	2478	G	56	DM	211	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorotriflouoroethane	96	92	X	
Methanol / Ethnaol	3	1	X	
Oil / Water / Dirt	4	2	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves & Goggles

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

Roy Cammack Roy Cammack
Printed or typed full name and signature
MO 08 DAY 02 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
DATE REC'D & ACCEPTED MO 08 DAY 02 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
TIM BATIERRA J. Bathorn
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 08 DAY 02 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS