State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83388202

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

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 CA D 0 0 8 3 0 2 9 0 3

TRANSPORTER NO. 1
Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

VEH./CONTAINER NO. 5 3 1 / 5 3 1
EPA ID NUMBER CA D 0 0 8 3 0 2 9 0 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Company
12504 E. Whittier Blvd
Whittier, Ca
AREA CODE/PHONE NUMBER Tel 213 698-0991

EPA ID NUMBER CA D 0 4 2 2 4 5 0 0 1

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	27216	G	001	CT	21	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Tricholorotriflouroethane	96	92	X	
Methanol / Ethanol	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.

Printed or typed full name and signature: Roy Cammack — Roy Cammack — MO. 08 DAY 09 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: RAYMOND RIVERA — Raymond Rivera
DATE REC'D & ACCEPTED MO. 08 DAY 09 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
Printed or typed full name and signature: TIM BALTIERRA — Tim Baltierra
EPA ID NUMBER CA D 0 4 2 2 4 5 0 0 1
DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR. 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS