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

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

STATE ID NUMBER 83667377

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 CAD008830290 3

TRANSPORTER NO 1 NAME AND MAILING ADDRESS

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

VEH CONTAINER NO 53153

EPA ID NUMBER CAD008830290 3

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

AREA CODE PHONE NUMBER Tel 213 698-0991

EPA ID NUMBER CAD042245001

PROPER U S DOT 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	3500	G	001	CT	211	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorotriflouoroethane	96	92	X	
Methanol / Ethanol	3	1	X	
Oil / Water / Oil	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 Betty Peckham — MO 9 DAY 6 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

Ray Rivera - OSCO Driver

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 9 DAY 6 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 BALTIERRA

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 09 DAY 06 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS