Omega

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 83667547

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Oil & Solvent Process Co
1704 W. First St
Azusa, CA 91702
AREA CODE PHONE NUMBER 818-334-5117

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008310290 3

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

VEH CONTAINER NO 000515517
EPA ID NUMBER CA 000 83102903 1

TRANSPORTER NO 2 ALTERNATE TSD FACILITY
AREA CODE/PHONE NUMBER

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

PROPER US 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	NA9189	2000	G	B 40	DM	211	1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluorethane	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 Betty Peckham MO 10 DAY 29 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
Mark Peckham Mark Peckham
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 10 DAY 29 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
Tom BALTIERRA Tom Baltierra
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 29 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS