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

UNIFORM HAZARDOUS WASTE MANIFEST

March 4, 1983

Department of Health Services
P.O.# 45[illegible]
Shipper 109[illegible]

STATE ID NUMBER 83029686

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PATTON (ATTN: LARRY)
601 Sonora
Glendale, CA 91201

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
Small generator

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH./CONTAINER NO.

EPA ID NUMBER
CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
CAD042245001

AREA CODE/PHONE NUMBER 213/698-0991

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.
Hazaedous waste, Liquid N.O.S. (FLEXOSOLVENT) - ORM-E	NA 9189	150	Gal.	05	DN	G11	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	60		
N. BUTYL ALCOHOL	20	12		
PHOTO POLYMER RESIN	40	30		

SPECIAL HANDLING INSTRUCTIONS
GLOVES, GOGGLES
5 @ 30 GAL

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 LARRY D. DRANE — MO. 03 DAY 04 YR. 83

☐ 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 Isaac Woods Jr. — DATE REC'D & ACCEPTED MO. 03 DAY 04 YR. 83

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
spilled 97.4 gals waste 37.4 gals

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.

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 03 DAY 07 YR. 83

GENERATOR SENDS THIS COPY TO DOHS

03/29/2000 "ORIGINAL MANIFEST COPY"

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

June 8, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.#4638
Shipper #11482

STATE ID NUMBER 83029904

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PATTON CORP.
601 Sonora
Glendale, Ca.
AREA CODE/PHONE NUMBER 245-7222

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA X0000043B31

TRANSPORTER NO 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
VEH./CONTAINER NO. 4 2507
EPA ID NUMBER CA DO 42245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMCIAL CORP.
EPA ID NUMBER CA DO 42245001
AREA CODE/PHONE NUMBER 698-0991

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 Substance, Liquid N.O.S (FLEXOSOLVENT) ORM -E	N A9188	150	G	06	DM	21	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	12		
PHoto Polymer Resin	40	30		

SPECIAL HANDLING INSTRUCTIONS
yield 84.4 gals.
GLOVES, GOGGLES waste 36.5 gals

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 LARRY D. DRANE — MO 6 DAY 10 YR 83

☐ 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 Henry Solomon — DATE REC'D & ACCEPTED MO 6 DAY 10 YR 83

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.
Printed or typed full name and signature STEVE SIMPSON
EPA ID NUMBER CA DO 42245001
DATE RECEIVED & ACCEPTED MO 6 DAY 8 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"

ARDOUS WASTE MANAGEMENT BRANCH
244 P Street
mento, CA 95814

August 23, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83212303

GENERATOR NAME AND MAILING ADDRESS
PATTON CORP.
601 Sonora
Glendale, Ca. 91201
AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA DO 004 33 31

TRANSPORTER NO 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH CONTAINER NO: 42607
EPA ID NUMBER: CA DO 42245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY
VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER
CA DO 42245001

AREA CODE PHONE NUMBER 698-0991

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 Substance, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	240	G	08	DM	211	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	12		
Photo Polymer Resin	40	30		

SPECIAL HANDLING INSTRUCTIONS
Gloves, Bagglea spilled 154.5 gals waste 9.4 gals

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: LARRY D. DRANE — MO 8 DAY 30 YR 83

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: Henry Solomon
DATE REC'D & ACCEPTED: MO 8 DAY 30 YR 83

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

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

Printed or typed full name and signature: STEVE SIMPSON
EPA ID NUMBER: CA DO 42245001
DATE RECEIVED & ACCEPTED: MO 8 DAY 31 YR 83

DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

P.O.# 6387

Please print or type (Form designed for use on elite (12-pitch) typewriter)

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californi

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000043331
Manifest Document No:
2. Page 1 of
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PATTON
601 Sonora Ave., Glendale, Ca. 91201

4. Generator's Phone: 213 245-7222

A. State Manifest Document Number: 8434712

B. State Generator's ID: CAX000043331

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62570

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID:

H. Facility's Phone: 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. WASTE ORM-A N.O.S NA 1693 ORM-A (flexosolvent)	06	DM	180	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
BUTENOL
PHOTO RESIN

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 6 Day 11 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr Signature: Isaac Woods Jr Date: Month 6 Day 11 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: ~~[illegible]~~ Signature: ~~[illegible]~~ Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name: STEVEN SIMPSON Signature: [illegible] Date: Month Day Year

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

05/16/2000 "ORIGINAL MANIFEST COPY"

Please print or type. (Form designed for use on elite (12-pitch typewriter).

Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Patton
9450 Chivers Ave., Sun Valley, CA 91352

4. Generator's Phone (818) 767-4919

A. State Manifest Document Number: 87118520

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1

C. State Transporter's ID

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1

G. State Facility's ID: CAD104122450011

H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent)	04	DM	120	G	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Leone Stern | Signature: Leone Stern | Month Day Year: 1 1 1 2 0 1 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: N. JAY Solomon | Signature: N. Jay Solomon | Month Day Year: 1 1 1 2 0 1 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 1 1 1 2 0 1 8 8

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

04/24/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

PATTON DIV OF ALFORD IND INC
Engraph, Inc.

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		87114035		751	LBS		CMP		
		84341712		1501	LBS		CMP		
01/06/1983		8270911		751	LBS		CMP		
01/31/1983		8271360		1001	LBS		CMP		
03/04/1983		83029686		1251	LBS		CMP		
04/12/1983		83029755		1501	LBS		CMP		
04/29/1983		83029796		751	LBS		CMP		
06/10/1983		83029904		1251	LBS		CMP		
08/30/1983		83212303		2002	LBS		CMP		
07/16/1984		83493828		1501	LBS		CMP		
07/25/1984		83493833		500	LBS		CMP		
09/12/1984		83564119		500	LBS		CMP		
09/24/1984		83564138		1251	LBS		CMP		
10/25/1984		83410772		1251	LBS		CMP		
02/21/1985		84341352		1501	LBS		CMP		
04/16/1985		84341509		1501	LBS		CMP		
07/30/1985		84341600		1501	LBS		CMP		
11/13/1985		84341990		150	LBS		CMP		
03/17/1986		84345237		1501	LBS		CMP		
06/11/1986		86534439		1751	LBS		CMP		
09/08/1986		86534625		1251	LBS		CMP		
02/12/1987		86544111		2002	LBS		CMP		
09/28/1987		87114302		1251	LBS		CMP		
12/04/1987		87119501		1001	LBS		CMP		
01/20/1988		87118520		1001	LBS		CMP		
03/25/1988		87118658		1835	LBS		CMP		
06/07/1988		87118894		2502	LBS		CMP		
07/15/1988		87118934		1001	LBS		CMP		
09/13/1988		87119179		1501	LBS		CMP		
11/23/1988		87119398		1751	LBS		CMP		
01/18/1989		88293422		1251	LBS		CMP		
03/22/1989		88293667		1251	LBS		CMP		
06/12/1989		88677497		500	LBS		CMP		

Total Records: 33 Default Volume: 0 Total Waste Volume: 20.8833

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-89)
Please print or type. (Form designed for use on elite (12-pitch typewriter).) 5-20-87 SHIPPER 17394

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 981577129
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
PATTON
601 SONORA GLENDALE CA 91201
4. Generator's Phone (213) 245-7222

A. State Manifest Document Number: 87114035
B. State Generator's ID: CAD981577129

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042242500 11
C. State Transporter's ID: 803784
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD042242500 11
G. State Facility's ID: CAD042245001 d1
H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S. NA 1693 ORM-A (FLEXOSOLVENT)	~~004~~ 3	DM	1110	G	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PerchloroEthylene
Butanol
Photo Resin

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Stuy Bilelaong
Signature:
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr.
Signature: Isaac Woods
Month Day Year: 05 21 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank W. Ford
Month Day Year: 05 21 87

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/87)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

03/20/1996 "ORIGINAL MANIFEST COPY"

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

April 11th 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #4455
Shipper # 11179

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

STATE ID NUMBER 83029755

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PATTON CORPORATION
6001 SENORA AVE.
GLENDALE, CA. 91201
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000043331

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP,
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH./CONTAINER NO. 425D5
EPA ID NUMBER CAD041222450 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSDI FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
CAD041222450 01

AREA CODE/PHONE NUMBER 213/698-0991

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 Substance, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	180	D	6	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	60		
N. BUTYL ALCOHOL	20	12		
PHOTO POLYMER RESIN	40	30		

SPECIAL HANDLING INSTRUCTIONS
yield 116.8 gals waste 43.6 gal.
GLOVES, GOGGLES
6#30 GAL

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 LARRY D. DRANE

MO. 4 DAY 12 YR. 83

☐ 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 Vernon Woods Jr.
DATE REC'D & ACCEPTED MO. 4 DAY 12 YR. 83

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.

Printed or typed full name and signature Steve Simpson

EPA ID NUMBER CAD041222450 01

DATE RECEIVED & ACCEPTED MO. 04 DAY 12 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/20/1996 "ORIGINAL MANIFEST COPY"