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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
GREAT WESTERN CARPET CUSHION
2060 North BAtavia
Orange, CA
AREA CODE/PHONE NUMBER

STATE ID NUMBER 83357204

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008352361

TRANSPORTER NO. 1
INDUSTRIAL WASTE ENGINEERING
P.O. Box 6127
Long Beach, CA 90806
213-518-5201

VEH./CONTAINER NO. 00042933
EPA ID NUMBER CAT080029671

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. Whittier Blvd
Whittier, CA 90602
AREA CODE/PHONE NUMBER 213-698-0991

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.
Waste Methylene Chloride, ORM-A	UN1593	11100	G	020	DT	421.10	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride				

Hazardous Waste Management Branch
MAY 08 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
M.C. gold 405.7 gals. waste 212 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 Griffith MO. 3 DAY 26 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 PAT STORY Pat Story DATE REC'D & ACCEPTED MO. 3 DAY 26 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
JIM BATTERRA
Printed or typed full name and signature Jim Batterra

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 03 DAY 26 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83357363

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
GREAT WESTERN CARPET CUSHION
2060 N. Batavia
Orange, CA
AREA CODE/PHONE NUMBER 625-0426

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD0083523611

TRANSPORTER NO. 1
INDUSTRIAL WASTE ENGINEERING
P.O. Box 6127
Long Beach, CA 90806
213-518-5201

VEH./CONTAINER NO. 60,04,29,3
EPA ID NUMBER CAT080002967

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER 213-698-0991

EPA ID NUMBER CAD041224510 01

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.
Waste Methylene Chloride, Flammable	UN1512	825	G	015	DM	211	99

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	70	10	X	

SPECIAL HANDLING INSTRUCTIONS

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.

Great Western Carpet Cushion
Printed or typed full name and signature

MO. 05 DAY 04 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
Industrial Waste Engineering
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 04 DAY 04 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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR

FORM NO. DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST

Bill for Waste

Department of Health Services

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

STATE ID NUMBER 83410987

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Scott Foam Company (S115)
1400 E. Vistoria
San Bernadino, Ca. 92408
AREA CODE/PHONE NUMBER (714) 824-8981 Dan Dobratz

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A D 0 0 4 6 1 9 0

TRANSPORTER NO 1
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH./CONTAINER NO 0 0 4 2 5 0 7
EPA ID NUMBER C A D 0 4 2 2 4 5 0 0 7

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER C A 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
Waste Methylene Chloride ORM-A	U N 1593	1780	G	15	DM	21 1	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	50	98		
Hydrochlorinated waste	2	50		

SPECIAL HANDLING INSTRUCTIONS PIO requested 01/23/84 waste 780 gal
Driver: Exit at Tippecanoe
Scott Foam has (2) drums of waste left. Pick up on later date. H.S.

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

D A MEEK
Printed or typed full name and signature

MO.	DAY	YR
01	24	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
Henry Solomon
Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR
	01	24	84

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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER C A D 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED

MO.	DAY	YR
01	30	84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

05/25/84

P.O. # SFS 1341

Raw Material

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O. # 012466

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

STATE ID NUMBER 83493986

GENERATOR NAME AND MAILING ADDRESS
SCOTFOAM
1400 E. VICTORIA AVE.
SAN BERNADINO, CA 92045
AREA CODE/PHONE NUMBER 714/824-8981 Dan Dobratz

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD006461910

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

VEH./CONTAINER NO: 00042507
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

TO BE FILLED IN BY GENERATOR

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
WASTE METHYLENE CHLORIDE - ORM-A	UN1593	9600	P	16	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
METHYLENE CHLORIDE	~~60~~ 70	50 40	%	
MISC ORGANIC LIQUIDS	50	30	%	

SPECIAL HANDLING INSTRUCTIONS
Call 1 day ahead of delivery

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: Daniel C. Dobratz — DANIEL C. DOBRATZ, PLANT MGR — MO 05, DAY 30, 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
Henry Solomon
Printed or typed full name and signature: Henry Solomon
DATE REC'D & ACCEPTED: MO 05, DAY 30, 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.

STEVE SIMPSON
Printed or typed full name and signature: Steve Simpson

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO 05, DAY 30, YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

STATE ID NUMBER 83536454

GENERATOR NAME AND MAILING ADDRESS
GREAT WESTERN DAMPER CUSHION
2060 N. Batavia
Orange, CA
AREA CODE/PHONE NUMBER 213-625-0426

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD009835236 1

TRANSPORTER NO 1
Industrial Waste Engineering
P.O. Box 6127
Long Beach, CA 90805
213-518-5201

VEH/CONTAINER NO: 00092989
EPA ID NUMBER: CAT080029871

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 90602
AREA CODE/PHONE NUMBER 213-698-0991
EPA ID NUMBER: CAD041224500 1

TO BE FILLED IN BY GENERATOR

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
Waste Methylene Chloride ORM-A	UN 1592	00880	G	01	60	211	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	70	60	X	

SPECIAL HANDLING INSTRUCTIONS

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

WILLIAM BOESE
Printed or typed full name and signature — William Boese
MO 06 DAY 13 YR 94

☐ 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 Sawyer
Printed or typed full name and signature — Mark Sawyer
DATE REC'D & ACCEPTED MO 06 DAY 13 YR 94

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

EPA ID NUMBER
DATE RECEIVED & ACCEPTED MO DAY YR

FORM 1-DHS 8022A (1/82) GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency

C

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD000646190

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
Scotfoam Corp.
1400 E. Victoria Ave

4. Generator's Phone (714) 824-8981

5. Transporter 1 Company Name
American Trucking Co.

6. US EPA ID Number CAD000032870

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

10. US EPA ID Number CAD042245001

A. State Manifest Document Number 84391457

B. State Generator's ID CAD000646190

C. State Transporter's ID 66127

D. Transporter's Phone 714-599-6026

E. State Transporter's ID

F. Transporter's Phone XXX-599-6026

G. State Facility's ID CAD042245001

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 Methylene Chloride ORM-A UN1593	17	dm	850	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Methylene Chloride 50% - 70%
Misc. Organic Liquids 30% - 50%

K. Handling Codes for Wastes Listed Above
~~801~~ d99

15. Special Handling Instructions and Additional Information
Gloves, goggles, respirator

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: Daniel C. Dobratz
Signature: Daniel C. Dobratz
Date: Month 09 Day 18 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JON E. SHOTTS
Signature: Jon E. Shotts
Date: Month 09 Day 18 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
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: TIM BALTIERRA
Signature: T. Baltierra
Date: Month 09 Day 18 Year 85

DHS 8022 A (7/84)
(EPA 8700-22)

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

84 80641

lc_group_name	Foamex L.P.
grp_calc_volume:	23.294 tons

generator_name	Great Western Carpet Cushion
lc_name:	Foamex L.P.

manifest_number	manifest_quantity_ton
83357204	4.587 tons
83357363	3.44025 tons
83516454	3.6696 tons

generator_name	SCOTT FOAM COMPANY
lc_name:	Foamex L.P.

manifest_number	manifest_quantity_ton
83410987	3.2526 tons
83493986	4.8 tons
84391457	3.5445 tons

10451

lc_group_name	Foamex L.P.
grp_calc_volume:	23.294 tons

generator_name	Great Western Carpet Cushion
lc_name:	Foamex L.P.

manifest_number	manifest_quantity_ton
83357204	4.587 tons
83357363	3.44025 tons
83516454	3.6696 tons

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lc_name:	Foamex L.P.

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83493986	4.8 tons
84391457	3.5445 tons

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grp_calc_volume:	23.294 tons

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lc_name:	Foamex L.P.

manifest_number	manifest_quantity_ton
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83493986	4.8 tons
84391457	3.5445 tons

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generator_name	SCOTT FOAM COMPANY
lc_name:	Foamex L.P.

manifest_number	manifest_quantity_ton
83410987	3.2526 tons
83493986	4.8 tons
84391457	3.5445 tons

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

UNIFORM HAZARDOUS WASTE MANIFEST

Dr for Waste

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

STATE ID NUMBER 83410987

GENERATOR NAME AND MAILING ADDRESS
Scott Foam Company (S115)
1400 E. Vistoria
San Bernadino, Ca. 92408
AREA CODE PHONE NUMBER (714) 824-8981 Dan Dobratz

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA D 0 0 4 6 1 9 0

TRANSPORTER NO 1
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH./CONTAINER NO 0 0 4 2 5 0 7
EPA ID NUMBER CA D 0 4 2 2 4 5 0 7

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

OFFICIAL MANIFEST
RECORD COPY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
AREA CODE/PHONE NUMBER (213) 698-0991
EPA ID NUMBER CA D 0 4 2 2 4 5 0 0

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
Waste Methylene Chloride ORM-A	UN 1593	780	G	15	DM	21 1	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	50	98		
Hydrochloric acid waste	2	50		

SPECIAL HANDLING INSTRUCTIONS PIO requested 01/23/84 waste 780 gal H.S
Driver: Exit at Tippecanoe
Scott foam has (12) drums of waste left. Pick up on later date

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

D A MEEK
Printed or typed full name and signature

MO 01 DAY 24 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
Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 01 DAY 24 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.
STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER C A D 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO 01 DAY 30 YR 84

FORM NO. DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87947

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

UNIFORM HAZARDOUS WASTE MANIFEST

Bill for Waste

Department of Health Services

STATE ID NUMBER 83410987

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Scott Foam Company (S115)
1400 E. Vistoria
San Bernadino, Ca. 92408
AREA CODE/PHONE NUMBER (714) 824-8981 Dan Dobratz

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A D 0 0 4 9 4 6 1 9 0

TRANSPORTER NO 1
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH./CONTAINER NO 0 0 4 2 5 0 7
EPA ID NUMBER C A D 0 4 2 2 4 5 0 0 7

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER C A 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
Waste Methylene Chloride ORM-A	UN 1593	1780	G	15	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	50	98		
Hydrochloric Acid waste	2	50		

SPECIAL HANDLING INSTRUCTIONS PIO requested 01/23/84 waste 780 gal. H.S.
Driver: Exit at Tippecanoe
Scott Foam has (12) drums of waste left. Pick up later date

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

D A MEEK
Printed or typed full name and signature

MO 01 DAY 24 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
Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 11 DAY 24 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.
STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER C ADO 4 2245001

DATE RECEIVED & ACCEPTED MO 01 DAY 30 YR 84

State of California—Health and Welfare Agency

C

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD000646190 — 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
Scotfoam Corp.
1400 E. Victoria Ave

4. Generator's Phone (714) 824-8981

A. State Manifest Document Number: 84391457

B. State Generator's ID: CAD000646190

5. Transporter 1 Company Name: American Trucking Co.

6. US EPA ID Number: CAD000032870

C. State Transporter's ID: 66127

D. Transporter's Phone: 714-599-6026

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone: ~~714-599-6026~~

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: CAD042245001

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 Methylene Chloride ORM-A UN1593	17	dm	850	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Methylene Chloride 50% - 70%
Misc. Organic Liquids 30% - 50%

K. Handling Codes for Wastes Listed Above
~~D01~~ d99

15. Special Handling Instructions and Additional Information
Gloves, goggles, respirator

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: Daniel C. Dobratz — Signature: Daniel C. Dobratz — Date: Month 09 Day 18 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JON E. SHOTTS — Signature: Jon E. Shotts — Date: Month 09 Day 18 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — 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: TIM BALTIERRA — Signature: Tim Baltierra — Date: Month 09 Day 18 Year 85

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

DHS 8022 A (7/84)
(EPA 8700-22)

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