Revised Manifest Summary Report

SPIVECO
SPIVECO

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
08/02/1984		83493840		775.62	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .3878

te of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83493840

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SPIVECO
1700 VIA BURTON AVE ANAHEIM CA 92806
AREA CODE PHONE NUMBER 714 956-2090

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
PENDING

TRANSPORTER NO 1
DELTA IND
8137 ALLPORT AVE SANTA FE SPRINGS CA

VEH CONTAINER NO
PENDING

EPA ID NUMBER
CAD042242891

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO

EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CO.
12504 WHITTIER BL WHITTIER CA 90602
AREA CODE PHONE NUMBER 213 678-0091

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 PERCHLOROETHYLENE ORM-A	UN1897	93	G	2	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	100	50	%	

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

Omel Ledford — Omel Ledford
Printed or typed full name and signature

MO 8 DAY 2 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
APRIL L BAGLEY — April L. Bagley
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 8 DAY 2 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 Balterra — Tim Balterra
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 08 DAY 02 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

04/26/2000 "ORIGINAL MANIFEST COPY"