State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
[illegible] 7th Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83199540

GENERATOR NAME AND MAILING ADDRESS

STE NETWORK SYSTEMS
10727 GATEWAY WEST
EL PASO, TEXAS

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER TXD981062408 4

TRANSPORTER NO. 1

VAN WATERS & ROGERS
6960 MARKET AVE.
EL PASO, TEXAS 79915

VEH. CONTAINER NO. EPA ID NUMBER

WEH431329 TXD004314829 5

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH. CONTAINER NO. EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BACHLOR CHEMICAL COMPANY
12504 EAST WHITTIER
WHITTIER, CALIF.

AREA CODE PHONE NUMBER

EPA ID NUMBER CAD042245001

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.
HAZARDOUS WASTE NOS LIQUID "FREON"	NA9189	715	G	13	DM	451	01

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

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES & APRON

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 regulations of the Department of Transportation and the EPA.

Daniel Inodra DANIEL

Printed or typed full name and signature

MO. 01 DAY 02 YR 85

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Billy Pierce Billy Pierce

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 01 DAY 02 YR 85

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.

STEVEN SIMPSON Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 01 DAY 17 YR 85

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS