generator_name	CENTRALAB, INC.
lc_name:	Philips Electronics North America Corporation 716
lc_calc_volume:	6.8805 tons

manifest_number	manifest_quantity_ton
83199539	6.8805 tons

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P 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 83199539

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRALAB INC.
7158 MERCHANT AVE.
EL PASO, TEXAS 79915
AREA CODE/PHONE NUMBER (915) 779-3961

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
TXP490533337

TRANSPORTER NO. 1
VAN WATERS & ROGERS
6980 MARKET AVE.
EL PASO, TEXAS 79915
(915) 778-4225

VEH./CONTAINER NO: VEH433299
EPA ID NUMBER: TXD043148295

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 EAST WHITTIER BLVD.
P.O. BOX 152
WHITTIER, CALIF. 90608 (213) 698-3547
AREA CODE/PHONE NUMBER

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.
HAZARDOUS WASTE NOS LIQUID "111 TRICHLOROE-	UN2831		G	30	DM	2110	
thane							

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 requirements of the Department of Transportation and the EPA

Printed or typed full name and signature Centralab Inc. Janet S. Pagel — MO. 11 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
Printed or typed full name and signature LARRY D. FINGER Larry D. Finger
DATE REC'D & ACCEPTED — MO. 11 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. Jay Solomon. Jay Solomon.
Printed or typed full name and signature

EPA ID NUMBER: CAD042245001
DATE RECEIVED & ACCEPTED — MO. 12 DAY 03 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS