Revised Manifest Summary Report

CERPLEX/INCERT TECHNOLOGY
Cerplex, Inc.

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
07/24/1991		88346482		2652.12	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 1.3261

88346482

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 050 940
Manifest Document No.: 46482
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
CERPLEX
3332 E. LA PALMA, ANAHEIM, CA. 92806
4. Generator's Phone (714) 632-2620

A. State Manifest Document Number: 88346482
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 208452
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: CAD 042 245 001
G. State Facility's ID: CAD042245001
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. HAZARDOUS WASTE SOLID N.O.S. NA 9189 (Empty containers)	010	DM	00[illegible]	G	State 512,513; EPA/Other D001
b. WASTE 1,1,1-TRICHLOROETHANE ORM-A UN 2831	001	DM	00055	G	State 211; EPA/Other F001
c. HAZARDOUS WASTE LIQUID N.O.S. FLAMMABLE LIQUID (Flux) NA 9189	006	DM	00180	G	State 212; EPA/Other D001
d. WASTE FLAMMABLE LIQUID N.O.S., FLAMMABLE LIQUID (Paint Thinner)	020	DM	00083	G	State 214,212; EPA/Other ~~213~~,211

J. Additional Descriptions for Materials Listed Above
a.b.c.d.-MATERIAL FOR DISPOSAL

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

15. Special Handling Instructions and Additional Information
*EMERGENCY#714/632-2620
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
PROFILE#B11452,B11451,B11450,B11455

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	Signature	Month Day Year
JIM JONES	Jim Jones	10 24 91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Robert J Cirinceoni	[illegible]	10 24 91

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	Signature	Month Day Year
N. JAY SOLOMON	N. Jay Solomon	10 24 91

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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To: P.O. Box 3000 Sacramento, CA 95812

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Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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Toxic Substances Control Division
Sacramento, California

8834b482

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E. State Transporter's ID:
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XXXXXXXXXXXXXXMATERIALXXORXXXSPOSAL
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Printed/Typed Name: JIM JONES — Signature: Jim Jones — Month Day Year: 07 24 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINCEONI — Signature: [signature] — Month Day Year: 07 24 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — 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: N. JAY SOLOMON — Signature: N. Jay Solomon — Month Day Year: 07 24 91

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