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

Raw Material

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

STATE ID NUMBER 83202064

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SHILEY INC
17600 GILLETTE AVE IRVINE CALIF 92714
AREA CODE/PHONE NUMBER (714) 250-8385

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD009491750

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 WHITTIER BLVD
WHITTIER CALIF. 90602 (213) 698-0991
VEH/CONTAINER NO 42150 EPA ID NUMBER CAD042245001

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
EPA ID NUMBER
AREA CODE/PHONE NUMBER

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
1. WASTE ISOPROPYL ALCOHOL	1219 42345	110	GAL	02	DM	221	01
2. WASTE URETHANE & METHYLENE CHLORIDE	9198	55	GAL	01	DM	211	1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
1. SPENT ISOPROPYL ALCOHOL	99	98	✓	
1. WAX	01	.05	✓	
2. WASTE URETHANE	95	05	✓	
2. SPENT METHYLENE CHLORIDE	05	03	✓	

SPECIAL HANDLING INSTRUCTIONS
IPA YIELD 113 GALS WASTE 55 GALS
GLOVES

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.

FRANK PIPPIN Frank Pippin MO. 03 DAY 29 YR 84
Printed or typed full name and signature

☐ 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 Henry Solomon
DATE REC'D & ACCEPTED MO. 3 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.

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 03 DAY 30 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

16.47