State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

01/06/83
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Bill HCF

STATE ID NUMBER 83410626

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Nu Way Linen & Uniform
3001 E. Anaheim St.
Long Beach, Ca. 90804
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000138515

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF 90602

VEH/CONTAINER NO: 90042507
EPA ID NUMBER: CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF. 90602
AREA CODE/PHONE NUMBER (213) 698-0991

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		[redacted]	G	06	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Oil Sludge Perk	100	97		
Perk	3	0		

SPECIAL HANDLING INSTRUCTIONS
Gloves
Waste 318 gals.

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: George Hecht

MO 11 DAY 13 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
DATE REC'D & ACCEPTED MO 11 DAY 13 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.

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 19 YR 84

STEVE SIMPSON
Printed or typed full name and signature

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

FORM NO DHS-8022A 11/82

83-87967

06/01/2001 "ORIGINAL MANIFEST COPY"