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 83493908

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SILICON GENERAL
11651 MONARCH ST.
GARDEN GROVE, CA 90608
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD047781203

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

VEH./CONTAINER NO: 00042507
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.

EPA ID NUMBER: CAD042245001

AREA CODE PHONE NUMBER 213/ 698-0991

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, LIQUID N.O.S. (MICROSTRIP)	NA9189	00110	G	002	DM	21101	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Micro-Strip	80	70		
Photo Resist	30	20		

SPECIAL HANDLING INSTRUCTIONS

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: SCOTT McGILLIVRAY Scott McGillivray — MO 06, 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: Henry Solomon — DATE REC'D & ACCEPTED: MO 06, 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.

Printed or typed full name and signature: STEVE SIMPSON Steve Simpson

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO 06, DAY 13, YR 84

FORM NO. DHS 8022A 11-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967