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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83554967

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CANON BUSINESS MACHINES
3191 Redhill
Costa Mesa Ca. 92626 XXX (714) 556-4700
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD0178146816 001061

TRANSPORTER NO. 1
OMEGA CHEMICALS CORP.
12504 East Whittier Blvd.
Whittier Ca. 90602 (213) 698-0991

VEH./CONTAINER NO. 1 1 1 4 2 5 T 0 7
EPA ID NUMBER CAD041224150001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICALS CORP.
12504 East Whittier Blvd.
Whittier Ca. 90602 (213) 698-0991
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
[redacted] CORROSIVE LIQUID	UN1593	550	G	12	DF	2110	01
Waste Methylene Chloride - Corrosive Liquid							

COMPONENTS	CONC RANGE UPPER	LOWER	UNITS %	PPM
METHYLENE CHLORIDE	90	85	X	
FORMIC ACID	15	10	X	

SPECIAL HANDLING INSTRUCTIONS
WEAR GOGGLES AND GLOVES AND RESPIRATOR

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

ERIK NELSON
Printed or typed full name and signature

MO. 7 DAY 19 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
Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 7 DAY 19 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
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 07 DAY 19 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967