State of California—Health and Welfare Agency
[redacted] 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: 83554989

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CANON BUSINESS MACH
3191 REDHILL
COSTA MESA, CA, 92626 (714) 556-4700
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER: CAD017814006 8 0006 B

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

VEH./CONTAINER NO: 42507
EPA ID NUMBER: CAD042245001

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.
CORROSIVE LIQUID	UN1593	335	G	6	DF	211	01
WASTE Methilen Chloride							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	90	85	X	
Formic acid	15	10	X	

SPECIAL HANDLING INSTRUCTIONS
Wear goggles and respirators

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.

X
Printed or typed full name and signature: CAROL SILLER Carol Siller — MO 09 DAY 26 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 Henry Solomon — DATE REC'D & ACCEPTED MO 09 DAY 26 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 09 DAY 26 YR 84

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967