State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD0201 5 9 7 6 0
Manifest Document No: 0 0 0 0 4
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
EATON CORPORATION INFORMATION MGMNT SYS. S/O 03383
31717 LA TIENDA DRIVE
WESTLAKE VILLAGE, CA 91359 (818) 889-2211 X 2306

4. Generator's Phone

A. State Manifest Document Number: 84282690
B. State Generator's ID: CAD 020159760

5. Transporter 1 Company Name: OMEGA CHEMICAL
6. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1
C. State Transporter's ID: 2 005
D. Transporter's Phone: 213-698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL
12504 E. WHITTIER BLVD.,
WHITTIER, CA 90602
10. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1
G. State Facility's ID: CAD 012245001
H. Facility's Phone: 213-698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE HAZARDOUS WASTE LIQUID NOS. ORM-E NA9189	0 0 4	D M	0 1 0 3 9	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
FREON 11-TRICHLOROFLUOROMETHANE, OIL, DIRT, WATER.

K. Handling Codes for Wastes Listed Above
R 01

15. Special Handling Instructions and Additional Information
MAKE SURE BUNGS ARE TIGHT AND DRUMS ARE NOT LEAKING

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: MICHAEL GROSS
Signature: Michael Gross
Date (Month Day Year): 0 2 2 2 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: IM BAGUERRA
Signature: Im Baguerra
Date (Month Day Year): 0 2 2 2 8 5

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STEVEN SIMPSON
Signature: Steven Simpson
Date (Month Day Year): 0 2 2 2 8 5

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
TO: P.O. Box 3000, Sacramento, CA 95812

DHS 8022 A (7/84)
(EPA 8700-22)

84 89541

06/13/2001 "ORIGINAL MANIFEST COPY"