State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

C

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000117762 — Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BURTIN URETHANE CORP
3423 FORDHAM AVE S.A. CA. 92704

4. Generator's Phone (714) 850-1370

A. State Manifest Document Number 84341944

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP
6. US EPA ID Number: CAD042245001

C. State Transporter's ID 62572

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 CORP
12504 WHITTIER BL
WHITTIER CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID

H. Facility's Phone

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 METHYLENE CHLORIDE ORM A UN1593	10	DM	540	GAL	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
METHYLEN CHLORIDE IN SOLUTION OF URETHANE RESINS

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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: CLAUDIO BURTIN — Signature — Date (Month Day Year): 12/13/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date (Month Day Year): 12/13/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

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 — Date (Month Day Year): 12/13/85

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

4022-A (7/84)

04/27/2000 "ORIGINAL MANIFEST COPY"