Recycled

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. CAX000227710 Manifest Document No. 00004
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
Coastcast Corp.
2146 Gladwick Street
Compton, CA 90024

4. Generator's Phone (213) 638-0595

A. State Manifest Document Number 84426275
B. State Generator's ID CAX000227710

5. Transporter 1 Company Name
Remet Corporation

6. US EPA ID Number CAD076182088

C. State Transporter's ID 42395

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone 213/921-0911
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp., Bachelor Chemical Div., 12504 E. Whittier
Whittier, CA

10. US EPA ID Number CAD042245001

G. State Facility's ID CAD042245001
H. Facility's Phone 213/698-0991

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 Flammable Liquid NOS. Flammable Liquid	30	DM	1650	gl	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Ethyl Alcohol/Trichloroethane Mix
(95% Alcohol/5% Trichloroethane)

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Gloves & Goggles

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: WILLIAM R BOTHWELL FOR COASTCAST CORP. Signature: William R. Bothwell Date: Month Day Year 4 25 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ALEJANDRO LABARRA Signature: [signature] Date: Month Day Year 4 25 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: TIM BALTIERRA Signature: Tim Baltierra Date: Month Day Year 04 25 85

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

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

BK 82541