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. CAD008479834 | Manifest Document No.

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
GARSER TOOL 4544 Mc GRATH ST
VENTURA CA 93003

A. State Manifest Document Number 84457210

B. State Generator's ID

4. Generator's Phone (805) 644 5583

5. Transporter 1 Company Name American Trucking

6. US EPA ID Number CAD000032870

C. State Transporter's ID

D. Transporter's Phone 714-599-6026

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. Whitter Blvd. Whitter, 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	Waste No.
a. TRI chloroethane III UN2831	13	DR	715	GL	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information
Van waters & Rogers Material

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 | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Peter J. Prudhomme | Signature | Date Month Day Year 4 1 6

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: Richard Melchiorre | Signature | Date Month Day Year 4 15 86

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: JAVIER HERNANDEZ | Signature | Date Month Day Year 4 16 86

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

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