Shipper 16151

5/7/86

State of California — Health and Welfare Agency

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD067734608 | 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
Unistrut
14600 So Marquardt, Santa Fe Springs, CA 90670

4 Generator's Phone (213) 921-9861

A State Manifest Document Number: 86534409

B State Generator's ID: CAD067734608

5 Transporter 1 Company Name: Omega Recovery Services

6 US EPA ID Number: CAD042245001

C State Transporter's ID: 701737

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 Recovery Services
12504 E. Whittier Blvd
Whittier, CA 90602

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 1,1,1 Trichloroethane ORM-A UN 2831	003	DM		G	211
b					
c					
d					

J Additional Descriptions for Materials Listed Above
1,1,1 Trichloroethane

K Handling Codes for Wastes Listed Above
a) 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 government regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: | Signature: | 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: Steve Simpson | Month Day Year: 05 09 86

DHS 8022 A (11/85)
(EPA 8700-22)

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

86534409

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