Item 2-7

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter))

REF. SHIPPER 14899 1-12-88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000032516
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
CENTER LINE TOOL
13521 FREEWAY DR., SANTA FE SPRINGS, CA 90670
4. Generator's Phone (213 921-9637

A. State Manifest Document Number 87118512
B. State Generator's ID CAX000032516
C. State Transporter's ID
D. Transporter's Phone 213-698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID CAD042245001
H. Facility's Phone 213-698-0991

5. Transporter 1 Company Name: UMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. WASTE PERCHLOROETHYLENE ORM-A UN 1897	8	DM	400	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

OFFICIAL MANIFEST
RECORD COPY

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: a. 01 b. c. d.

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.

If I am a large quantity generator, I 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 that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JOE CAMPA
Signature: Joe Campa
Month Day Year: 1 1 1 2 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: N. JAY SOLOMON
Signature: N. Jay Solomon
Month Day Year: 1 1 2 0 8 8

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 1 1 2 0 8 8

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/87)
EPA 8:00—22
(Rev. 9-86) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK