State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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. CAD 982 480 295
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
ALCOA ELECTRONIC PACKAGING INC.
16750 VIA DEL CAMPO COURT., SAN DIEGO CA 92127

A. State Manifest Document Number 88683534
State Generator's ID

4. Generator's Phone 619 451-7100

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 01245
D. Transporter's Phone 213 695-0991

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: CAD 042 245 001
G. State Facility's ID
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. WASTE FLAMMABLE LIQUID N.O.S UN 1170 (ETHYL ALCOHOL)	026		01875	G	State 212 EPA/Other F003
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE AND RETURN

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 16192

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.

GENERATOR

Printed/Typed Name: KEN MEHOLIC
Signature: Ken Meholic
Month Day Year: 05 08 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 05 08 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

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
Signature
Month Day Year

Do Not Write Below This Line

DHS 8022 A (1/88)
CA 8700—22
(Rev. 9-88) Previous editions are obsolete

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 4000 Sacramento, CA 95812-0400

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

88683534