

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-2600

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C A C O O O 7 1 7 8 1 6 1 2 3 6 A			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 Rose Bertolero 5900 Acacia Avenue, Oakland, CA 94618					4. Generator's Phone (510) 655-5980		5. Transporter 1 Company Name DECON Environmental Services, Inc		6. US EPA ID Number C A D 9 8 8 2 4 6 8 1 8 3				
7. Transporter 2 Company Name					8. US EPA ID Number		9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Boulevard Richmond, CA 94801		10. US EPA ID Number C A D O O 9 4 6 6 3 9 2				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) NON RCRA Hazardous Waste Solid (Empty Storage Tank)					12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number		
					No.		Type						State
					001		T F		00350		P		878 512
													EPA/Other
													Non RCRA
													State
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws.					17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials		19. Discrepancy Indication Space				
15. Special Handling Instructions and Additional Information AVOID CONTACT. WEAR APPROPRIATE PROTECTIVE CLEANING AND EQUIPMENT. SITE ADDRESS: 5900 ACACIA AVENUE, OAKLAND, CA 94618 GENERATOR 24 HOUR EMERGENCY PHONE NUMBER (510) 475-2901					Printed/Typed Name Rose M. Bertolero		Signature Rose M Bertolero		Month Day Year 6/5/94				
					Printed/Typed Name ROBERT L. STEWART		Signature [Signature]		Month Day Year 05/09/94				
					Printed/Typed Name		Signature		Month Day Year				
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					Printed/Typed Name DAVID SATO		Signature David Sato		Month Day Year 05/05/94				

DO NOT WRITE BELOW THIS LINE