Revised Manifest Summary Report

DESERT HOSPITAL
DESERT HOSPITAL

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		84341614		1400	LBS		CMP		
11/19/1984		83564146		1600	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 1.5

April 29, 1985

State of California—Health and Welfare Agency

Department of Health Service
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: XCAX00021239 | 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
Desert Hospital (Burt Argyle)
1150 No. Indian Ave., Palm Springs, CA 92262

4 Generator's Phone (619) 323-6511

A State Manifest Document Number: 84341614

B State Generator's ID

5 Transporter 1 Company Name: GI Trucking | 6 US EPA ID Number

C State Transporter's ID

D. Transporter's Phone

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 CORP.
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

GENERATOR

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. Hazardous Waste, Liquid N.O.S. ORM-E (R-11) NA 9189		DM	1400	P	211
b					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

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 governmental regulations

Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MT DONOVAN | Signature: Michael T Donovan | Date Month Day Year: 5 16 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date 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 | Date Month Day Year

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

DHS 8022 A (7/84)
(EPA 8700-22)

84 89541

04/26/2000 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. XCAX00021239 Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number 84341614

B. State Generator's ID

3. Generator's Name and Mailing Address
Desert Hospital (Burt Argyle)
1150 No. Indian Ave., Palm Springs, CA 92262

4. Generator's Phone (619) 323-6511

C. State Transporter's ID

5. Transporter 1 Company Name GI Trucking

6. US EPA ID Number

D. Transporter's Phone

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 CORP.
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. Hazardous Waste, Liquid N.O.S. ORM-E (R-11) NA 9189		DM	1400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

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 governmental regulations.

Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name MT DONOVAN | Signature Michael T Donovan | Date 5 16 8

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date 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 | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

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

DHS 8022 A (7/84)
(EPA 8700-22)

84 89

05/17/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

323 6511

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83564146

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

Desert Hospital
1150 N. Indian Avenue
Palm Springs Ca 92262

6321
323 6511

AREA CODE/PHONE NUMBER 619) ~~320-0014~~

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO 1

Direct Delivery Co
Palm Springs Ca

VEH/CONTAINER NO

EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Co.
12504 E. Whittier Blvd,
Whittier, Ca 90602

AREA CODE/PHONE NUMBER 213) 698-0991

EPA ID NUMBER CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous waste, liquid NOS ORM-E	NA9189	1600	Pounds	08	Drum	211	-
(Refrigerant 11 (Halocarbon))		9.22					

147.52

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Halocarbon refrigerant R-11				

SPECIAL HANDLING INSTRUCTIONS Otherwise stable,non toxic if stable.
(chemical change to phosgene,toxic if oxydized(under fire presence
Liquid halocarbon will evaporate if spilled,displaces oxygen at higher concentrations

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature REY DIAZ / CHIEF Eng

MO 11 DAY 19 YR 84

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Deluno Cagnolatti #6081 Deland Cagnolatti

DATE REC'D & ACCEPTED MO 11 DAY 19 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.
See instructions Jay Solomon. Jay Solomon.

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 11 DAY 21 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/26/2000 "ORIGINAL MANIFEST COPY"