Item 2-2

Department of Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH — UNIFORM HAZARDOUS WASTE MANIFEST
Sacramento, CA 95814

STATE ID NUMBER 83029951

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

GENERATOR NAME AND MAILING ADDRESS
Schering Corporation
411 E. Gano Avenue
St. Louis, MO 63147
AREA CODE/PHONE NUMBER (314) 231 - 6133

SDMS DOCID# 1118190

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: M O T 3 0 0 0 1 1 2 1 0 | 0 0 0 1

TRANSPORTER NO. 1
St. Louis Southwestern/Southern Pacific Railroad
P.O. Box 218
East St. Louis, IL 62201

VEH./CONTAINER NO.: SPLZ 2 5 0 2 8 1
EPA ID NUMBER: C A D 0 0 6 9 1 3 2 0

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.:
EPA ID NUMBER:

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corporation
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER: C A D 0 4 2 2 4 5 0 0 1

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.	DE ME
TRICHLOROFLUOROMETHANE	Not Regulated	1 8 3 7 0	P	0 3 7	D M	3 4 1 0	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPI
Trichlorofluoromethane	100%	99%		
Albuterol	1.2%	0%		
Beclomethasone Dipropionate	0.5%	0%		

SPECIAL HANDLING INSTRUCTIONS
Nonflammable . yield to follow

OFFICIAL MANIFEST
RECORD COPY

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: Donald L. Tinney — DONALD L. TINNEY

MO. 07 DAY 14 YR. 83

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
M. Bondina for SL
Printed or typed full name and signature

DATE REC'D & ACCEPTED: MO. 7 DAY 14 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED: MO. DAY YR.

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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER: C A D 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED: MO. 07 DAY 15 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR
TO BE FILLED IN BY TRANSPORTER
TO BE FILLED IN BY TSDF

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

REAZ 298242

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83410707

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Schering Corporation
411 E. Gano Avenue
St. Louis, MO 63147
AREA CODE/PHONE NUMBER (314) 231-6133

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
M O T 3 0 0 0 1 1 2 0 | 0 0 0 1

TRANSPORTER NO. 1
St. Louis Southwestern/Southern Pacific Railroad
P.O. Box 218
East St. Louis, IL 62201

VEH./CONTAINER NO.: REAZ 2 0 8 2 4 2
EPA ID NUMBER: C A D 0 0 6 9 1 3 2 0

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH. CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corporation
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER: C A D 0 4 2 2 4 5 0 0

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
Trichlorofluoromethane	Not Regulated	1 7 1 6 0	P	3 3	D M	3 4 1 0	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane	100%	99%		
Albuterol	1.2%	0%		
Beclomethasone Dipropionate	0.5%	0%		

SPECIAL HANDLING INSTRUCTIONS
Non-Flammable Yield 8780#

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 Donald L. Tinney Donald L. Tinney

MO 0 8 DAY 1 4 YR 8 4

☐ 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 E W Shited
DATE RECD & ACCEPTED MO 8 DAY 18 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE RECD & 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.

Printed or typed full name and signature D J Meara

EPA ID NUMBER C A D 0 4 2 2 4 5 0 0

DATE RECEIVED & ACCEPTED MO 09 DAY 05 YR 84

FORM NO. DHS 8022A 11/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-87967

5.25

February 25, 1985 Shipping ticket 2036

State of California—Health and Welfare Agency

Department of Health Services
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. | 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
SCHERING CORP. (Don Tinney)
411 E. Gano Ave.
St. Louis, MO.

4. Generator's Phone (314) 231-6133

A. State Manifest Document Number 84341390

B. State Generator's ID

5. Transporter 1 Company Name: Hub City SSW/SP

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 CAD 042 245 001

G. Facility's ID CAD 042 245 001

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	20	DM		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: X Andrew Fenes | Signature | Date Month Day Year 2 25 85

18. Transporter 2 Acknowledgement of 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: TIM BALTIERRA | Signature | Date Month Day Year 02 25 85

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)

05/31/2001 "ORIGINAL MANIFEST COPY"