State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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. CAT080011011011 — Manifest Document No. 001111

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
APPROPRIATE TECHNOLOGIES II
1700 MAXWELL ROAD
CHULA VISTA, CA 92011

4. Generator's Phone (619) 421-1175

A. State Manifest Document Number: 87533795

B. State Generator's ID: H A H 8 3 6 1 - 0 0 9 7 7 1 2

5. Transporter 1 Company Name: APPROPRIATE TECHNOLOGIES II

6. US EPA ID Number: CAT080011011

C. State Transporter's ID: 908820

D. Transporter's Phone: (619) 421-1175

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 SERVICE
12504 EAST 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. WASTE REFRIGERANT GAS, N.O.S., NON-FLAMMABLE GAS, UN1078, (U121), RQ	066	DM	01150	G	State 331 ~~141~~ EPA/Other U121
b. WASTE REFRIGERANT GAS, N.O.S. NON Flammable GAS, UN1078, (U121) RQ	008	CY	09240	P	State 331 EPA/Other U121
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
11a. TRICHLORO MONOFLUOROMETHANE
11b. Trichlorofluoromethane

K. Handling Codes for Wastes Listed Above
a. 01 b. 01 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.

GENERATOR — Printed/Typed Name: DAN E RANDLE III — Signature: Dan E Randle III — Month Day Year: 1 1 0 1 8 8

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: BRADFORD A. GAGNON — Signature: Bradford A Gagnon — Month Day Year: 1 1 0 1 8 8

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: CARLOS E. MARTINEZ — Signature — Month Day Year: 1 1 0 1 8 8

DHS 6022 A (1/87)
EPA 8700—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

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAT080010101 — Manifest Document No.: 90777
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: APPROPRIATE TECHNOLOGIES II, 1700 MAXWELL ROAD CHULA VISTA, CA 92011
4. Generator's Phone: (619) 421-1175
5. Transporter 1 Company Name: APPROPRIATE TECHNOLOGIES II
6. US EPA ID Number: CAT080010101
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: OMEGA RECOVERY SERVICE, 12504 EAST WHITTIER BLVD., WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001

A. State Manifest Document Number: 88237953
B. State Generator's ID: HAHQ36-000772
C. State Transporter's ID:
D. Transporter's Phone: (619) 421-1175
E. State Transporter's ID:
F. Transporter's Phone:
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. WASTE REFRIGERANT GAS, N.O.S., NON-FLAMMABLE GAS, UN1078, (U121) RQ	023	DM	03600	P	State 331 / EPA/Other U121
b. WASTE REFRIGERANT GAS, N.O.S., NON-FLAMMABLE GAS, UN1078, (U121) RQ	010	CY	00580	P	State 331 / EPA/Other U121
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above: 11A) TRICHLOROMONOFLUROMETHANE 11B) SAME AS 11A. 13X200#, 10X100#, 16X30# CYL.

K. Handling Codes for Wastes Listed Above: a. 01 b. 01 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: X DAN E RANDLE III — Signature: X [signature] III — Month Day Year: 04 07 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BRAD GAGNON — Signature: Brad Gagnon — Month Day Year: 04 07 89

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: DAVID A. WOODS — Signature: [signature] — Month Day Year: 4 7 89

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

88237953

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