Revised Manifest Summary Report

BANNER AIR CONDITIONING CO.
BANNER AIR CONDITIONING CO

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
01/28/1983		8271361		1762.74	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .8814

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 8271361

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BANNER AIR CONDITIONING CO.
7545 Woodman Place, Van Nuys, CA 91405

AREA CODE/PHONE NUMBER 213/988-7101

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO. 1
Same as #1

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY 90602
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd. Whittier CA

AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
CA D 04 22 4 50 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.
R-113 Trichlorotrifluoroethane-None		8 00	lbs.			

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm

SPECIAL HANDLING INSTRUCTIONS

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

Approx 1000 gal.

PRINTED OR TYPED FULL NAME AND SIGNATURE Jay Solomon MO. 1 DAY 28 YR. 83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE Steve Johnson 1-28-83 MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
rec'd 626 lbs.

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE Steve Simpson STEVE SIMPSON EPA ID NUMBER CA D04 22 4 50 0 1 MO. 01 DAY 28 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

1344

03/29/2000 "ORIGINAL MANIFEST COPY"