generator_name	TRANS AMERICA COMPANY
lc_name:	New Pacific Realty Corporation 3289
lc_calc_volume:	4.17 tons

manifest_number	manifest_quantity_ton
83410691	4.17 tons

MATERIAL TO BE RECLAIMED BACK TO CUSTOMER.

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH

714 744 P Street
Sacramento CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

FEBRUARY 16, 1984

STATE ID NUMBER 83410691

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

GENERATOR NAME AND MAILING ADDRESS
TRANS AMERICA CO. (T109) (KEN THURMAN)
1150 So. Olive
Los Angeles, CA 90015
AREA CODE PHONE NUMBER 213/742-3775

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000065193

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH. CONTAINER NO. 42500
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
CAD042245001

AREA CODE PHONE NUMBER 213/698-0991

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.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		1000	G	35			
WASTE LITHIUM BROMIDE - Corrosive Liquid N.O.S.	UN 1760	[illegible]	[illegible]	[illegible]	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
LITHIUM BROMIDE	50	50		
~~XXXXX~~ WATER	50	50		

SPECIAL HANDLING INSTRUCTIONS
PICK UP DAYS: TUESDAY, WEDNESDAY OR THURSDAY.
PICK UP HOURS: 7:00 A.M. - 2:00 P.M.

Called 1 day

TO BE FILLED IN BY GENERATOR

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 regulations of the Department of Transportation and the EPA

Printed or typed full name and signature [signature]

MO 02 DAY 22 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 [signature]

DATE REC'D & ACCEPTED MO 02 DAY 22 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.

STEVE SIMPSON [signature]
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 05 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

FORM NO. DHS 8022A 11/82

83-87967