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

UNIFORM HAZARDOUS WASTE MANIFEST
April 4, 1983

Department of Health Services
Shipper 11154

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

STATE ID NUMBER 83029739

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HUGHES HELICOPTERS
Centinela Avenue & Teal Street
Culver City, CA 90230

19

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

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

VEH./CONTAINER NO.

EPA ID NUMBER
CA D0 4 2 2 45 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER
CA D0 4 2 2 45 0 01

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.
Hazardous waste liquid N.O.S.- ORM-E (R-11)	NA 91 89	01 600	P	08	DM	2 11	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloro Fluoromethane	60	40	%	
REFrigerant oil				

SPECIAL HANDLING INSTRUCTIONS
yield 1505 lbs.

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 Bob Klein 4/6/83 MO. 4 DAY 6 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 WASTES
Printed or typed full name and signature Isaac Woods Jr. DATE REC'D & ACCEPTED MO. 4 DAY 6 YR. 83

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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER
CAD 04 2 2 45 0 01

DATE RECEIVED & ACCEPTED
MO. 04 DAY 06 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

12.3

03/29/2000 "ORIGINAL MANIFEST COPY"