MATERIAL TO BE RECLAIMED BACK TO MAY CO. (TO THE NEAREST 200 pounds)

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

Department of Health Services
P.O.# 583A 11941

UNIFORM HAZARDOUS WASTE MANIFEST

ONE TIME ONLY

STATE ID NUMBER 83029746

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

MANIFEST DOCUMENT NUMBER

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
May. Co
~~980 LAKEWOOD CENTER MALL LAKE WOOD CA~~ 2501 El Camino Real CARLSBAD 92008
AREA CODE/PHONE NUMBER 213-633-0314 (Herb)
EPA ID NUMBER CAX000038299

TRANSPORTER NO. 1
SAME AS GENERATOR.
VEH./CONTAINER NO.
EPA ID NUMBER CAX000038299

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. WHITTIER BL.
WHITTIER CA 90602
AREA CODE/PHONE NUMBER 213-698-0991
EPA ID NUMBER CAD042245001

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.
WASTE REFRIGERANT GAS N.O.S NON-FLAMMABLE GAS	UN1078	1100	P	006	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUOROMETHANE	98	90	%	
OIL	10	2	%	

SPECIAL HANDLING INSTRUCTIONS YIELD TO BE RETURNED
yield 718 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.
J. D. Williams / John Duane Williams 4/6/83
Printed or typed full name and signature — MO. 04 DAY 06 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
J. D. Williams / John Duane Williams 4/6/83
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO. 04 DAY 06 YR. 83

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.
EPA ID NUMBER CAD042245001
Printed or typed full name and signature
DATE RECEIVED & ACCEPTED — MO. DAY YR.

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS