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

May 17, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Bill to: ATTN: Engineering Maintenance
12-83

Department of Health Services

STATE ID NUMBER 83029840

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BROADWAY DEPARTMENT STORES
3880 N. Mission
Los Angeles, CA. 90031
AREA CODE/PHONE NUMBER 227-2231

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000058735

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

VEH./CONTAINER NO. 142507 — EPA ID NUMBER CA DD 142245001

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 DO 422450011

AREA CODE/PHONE NUMBER 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.
(R-11) Non Flammable Refrigerant Gas N.O.S. Gas	UN 1078	11800	P	12	DIM	1111	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane	95	90		
Oil	10	5		

SPECIAL HANDLING INSTRUCTIONS
Will BLAT DOOR C-21 yield 1268 lbs - Yield balance recorded

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 — MO. DAY YR.

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Henry Solomon
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 5 DAY 18 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
Printed or typed full name and signature
EPA ID NUMBER CA DO 422450011
DATE RECEIVED & ACCEPTED MO. DAY 17 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/26/2000 "ORIGINAL MANIFEST COPY"