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

May 23, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83029854

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
KEY MECHANICAL
1905 Laurel Ave.
Santa Fe Springs, Ca. 90670
AREA CODE/PHONE NUMBER

19

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

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

VEH./CONTAINER NO.: 42507

EPA ID NUMBER: CA DD 42245001

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 DD 42245001

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.
(R-113) TRICHLOROTRIFLUOROETHANE		800	P	14	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluoroethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
yield 774 lbs.

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
P. Lopez
Printed or typed full name and signature

DATE REC'D & ACCEPTED: MO. 5 DAY 23 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.

Jay Solomon 5-23-83 JAY SOLOMON
Printed or typed full name and signature

EPA ID NUMBER: CAD DA 22 45 00 1

DATE RECEIVED & ACCEPTED: MO. 05 DAY 23 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"