ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

5/25/83

STATE ID NUMBER 83029866

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Cal Air 12484 Whittier Bl.
Whittier Ca 90602

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1 | VEH./CONTAINER NO. | EPA ID NUMBER

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical

AREA CODE/PHONE NUMBER

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.
Refrigerant gas, NOS - (R-11) Non flammable gas	UN1078	800	P	04	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUORO METHANE	95	90	X	
OIL	10	5	X	

SPECIAL HANDLING INSTRUCTIONS
yield 746 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

MO. 5 DAY 25 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

DATE REC'D & ACCEPTED MO. 5 DAY 25 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 CAD042245001

DATE RECEIVED & ACCEPTED MO. 05 DAY 25 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/26/2000 "ORIGINAL MANIFEST COPY"