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

May 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83029884

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MAY COMPANY
5000 Montclair Plaza
Montclair, Ca. 91763
AREA CODE/PHONE NUMBER

36

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 DO 422450001

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 422450001

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.
Refrigerant Gas N.O.S. Non Flammable GAS	UN 1078	1300 ~~[illegible]~~	P	7 ~~[illegible]~~	DM	211	011

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLORO FLUOROMETHANE	100	99		
OIL	10	7		
WATER	40	30		

SPECIAL HANDLING INSTRUCTIONS
yield 772 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: Mark O'Neil — MO. 6 DAY 13 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: Henry Salomon — DATE REC'D & ACCEPTED MO. 6 DAY 13 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.

Printed or typed full name and signature: STEVE SIMPSON Steve Simpson

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED MO. 05 DAY [illegible] YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"