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

UNIFORM HAZARDOUS WASTE MANIFEST
June 2, 1983

Department of Health Services
Shipper
11453

STATE ID NUMBER 83029896

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

30

GENERATOR NAME AND MAILING ADDRESS
F.M. THOMAS
231 Gimini Ave.
Brea, CA 92621
AREA CODE/PHONE NUMBER 696-9711

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1
F. M. Thomas Co.

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 CORP.
12504 E. Whittier Blvd.
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.
Refrigerant Gas, N.O.S. - Non-Flammable Gas	UN1078	1000	P	05	DM	211	01
(R-11)							

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

SPECIAL HANDLING INSTRUCTIONS
yield 448 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.

X Printed or typed full name and signature [signature] MO. 6 DAY 17 YR. 83

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

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
X Printed or typed full name and signature [signature]
DATE REC'D & ACCEPTED MO. 6 DAY 17 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.

Tim Balterra Omega Chemical
Printed or typed full name and signature [signature]

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 06 DAY 17 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

1441

03/29/2000 "ORIGINAL MANIFEST COPY"