JULY 6, 1983

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 83029989

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CALIFORNIA MART
110 EAST 9TH STREET
LOS ANGELES, CA. 90079
AREA CODE/PHONE NUMBER 623-6934 Casas

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000041129

TRANSPORTER NO. 1
OMEGA CHEMICAL CORPORATION
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH./CONTAINER NO. 42507

EPA ID NUMBER CA DO 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORPORATION
AREA CODE/PHONE NUMBER 698-0991

EPA ID NUMBER CA DO 42245001

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) REFRIGERANT GAS N.O.S.-NON FLAMMABLE GAS	UN 1078	6100	P	06	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUOROMETHANE	90	70		
OIL				
WATER				

SPECIAL HANDLING INSTRUCTIONS
yield 572 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 S.O. Peterson Peterson CAL. MART

MO. 7 DAY 11 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
Henry Solomon Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 7 DAY 11 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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 7 DAY 13 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"