State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

10/7/83

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83376145

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HUGHES HELICOPTER (servidyne)
Centinela & Teale St.
Culver City, Ca. 90230?
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA XD 000034348

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

VEH/CONTAINER NO: 0 00 42 5 07
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 CORP.
AREA CODE PHONE NUMBER (213) 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
Waste R-11	Non-Flammable Gas	UN1078	1600	P	10	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane				
Oil				
Water				

SPECIAL HANDLING INSTRUCTIONS
yield 1071 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 X Thomas D. Foley

MO 10 DAY 12 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 [signature]
DATE REC'D & ACCEPTED MO 10 DAY 12 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 CA DO 42245001
DATE RECEIVED & ACCEPTED MO 10 DAY 14 YR 83

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS