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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Ref: Shpr. ~~12270~~ Shpr. 12290

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

Dec. 22, 1983

STATE ID NUMBER 83410610

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
INTEGRATED NETWORKS, INC. (Calvin)
3185-G Airway Drive
Costa Mesa, CA 92626
AREA CODE PHONE NUMBER 714/641-9250

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF 90602

VEH/CONTAINER NO: 00048907
EPA ID NUMBER: CAD042245001

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, CALIF 90602
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER: CAD042245001

PROPER U S DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S. - ORM-E							
(5120 SOLUTION)	N A 9189	1 10	G	02	DM	2 11	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
111 TRICHLOROETHANE	50	40		
ISOPROPAL ALCOHOL	15	10		
TRICHLOROTRIFLUOROETHANE	10	5		
TRICHLOROFLUOROMETHANE [FLUX	~~30~~ 30	~~5~~ 20		

SPECIAL HANDLING INSTRUCTIONS
yield 90.5 gals. waste 18.2 gals

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 RAYMOND FERDIG Raymond Ferdig — MO 12 DAY 23 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 Solomon Henry Solomon — DATE REC'D & ACCEPTED MO 12 DAY 23 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 ~~12~~ 01 DAY 03 YR ~~83~~ 84

M NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

04/26/2000 "ORIGINAL MANIFEST COPY"