RECLAIM MATERIAL BACK TO CUSTOMER(ASTRO). P/U FOR ORBITAL CHEMICAL CO.

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

UNIFORM HAZARDOUS WASTE MANIFEST
Jan. 3, 1984

Department of Health Services
P.O.# 5066

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

STATE ID NUMBER 83410621

GENERATOR NAME AND MAILING ADDRESS
ASTRO ALUMINUM TREATING CO.
11040 Palmer Ave.
South Gate, CA
AREA CODE PHONE NUMBER 213/

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
C A X 0 0 0 4 5 8 80

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

VEH. CONTAINER NO. 00042507
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. 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 1,1,1 Trichloroethane -ORM-A | UN 28 31 | 540 | G | 1 0 | DM | 2 11 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| TRICHLOROETHANE 1 1 1 | 70 | 60 | | |
| OIL | 40 | 30 | | |

SPECIAL HANDLING INSTRUCTIONS
gold 416.5 gals. waste 85.8 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 Alejandro Jimenez 1-5-84 MO 01 DAY 05 YR 84

☐ 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
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 1 DAY 15 YR 84

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 CAD042245001

DATE RECEIVED & ACCEPTED MO. 01 DAY 06 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-97957

06/13/2001 "ORIGINAL MANIFEST COPY"