MATERIAL TO BE RECLAIMED BACK TO CUSTOMER. [redacted]

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

UNIFORM HAZARDOUS WASTE MANIFEST- [redacted] Department of Health Services
January 4, 1984

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

STATE ID NUMBER 83410622

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
ACCO [redacted]
6223 San Fernando Road
Glendale, CA
AREA CODE/PHONE NUMBER 213/245-6793

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD042250 0

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	DIS MET
Hazardous Waste, Liquid, NOS - ORM-E	NA 9189	~~500~~ 500	P	4	DM	211	0
(R-11)							

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

Hazardous Waste Management Branch
NOV 15 1984
Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
yield 363 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: Gary Angelo 1/12/84 — MO 01 DAY 12 YR 84

☐ 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 01 DAY 12 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: CAD042243001

DATE RECEIVED & ACCEPTED: MO 01 DAY 19 YR 84

FORM NO. DHS-8022A 11/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-87967