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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

2/8/84

P.O. # 292

Please print or type with ELITE type (12 characters per inch) Rick--620-0260 ex. 217

STATE ID NUMBER 83410662

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CALIFORNIA MART
10 E. 9TH ST.
LOS ANGELES. CA 90079
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO. 00042807
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORPORATION
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER CAD014222450011

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
HAZARDOUS WASTE, LIQUID NOS							
R-11		01700	lbs	19	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUOROMETHANE				
WATER				
OIL				

SPECIAL HANDLING INSTRUCTIONS
gross 1623 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

MO. DAY YR

Printed or typed full name and signature RW Lundy

☐ 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
DATE REC'D & ACCEPTED MO 2 DAY 10 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.

EPA ID NUMBER CAD014222450001

DATE RECEIVED & ACCEPTED MO 02 DAY 13 YR 84

Printed or typed full name and signature Steve Simpson STEVE SIMPSON

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

03/29/2000 "ORIGINAL MANIFEST COPY"