State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-74[illegible] Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
February 23, 1984

Ref. [illegible]

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

STATE ID NUMBER 83410704

GENERATOR NAME AND MAILING ADDRESS
MARQUARDT COMPANY
16555 Saticoy Street
Van Nuys, CA 91409
AREA CODE/PHONE NUMBER 818/989-6693

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD044696102

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

VEH. CONTAINER NO. | 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.

EPA ID NUMBER
CAD042245001

AREA CODE/PHONE NUMBER 213/698-0991

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 -ORM-E (FLUOROSOLV TF)	NA 9189	690	P	01	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM
Dust				
Metal chips				
Dust				
Oil				
Fluorosolv TF				

SPECIAL HANDLING INSTRUCTIONS
yield 235 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 G.R. [illegible] MO 02 DAY 28 YR 84

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY GENERATOR

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature [illegible] DATE REC'D & ACCEPTED MO 02 DAY 28 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 TRANSPORTER

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

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 [illegible] EPA ID NUMBER CAD042245001 DATE RECEIVED & ACCEPTED MO 03 DAY 02 YR 84

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