State of California – Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 [illegible] eet
Sac[illegible] A 95814

UNIFORM HAZARDOUS WASTE MANIFEST

OCTOBER 18, 1984

Department of Health Services
Shipper 13156
P.O.# 10317, 10321

STATE ID NUMBER 83410770

or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS
INTEGRATED NETWORKS (KITTY)
3181 Redhill Rd.
Costa Mesa, CA 92626

AREA CODE/PHONE NUMBER 714/641-9250

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000055111

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

VEH/CONTAINER NO: 42507
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.

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
Hazardous Waste, Liquid NOS - ORM-E (5120 SOLUTION)	NA9189	55	G	01	DM	211	01
[redacted]	[redacted]	[redacted]					

COMPONENTS
1,1,1 TRICHLOROETHANE, ISOPROPYL ALCOHOL,
TRICHLOROTRIFLOUROETHANE,
TRICHLOROFLOUROMETHANE

CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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 MIKE STEBBINS [signature]

MO 10 DAY 25 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
ISAAC Woods Jr
Printed or typed full name and signature Isaac Woods Jr.

DATE REC'D & ACCEPTED MO 10 DAY 25 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 [signature]
Printed or typed full name and signature

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 25 YR 84

FORM NO. DHS-8022A 11-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/13/2001 "ORIGINAL MANIFEST COPY"