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

17 F6

LABELS Requested

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10-22-1984

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

STATE ID NUMBER 83410773

GENERATOR NAME AND MAILING ADDRESS
ITT GENERAL CONTROLS
801 Allen Ave.
Glendale, CA 91201
AREA CODE/PHONE NUMBER Harold Richardson 818/842-6131

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD028247351
[redacted]

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

VEH./CONTAINER NO. 47507
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL COPR.
213/698-0[illegible]1
AREA CODE/PHONE NUMBER
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	UN 2831	4500	WT	07	D	M2 1 10	1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloroethane		90		
Water		5		
oil		5		

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.

Harold Richardson
Printed or typed full name and signature [signature]

MO 10 DAY 25 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
TIM BALTIERRA
Printed or typed full name and signature [signature]
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 TRANSPORTER

DISCREPANCY INDICATION SPACE

EXAMPLE

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.

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 10 DAY YR 84

Printed or typed full name and signature

FORM NO DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

05/31/2001 "ORIGINAL MANIFEST COPY"