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

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

STATE ID NUMBER 83410804

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
F.M. THOMAS A/C
231 GEMINI AV BREA

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAT010005880314

AREA CODE/PHONE NUMBER

TRANSPORTER NO 1
F.M. THOMAS A/C
231 GEMINI AV BREA

VEH./CONTAINER NO | EPA ID NUMBER
CAT010005880314

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 CA. 90608

EPA ID NUMBER
CAD042245101

AREA CODE/PHONE NUMBER

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 N.O.S. (R-11)	NA9189	500	P	003	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluoromethane	99	90		
Oil	10	1		
Water				

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

X Printed or typed full name and signature Brian Pace BRIAN PACE | MO 11 | DAY 02 | YR 89

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

X Printed or typed full name and signature Brian Pace BRIAN PACE | DATE REC'D & ACCEPTED MO 11 | DAY 02 | YR 89

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

Henry Solomon
Printed or typed full name and signature

EPA ID NUMBER CAD042245101

DATE RECEIVED & ACCEPTED MO 11 | DAY 02 | YR 89

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967