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

JULY 3, 1984

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

STATE ID NUMBER 83493808

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CAL-AIR
12484 WHITTIER BLVD
WHITTIER, CA 90602
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO. 1
CAL-AIR
VEH./CONTAINER NO.
EPA ID NUMBER

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 E. WHITTIER
WHITTIER, CA 90602
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 N.O.S. (R-113)	NA9189	00200	G	002	DM	21101	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROTRIFLUOROETHANE	99	95	X	
OIL	5	1	X	

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 Greg Vancil GREG VANCIL
Printed or typed full name and signature
MO 07 DAY 03 YR 84

☐ 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 Greg Vancil GREG VANCIL
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 07 DAY 03 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 Steve Simpson CAD042245001
Printed or typed full name and signature
DATE RECEIVED & ACCEPTED MO 07 DAY 03 YR 84

FORM NO DHS-8022A 1-1/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-87957

03/29/2000 "ORIGINAL MANIFEST COPY"