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

06/13/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83493917

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
KEY MECHANICAL SERVICE
10905 LAUREL AVE.
SANTA FE SPRINGS, CA. 90670
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
0AX000015016

TRANSPORTER NO. 1
KEY MECHANICAL SERVICE

VEH./CONTAINER NO.

EPA ID NUMBER
0AX000015011

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. 90602
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
0AD042245001

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- ORM-E (R-113)	NA9189	1800	P	004	DM	2110	

COMPONENTS	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

A. Lopez
Printed or typed full name and signature

MO. 06 DAY 13 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
A. Lopez D. LOPEZ 6-
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 6 DAY 13 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 omega chemical
Tim Baltierra T. Baltierra
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 06 DAY 14 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967