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

P.O. #334
Shipper #287868

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 83494191

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CALIFORNIA MART
110 E. 9th St.
Los Angeles, Ca. 90079
AREA CODE/PHONE NUMBER 633-6034

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000041129

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

VEH CONTAINER NO: 00042507
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.
EPA ID NUMBER: CAD042245001
AREA CODE/PHONE NUMBER 213/698-0991

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	700	P	03	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

Hazardous Waste Management Branch
MAY 08 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
yield 624 lbs

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 R W Lundy

MO 03 DAY 14 YR 84

RW Lundy 5/21/84

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Tim Baltierra
Printed or typed full name and signature
omega chemical
TIM BALTIERRA

DATE REC'D & ACCEPTED MO 03 DAY 14 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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 15 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

AUG-19-2003 14:36 DTSC HW GENERATOR INFO 916 255 4703 P.05/14