State of California—Health and Welfare Agency

P.O # 5909

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000015016 | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
KEY MECHANICAL
10905 Laurel Ave.,Santa Fe Springs, Ca. 90670

A. State Manifest Document Number: 84341565

B. State Generator's ID: CAX000015016

4. Generator's Phone (213) 944-0226

5. Transporter 1 Company Name: KEY MECHANICAL
6. US EPA ID Number: CAX000015016

C. State Transporter's ID

D. Transporter's Phone: 213/944-0226

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S, ORM-E NA 9189 (R-11)	7	DM	1400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: ANGEL LOPEZ | Signature: [signature] | Date: Month 2 Day 2 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ANGEL LOPEZ | Signature: [signature] | Date: Month 2 Day 2 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space
None

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: DAVID O'NEAL | Signature: [signature] | Date: Month 02 Day 02 Year 85

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
TO: P.O. Box 3000, Sacramento, CA 95812

DHS 8022 A (7/84)
(EPA 8700-22)

84 80541

06/13/2001 "ORIGINAL MANIFEST COPY"