...ALLAN LITTMAN, DRIVER IS TO ASK FOR PAT LONG AT EXC. 2497

...of California - Health and Welfare Agency
...ZARDOUS WASTE MANAGEMENT BRANCH
...P Street
...ramento, CA 95814

Department of Health Services
P.O.# 22284

UNIFORM HAZARDOUS WASTE MANIFEST

June 9, 1983

STATE ID NUMBER 8 3029906

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS — CAll Before picking up. C Mendoza

ALLEGRETTI COMPANY (Paul De Stafano)
9200 Mason Avenue
Chatsworth, CA 91311
AREA CODE/PHONE NUMBER 213/341-4800,x 35

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: C AD 0 0 95 5 94 3 6

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

VEH./CONTAINER NO.

EPA ID NUMBER: C AD 04 2 24 5 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH./CONTAINER NO.

EPA ID NUMBER: CA D0 4 2 24 5 0 01

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
~~OMEGA CHEMICAL CORP.~~
BKK
800 W. 15th St., Long Beach, CA 90831
AREA CODE/PHONE NUMBER ~~213/698-0991~~

EPA ID NUMBER: C A D 04 2 24 5 0 01

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
METHYLENE CHLORIDE - ORM-A	UN 1593	650 ~~[illegible]~~	P ~~[illegible]~~	016	CM	211	01
(Ampules) Styrene Monomer	UN2055	1	GAL	61	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride 100%	100%			
Styrene Monomer 100%	100%			

SPECIAL HANDLING INSTRUCTIONS
DESPOSAL FEE

Hazardous Waste Management Branch
DEC 21 1983
California Department of Health Services
SACRAMENTO

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 [signature] — MO. 7 DAY 12 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED — MO. 7 ~~06~~ DAY 12 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO. DAY YR.

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 [signature]
Printed or typed full name and signature

EPA ID NUMBER: C A D0 4 2 24 5 0 01

DATE RECEIVED & ACCEPTED — MO. 06 DAY 27 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"