HAZARDOUS WASTE MANIFEST GENERATOR'S COPY

CALIFORNIA HAZARDOUS WASTE MANIFEST

Sacramento, CA 95814

Please print or type — FILE first copy in accordance with instructions

STATE ID NUMBER 83493873

GENERATOR NAME AND MAILING ADDRESS
DEPT. OF DOD
9137 ALBERT SANTA FE SPRINGS CA

EPA ID NUMBER
CA0000228891

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1 NAME AND ADDRESS
DEPT. OF DOD
9137 ALBERT SANTA FE SPRINGS CA

VEH. CONTAINER NO.

EPA ID NUMBER
CA0000228891

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 WHITTIER BL WHITTIER CA 90602

EPA ID NUMBER
CAD029436001

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.
WASTE TRICHLOROETHYLENE OCM-99	UN2831	100	G	001	DT	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROETHYLENE 1,1,1	100	50	%	

SPECIAL HANDLING INSTRUCTIONS
Gloves & Goggles

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 regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature: APRIL BAILEY

MO. 08 DAY 30 YR. 84

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: APRIL BAILEY

DATE RECD. IN ACCEPTED MO. 08 DAY 30 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE RECD. IN ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator certifies receipt of hazardous waste covered by this manifest except as noted in discrepancy indication space.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. 08 DAY 30 YR. 84

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

ISSUE SERVICE ORDER TO DOD WITHIN 10 DAYS

Page 1

HAZARDOUS WASTE ROUNDSLEDGE/MARCHI
714 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83493873

GENERATOR NAME AND MAILING ADDRESS
DELTA END
8137 ALLPORT SANTA FE SPRINGS CA

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAD041228891

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1
DELTA END
8137 ALLPORT SANTA FE SPRINGS CA

VEH./CONTAINER NO.

EPA ID NUMBER
CAD041228891

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 WHITTIER BL WHITTIER CA 90602

EPA ID NUMBER
CAD041224001

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.
WASTE TRICHLOROETHYLENE OCM-99	UN2831	100	G	001	GT	2V1	01

COMPONENT	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROETHYLENE	100	50	%	

SPECIAL HANDLING INSTRUCTIONS
Gloves & Goggles

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 regulations of the Department of Transportation and the EPA.

APRIL BAGLEY
Printed or typed full name and signature

MO. 08 DAY 30 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
APRIL BAGLEY
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 08 DAY 30 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTE

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: Confirmation of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space. Note: TSDF must enter EPA ID number.

Name of owner or operator

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. 08 DAY 30 YR. 84

Name of owner or operator's agent

TSDF SENDS ONE COPY TO PCB WITHIN 10 DAYS

FOR TSDF USE ONLY