generator_name	3M VISION CARE
lc_name:	3M Company
lc_calc_volume:	3.965 tons

manifest_number	manifest_quantity_ton
87119476	0.23285 tons
88293651	0.8757 tons
88615392	0.10425 tons
88615622	0.22101 tons
88675872	0.23352 tons
88676044	0.22518 tons
88676963	0.15846 tons
88677218	0.15012 tons
88677539	0.4587 tons
88681466	0.22101 tons
88681468	0.39198 tons
88683209	0.35028 tons
88683226	0.15429 tons
88683368	0.18765 tons

Form Approved OMB No 2050—0039 (Expires 9-30-88) 12-05-88

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

Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD981145591 8

Manifest Document No

2 Page 1 of 1

Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
3M VISION CARE
340 STORKE ROAD, GOLETA, CA 93117

4 Generator's Phone (805) 968-6000

A State Manifest Document Number: 87119476

B State Generator's ID

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6 US EPA ID Number: CAD042245001

C State Transporter's ID

D Transporter's Phone (213) 698-0991

7 Transporter 2 Company Name

8 US EPA ID Number

E State Transporter's ID 904880

F Transporter's Phone

9 Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10 US EPA ID Number

G State Facility's ID

H Facility's Phone

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 WASTE FLAMMABLE LIQUID N.O.S UN 1993 (D001) FLAMMABLE LIQUID "RQ"	001	DM	00055	G	State 213 / EPA/Other D001
b HAZARDOUS WASTE SOLID N.O.S NA 9189	002	L	00007	P	State / EPA/Other
c					State / EPA/Other
d					State / EPA/Other

J Additional Descriptions for Materials Listed Above
A) HEXAMETHYLDISILOXANE

K Handling Codes for Wastes Listed Above
a. b. c. d.

15 Special Handling Instructions and Additional Information
A) FOR RECYCLE. PROFILE # A10645
B) FOR DISPOSAL. MATERIAL IS IN 2-5/GALLON PAILS.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 12 06 88

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Gilbert Solomon — Signature: Gilbert Solomon — Month Day Year: 12 6 88

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19 Discrepancy Indication Space

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

Printed/Typed Name — Signature — Month Day Year

8022 A (1/87)
700—22

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

03/13/89 Shipper 19202

State of California Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981455418 Manifest Document No. 010012

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address CAL 005 019 [illegible] 01
3M Vision Care
340 Storke Rd., Goleta, CA 93117

4. Generator's Phone (805 968-6000

A. State Manifest Document Number 8 8293651

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 904878

D. Transporter's Phone 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001

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. Waste flammable liquid NOS UN 1993 (D001) Flammable Liquid "RQ"	001	DM	00021	G	State 343 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) Hexamethyldisiloxane

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
A) Recycle back to customer.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 04 04 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 04 04 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 04 04 89

GENERATOR — TRANSPORTER — FACILITY

8 8293651

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

07/28/2003 A

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 619 866
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
3M VISION CARE
340 STORKE RD., ,GOLETA CA, 93117

A. State Manifest Document Number: 88615392
B. State Generator's ID:

4. Generator's Phone (805) 968-6000

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110236
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	000015	G	State 214; EPA/Other F002
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 25 GALLONS

K. Handling Codes for Wastes Listed Above
a. 01.
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: R. Nelson — Signature: R Nelson — Month Day Year: 08/16/90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 08/16/90
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON. — Signature: N. Jay Solomon — Month Day Year: 08/16/90

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88615392

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter))

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL 000 019 888 — Manifest Document No. 000113
2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3-M VISION CARE
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone 805) 685-5781

A. State Manifest Document Number 88615622
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 110236
D. Transporter's Phone 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID, N.O.S un 1993 (HEXAMETHYL DISILOXANE) *FLAMMABLE LIQUID (D001) "RQ"	001	DM	000053	G	State 213 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 10116

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year 1 1 1 3 9 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year 1 1 1 3 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON — Signature: N. Jay Solomon — Month Day Year 1 1 1 3 9 0

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

88615622

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAL000019888 | Manifest Document No: 010004
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 Storke Rd., Goleta, CA 93116
4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88675872
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213/698-0991

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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid (D001) "RQ"	001	DM	010155	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid (D001) "RQ"	001	DM	001001	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) HEXAMETHLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
A) For recycle.
B) For disposal
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON | Signature: Paul Howson | Month Day Year: 110261819

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year: 110261819

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: frank ford | Signature: Frank Ford | Month Day Year: 110261819

Do Not Write Below This Line

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL: THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88675872

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

07/29/2003 A

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA L 0 0 0 01 9888 — Manifest Document No. 010101015

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE/3M
340 Storke Rd., Goleta, CA 93117

4. Generator's Phone (805 968-6000

A. State Manifest Document Number 88676044

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 078455

D. Transporter's Phone 213/698-0991

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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier CA 90602

10. US EPA ID Number: CAD 042 245 001

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. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid "RQ"	001	DM	000053	G	State 213 EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable liquid "RQ" EMPTY DRUM	001	DM	000001	G	State 213 EPA/Other D001
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
Note: (B) is an empty drum.
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Paul Howson — Signature: PAUL HOWSON — Month Day Year: 1/2/1989

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 1/2/1989

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature — Month Day Year: 1/2/1989

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 6-88) Previous editions are obsolete.

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

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676044

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 000 198888
Manifest Document No. 010110
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 Storke Rd., Goleta, CA 93117
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number 88676963
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012155
D. Transporter's Phone: 213/698-0351

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. Waste flamable liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable	019	DM	006318	G	State 214 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. D1
b.
c.
d.

15. Special Handling Instructions and Additional Information

Profile No. A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 05 17 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 05 17 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 05 17 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676963

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD 000 019 888
Manifest Document No: 00011

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address:
3M VISION CARE
340 STORKE RD GOLETA, CA 93117

4. Generator's Phone: (805) 968-6000

A. State Manifest Document Number: 88677218

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 110236

D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD 012 245 001

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.	15. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	00036	G	State: 214 EPA/Other: F002
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above:
a. 01
b.
d.

15. Special Handling Instructions and Additional Information:
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JON S. KENT
Signature:
Month Day Year: 07 11 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials:
Printed/Typed Name: JAVIER HERNANDEZ
Signature:
Month Day Year: 07 11 90

18. Transporter 2 Acknowledgement of Receipt of Materials:
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space:

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19:
Printed/Typed Name: FRANK FORD
Signature:
Month Day Year: 07 11 90

88677218

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER: 1-800-424-8802 WITHIN CALIFORNIA CALL: 1-800-852-7550

GENERATOR

DHS 8022-A (1/88)
EPA 8700-22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/10/89

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL000019888 — Manifest Document No. 01001013 — 2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 9311,

4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88677539
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services — 6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 0103.34
D. Transporter's Phone: 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD 042 245 001
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	Waste No.
a. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyl disiloxane) Flammable Liquid	002	DM	001110	G	State 213 EPA D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
(A) HEXAMETHYLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. 01 b. c. d.

15. Special Handling Instructions and Additional Information
(A) FOR RECYCLE. PROFILE #A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 08/10/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 08/10/89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10/8/1989

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88677539

HWM 8700-22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/29/2003 A

0001 07 0046

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter)*

See instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL000198888 — Manifest Document No. 000014

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 93117

4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 38681466

B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 110236

D. Transporter's Phone: 213-698-0991

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 Recovery Services
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. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), * Flammable Liquid, UN 1993, (D001) RQ	01	DM	00052	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane) * Flammable Liquid, UN 1993, (D001) RQ	01	DM	00001	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
A. Emergency Contact: 612-733-6100
B. Carrier has emergency response information
C. Profile number B10116

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 10 21 1991

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10 21 1991

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: John Hayte — Signature — Month Day Year: 12 14 91

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

38681466

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-91)
Please print or type (Form designed for use on elite (12-pitch typewriter)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAL000001198816 — Manifest Document No: 01016
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 93117
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88681468
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245011
C. State Transporter's ID: 208457
D. Transporter's Phone: 213-698-0991

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 Recovery Services
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. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00053	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00028	G	State 213 / EPA/Other D001
c. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00013	G	State 213 / EPA/Other D001
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. 01 d.

15. Special Handling Instructions and Additional Information
A. Emergency contact: 612-733-6100.
B. Carrier has emergency response information.
C. 11 a,b,c - 3M Waste Stream #13-0017-1348-9.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 10 30 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10 30 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N JAY SOLOMON. — Signature: N Jay Solomon — Month Day Year: 10 30 91

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700-22
(Rev 9-88) Previous editions are obsolete

WHITE — SEND THIS COPY TO DOHS WITHIN 30 DAYS
P.O. Box 3000, Sacramento, CA 95812

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88681468

0000 0000 0160 0774

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter))

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88683209

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
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
VISION CARE/3M
340 STORKE RD., GOLETA, CA 9311
4. Generator's Phone (805- 968-6000

A. State Manifest Document Number: 88683209
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213 698-0991
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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	1	DM	00054	G	State 213 / EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	1	DM	00030	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d. 3-M					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 54 Gal Drum
B) 30 Gal Drum

K. Handling Codes for Wastes Listed Above
a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10/30/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10/30/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10/30/90

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

7/29/2003 A

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
Manifest Document No.: 00008
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE /3M
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88683226
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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	Waste No.
a. *WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	001	DM	00037	G	State 213 EPA/Other D001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 9
b.
c.
d.

15. Special Handling Instructions and Additional Information

PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 02 05 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 02 05 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 02 05 90

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683226

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C AL 00 00 19 033 — Manifest Document No. 000009
2. Page 1 of ___ — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Rd. Goleta, CA 93117
4. Generator's Phone (805 968-6000

A. State Manifest Document Number 88683368
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 012455
D. Transporter's Phone 213/698-0991

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 Recovery SErvices
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID CAD042245091
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. Waste flammable liquid NOS UN 1993 (Hexamethyldisiloxane) FLAMMABLE LIQUID	001	DM	00045	G	State 214 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.

15. Special Handling Instructions and Additional Information

Profile No. A10645

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of the 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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 03 14 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 03 14 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 03 14 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683368

DHS 8022 A (1/88)
EPA 8700--22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/29/2003 A

generator_name	3M VISION CARE
lc_name:	3M Company
lc_calc_volume:	3.965 tons

manifest_number	manifest_quantity_ton
87119476	0.23285 tons
88293651	0.8757 tons
88615392	0.10425 tons
88615622	0.22101 tons
88675872	0.23352 tons
88676044	0.22518 tons
88676963	0.15846 tons
88677218	0.15012 tons
88677539	0.4587 tons
88681466	0.22101 tons
88681468	0.39198 tons
88683209	0.35028 tons
88683226	0.15429 tons
88683368	0.18765 tons

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

Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD981145591 8

Manifest Document No

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
3M VISION CARE
340 STORKE ROAD, GOLETA, CA 93117

4 Generator's Phone (805) 968-6000

A. State Manifest Document Number: 87119476

B. State Generator's ID

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6 US EPA ID Number: CAD042245001

C. State Transporter's ID

D Transporter's Phone (213) 698-0991

7 Transporter 2 Company Name

8 US EPA ID Number

E. State Transporter's ID 904880

F. Transporter's Phone

9 Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

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 WASTE FLAMMABLE LIQUID N.O.S UN 1993 (D001) FLAMMABLE LIQUID "RQ"	001	DM	00055	G	State 213 / EPA/Other D001
b HAZARDOUS WASTE SOLID N.O.S NA 9189	002	1	00007	P	State / EPA/Other
c					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) HEXAMETHYLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15 Special Handling Instructions and Additional Information
A) FOR RECYCLE. PROFILE # A10645
B) FOR DISPOSAL. MATERIAL IS IN 2-5/GALLON PAILS.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 12 06 88

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Gilbert Solomon — Signature: Gilbert Solomon — Month Day Year: 12 6 88

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19 Discrepancy Indication Space

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

Printed/Typed Name — Signature — Month Day Year

GENERATOR

TRANSPORTER

1022 A (1/87)
700—22

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

03/13/89 Shipper 19202

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981455718 Manifest Document No. 010012

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address CAL 005 019 01
3M Vision Care
340 Storke Rd., Goleta, CA 93117

4. Generator's Phone (805 968-6000

A. State Manifest Document Number 8 8293651

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 904878

D. Transporter's Phone 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD 042 245 001

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. Waste flammable liquid NOS UN 1993 (D001) Flammable Liquid "RQ"	0014	DM	0102	1/10 G	State 343 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) Hexamethyldisiloxane

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
A) Recycle back to customer.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10 4 0 4 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 4 0 4 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10 4 0 4 8 9

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

8 8293651

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/28/2003 A

Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 856
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
3M VISION CARE
340 STORKE RD., ,GOLETA CA, 93117

A. State Manifest Document Number: 88615392
B. State Generator's ID:

4. Generator's Phone (805) 968-6000

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110236
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 994 994 5001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	00025	G	State 214 / EPA/Other F002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 25 GALLONS

K. Handling Codes for Wastes Listed Above
a. 01.
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: R. Nelson — Signature: R Nelson — Month Day Year: 08/16/90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 08/16/90
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year:

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON. — Signature: N. Jay Solomon — Month Day Year: 08/16/90

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88615392

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL 000 019 888 — Manifest Document No. 000113
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3-M VISION CARE
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone 805) 685-5781

A. State Manifest Document Number 88615622
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 110236
D. Transporter's Phone 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID, N.O.S un 1993 (HEXAMETHYL DISILOXANE) ~~*FLAMMABLE LIQUID~~ (D001) "RQ"	001	DM	00055	G	State 213 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 10116

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year 1 1 1 3 9 0

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year 1 1 1 3 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON. — Signature: N. Jay Solomon — Month Day Year 1 1 1 3 9 0

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

88615622

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 20-0-0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7.

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAL000019888 Manifest Document No: 010904
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 Storke Rd., Goleta, CA 93116
4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88675872
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213/698-0991

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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: (CAD) 042 245-001
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. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid (D001) "RQ"	001	DM	0101515	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid (D001) "RQ"	001	DM	0010001	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) HEXAMETHLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
A) For recycle.
B) For disposal
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10 02 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 02 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Frank Ford
Signature: Frank Ford
Month Day Year: 10 02 89

Do Not Write Below This Line

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88675872

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

07/29/2003 A

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA L 0 0 0 01 9888
Manifest Document No. 010101 5
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE/3M
340 Storke Rd., Goleta, CA 93117
4. Generator's Phone (805 968-6000

A. State Manifest Document Number 88676044
B. State Generator's ID
C. State Transporter's ID 013455
D. Transporter's Phone 213/698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid "RQ"	001	DM	000053	G	State 213 EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable liquid ~~EMPTY DRUM~~ "RQ"	001	DM	000001	G	State 213 EPA/Other D001
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
Note: (B) is an empty drum.
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Paul Howson
Signature: PAUL HOWSON
Month Day Year: 1/21/1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1/21/1989

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature
Month Day Year: 1/21/1989

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676044

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 8-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 000 198888
Manifest Document No. 010110
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 Storke Rd., Goleta, CA 93117
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88676963
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012155
D. Transporter's Phone: 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. Waste flamable liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable	0191	DM	000038	G	State 214 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. D1
b.
c.
d.

15. Special Handling Instructions and Additional Information

Profile No. A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 05 17 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 05 17 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 05 17 90

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676963

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
P.O. Box 806, Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 888
Manifest Document No.: 00011

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address:
3M VISION CARE
340 STORKE RD. GOLETA, CA 93117

4. Generator's Phone: (805) 968-6000

A. State Manifest Document Number: 88677218

B. State Generator's ID:

5a. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 110236

D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602

10. US EPA ID Number: CAD 042 245 001

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.	Types	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	010036	G	State 214 / EPA/Other D002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. 01 b.

15. Special Handling Instructions and Additional Information:
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JON S. KENT
Signature: [signature]
Month Day Year: 07 12 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 07 12 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD
Signature: [signature]
Month Day Year: 07 11 90

GENERATOR — TRANSPORTER — FACILITY

88677218

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

07/10/89

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL000019888 — Manifest Document No. 0100013
2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 9311,
4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88677539
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 0103 34
D. Transporter's Phone: 213/698-0991

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 Recovery Services, 12504 E. Whittier Blvd., Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyl disiloxane) Flammable Liquid	0102	DM	001110	G	State 213 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
(A) HEXAMETHYLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. 01 b. c.

15. Special Handling Instructions and Additional Information
(A) FOR RECYCLE. PROFILE #A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 10 8 1 0 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10 8 1 0 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10 8 1 0 8 9

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88677539

Do Not Write Below This Line

HS-9022-A (1/88)
(Rev. 8/88) 8700—22
(Rev. 9-86) Previous editions are obsolete.

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

07/29/2003 A

AUG 27 2004

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter)*

See instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CALD009198888 — Manifest Document No. 00014

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 93117

4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 38681466

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 110236

D. Transporter's Phone: 213-698-0991

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 Recovery Services
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. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), * Flammable Liquid, UN 1993, (D001) RQ	01	DM	000512	G	State 213; EPA/Other D001
b. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane) * Flammable Liquid, UN 1993, (D001) RQ	01	DM	000001	G	State 213; EPA/Other D001
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
A. Emergency Contact: 612-733-6100
B. Carrier has emergency response information
C. Profile number B10116

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 02 13 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 02 13 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOHN HAYTE — Signature — Month Day Year: 02 14 91

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

38681466

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL000011918816 — Manifest Document No. 000016
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 93117
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88681468
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: ~~[illegible]~~ 208451
D. Transporter's Phone: 213-698-0991

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 Recovery Services
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. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00053	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00028	G	State 213 / EPA/Other D001
c. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00013	G	State 213 / EPA/Other D001
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. 01 d.

15. Special Handling Instructions and Additional Information
A. Emergency contact: 612-733-6100.
B. Carrier has emergency response information.
C. 11 a,b,c - 3M Waste Stream #13-0017-1348-9.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 10 30 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10 30 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N JAY SOLOMON. — Signature: N Jay Solomon — Month Day Year: 10 30 91

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88681468

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9/88) Previous editions are obsolete

When DOH SENDS THIS COPY TO DOHS WITHIN 30 DAYS
to P.O. Box 3009, Sacramento, CA 95812

0000 0000 0160 0774

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter)*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88683209

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
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
VISION CARE/3M
340 STORKE RD., GOLETA, CA 93117
4. Generator's Phone (805- 968-6000

A. State Manifest Document Number: 88683209
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	1	DM	00054	G	State 213 / EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	1	DM	00030	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d. 3-M					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 54 Gal Drum
B) 30 Gal Drum

K. Handling Codes for Wastes Listed Above
a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10/30/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10/30/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10/30/90

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

7/29/2003 A

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
Manifest Document No.: 00008
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE /3M
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone 805-968-6000

A. State Manifest Document Number: 88683226
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 012455
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001

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	15. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	001	DM	00037	G	State 213 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 0
b.
c.
d.

15. Special Handling Instructions and Additional Information

PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 020590

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 020590

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 020590

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683226

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 190 038
Manifest Document No.: 00009
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Rd. Goleta, CA 93117
4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88683368
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213/698-0991

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 Recovery SErvices
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 042 245 091
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. Waste flammable liquid NOS UN 1993 (Hexamethyldisiloxane) FLAMMABLE LIQUID	001	DM	00045	G	State 214 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.

15. Special Handling Instructions and Additional Information
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 03 14 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 03 14 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 03 14 90

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683368

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/29/2003 A

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88) 12-05-88
Please print or type. (Form designed for use on elite (12-pitch typewriter))

Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD981145591 8
Manifest Document No:

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 STORKE ROAD, GOLETA, CA 93117

4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 87119476

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

C. State Transporter's ID:

D. Transporter's Phone: (213) 698-0991

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

E. State Transporter's ID: 907880

F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number:

G. State Facility's ID:

H. Facility's Phone:

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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (D001) FLAMMABLE LIQUID "RQ"	001	DM	00055	G	State 213 / EPA/Other D001
b. HAZARDOUS WASTE SOLID N.O.S NA 9189	002	1	00007	P	State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) HEXAMETHYLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
A) FOR RECYCLE. PROFILE # A10645
B) FOR DISPOSAL. MATERIAL IS IN 2-5/GALLON PAILS.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 12 06 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gilbert Solomon
Signature: Gilbert Solomon
Month Day Year: 12 6 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Month Day Year:

HS 8022 A (1/87)
PA 8700—22

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

05/17/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 888
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
3M VISION CARE
340 STORKE RD.,,GOLETA CA, 93[illegible]
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88815392
B. State Generator's ID:
C. State Transporter's ID: 110750
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD 041 994 500 01
H. Facility's Phone: 213 698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001

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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	00025	G	State 214 EPA/Other D002
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 25 GALLONS

K. Handling Codes for Wastes Listed Above
a. 01 b.
c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: R. Nelson
Signature: R Nelson
Month Day Year: 08/16/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 08/16/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 08/16/90

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88815392

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 888
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
3M VISION CARE
340 STORKE RD., GOLETA CA, 93117

A. State Manifest Document Number: 88615392
B. State Generator's ID:

4. Generator's Phone (805) 968-6000

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110890
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 041 994 500 01
H. Facility's Phone: 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	000015	G	State 214 EPA/Other F002
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 25 GALLONS

K. Handling Codes for Wastes Listed Above
a. 01 b.
c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated, to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: R. Nelson
Signature: R Nelson
Month Day Year: 08/16/90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 08/16/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 08/16/90

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88615392

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 888
Manifest Document No.: 000111
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 STORKE RD., GOLETA, CA 93117
4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88677218
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110236
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 042245001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	000036	G	State 214; EPA/Other F002
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JON S. KENT
Signature: [signature]
Month Day Year: 07/1/90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 07/1/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: [signature]
Month Day Year: 07/1/1990

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88677218

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

03/29/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
Manifest Document No.: 00008
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE /3M
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88683226
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	01	DM	00037	G	State 213; EPA/Other D001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. D1
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 02 05 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 02 05 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 02 05 90

GENERATOR

88683226

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

06/05/2001 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA L 0 0 0 01 9888 | Manifest Document No. 010015

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE/3M
340 Storke Rd., Goleta, CA 93117

4. Generator's Phone (805 968-6000

A. State Manifest Document Number 88676044

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 078455

D. Transporter's Phone 213/698-0991

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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier CA 90602

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD042245991

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. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid "RQ"	001	DM	000053	G	State 213 EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable liquid "RQ" EMPTY DRUM	001	DM	000001	G	State 213 EPA/Other D001
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
Note: (B) is an empty drum.
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Paul Howson | Signature: PAUL HOWSON | Month Day Year: 1/2/1989

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year: 1/2/1989

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature | Month Day Year: 1/2/1989

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676044

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 8-88) Previous editions are obsolete.

Do Not Write Below This Line

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

Manifest Summary

generator_name	3M VISION CARE
lc_name:	3M Company 9
lc_calc_volume:	3.965 tons

manifest_number	manifest_quantity_ton
87119476	0.23285 tons
88293651	0.8757 tons
88615392	0.10425 tons
88615622	0.22101 tons
88675872	0.23352 tons
88676044	0.22518 tons
88676963	0.15846 tons
88677218	0.15012 tons
88677539	0.4587 tons
88681466	0.22101 tons
88681468	0.39198 tons
88683209	0.35028 tons
88683226	0.15429 tons
88683368	0.18765 tons

Approved OMB No. 2050-0039 (Expires 5-31-88)

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

Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD981145591 8

Manifest Document No:

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
3M VISION CARE
340 STORKE ROAD, GOLETA, CA 93117

4 Generator's Phone (805) 968-6000

A. State Manifest Document Number: 87119476

B. State Generator's ID:

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID:

D Transporter's Phone: (213) 698-0991

7 Transporter 2 Company Name:

8 US EPA ID Number:

E. State Transporter's ID: 904880

F. Transporter's Phone:

9 Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10 US EPA ID Number:

G. State Facility's ID:

H. Facility's Phone:

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 WASTE FLAMMABLE LIQUID N.O.S UN 1993 (D001) FLAMMABLE LIQUID "RQ"	001	DM	000055	G	State 213 / EPA/Other D001
b HAZARDOUS WASTE SOLID N.O.S NA 9189	002		00007	P	State / EPA/Other
c					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) HEXAMETHYLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15 Special Handling Instructions and Additional Information
A) FOR RECYCLE. PROFILE # A10645
B) FOR DISPOSAL. MATERIAL IS IN 2-5/GALLON PAILS.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 12 06 88

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gilbert Solomon
Signature: Gilbert Solomon
Month Day Year: 12 6 88

18 Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Month Day Year:

GENERATOR

TRANSPORTER

1022 A (1/87)
700—22

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

03/13/89 Shipper 19202

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981455718 Manifest Document No. 010012
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address CAL 005 019 ... 01
3M Vision Care
340 Storke Rd., Goleta, CA 93117
4. Generator's Phone (805 968-6000

A. State Manifest Document Number 8 8293651
B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 904878
D. Transporter's Phone 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. Waste flammable liquid NOS UN 1993 (D001) Flammable Liquid "RQ"	004	DM	0002	1/10 G	State 343 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) Hexamethyldisiloxane

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
A) Recycle back to customer.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 04 04 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 04 04 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 04 04 89

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

8 8293651

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

07/28/2003 A

Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 866
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
3M VISION CARE
340 STORKE RD, , GOLETA CA, 93117

4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88615392
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110236
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 094 994 500 01
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	00025	G	State 214 / EPA/Other F002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 25 GALLONS

K. Handling Codes for Wastes Listed Above
a. 01.
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: R. Nelson
Signature: R Nelson
Month Day Year: 08/16/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 08/16/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 08/16/90

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88615392

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
Manifest Document No.: 000113
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3-M VISION CARE
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone: 805) 685-5781

A. State Manifest Document Number: 88615622
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110236
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID, N.O.S un 1993 (HEXAMETHYL DISILOXANE) *FLAMMABLE LIQUID (D001) "RQ"	001	DM	00055	G	State 213 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 10116

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 1 1 1 3 9 0

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1 1 1 3 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON
Signature: N. Jay Solomon
Month Day Year: 1 1 1 3 9 0

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

88615622

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAL000019888 Manifest Document No: 010004

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 Storke Rd., Goleta, CA 93116

4. Generator's Phone: 805 968-6000

A. State Manifest Document Number: 88675872

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 012455

D. Transporter's Phone: 213/698-0991

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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD 042 245 001

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. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid (D001) "RQ"	001	DM	0010515	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid (D001) "RQ"	001	DM	0010001	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) HEXAMETHLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. d.

15. Special Handling Instructions and Additional Information
A) For recycle.
B) For disposal
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10 02 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 02 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Frank Ford
Signature: Frank Ford
Month Day Year: 10 02 89

Do Not Write Below This Line

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88675872

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

07/29/2003 A

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA L 0 0 0 01 9888 | Manifest Document No. 010015 | 2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE/3M
340 Storke Rd., Goleta, CA 93117

4. Generator's Phone (805 968-6000

A. State Manifest Document Number 88676044

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES | 6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 018455

D. Transporter's Phone: 213/698-0991

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 RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier CA 90602

10. US EPA ID Number: CAD 042 245 001

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. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable Liquid "RQ"	001	DM	000053		State 213 / EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable liquid "RQ" EMPTY DRUM	001	DM	0000001	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
Note: (B) is an empty drum.
Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Paul Howson | Signature: PAUL HOWSON | Month Day Year: 1/21/1989

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year: 1/21/1989

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature: [signature] | Month Day Year: 1/21/1989

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676044

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 000 198888 — Manifest Document No. 010110

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M VISION CARE
340 Storke Rd., Goleta, CA 93117

4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88676963

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES — 6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 012155

D. Transporter's Phone: 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD 042 245 001

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. Waste flamable liquid N.O.S. UN 1993 (Hexamethyldisiloxane) Flammable	019	DM	006318	G	State 214 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. D1 b. c. d.

15. Special Handling Instructions and Additional Information

Profile No. A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 05 17 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 05 17 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 05 17 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88676963

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
P.O. Box 806, Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 000 019 888
Manifest Document No.: 000111
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address:
3M VISION CARE
340 STORKE RD. GOLETA, CA 93117
4. Generator's Phone: (805) 968-6000

A. State Manifest Document Number: 88677218
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110236
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 012245001
H. Facility's Phone: 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Types	13. Total Quantity	14. Unit Wt./Vol.	15. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (HEXAMETHYLDISILOXANE)	001	DM	00036	G	State 214 / EPA/Other F002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above: a. 01

15. Special Handling Instructions and Additional Information:
PROFILE NUMBER A 10645

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 government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JON S. KENT
Signature:
Month Day Year: 07 12 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature:
Month Day Year: 07 12 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space:

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19:
Printed/Typed Name: FRANK L. FORD
Signature:
Month Day Year: 07 11 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER: 1-800-424-8802 WITHIN CALIFORNIA CALL (800) 852-7550

88677218

DHS 8022A (1/88)
EPA 8700-22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/10/89

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL000019888 — Manifest Document No. 01001013
2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 9311,

4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88677539
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CA D 0 4 2 245 001
C. State Transporter's ID: 010384
D. Transporter's Phone: 213/698-0991

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 Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
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	Waste No.
a. Waste Flammable Liquid N.O.S. UN 1993 (Hexamethyl disiloxane) Flammable Liquid	002	DM	001110	G	State 213 EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
(A) HEXAMETHYLDISILOXANE

K. Handling Codes for Wastes Listed Above
a. 01 b. c. d.

15. Special Handling Instructions and Additional Information
(A) FOR RECYCLE. PROFILE #A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 08/10/89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10/10/89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10/10/89

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

88677539

HS-8022 A (1/88)
VB700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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

07/29/2003 A

8901 27 0046

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter)*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL000019888 — Manifest Document No. 00014

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 93117

4. Generator's Phone (805) 968-6000

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001

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

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001

A. State Manifest Document Number: 38681466
B. State Generator's ID
C. State Transporter's ID: 110236
D. Transporter's Phone: 213-698-0991
E. State Transporter's ID
F. Transporter's Phone
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. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), * Flammable Liquid, UN 1993, (D001) RQ	01	DM	00052	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane) * Flammable Liquid, UN 1993, (D001) RQ	01	DM	00001	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
A. Emergency Contact: 612-733-6100
B. Carrier has emergency response information
C. Profile number B10116

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON — Signature: Paul Howson — Month Day Year: 02 13 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 02 13 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: John Hatte — Signature — Month Day Year: 02 14 91

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

38681466

DHS 8022 A (1/88)
EPA 8700—22
(P... 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-91)
Please print or type (Form designed for use on elite (12-pitch typewriter))

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAL000001918816
Manifest Document No. 000016

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Road, Goleta, CA 93117

4. Generator's Phone (805) 968-6000

A. State Manifest Document Number: 88681468

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 208451

D. Transporter's Phone: 213-698-0991

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 Recovery Services
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. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00053	G	State 213 / EPA/Other D001
b. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00028	G	State 213 / EPA/Other D001
c. Waste Flammable Liquid, N.O.S., (Hexamethyldisiloxane), *Flammable Liquid, UN1993, (D001) RQ	001	DM	00013	G	State 213 / EPA/Other D001
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01 b. 01
c. 01 d.

15. Special Handling Instructions and Additional Information
A. Emergency contact: 612-733-6100.
B. Carrier has emergency response information.
C. 11 a,b,c - 3M Waste Stream #13-0017-1348-9.

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10 30 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 30 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N JAY SOLOMON.
Signature: N Jay Solomon
Month Day Year: 11 03 91

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88681468

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

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

10000 0000 0160 0774

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter)*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
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
VISION CARE/3M
340 STORKE RD., GOLETA, CA 9311
4. Generator's Phone (805- 968-6000

A. State Manifest Document Number: 88683209
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012455
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	1	DM	09054	G	State 213 / EPA/Other D001
b. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	1	DM	00030	G	State 213 / EPA/Other D001
c.					State / EPA/Other
d. 3-M					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) 54 Gal Drum
B) 30 Gal Drum

K. Handling Codes for Wastes Listed Above
a. 01 b. 01 c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 10/30/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10/30/90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10/30/90

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683209

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

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

7/29/2003 A

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 019 888
Manifest Document No.: 00008
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
VISION CARE /3M
340 STORKE RD.., GOLETA, CA 93117
4. Generator's Phone ~~805x~~ 805-968-6000

A. State Manifest Document Number: 88683226
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 01755
D. Transporter's Phone: 213 698-0991

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
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.
*WASTE FLAMMABLE LIQUID N.O.S UN 1993 (HEXAMETHYLDISILOXANE) FLAMMABLE LIQUID	001	DM	00037	G	State 213; EPA/Other D001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: a. 01; b.; c.; d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON
Signature: Paul Howson
Month Day Year: 020590

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 020590

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 020590

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683226

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A D 0 0 0 1 0 0 3 8 | Manifest Document No.: 0 0 0 0 9

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
3M Vision Care
340 Storke Rd. Goleta, CA 93117

4. Generator's Phone (805 968-6000

A. State Manifest Document Number: 88683368

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 012455

D. Transporter's Phone: 213/698-0991

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 Recovery SErvices
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD 0 4 2 2 4 5 T 0 9 1

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. Waste flammable liquid NOS UN 1993 (Hexamethyldisiloxane) FLAMMABLE LIQUID	001	DM	00045	G	State 214 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.

15. Special Handling Instructions and Additional Information

Profile No. A10645

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 government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: PAUL HOWSON | Signature: Paul Howson | Month Day Year: 03 14 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year: 03 14 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature | Month Day Year: 03 14 90

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88683368

DHS 8022 A (1/88)
EPA 8700--22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

07/29/2003 A