generator_name	ACTO KLEEN CO INC
lc_name:	Print Sales, Inc. 55
lc_calc_volume:	7.2717 tons

manifest_number	manifest_quantity_ton
83029691	0.22518 tons
83053478	2.2935 tons
83678164	1 tons
83678193	1.251 tons
84281546	0.4587 tons
84281582	0.1668 tons
84341463	1.8765 tons

Name of Department, Branch and Mailing Address
HAZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
Sacramento, CA 95814

March 7, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# W0416114
Shipper#11026

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

STATE ID NUMBER 83029691

GENERATOR NAME AND MAILING ADDRESS
ACTO-KLEEN
7869 PARAMOUNT BLVD.
PICO RIVERA, CA. 90680
AREA CODE/PHONE NUMBER 723-5111

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAD095631719
SMALL GENERATOR

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH./CONTAINER NO. | EPA ID NUMBER
CADO 42245001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO. | EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
213/698-0991
AREA CODE/PHONE NUMBER

EPA ID NUMBER
CAD042245001

TO BE FILLED IN BY GENERATOR

PROPER U.S.D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISP. METH.
Fluorosolv TMS NOOS	NONE	57	Gals	1	DM	21	01
~~[illegible]~~ ~~NOOS~~	~~NONE~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~		

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
Fluorosolv TMS	95	5	%	

SPECIAL HANDLING INSTRUCTIONS
1 Full TMS
72 hrs

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature

MO. 3 DAY 07 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 3 DAY 07 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in discrepancy indication space above. Note: TSDF must complete waste number. See instructions

Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER
CA ID0 42245

DATE RECEIVED & ACCEPTED
YR. 83

TSDF SENDS THIS COPY TO GENERATOR

06/12/2001 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Shipper 12504
P.O. 8238

STATE ID NUMBER 83053478

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
ACTO KLEEN CO
PO Box 278
Pico Rivera CA 90660
AREA CODE/PHONE NUMBER 213 723-5111

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA D0 19 56 31 17 19

TRANSPORTER NO. 1
ACTO KLEEN CO
7869 Paramount Blvd
Pico Rivera CA 90660

VEH./CONTAINER NO. 105 112 0 102
EPA ID NUMBER CA D0 19 56 31 17 19

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSDF) FACILITY
OMEGA CHEMICAL
12504 E Whittier Blvd
Whittier CA
AREA CODE/PHONE NUMBER 213 698-3547

EPA ID NUMBER CA D0 42 0 41 50 011

PROPER U.S.D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP. METH.
WASTE TRICHLOREETHYLENE-EA-RQ 1000/454	UN1710	1510	G	010	DM	2111	011

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS
TCE YIELD 349 GALS WASTE 36.4 GALS.
PERC YIELD 24.1 GALS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

DOLORES DECKER
Printed or typed full name and signature Dolores Decker
MO. 04 DAY 12 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
RICHARD LIPTON
Printed or typed full name and signature Richard Lipton
DATE REC'D & ACCEPTED MO. 4 DAY 13 YR. 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

TIM BATTERA
Printed or typed full name and signature T. Batterra
EPA ID NUMBER CA D982245091
DATE RECEIVED & ACCEPTED MO. 04 DAY 13 YR. 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency
TOXIC SUBSTANCES CONTROL DIVISION
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS 8022 (3-84)

Department of Health Services

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

STATE ID NUMBER 83678164

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Acto Kleen
PO Box 278
Pico Rivera CA 90660
AREA CODE/PHONE NUMBER 213 723-5111

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CIA D0 9 56 3 17 1 9

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
Acto Kleen
PO Box 278
Pico Rivera CA 90660

VEH./CONTAINER NO. 101 91 120 102
EPA ID NUMBER CIA D0 9 56 3 17 1 9

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO.
EPA ID NUMBER
AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical
12504 E Whittier Blvd
Whittier CA 213 698-3547
AREA CODE/PHONE NUMBER
EPA ID NUMBER CIA D0 A2 2 450 01

PROPER U.S. D.O.T SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISP METH
HAZARDOUS WASTE LIQUID NO S	NA 9189	Approx. 2000	P lbs	015	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUORMETHANE	100	90	X	
OIL				

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Dolores Decker
Printed or typed full name and signature Dolores L Decker

MO. 08 DAY 07 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
RICHARD LIPTON
Printed or typed full name and signature Richard Lipton
DATE REC'D & ACCEPTED MO. 08 DAY 09 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
STEVE SIMPSON Steve Simpson
Printed or typed full name and signature
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency

TOXIC SUBSTANCES CONTROL DIVISION
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

Department of Health Servi

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

STATE ID NUMBER 83678193

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Acto Kleen
PO Bx 278
Pico Rivera CA 90660
AREA CODE/PHONE NUMBER 213 723-5111

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD009563171 9

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
same as generator

VEH./CONTAINER NO 05 12 01 02
EPA ID NUMBER CAD095630171

TRANSPORTER NO 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO
EPA ID NUMBER
AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical
12504 E Whittier Blvd
Whittier CA
AREA CODE/PHONE NUMBER 213 698-3547
EPA ID NUMBER CAD042245091

PROPER U S D O T SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT. NO
1 HAZARDOUS WASTE LIQUID N.O.S ORM-E ~~WASTE TRICHLOROFLUORETHANE T F~~ (TF)	NA9189	13000	G	006	DM	21 1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %
1.1 TRICHLOROTRIFLUORO ETHANE	99	95	X
1.2 OIL	3	1	X
1.3 RESIN	2	0	X

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Dolores Hecker
Printed or typed full name and signature Dolores Hecker

MO 10 DAY 29 Y 8

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Richard Lipton
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO DAY Y

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indicated space above Note: TSDF must complete waste number See instructions.

OMEGA CHEMICAL
TIM BALTIERRA
Printed or typed full name and signature Tim Baltierra

EPA ID NUMBER CAD042245091

DATE RECEIVED & ACCEPTED MO 10 DAY 30 Y 8

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 095631719 — 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
Acto Kleen
PO Box 278
Pico Rivera, CA 90660

4. Generator's Phone (213) 723-5111

5. Transporter 1 Company Name: Omega Chemical

6. US EPA ID Number: CAD042245001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Omega Chemical
12504 Whittier Blvd
Whittier CA 90604

10. US EPA ID Number: CAD042245001

A. State Manifest Document Number: 8428546
B. State Generator's ID: CAD 095631719
C. State Transporter's ID: 55909
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

GENERATOR

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. HAZARDOUS WASTE ~~XXXXX~~ LIQUID N.O.S. UN9189	002	DM	110	G	319
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 51

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DOLORES DECKER — Signature: Dolores Decker — Date (Month Day Year): 10/18/85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC WOODS, JR. — Signature: Isaac Woods Jr — Date (Month Day Year): 10/18/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (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: STEVE SIMPSON — Signature: Steve Simpson — Date (Month Day Year): 10/18/85

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD095631719 — 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
Acto Kleen Co.
P.O. Box 276
Pico Rivera, CA 90660 213 723-5111

4. Generator's Phone ( )

A. State Manifest Document Number 84281582
B. State Generator's ID

5. Transporter 1 Company Name: Omega Chemical
6. US EPA ID Number: CAD042245001
C. State Transporter's ID 55909
D. Transporter's Phone 213 698-0991

7. Transporter 2 Company Name: N/A
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical
12504 Whittier Blvd.
Whittier, CA 90604
10. US EPA ID Number: CAD042245001
G. State Facility's ID
H. Facility's Phone 213 698-0991

GENERATOR

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-FLUOROSOLV TF LIQUID N.O.S. UN 9189	2	DM	40	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information
N/C

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

Printed/Typed Name: Dolores Decker — Signature: Dolores Decker — Date (Month Day Year): 05 02 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard Lipton — Signature: Richard Lipton — Date (Month Day Year): 05 02 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name — Signature — Date (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: Henry Solomon — Signature: Henry Solomon — Date (Month Day Year): 5 13 85

8022 A (7/84)
8700-22)

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

84 89541

State of California—Health and Welfare Agency

March 21, 1985

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. cCAD 095 631 719
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
ACTO KLEEN
7869 So. Paramount Blvd., Pico Rivera, CA 91773

A. State Manifest Document Number 84341463

B. State Generator's ID CAD 095-631-719

4. Generator's Phone (213) 949-7849

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

C. State Transporter's ID 52319

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 CHEMICAL CORP.
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

GENERATOR

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 Methylene Chloride ORM-A UN 1593	4	DM	200	G	211
b. Waste xxxxxxxxxxxxxxxxxxxxxxxxxx Trichloroethylene ORM-A UN 1710	5	DM	250	G	211
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: S. Eisenman
Signature: S. Eisenman
Date: Month 3 Day 22 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month 3 Day 22 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Date: 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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 3 Day 22 Year 85

JW

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

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

84 80541