SDMS DOCID 2181749

September 17, 2007

Linda Ketellapper, SFD-7-5
U.S. Environmental Protection Agency, Region IX
Superfund Division
75 Hawthorne Street
San Francisco, California 94105

Parker Hannifin Corporation
6035 Parkland Boulevard
Cleveland, OH 44124-4141
Phone (216) 896-3000
FAX (216) 896-4032

Re: 104(e) Request for Information – Omega Superfund Site
Real Property at 11808 Burke Street, Santa Fe Springs, CA

Ms. Ketellapper,

This letter is in response to the U.S. EPA's 104(e) information request concerning the Omega Superfund Site and the real property located at 11808 Burke Street, Santa Fe Springs, California. Parker Hannifin Corporation (Parker) operated a Cylinder Division manufacturing facility at 11808 Burke Street Santa Fe Springs, California from 1971 to 1996. Parker's response to the inquiries contained in the information request are provided below:

1. *Identify all persons consulted in preparing the answers to these Information Requests.*

Jim Smith
Plant Manager
Cylinder Division
Parker Hannifin Corporation
1300 Six Flags Road
Lithia Springs, GA
770-819-3400

Mike Grace
Sr. EHS Auditor
Parker Hannifin Corporation
6035 Parkland Blvd.
Cleveland, Ohio 44124
216-896-3376

James Donchess
Assistant General Counsel
Parker Hannifin Corporation
6035 Parkland Blvd.
Cleveland, Ohio 44124
216-896-3295

2. *State whether you are currently operating at the Property or have in the past. Identify the dates of operation. If not the owner provide a copy of the leases.*

Parker Hannifin Corporation Cylinder Division leased the facility and was in operation at that location from 1971 when the facility was built until Parker ceased operations at that location in October 1996; the lease (Exhibit A1) expired in November 1996.

Parker Hannifin filed a Freedom of Information Act Request with California EPA Department of Toxic Substance Control to obtain a copy of the attached report from 1995 that answers the questions asked herein and supplies copies of the leases. (Exhibit A) Parker no longer maintains copies of the attachments to the 1995 request. On September 12, 2007, Parker received a response to the FOIA request and was informed that the CalEPA DTSC no longer maintains a copy of this report on file. (Exhibit A5)

Parker Hannifin also filed a Freedom of Information Act Request with the United States Environmental Protection Agency, Region IX requesting any and all information pertaining to this Property. Parker is still awaiting response to this request.

3. *If not currently operating at the Property, identify the current operators at the Property and provide dates such current operators began doing business at such address.*

Parker Hannifin Corporation has no knowledge of the current owners, operators, or operations that are taking place at that location. The only documentation that Parker has on-file is the attached report from 1995 to the California EPA Department of Toxic Substances (Exhibit A).

4. Provide a list of all employees who had knowledge of the use and disposal of hazardous substances at the Parker Hannifin Corporation facility at the Property during the entire time period that Parker Hannifin Corporation was associated with this facility:

- *(A) The employee's full name;*
- *(B) The employee's current or last known address(es) and telephone number(s), including the last known date on which you believe the address and telephone number was current;*
- *(C) The employee's Social Security Number;*
- *(D) Identify the entire time period that the employee worked at the facility; and*
- *(E) The position(s) the employee held with each business entity during his or her entire period of employment at the facility.*

Name/Title:	Jim Smith, Plant Manager
Business Address:	1300 Six Flags Road Lithia Springs, GA 30122
Business Phone:	770-819-3400
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal
SSN:	FOIA ex 6, Personal
Period at Site:	FOIA ex 6, Personal Privacy

Name/Title:	Eric Castaneda, Shipping & Receiving Clerk
Business Address:	221 Helicopter Circle Corona, CA 92880
Business Phone:	951-280-3800
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal
SSN:	FOIA ex 6, Personal Privacy
Period at Site:	FOIA ex 6, Personal Privacy

5. Identify and explain all business operations at the Property, including such information as the size of the facility, number of employees, dates of operation, product(s) manufactured and a description of the daily activities. In addition provide a scaled map of the facility, which includes the locations of significant buildings and features. Indicate the locations of any maintenance shops, hazardous material or waste storage area(s), machine shops, degreasers, liquid storage tanks, fuel tanks. Provide a physical description of the facility and identify the following:

- *(A) Surface structures (buildings, tanks, containment and/or storage areas, etc.)*
- *(B) Subsurface structures;.*
- *(C) Groundwater and dry wells, drilling log, dates, etc.;*
- *(D) Past and present stormwater drainage system and sanitary sewer system;;*
- *(E) Any and all additions, demolitions or changes of any kind to physical structures on, under or about the facility or to the property itself and dates;;*

(F) Indicate location of all waste storage or waste accumulation areas, waste disposal areas, and any other disposal locations. .

Parts A-E
The response to Question 9 in the attached Exhibit A provides the answers to the above listed questions Parts A-E.

Part F
The response to Question 7 of Exhibit A provides the answers to the above listed questions in Part F.

Attached is the site map. (Exhibit A2).

6. Have you ever or do you currently use, manufacture, produce, or generate any hazardous substances/materials/waste in the operations at the Property?:

(A) Identify the trade or brand name, chemical composition, and quantity used for each chemical or hazardous substance;
(B) Describe the process in which the hazardous substance was used, manufactured, generated or produced;
(C) The locations where each chemical or hazardous substance is or was used, stored and disposed of. Identify the kinds of wastes quantities and methods of disposal for each chemical of hazardous substance;
(D) Describe the waste streams from any process in which any such hazardous substance is, or was used, manufactured, generated, or produced;
(E) Provide copies of any permits of storage, treatment, or disposal of any waste stream from any process in which any hazardous substance is, or was used, manufactured, generated, or produced;
(F) Provide copies of all hazardous material business plans and chemical inventory forms (originals and updates) submitted to city, county and/or state agencies; and
(G) Provide copies of all manifests governing hazardous substances generated by your operations at the facility.

Part A-D
The response to Question 7 and 8 in the attached Exhibit A answers Parts A-D of this question and (Exhibit A3).

Part E
The response to Question 15 in the attached Exhibit A answers Part E of this question. The Parker facility at that location was issued EPA ID CAD981973357 for generation of hazardous waste. The facility also had been issued a permit to operate (PTO), permit to install (PTI) the evaporator unit (D77900) and spray paint booth (P48743).

Part F
Parker has no information responsive to this question other than that contained in the FOIA document requests.

Part G
Attached in (Exhibit A3) are copies of the waste manifests.

7. Provide copies of all technical or analytical environmental information, including, but not limited to, any known release of hazardous substances to any media (soil, water or air) and any data and documents related to soil, water (ground and surface), geology, hydrogeology, soil sampling, soil gas sampling or air quality on or at the Property. As part of your response, include any and all letters of enforcement from any regulatory agency concerning operations or events at the Property and inspection notes, citizen complaints, letters of enforcement from any regulatory agency and formal notices of violation.

Attached in (Exhibit A4) is a copy of the Clarifier Visual Inspection that was performed in February 1997. Parker has no copies and is not aware of any technical or analytical environmental information, or any known release of hazardous substances to media. Parker has no letters of enforcement, inspection notes, citizen complaints, letters of enforcement from any regulatory agency or formal notices of violation for the Property.

8. Provide copies of all information and documentation related to approval of any remediation or cleanup activities conducted during your ownership or operations at the property.

Parker has no copies of any information or documentation nor is aware of any activities relating to any remediation or cleanup conducted during our operations at the property.

Parker will supplement this letter with any additional, responsive information that it discovers in the future. If you have any questions concerning this response, please contact me at 216-896-3376 or at mgrace@parker.com.

Regards,

Mike Grace
Sr. EHS Auditor
PARKER-HANNIFIN CORP.

Attachments:
Exhibit A: Parker Hannifin letter to CalEPA dated March 14, 1995
Exhibit A1: Standard Industrial Lease-Net dated 1991 between Parker and the Rosenbergers
Exhibit A2: Parker Hannifin Cylinder Division layout dated March 2, 1993
Exhibit A3: Waste profile and manifests documentation
Exhibit A4: PSI letter to Parker Hannifin dated February 4, 1997 regarding a Clarifier Visual Inspection
Exhibit A5: DTSC letter to Parker Hannifin dated September 10, 2007 regarding FOIA request, US EPA letter to Parker Hannifin dated September 5, 2007 regarding FOIA request

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region IX
75 Hawthorne Street (OPA-2)
San Francisco, CA 94105

September 05, 2007

Mr. Michael Grace
Parker Hannifin Corporation
6035 Parkland Blvd
Cleveland, OH 90670

Freedom of Information Act (FOIA), 5 U.S.C. 552
Request #: 09-RIN-00625-07

Dear Mr.Grace:

Thank you for your FOIA request dated September 05, 2007 and received in this office on September 05, 2007, for records related to:

Parker Hannifin Corporation, Santa Fe Springs, CA

The Agency has twenty (20) working days to respond to your request, except when you have agreed to an alternate due date or unusual circumstances exist that would require an extension of time under 5 U.S.C. 552 (a) (6) (B).

We hope to respond to you soon. In the interim, please contact us if you have any questions about your request. Please cite your FOIA request number in all communications.

Sincerely,

Ivry Johnson
Freedom of Information Officer
Office of Public Affairs
(415) 947-4251
(415) 947-3591 Fax

Exhibit A:

Parker Hannifin letter to CalEPA dated March 14, 1995

Parker Hannifin Corporation
17325 Euclid Avenue
Cleveland, Ohio 44112
Phone (216) 531-3000
Telex 98-0636

VIA EXPRESS MAIL

Doug Suzuki
State of California
California Environmental Protection Agency
Department of Toxic Substance Control
1011 Grandview Avenue
Glendale, CA 91201

March 14, 1995

RE: PARKER-HANNIFIN'S MANUFACTURING SITE
SANTA FE SPRINGS, CALIFORNIA

Dear Mr. Suzuki:

Enclosed please find Parker-Hannifin's Response to the Information Request regarding the subject facility. Thank you for agreeing to the additional time for Parker to respond.

Please address all future correspondence to this matter to:

A. C. Brown
Sr. Environmental & Safety Field Representative
Parker-Hannifin Corporation
17325 Euclid Avenue
Cleveland, OH 44112-1290
Telephone: (216) 531-3000
Facsimile: (216) 481-0664

Very truly yours,

A. C. Brown
Sr. Environmental & Safety Field Representative

ACB/gah

cc: J. Smith
T. Meyer

SIGNATURE AND CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system design to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Thomas L. Meyer, Associate General Counsel
Name and Title (Typed)

Hazardous Substance Information Request
Parker-Hannifin Corporation
11808 Burke Street
Sante Fe Springs, CA 90670

1. Identify all persons who prepared or who were consulted in the preparation of the response to this Information Request.

Response:

The following Parker-Hannifin Corporation ("Parker") employees prepared or were consulted in preparing the answers to this Information Request:

Name/Title:	Jim Smith, Plant Manager, Cylinder Division
Business Address:	11808 Burke Street Sante Fe Springs, CA 90670
Business Phone:	310-698-0985
Home Address:	FOIA ex 6, Personal Privacy [redacted]
Home Phone:	FOIA ex 6, Personal [redacted]

Name/Title:	A.C. Brown, Sr. Environmental Health & Safety Field Rep.
Business Address:	17325 Euclid Avenue Cleveland, OH 44112-1290
Business Phone:	216-531-3000
Home Address:	FOIA ex 6, Personal Privacy [redacted]
Home Phone:	FOIA ex 6, Personal [redacted]

Name/Title:	Thomas L. Meyer, Associate General Counsel
Business Address:	17325 Euclid Avenue Cleveland, OH 44112-1290
Business Phone:	216-531-3000
Home Address:	[redacted]
Home Phone:	FOIA ex 6, Personal [redacted]

2. Identify each and every owner, operator, lessee, or sublessee of any portion of the Site known to you, and for each person so identified:

a) Identify all officers and directors of each owner, operator, lessee, or sublessee of the Site;
b) Describe the nature of the operations of each owner, operator, lessee, or sublessee at the Site;
c) Describe the portion of the Site owned, operated, leased by each such person; and
d) Identify the dates during which each portion was owned, operated, or leased by such person.

Response:

The current owners of the entire Site are:

Name: Adolf and Eleni Rosenberger (the "Rosenbergers")
Address: FOIA ex 6, Personal Privacy
Phone: Unknown

See attached Exhibit 2-1 (Standard Industrial Lease-Net dated November 19, 1991 between Parker and the Rosenbergers).

Previous owners of the entire Site were:

Name: Wayne and Patricia Kerbs (the "Kerbs")
Address: FOIA ex 6, Personal Privacy
Phone: FOIA ex 6, Personal Privacy

See attached Exhibit 2-2 (Standard Lease Agreement-Net dated May 26, 1986 between Parker and the Kerbs).

Name: William and Margaret Saltikov (the "Saltikovs")
Address: FOIA ex 6, Personal Privacy
Phone: Unknown

See attached Exhibit 2-3 (Standard Industrial Lease dated July 30, 1971 between Parker and the Saltikovs); Exhibit 2-4 (Acceptance and Amendment to Lease between Parker and the Saltikovs dated November 18, 1971); and Exhibit 2-5 (Lease Renewal between Parker and the Saltikovs executed May 27, 1976).

The lessee and operator of the entire Site is:

Name: Parker-Hannifin Corporation
Address: 17325 Euclid Avenue
Cleveland, OH 44112-1290
Phone: 216-531-3000

Construction of the Parker Cylinder Division plant (the "Plant") located at 11808 Burke Street, Stanta Fe Springs, CA (the "Site") was completed in December, 1971. Parker has been the sole lessee of the entire Site since 1971. The Plant manufactures and assembles air and hydraulic cylinders in a variety of bore sizes and mounting styles. These cylinders are used extensively in the machine tooling industry in numerous applications involving the use of fluid power. The various types of manufacturing techniques used at the Plant are: sawing, machining, spray painting, cleaning, assembly, and testing of the finished product. The cylinders produced at the Plant are made of a variety of different materials. The most common materials are steel bar stock, steel tubing, and aluminum tubing.

The Saltikovs were the owners of the Site at the time of the initial lease in 1971 to Parker until May 9, 1980 (See attached Exhibit 2-6, a letter from Federal Industrial Properties to Parker dated May 9, 1980 regarding change in ownership at the Site). The Krebs owned the Site from May 9, 1980 until sometime in 1990 (See attached Exhibit 2-7, a letter from Parker to the Kerbs dated May 15, 1990 regarding the proposed transfer in ownership of the Site). The Rosenbergers have owned the Site since sometime in 1990 until the present.

The officers and directors of Parker are identified on page 40 of attached Exhibit 2-8 (Parker's Annual Report to Shareholders for its fiscal year ended June 30, 1994).

3. Identify all past and present operations at the Site which have involved the generation, use, purchase, treatment, storage, disposal or other handling of hazardous substances. Include any known information on the operations of lessees.

Response:

There are six manufacturing operations at the Site which use or generate hazardous substances, as follows:

A. <u>MACHINING</u>

The machining operations at the Site include turning, boring, drilling, and tapping of material to design specifications. The hazardous substances used during these operations were petroleum based cutting oils and stoddard solvents.

The oil was used as both a lubricant and coolant during the manufacturing process from 1971 to 1983. From 1983 through the present, petroleum based cutting oil was replaced with water soluble cutting oil, which is not a hazardous substance. The solvent is used to remove the oil from finished machine parts. Stoddard solvent has been used at the Site from 1988 to the present.

B. <u>SPRAY PAINTING</u>

Finished products or specific components of a finished product are hand painted at the Site using a spray paint gun. From 1971 through 1989, solvent based paint was used in this process. The use of this paint required the use of paint thinners which contained toluene and xylene. Solvent paint was discontinued in 1989 and was replaced by water based coatings, which are still being used. There are no hazardous substances in the water based coating.

C. <u>AQUEOUS CLEANER</u>

After most of the parts have been machined to the required specification, they are processed through a three stage aqueous cleaner. This washing machine removes any oil and metal chips that may be deposited on the components after the machining operations. The cleaning is performed in three stages. In the first stage, the parts are sprayed with an alkaline detergent which contains less than 30% sodium hydroxide. In the second stage, the parts are spray rinsed with hot water to remove any detergent residue. In the final stage, the parts are sprayed with a rust inhibitor. The inhibitor used does not contain any hazardous substances. Aqueous cleaning with an alkaline detergent has been performed at this facility from 1986 to the present. Waste rinsewater and waste detergent is sent to an evaporator.

D. <u>SOLVENT DEGREASING</u>

From 1972 through 1976, the parts were cleaned in 1,1,1-trichloroethane by immersion in 5 gallon dip tanks. From 1976 through 1986 parts were cleaned with 1,1,1-trichloroethane in a 300 gallon vapor degreaser. From 1986 to the present, parts are cleaned by immersing them in a ten gallon dip tank of 1,1,1-trichloroethane.

E. ASSEMBLY

The piston and piston rod assembies used in the cylinder manufacturing at the Site are assembled by applying an adhesive bond on one of the components and then threading the two components together. To ensure the integrity of the bond, both components are dipped in 1,1,1-trichloroethane to remove any oil residue that may be on the parts from manufacturing or from handling by operators. This operation has been performed at the Site from 1971 to the present.

F. CYLINDER LEAK TESTING

Finished products are leak-tested prior to shipment. This test has been performed at the Site from 1971 to the present. The test is performed to ensure the product's integrity under specified operating pressures. During this test, the product is connected to a test stand and injected with a hydraulic oil. The spent hydraulic oil is a hazardous substance.

4. Identify all persons, including your current and former officers, employees and agents, who have knowledge, information or documents about the generation, use, purchase, treatment, storage, disposal or other handling of hazardous substances at or transportation of hazardous substances to or from the Site.

Response:

Name/Title:	Jim Smith, Plant Manager
Business Address:	11808 Burke Street Sante Fe Springs, CA 90670
Business Phone:	310-698-0985
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal Privacy

Name/Title:	Robert Roxlau, Manufacturing Manager
Business Address:	500 South Wolf Road Des Plaines, IL 60016-3198
Business Phone:	708-298-2400
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal Privacy

Name/Title:	Larry Blair, Assistant Plant Manager
Business Address:	11808 Burke Street Sante Fe Springs, CA 90670
Business Phone:	310-698-0985
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal Privacy

Name/Title:	Eric Castaneda, Shipping & Receiving Clerk
Business Address:	11808 Burke Street Sante Fe Springs, CA 90670
Business Phone:	310-698-0985
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal Privacy

Name/Title:	Ron Forentzen, Assembly & Test Operator
Business Address:	11808 Burke Street Sante Fe Springs, CA 90670
Business Phone:	310-698-0985
Home Address:	FOIA ex 6, Personal Privacy
Home Phone:	FOIA ex 6, Personal Privacy

5. Identify all hazardous substances which are or have been generated, used, stored, treated, disposed of or otherwise handled at the Site.

Response:

The hazardous substances used, generated, stored or handled at the Site by Parker since 1971 are as follows:

1,1,1-trichloroethane (1,1,1-TCA), propane gas, sodium hydroxide, stoddard solvent, solvent paint, stainless steel, tungsten carbide, toluene, xylene, and iron phosphate, and hydraulic oil.

6. Describe the nature, including the chemical content, characteristics, physical state and quantity of each hazardous substance identified in response to Question 5.

Response:

1,1,1-TCA

This material is purchased and used in a liquid state. The current chemical content is 95% 1,1,1-trichloroethane, 1% 1,2-butylene oxide, 2% 1,4-dioxane, and 2% nitromethane. The approximate average annual use of TCA over the past 24 years has been 1,260 gallons per year.

Propane Gas

This material is purchased and used in a liquid (compressed) state. The chemical content is 87% propane, 6% ethane, 5% propylene, and 2% butane. The approximate average annual use of propane gas over the past 24 years has been 160 gallons per year.

Sodium Hydroxide

This cleaner currently contains approximately 30% sodium hydroxide and 5% petroleum distillate. It is purchased in a liquid state, is diluted with water according to the manufacturer's recommendations, and is used in the liquid state. The annual usage since its introduction into the Plant has been approximately 420 gallons.

Stoddard Solvent

This material is purchased and used in a liquid state. The current chemical contents are 85% nonane, and 15% trimethylbenzene. The annual usage of stoddard solvent since it was introduced into the Plant has been approximately 120 gallons.

Solvent Paint

The paint was purchased and used as a liquid. The annual usage was approximately 78 gallons. No further information is available since the paint is no longer used at the Site.

Stainless Steel

Stainless steel is purchased and used in a solid form. The current chemical content is 68% iron, 17% chromium, 3% nickel, 3% copper. The approximate average annual use of stainless steel over the past 24 years has been 13,100 pounds per year.

Tungsten Carbide

Tungsten carbide is purchased and used in a solid form. The current chemical content is 70% tungsten carbide, 20% cobalt, 10% titanium carbide. The approximate average annual use of tungsten carbide over the past 24 years has been 150 pounds per year.

Toluene/Xylene

The paint thinner was purchased and used in a liquid state. The chemical content included toluene and xylene. The annual usage was approximately 20 gallons.

Iron Phosphate

This material was purchased and used in a liquid state. The chemical content was less than 15% phosphoric acid, less than 5% sodium fluoborate, and less than 5% sodium salt. The annual usage was 55 gallons.

Hydraulic Oil

This material is purchased and used in a liquid state. The current chemical content of virgin petroleum oil is 60 - 100% petroleum oil. Traces of lead, cadmium, and 1,1,1-TCE have been detected in spent hydraulic oil. The approximate average annual use of hydraulic oil over the past 24 years has been 268 gallons per year.

7. Describe how, when and where each hazardous substance identified in response to Question 5 was or is used, generated, stored, treated, transported, disposed of or otherwise handled at the Site.

Response:

1,1,1-TCA has been used at this facility from 1971 to the present. It is currently used in a 10 gallon dip tank as an immersion cleaner in the Plant assembly department. Virgin TCA is stored inside the Plant in a 130 gallon tank which is located on the shipping dock. Spent 1,1,1-TCA is stored in 55 gallon drums under the canopy storage area. It is shipped off-site as a F001 hazardous waste. At the present time, 1,1,1-TCA is purchased from Rho-Chem Corporation. They are also the company that transports and disposes of this substance when it becomes a waste.

From 1972 through 1976, 1,1,1-TCA was used to clean parts in 5 gallon dip tanks located by the band saw and assembly area. Both virgin and spent TCA were contained in 55 gallon drums. They were stored inside the plant on the shipping dock or outside where the canopy is now located. It was disposed of as a hazardous waste. Spent 1,1,1-TCA was transported and disposed of by Barron Blakesee. Barron Blakesee was also the company virgin TCA was purchased from.

From 1976 through 1986, 1,1,1-TCA was used to clean parts in a 300 gallon vapor degreaser. The vapor degreaser was located where the aqueous cleaner is today. The virgin solvent was stored in fifty-five gallon drums located by the shipping dock. Waste solvent was stored in fifty-five gallon drums. It was also stored on the shipping dock or outside where the canopy is now located. It was disposed as a hazardous waste. From 1978 through 1981 virgin and spent 1,1,1-TCA were transported and disposed of by Barron Blakesee. From 1981 through 1986 virgin and spent 1,1,1-TCA were transported and disposed of by Rho-Chem Corporation.

Stoddard Solvent has been used at this facility from 1988 to the present. It is used as a cleaner to remove oil and chips from components immediately after being machined. The stoddard solvent is currently used in three 15 gallon dip tanks which are located in various sections of the Plant. There is currently no other storage at the Plant. The virgin stoddard solvent for these tanks is purchased from Safety Kleen Corporation. Safety Kleen is also the transporter and disposer of spent stoddard solvent.

Propane Gas has been used at the Site from 1971 to the present. Propane gas is used to power industrial fork lifts. Two or three 5 gallon replacement tanks are kept on site and stored outside the facility adjacent to where the storage canopy is located.

The aqueous cleaner that contains sodium hydroxide has been in use from 1986 to the present. It is used to clean oil and chips from machined components in equipment located in the center of the manufacturing area. An extra 55 gallon drum of the cleaner is stored near the washer. Waste rinsewater and spent cleaner are taken to an evaporator located under the storage canopy. Prior to 1994, the waste generated from this stream was disposed of by hauling it off-site. It was transported and disposed of by Demehno Kerdoon of Compton, CA. This waste stream was listed as a non-hazardous waste.

Lacquer paint was used in the spray paint booth located inside the facility from 1971 to 1989. It was used to paint finished products to protect them from rusting. Virgin lacquer paint was purchased and mixed at the Parker facility located in Des Plaines, Illinois. From there it was shipped to this Site. The paints were stored inside the facility in a flammable materials cabinet.

Toluene and xylene components of a paint thinner were used to thin the solvent paint being applied to parts that were spray painted from 1971 through 1989. They were also used to clean the spray painting equipment. The thinning of the paint and cleaning of the spray painting equipment were all performed at the spray paint booth. These materials where stored inside the facility in a flammable materials cabinet.

Hazaroudous chemicals found in the iron phosphate process included phosphoric acid and sodium fluoborate. These chemicals were used in an aqueous cleaning system from 1986 through 1994 and were used to deposit a coating on parts for corrosion protection and paint adhesion. The chemicals were stored on pallets under the storage canopy which is located near the truck dock. Waste from this process was sent through the evaporator. Prior to the installation of the evaporator, this waste stream was hauled off-site by Demehno Kerdoon of Compton, CA.

Stainless steel is used in several of the components that are manufactured by the Plant. It has been used at the facility from 1971 to the present. It is stored on bar stock racks which are located throughout the facility. Any scrap generated from this process is stored in chip bins which are located under the storage canopy outside by the trucking dock. These chips were sold to a scrap dealer who in turn recycled them. The name of the that dealer is Asco Metals located in Santa Fe Springs, CA

Tungsten carbide is used in cutting tools in several of the manufacturing processes. It is stored in the Plant's tool crib.

Hydraulic oil has been used at the site from 1971 to the present in the 250 gallon capacity pressure test stand located in the center of the plant. It is used to pressurize finished cylinders when evaluating their integrity. Virgin hydraulic oil is stored in a 55 gallon dispensing tank located against the northeast wall in the plant. Virgin hydraulic oil has always been stored inside the Site. Spent hydraulic oil is stored in 55 gallon drums. For the past 5 years, it has been stored under the storage canopy. Prior to that, it was stored on the shipping dock or outside where the canopy is now located. Since 1991, the Site's spent hydraulic oil has been transported by and disposed of by Petroleum Recycling Corporation, Safety Kleen Corporation and Industrial Service Oil Inc.

8. For each hazardous substances identified in response to Question 5, provide any and all documentation relating to the generation, use, storage, treatment, or disposal of the hazardous substance at the Site, including but not limited to, lab analyses, material safety data sheets, manifests, bills of lading, operation or storage records, piping or tank integrity testing, and permits or licenses.

Response:

Documentation regarding each hazardous substance is provided as follows:

A. 1,1,1-TCA

Documentation for 1,1,1-TCA is provided in Exhibit 8-1 and includes:

- The most current material safety data sheet.
- Copies of the hazardous waste manifests from 1989 through 1994.

B. Stoddard Solvent

Documentation for stoddard solvent is provided in Exhibit 8-2 and includes:

- The most recent material safety data sheet.
- Copies of the hazardous waste manifests from 1992 through 1994.

C. Propane Gas

Documentation for propane gas is provided in Exhibit 8-3 and includes:

- A current material safety data sheet.

D. Sodium Hydroxide

Documentation for the sodium hydroxide is provided in Exhibit 8-4 and includes:

- A material safety data sheet for the alkaline cleaner used in the facility.
- Results from an analytical test for metals performed on the waste stream that contained spent sodium hydroxide.
- Results from an analytical test for volatile organic compounds performed on the waste stream that contained spent sodium hydroxide.

E. Toluene and Xylene

There is no available documentation regarding the former use of toluene and xylene in the facility. Also, there is no documentation regarding the use of the solvent based paint.

F. Iron Phosphate

Documentation for the iron phosphate is provided in Exhibit 8-5 and includes:

- The most current material safety data sheet.

G. Stainless Steel and Carbide

Documentation for both the stainless steel and carbide is provided in Exhibit 8-6 and includes:

- Material safety data sheets for each material.

H. Permits

Documentation of permits is provided in Exhibit 8-7 and includes:

- Acknowledgement of notification of hazardous waste activity.
- Acknowledgment of the renewal of the air permit for the waste water evaporator.
- Acknowledgment of the renewal of the air permit for the spray paint booth and solvents.

I. Hydraulic Oil

Documentation for hydraulic oil is provided in Exhibit 8-8 and includes:

- The most current material safety data sheet.
- Copies of the hazardous waste manifest (1991-1992).

9. Describe the physical characteristics of the Site, including but not limited to the following:

a) Surface structures (i.e., buildings, tanks, etc.)

b) Ground water wells;

c) Past and present storm drainage system, sanitary sewer system, and subsurface disposal fields; and

d) Any additions, demolitions or changes to physical structures on, under or about the Site, and the date on which such changes occurred.

Response:

The Plant is situated on Lot 12 of Tract Number 25540 in the city of Sante Fe Springs, California. The lot size is approximately 24,000 square feet. The Plant is a one-story masonry building. The building is roughly 11,640 square feet in size. 10,440 square feet of the building is used for manufacturing operations. The remainder is office space. Asphalt parking areas are located around the Plant.

There are no groundwater wells, underground storage tanks, or aboveground storage tanks at the Site. Storm water is drained from the Site on asphalt to a trench leading to the City's storm water sewer system. A canopy style storage shed, which was built in 1989, is located adjacent to the truck dock.

When the Plant was constructed in 1971, a two-stage eight hundred gallon oil/water separator was installed beneath a parking area in the front of the building. This unit is connected to the city's sanitary sewer system. It was used to collect waste mop water from a floor drain located inside the building. Waste rinse and wash water from the aqueous cleaning system were also discharged to this unit and the water from both of these streams would pass through the separator. The petroleum oil and any solids in the solution would remain in the separator. The effluent was discharged by gravity to the sanitary sewer. The oil/water separator was pumped out twice a year to remove accumulated oils and solid and this waste was disposed off-site. The discharge of mop water and waste rinsewater from the aqueous cleaning system to the oil/water separator was discontinued in 1989. They are now processed in the evaporator.

10. Provide copies of current and historical site maps, and/or aerial photographs of the Site and surrounding area, showing the location of buildings, pipes, tanks, and any other structure used for the generation, use, storage, treatment or disposal of hazardous substances.

Response:

A map of the Site is provided in Exhibit 10-1. An aerial photograph of the Site, taken in January 1995, is provided in Exhibit 10-2.

11. Provide all existing technical or analytical information relating to the Site, including but not limited to data and documents regarding soil, water, geology, hydrogeology, or air quality on and about the Site.

Response:

Parker is not aware of any existing technical or analytical information regarding soil, water, geology, hydrogeology, or air quality on and about the Site.

12. If you know or have reason to know of any on-going or planned monitoring or investigations of the soil, water, geology, hydrogeology or air quality on or about the Site, describe the nature and scope of the monitoring or investigations, and the person or person who are undertaking these investigations.

Response:

To the best of Parker's knowledge, there is no planned or on-going environmental monitoring or investigations at the Site at this time nor during any previous period during which Parker has been the lessee.

13. Describe all releases or threats of releases of any kind into the environment of any hazardous substances that have occurred or may occur at or from the Site, including but not limited to:

a) When such releases occurred or may occur;

b) How the releases occurred or may occur;

c) What hazardous substances were released or may be released;

d) What amount of each such hazardous substance was released;

e) Where such releases occurred or may occur;

f) Any and all activities undertaken in response to each such release or threatened release;

g) Any and all investigations of the circumstances, nature, extent or location of each such release or threatened release, including the results of any soil, water, or air testing that was undertaken; and

h) All persons with information relating to subparts a through g of this question.

Response:

To the best of Parker's knowledge, there have not been any releases or threats of releases of hazardous substances into the environment at the Site.

14. Provide documentation relating to each release identified in response to Question 13.

Response:

Not applicable.

15. Identify all permits issued for the storage, treatment or disposal of hazardous substances at the Site.

Response:

The Plant has been issued EPA identification number CAD981973357, which is required for generators of hazardous waste. The Plant has also been issued permits to operate (PTO) and permits to install (PTI) the evaporator unit (D77900) and spray paint booth (P48743).

16. Identify all insurance policies held by you during your period of ownership or occupancy, and for each policy identified provide:

a) The effective date of the policy;

b) The policy number;

c) The type of policy (i.e., comprehensive, general liability;

d) The name and address of the insurance company;

e) The amount of coverage under the policy; and

f) Any claim filed under the policy relating to coverage for environmental damages.

Response:

Parker objects to providing such information as such information is not relevant and is not likely to lead to relevant information.

17. Describe the acts or omissions of any persons, other than your employees, agents or those persons with whom you had a contractual relationship, that may have caused any release or threat of release of hazardous substances at the Site identified in response to Question 13.

Response:

Not applicable.

18. For each and every question contained herein, identify all documents consulted, examined or referred to in the preparation of the answer to the question, and provide true and accurate copies of all such documents.

Response:

Documents	Exhibits
Standard Industrial Lease-Net dated November 19, 1991 between Parker and the Rosenbergers	2-1
Standard Lease Agreement-Net dated May 26, 1986 between Parker and the Kerbs	2-2
Standard Industrial Lease dated July 30, 1971 between Parker and the Saltikovs	2-3
Acceptance and amendment to lease between Parker and the Saltikovs dated November 18, 1971	2-4
Lease renewal between Parker and the Saltikovs executed May 27, 1976	2-5
Letter from Federal Industrial Properties to Parker dated May 9, 1980 regarding change in ownership at the Site	2-6
Letter from Parker to the Kerbs dated May 15, 1990 regarding the proposed transfer in ownership of the Site	2-7
Parker's Annual Report to Shareholders for fiscal year ended June 30, 1994	2-8
Most current 1,1,1-TCA material safety data sheet (M.S.D.S.)	8-1a
Copies of 1,1,1-TCA hazardous waste manifest (1989-1994)	8-1b
Most recent stoddard solvent M.S.D.S.	8-2a
Copies of stoddard solvent hazardous waste manifest (1992-1994)	8-2b
Most current propane gas M.S.D.S.	8-3
M.S.D.S. for alkaline cleaner containing sodium hydroxide	8-4A
Analytical test results for metal on waste stream containing sodium hydroxide	8-4b
Analytical test results for V.O.C.'s on waste stream containing sodium hydroxide	8-4c
Most current iron phosphatizer M.S.D.S.	8-5

Documents	Exhibits
Most current stainless steel M.S.D.S.	8-6a
Most current carbide M.S.D.S.	8-6b
Acknowledgment of notification of hazardous waste activities E.P.A. hazardous waste number	8-7a
Air permit renewal acknowledgment for the wastewater evaporator	8-7b
Air permit renewal acknowledgment for the spray paint booth and solvent	8-7c
Copies of test stand oil hazardous waste manifest (1991-1992)	8-8a
Most current hydraulic oil M.S.D.S.	8-8b
Map of the Site	10-1
Aerial photograph of the Site.	10-2

Exhibit A1:

Standard Industrial Lease-Net dated 1991 between Parker and the Rosenbergers

ADDENDUM A

Paragraph 4. Lessee shall pay to Lessor as rent for the Premises, the sum of $4,888.80 per month for the initial 36 months of the lease term (i.e. December 1, 1991 to November 30, 1994).

Lessee shall pay to Lessor as rent for the Premises, the sum of $5,121.60 per month the last 24 months of the lease terms (i.e. December 1, 1994 to November 30, 1995).

Paragraph 7. Except for damage caused by the act or omission of Lessee, which damage shall be promptly repaired by Lessee, Lessor shall maintain in good condition the roof, foundation and the structural components of the roof, foundation and exterior walls.

Paragraph 48 - OPTION TO EXTEND. Lessor hereby grants to Lessee the option to extend the term of this Lease for a five year period commencing when the prior term expires upon each and all of the following terms and conditions:

(i) Lessee gives to Lessor, and Lessor actually receives, on a date which is prior to the date that the option period would commence (if exercised) by at least eight (8) and not more than ten (10) months, a written notice of the exercise of the option to extend this lease for said additional terms, time being of the essence. If said notification of the exercise of said option is not so given and received this option shall automatically expire;

(ii) The provisions of paragraph 39, including the provision relating to default of Lessee set forth in paragraph 39.4 of this lease are conditions of this option;

(iii) All of the terms ad conditions of this lease except where specifically modified by this option shall apply;

(iv) The monthly rent for each month of the option period shall be as agreed to by Lessor and Lessee.

Paragraph 49 - RIGHT OF FIRST REFUSAL. In the event of an offer acceptable to Lessor, or to Lessor's successor in interest, at any time or times during the original or extended term hereof, for the sale of the premises, the

_____

_____

Lessor shall give the Lessee written notice thereof and a copy of said offer including the name and address of the proposed purchaser; and Lessee shall have the option and right of first refusal for 5 days after receipt of such notice written, whether to elect to purchase on the terms of said offer.

Paragraph 50. Following execution of this agreement and in consideration of the lease the Lessor shall make the following improvements:

(i) build an addition to the interior office space in the building, consisting of approximately 280 square feet (about 14x20), with a drop ceiling, overhead storage and a new interior window and a new door. Tenant shall, at its own cost, install an HVAC system;

(ii) build a gate for the parking areas.

Said improvements shall be completed on or before May 1, 1992.

Paragraph 51. Lessee may terminate the lease pursuant to the following terms and conditions:

(i) Lessee may cancel the lease, effective on or after November 30, 1994 by giving notice as set forth herein;

(ii) Lessee must give to Lessor, and Lessor actually receive, not earlier than ten (10) months nor later than eight (8) months prior to the cancellation, Lessee's Notice of Cancellation;

(iii) If said Notice of Cancellation is not so given and received, the lease shall remain in full force and effect and Lessee shall remain liable for all rents due for a period of eight (8) months from the date of Lessor's receipt of Notice of Cancellation.

ADDENDUM B: PARAGRAPH 52

ADDENDUM TO
STANDARD INDUSTRIAL LEASE

Dated _____

By and Between Adolf & Eleni Rosenberger

and Parker Hannifin Corporation

Environmental Matters.

(1) Tenant's Covenants Regarding Hazardous Materials

A. Compliance with Environmental Laws. Tenant shall at all times and in all respects comply with all federal, state and local laws, ordinances and regulations ("Hazardous Material Laws") relating to industrial hygiene, environmental protection or the use, analysis, generation, manufacture, storage, disposal or transportation of any oil, flammable explosives, asbestos, urea formaldehyde, radioactive materials or waste, or other hazardous, toxic, contaminated or polluting materials, substances or wastes, including, without limitation, any "hazardous substances," "hazardous wastes." "hazardous materials" or "toxic substances" under any such laws, ordinances or regulations (collectively, "Hazardous Materials").

B. Hazardous Materials Handling. Tenant shall at its own expense procure, maintain in effect and comply with all conditions of any and all permits, licenses and other governmental and regulatory approvals required for Tenant's use of the Premises, including, without limitation, discharge of (appropriately treated) materials or wastes into or through any sanitary sewer serving the Premises. Except as discharged into the sanitary sewer in strict accordance and conformity with all applicable Hazardous Materials Laws, Tenant shall cause any and all Hazardous Materials removed from the Premises to be removed and transported solely by duly licensed haulers to duly licensed facilities for final disposal of such materials and wastes. Tenant shall in all respects handle, treat, deal with and manage any and all Hazardous Materials, in on under or about the Premises in total conformity with all applicable Hazardous Materials Laws and prudent industrial practices regarding management of such hazardous Materials. Upon expiration or earlier termination of the term of the Lease, Tenant shall cause all Hazardous Materials to be removed from the Premises and transported for use, storage or disposal in accordance and compliance with all applicable Hazardous Materials Laws. Tenant shall not take any remedial action in response to the presence of any Hazardous Materials in or about the Premises or any Building, nor enter into any settlement agreement, consent decree or other compromise in respect to any claims relating to any Hazardous Materials in any way connected with the Premises or any Building, without first notifying Landlord of Tenant's intention to do so and affording Landlord ample opportunity to appear, intervene or otherwise appropriately assert and protect Landlord's interest with respect thereto.

B. Notices. Tenant shall immediately notify Landlord in writing of: (i) any enforcement, cleanup, removal or other governmental or regulatory action instituted, completed or threatened pursuant to any Hazardous Materials Laws; (ii) any claim made or threatened by any person against Tenant, the Premises or any Building relating to damage, contribution, cost recovery compensation, loss or injury resulting from or claimed to result from any Hazardous Materials; and (iii) any reports made to any environmental agency arising out of or in connection with any Hazardous Materials in or removed from the Premises or any Building, including any complaints, notices, warnings or asserted violations in connection therewith. Tenant shall also supply to Landlord as promptly as possible, and in any event within five (5) business days after Tenant first receives or sends the same, with copies of all claims, reports, complaints, notices, warnings or asserted violations relating in any way to the Premises, either Building or Tenant's use thereof. Landlord shall have the right, upon reasonable notice, to audit Tenant's hazardous waste manifests reflecting the legal and proper disposal of all Hazardous Materials removed from the Premises.

(2) Indemnification of Landlord. Tenant shall indemnify, defend (by counsel reasonably acceptable to Landlord), protect, and hold Landlord, and each of Landlord's partners, employees, agents, attorneys, successors and assigns, free and harmless from and against any and all claims, liabilities, penalties, forfeitures, losses or expenses (including attorneys' fees) or death of or injury to any person or damage to any property whatsoever, arising from or caused in whole or in part, directly or indirectly, by (A) the presence caused by Tenant in, on, under or about the Premises or either Building or discharge in or from the Premises or either Building of any Hazardous Materials or Tenant's use, analysis, storage, transportation, disposal, release, threatened release, discharge or generation of Hazardous Materials to, in, on, under, about or from the Premises or either Building, or (B) Tenant's failure to comply with any Hazardous Materials Law. Tenant's obligations hereunder shall include, without limitation, and whether foreseeable or unforeseeable, all costs of any required or necessary repair, cleanup or detoxification or decontamination of the Premises or either Building, and the preparation and implementation of any closure, remedial action or other required plans in connection therewith, and shall survive the expiration or earlier termination of the term of the Lease. For purposes of the release and indemnity provisions hereof, any acts or omissions of Tenant, or by employees, agents, assignees, contractors or subcontractors of Tenant or others acting for or on behalf of Tenant (whether or not they are negligent, intentional, willful or unlawful) shall be strictly attributable to Tenant.

STANDARD INDUSTRIAL LEASE — NET

AMERICAN INDUSTRIAL REAL ESTATE ASSOCIATION

1. Parties. This Lease, dated, for reference purposes only, _____, 19 91, is made by and between Adolf Rosenberger and Eleni Rosenberger, husband and wife (herein called "Lessor") and ParkerHannifin Corporation, An Ohio Corporation (herein called "Lessee")

2. Premises. Lessor hereby leases to Lessee and Lessee leases from Lessor for the term, at the rental, and upon all of the conditions set forth herein, that certain real property situated in the County of Los Angeles State of California, commonly known as 11808 Burke Street, Santa Fe Springs and described as Lot 12 of tract 25540 in the City of Santa Fe Springs, as per map recorded in book 692 pages 65 to 68 inclusive of maps, in the office of the County Recorder; with a one story building approximately 11,640 sq. ft.

Said real property including the land and all improvements therein, is herein called "the Premises".

3. Term.

3 1 **Term.** The term of this Lease shall be for Five (5) years commencing on December 1, 1991 and ending on November 30, 1996 unless sooner terminated pursuant to any provision hereof

3 2 **Delay in Possession.** Notwithstanding said commencement date, if for any reason Lessor cannot deliver possession of the Premises to Lessee on said date, Lessor shall not be subject to any liability therefor, nor shall such failure affect the validity of this Lease or the obligations of Lessee hereunder or extend the term hereof, but in such case, Lessee shall not be obligated to pay rent until possession of the Premises is tendered to Lessee, provided, however, that if Lessor shall not have delivered possession of the Premises within sixty (60) days from said commencement date, Lessee may, at Lessee's option, by notice in writing to Lessor within ten (10) days thereafter, cancel this Lease, in which event the parties shall be discharged from all obligations hereunder, provided further, however, that if such written notice of Lessee is not received by Lessor within said ten (10) day period, Lessee's right to cancel this Lease hereunder shall terminate and be of no further force or effect.

3 3 **Early Possession.** If Lessee occupies the Premises prior to said commencement date, such occupancy shall be subject to all provisions hereof, such occupancy shall not advance the termination date, and Lessee shall pay rent for such period at the initial monthly rates set forth below

4. Rent. Lessee shall pay to Lessor as rent for the Premises, monthly payments of $ fully, in advance, on the 1st day of each month of the term hereof Lessee shall pay Lessor upon the execution hereof $ _____ as rent for _____

See ADDENDUM A PARAGRAPH 4

Rent for any period during the term hereof which is for less than one month shall be a pro rata portion of the monthly installment Rent shall be payable in lawful money of the United States to Lessor at the address stated herein or to such other persons or at such other places as Lessor may designate in writing

5. Security Deposit. Lessee shall deposit with Lessor upon execution hereof $ _____ as security for Lessee's faithful performance of Lessee's obligations hereunder If Lessee fails to pay rent or other charges due hereunder, or otherwise defaults with respect to any provision of this Lease, Lessor may use, apply or retain all or any portion of said deposit for the payment of any rent or other charge in default or for the payment of any other sum to which Lessor may become obligated by reason of Lessee's default, or to compensate Lessor for any loss or damage which Lessor may suffer thereby If Lessor so uses or applies all or any portion of said deposit, Lessee shall within ten (10) days after written demand therefor deposit cash with Lessor in an amount sufficient to restore said deposit to the full amount hereinabove stated and Lessee's failure to do so shall be a material breach of this Lease If the monthly rent shall, from time to time, increase during the term of this Lease, Lessee shall thereupon deposit with Lessor additional security deposit so that the amount of security deposit held by Lessor shall at all times bear the same proportion to current rent as the original security deposit bears to the original monthly rent set forth in paragraph 4 hereof Lessor shall not be required to keep said deposit separate from its general accounts If Lessee performs all of Lessee's obligations hereunder, said deposit, or so much thereof as has not theretofore been applied by Lessor, shall be returned, without payment of interest or other increment for its use, to Lessee (or, at Lessor's option, to the last assignee, if any, of Lessee's interest hereunder) at the expiration of the term hereof, and after Lessee has vacated the Premises No trust relationship is created herein between Lessor and Lessee with respect to said Security Deposit

6. Use.

6 1 **Use.** The Premises shall be used and occupied only for Manufacturing and Warehousing of Lessee's products and offices.

or any other use which is reasonably comparable and for no other purpose

6 2 **Compliance with Law.**

(a) Lessor warrants to Lessee that the Premises in its state existing on the date that the Lease term commences, but without regard to the use for which Lessee will use the Premises, does not violate any covenants or restrictions of record, or any applicable building code, regulation or ordinance in effect on such Lease term commencement date In the event it is determined that this warranty has been violated, then it shall be the obligation of the Lessor, after written notice from Lessee to promptly, at Lessor's sole cost and expense, rectify any such violation In the event Lessee does not give to Lessor written notice of the violation of this warranty within six months from the date that the Lease term commences, the correction of same shall be the obligation of the Lessee at Lessee s sole cost The warranty contained in this paragraph 6 2 (a) shall be of no force or effect if, prior to the date of this Lease, Lessee was the owner or occupant of the Premises, and, in such event, Lessee shall correct any such violation at Lessee's sole cost *provided it is not considered a capital improvement

(b) Except as provided in paragraph 6 2(a) Lessee shall at Lessee's expense, comply promptly with all applicable statutes, ordinances rules, regulations, orders, covenants and restrictions of record and requirements in effect during the term or any part of the term hereof, regulating the use by Lessee of the Premises Lessee shall not use nor permit the use of the Premises in any manner that will tend to create waste or a nuisance or, if there shall be more than one tenant in the building containing the Premises, shall tend to disturb such other tenants

6 3 **Condition of Premises.**

(a) Lessor shall deliver the Premises to Lessee clean and free of debris on Lease commencement date (unless Lessee is already in possession) and Lessor further warrants to Lessee that the plumbing lighting, air conditioning, heating, and loading doors in the Premises shall be in good operating condition on the Lease commencement date In the event that it is determined that this warranty has been violated, then it shall be the obligation of Lessor, after receipt of written notice from Lessee setting forth with specificity the nature of the violation, to promptly, at Lessor's sole cost, rectify such violation Lessee's failure to give such written notice to Lessor within thirty (30) days after the Lease commencement date shall cause the conclusive presumption that Lessor has complied with all of Lessor's obligations hereunder The warranty contained in this paragraph 6 3(a) shall be of no force or effect if prior to the date of this Lease, Lessee was the owner or occupant of the Premises

(b) Except as otherwise provided in this Lease, Lessee hereby accepts the Premises in their condition existing as of the Lease commencement date or the date that Lessee takes possession of the Premises, whichever is earlier, subject to all applicable zoning, municipal, county and state laws, ordinances and regulations governing and regulating the use of the Premises, and any covenants or restrictions of record, and accepts this Lease subject thereto and to all matters disclosed thereby and by any exhibits attached hereto Lessee acknowledges that neither Lessor nor Lessor s agent has made any representation or warranty as to the present or future suitability of the Premises for the conduct of Lessee s business

7. Maintenance, Repairs and Alterations. *except as provided in ADDENDUM A PARAGRAPH 7

7 1 **Lessee's Obligations.** Lessee shall keep in good order, condition and repair the Premises and every part thereof, structural and non structural, (whether or not such portion of the Premises requiring repair, or the means of repairing the same are reasonably or readily accessible to Lessee, and whether or not the need for such repairs occurs as a result of Lessee's use, any prior use, the elements or the age of such portion of the Premises) including, without limiting the generality of the foregoing, all plumbing, heating, air conditioning, (Lessee shall procure and maintain, at Lessee s expense, an air conditioning system maintenance contract) ventilating, electrical, lighting facilities and equipment within the Premises, fixtures, walls (interior and exterior), foundations, ceilings, roofs (interior and exterior), floors, windows, doors, plate glass and skylights located within the Premises, and all landscaping, driveways, parking lots, fences and signs located on the Premises and sidewalks and parkways adjacent to the Premises

7 2 **Surrender.** On the last day of the term hereof, or on any sooner termination, Lessee shall surrender the Premises to Lessor in the same condition as when received, ordinary wear and tear excepted, clean and free of debris. Lessee shall repair any damage to the Premises occasioned

by the installation or removal of Lessee's trade fixtures, furnishings and equipment Notwithstanding anything to the contrary otherwise stated in this Lease, Lessee shall leave the air lines, power panels, electrical distribution systems, lighting fixtures, space heaters, air conditioning, plumbing and fencing on the premises in good operating condition

7 3 **Lessor's Rights.** If Lessee fails to perform Lessee's obligations under this Paragraph 7, or under any other paragraph of this Lease, Lessor may at its option (but shall not be required to) enter upon the Premises after ten (10) days' prior written notice to Lessee (except in the case of an emergency, in which case no notice shall be required), perform such obligations on Lessee's behalf and put the same in good order, condition and repair, and the cost thereof together with interest thereon at the maximum rate then allowable by law shall become due and payable as additional rental to Lessor together with Lessee's next rental installment ADDENDUM A PARAGRAPH 7 and

7 4 **Lessor's Obligations.** Except for the obligations of Lessor under Paragraph 6 2(a) and 6 3(a) (relating to Lessor's warranty), Paragraph 9 (relating to destruction of the Premises) and under Paragraph 14 (relating to condemnation of the Premises), it is intended by the parties hereto that Lessor have no obligation, in any manner whatsoever, to repair and maintain the Premises nor the building located thereon nor the equipment therein, whether structural or non structural, all of which obligations are intended to be that of the Lessee under Paragraph 7 1 hereof Lessee expressly waives the benefit of any statute now or hereinafter in effect which would otherwise afford Lessee the right to make repairs at Lessor's expense or to terminate this Lease because of Lessor's failure to keep the premises in good order, condition and repair

7 5 **Alterations and Additions.**

(a) Lessee shall not, without Lessor s prior written consent make any alterations, improvements additions or Utility Installations in on or about the Premises except for nonstructural alterations not exceeding ~~$2,500~~ $10,000 in cumulative costs during the term of this Lease In any event whether or not in excess of $2,500 in cumulative cost, Lessee shall make no change or alteration to the exterior of the Premises nor the exterior of the building(s) on the Premises without Lessor s prior written consent As used in this Paragraph 7 5 the term "Utility Installation" shall mean carpeting, window coverings, air lines, power panels electrical distribution systems, lighting fixtures, space heaters, air conditioning, plumbing, and fencing Lessor may require that Lessee remove any or all of said alterations, improvements, additions or Utility Installations at the expiration of the term, and restore the Premises to their prior condition Lessor may require Lessee to provide Lessor, at Lessee's sole cost and expense, a lien and completion bond in an amount equal to one and one-half times the estimated cost of such improvements, to insure Lessor against any liability for mechanic's and materialmen s liens and to insure completion of the work Should Lessee make any alterations, improvements, additions or Utility Installations without the prior approval of Lessor, Lessor may require that Lessee remove any or all of the same

(b) Any alterations, improvements, additions or Utility Installations in, or about the Premises that Lessee shall desire to make and which requires the consent of the Lessor shall be presented to Lessor in written form, with proposed detailed plans If Lessor shall give its consent, the consent shall be deemed conditioned upon Lessee acquiring a permit to do so from appropriate governmental agencies, the furnishing of a copy thereof to Lessor prior to the commencement of the work and the compliance by Lessee of all conditions of said permit in a prompt and expeditious manner

(c) Lessee shall pay, when due, all claims for labor or materials furnished or alleged to have been furnished to or for Lessee at or for use in the Premises, which claims are or may be secured by any mechanics or materialmen s lien against the Premises or any interest therein Lessee shall give Lessor not less than ten (10) days notice prior to the commencement of any work in the Premises, and Lessor shall have the right to post notices of non-responsibility in or on the Premises as provided by law If Lessee shall in good faith, contest the validity of any such lien claim or demand, then Lessee shall, at its sole expense defend itself and Lessor against the same and shall pay and satisfy any such adverse judgment that may be rendered thereon before the enforcement thereof against the Lessor or the Premises, upon the condition that if Lessor shall require, Lessee shall furnish to Lessor a surety bond satisfactory to Lessor in an amount equal to such contested lien claim or demand indemnifying Lessor against liability for the same and holding the Premises free from the effect of such lien or claim In addition, Lessor may require Lessee to pay Lessor's attorneys fees and costs in participating in such action if Lessor shall decide it is to its best interest to do so

(d) Unless Lessor requires their removal, as set forth in Paragraph 7 5(a), all alterations, improvements, additions and Utility Installations (whether or not such Utility Installations constitute trade fixtures of Lessee), which may be made on the Premises, shall become the property of Lessor and remain upon and be surrendered with the Premises at the expiration of the term Notwithstanding the provisions of this Paragraph 7 5(d), Lessee's machinery and equipment, other than that which is affixed to the Premises so that it cannot be removed without material damage to the Premises, shall remain the property of Lessee and may be removed by Lessee subject to the provisions of Paragraph 7 2

8. Insurance Indemnity.

8 1 **Insuring Party.** As used in this Paragraph 8, the term "insuring party" shall mean the party who has the obligation to obtain the Property Insurance required hereunder The insuring party shall be designated in Paragraph 46 hereof. In the event Lessor is the insuring party, Lessor shall also maintain the liability insurance described in paragraph 8 2 hereof, in addition to, and not in lieu of, the insurance required to be maintained by Lessee under said paragraph 8 2, but Lessor shall not be required to name Lessee as an additional insured on such policy Whether the insuring party is the Lessor or the Lessee, Lessee shall, as additional rent for the Premises, pay the cost of all insurance required hereunder, except for that portion of the cost attributable to Lessor's liability insurance coverage in excess of $1,000,000 per occurrence If Lessor is the insuring party Lessee shall, within ten (10) days following demand by Lessor, reimburse Lessor for the cost of the insurance so obtained

8 2 **Liability Insurance.** Lessee shall, at Lessee's expense obtain and keep in force during the term of this Lease a policy of Combined Single Limit, Bodily Injury and Property Damage insurance insuring Lessor and Lessee against any liability arising out of the ownership, use, occupancy or maintenance of the Premises and all areas appurtenant thereto Such insurance shall be a combined single limit policy in an amount not less than $500,000 per occurrence The policy shall insure performance by Lessee of the indemnity provisions of this Paragraph 8 The limits of said insurance shall not, however, limit the liability of Lessee hereunder

8.3 **Property Insurance.**

(a) The insuring party shall obtain and keep in force during the term of this Lease a policy or policies of insurance covering loss or damage to the Premises, in the amount of the full replacement value thereof, as the same may exist from time to time, which replacement value is now $ 650,000, but in no event less than the total amount required by lenders having liens on the Premises, against all perils included within the classification of fire, extended coverage, vandalism, malicious mischief, flood (in the event same is required by a lender having a lien on the Premises), and special extended perils ("all risk" as such term is used in the insurance industry) Said insurance shall provide for payment of loss thereunder to Lessor or to the holders of mortgages or deeds of trust on the Premises The insuring party shall, in addition, obtain and keep in force during the term of this Lease a policy of rental value insurance covering a period of one year, with loss payable to Lessor, which insurance shall also cover all real estate taxes and insurance costs for said period A stipulated value or agreed amount endorsement deleting the coinsurance provision of the policy shall be procured with said insurance as well as an automatic increase in insurance endorsement causing the increase in annual property insurance coverage by 2% per quarter If the insuring party shall fail to procure and maintain said insurance the other party may, but shall not be required to, procure and maintain the same, but at the expense of Lessee If such insurance coverage has a deductible clause, the deductible amount shall not exceed $1,000 per occurrence, and Lessee shall be liable for such deductible amount

(b) If the Premises are part of a larger building, or if the Premises are part of a group of buildings owned by Lessor which are adjacent to the Premises, then Lessee shall pay for any increase in the property insurance of such other building or buildings if said increase is caused by Lessee's acts, omissions, use or occupancy of the Premises

(c) If the Lessor is the insuring party the Lessor will not insure Lessee's fixtures, equipment or tenant improvements unless the tenant improvements have become a part of the Premises under paragraph 7, hereof. But if Lessee is the insuring party the Lessee shall insure its fixtures, equipment and tenant improvements

8 4 **Insurance Policies.** Insurance required hereunder shall be in companies holding a "General Policyholders Rating" of at least B plus, or such other rating as may be required by a lender having a lien on the Premises, as set forth in the most current issue of "Best's Insurance Guide" The insuring party shall deliver to the other party copies of policies of such insurance or certificates evidencing the existence and amounts of such insurance with loss payable clauses as required by this paragraph 8 No such policy shall be cancellable or subject to reduction of coverage or other modification except after thirty (30) days' prior written notice to Lessor If Lessee is the insuring party Lessee shall, at least thirty (30) days prior to the expiration of such policies, furnish Lessor with renewals or "binders" thereof, or Lessor may order such insurance and charge the cost thereof to Lessee, which amount shall be payable by Lessee upon demand Lessee shall not do or permit to be done anything which shall invalidate the insurance policies referred to in Paragraph 8 3. If Lessee does or permits to be done anything which shall increase the cost of the insurance policies referred to in Paragraph 8 3, then Lessee shall forthwith upon Lessor's demand reimburse Lessor for any additional premiums attributable to any act or omission or operation of Lessee causing such increase in the cost of insurance. If Lessor is the insuring party, and if the insurance policies maintained hereunder cover other improvements in addition to the Premises, Lessor shall deliver to Lessee a written statement setting forth the amount of any such insurance cost increase and showing in reasonable detail the manner in which it has been computed.

8.5 **Waiver of Subrogation.** Lessee and Lessor each hereby release and relieve the other, and waive their entire right of recovery against the other for loss or damage arising out of or incident to the perils insured against under paragraph 8.3, which perils occur in, on or about the Premises, whether due to the negligence of Lessor or Lessee or their agents, employees, contractors and/or invitees. Lessee and Lessor shall, upon obtaining the policies of insurance required hereunder, give notice to the insurance carrier or carriers that the foregoing mutual waiver of subrogation is contained in this Lease.

8 6 **Indemnity.** Lessee shall indemnify and hold harmless Lessor from and against any and all claims arising from Lessee's use of the Premises, or from the conduct of Lessee's business or from any activity, work or things done, permitted or suffered by Lessee in or about the Premises or elsewhere and shall further indemnify and hold harmless Lessor from and against any and all claims arising from any breach or default in the performance of any obligation on Lessee's part to be performed under the terms of this Lease, or arising from any negligence of the Lessee, or any of Lessee's agents, contractors, or employees, and from and against all costs, attorney's fees, expenses and liabilities incurred in the defense of any such claim or any action or proceeding brought thereon, and in case any action or proceeding be brought against Lessor by reason of any such claim, Lessee upon notice from Lessor shall defend the same at Lessee's expense by counsel satisfactory to Lessor Lessee/as a material part of the consideration to Lessor, hereby assumes all risk of damage to property or injury to persons, in, upon or about the Premises arising from any cause and Lessee hereby waives all claims in respect thereof against Lessor.

8 7 **Exemption of Lessor from Liability.** Lessee hereby agrees that Lessor shall not be liable for injury to Lessee's business or any loss of income therefrom or for damage to the goods, wares, merchandise or other property of Lessee, Lessee's employees, invitees, customers, or any other person in or about the Premises, nor shall Lessor be liable for injury to the person of Lessee, Lessee's employees, agents or contractors, whether such damage or injury is caused by or results from fire, steam, electricity, gas, water or rain, or from the breakage, leakage, obstruction or other defects of pipes, sprinklers, wires, appliances, plumbing, air conditioning or lighting fixtures, or from any other cause, whether the said damage or injury results from conditions arising upon the Premises or upon other portions of the building of which the Premises are a part, or from other sources or places and regardless of whether the cause of such damage or injury or the means of repairing the same is inaccessible to Lessee. Lessor shall not be liable for any damages arising from any act or neglect of any other tenant, if any, of the building in which the Premises are located.

Initials: _____

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Subject to a reasonable opportuni
to verify and agree to the amount
Lessee shall promptly

9. Damage or Destruction.

9 1 **Definitions.**

(a) "Premises Partial Damage" shall herein mean damage or destruction to the Premises to the extent that the cost of repair is less than 50% of the then replacement cost of the Premises "Premises Building Partial Damage" shall herein mean damage or destruction to the building of which the Premises are a part to the extent that the cost of repair is less than 50% of the then replacement cost of such building as a whole

(b) "Premises Total Destruction" shall herein mean damage or destruction to the Premises to the extent that the cost of repair is 50% or more of the then replacement cost of the Premises "Premises Building Total Destruction" shall herein mean damage or destruction to the building of which the Premises are a part to the extent that the cost of repair is 50% or more of the then replacement cost of such building as a whole

(c) "Insured Loss" shall herein mean damage or destruction which was caused by an event required to be covered by the insurance described in paragraph 8 to its prior condition

9 2 **Part.. Damage — Insured Loss.** Subject to the provisions of paragraphs 9 4, 9 5 and 9 6 if at any time during the term of this Lease there is damage which is an Insured Loss and which falls into the classification of Premises Partial Damage or Premises Building Partial Damage, then Lessor shall at Lessor's expense repair such damage, but not Lessee s fixtures equipment or tenant improvements unless the same have become a part of the Premises pursuant to Paragraph 7 5 hereof as soon as reasonably possible and this Lease shall continue in full force and effect Notwithstanding the above if the Lessee is the insuring party and if the insurance proceeds received by Lessor are not sufficient to effect such repair Lessor shall give notice to Lessee of the amount required in addition to the insurance proceeds to effect such repair ~~Lessee shall~~ contribute the required amount to Lessor within ten days after Lessee has received notice from Lessor of the shortage in the insurance When Lessee shall contribute such amount to Lessor Lessor shall make such repairs as soon as reasonably possible and this Lease shall continue in full force and effect Lessee shall in no event have any right to reimbursement for any such amounts so contributed

9 3 **Partial Damage — Uninsured Loss.** Subject to the provisions of Paragraphs 9 4, 9 5 and 9 6, if at any time during the term of this Lease there is damage which is not an Insured Loss and which falls within the classification of Premises Partial Damage or Premises Building Partial Damage, unless caused by a negligent or willful act of Lessee (in which event Lessee shall make the repairs at Lessee's expense), Lessor may at Lessor's option either (i) repair such damage as soon as reasonably possible at Lessor's expense, in which event this Lease shall continue in full force and effect or (ii) ~~give written notice to Lessee within thirty (30) days after the date of the occurrence of such damage of Lessor's intention to~~ cancel and terminate this Lease, as of the date of the occurrence of such damage In the event Lessor elects to give such notice of Lessor's intention to cancel and terminate this Lease, Lessee shall have the right within ten (10) days after the receipt of such notice to give written notice to Lessor of Lessee s intention to repair such damage at Lessee s expense, without reimbursement from Lessor, in which event this Lease shall continue in full force and effect and Lessee shall proceed to make such repairs as soon as reasonably possible If Lessee does not give such notice within such ~~10 day period this Lease shall be cancelled and terminated as of the date of the occurrence of such damage~~

9 4 ***Total Destruction.*** If at any time during the term of this Lease there is damage, whether or not an Insured Loss, (including destruction required by any authorized public authority), which falls into the classification of Premises Total Destruction or Premises Building Total Destruction this Lease shall automatically terminate as of the date of such total destruction

9 5 **Damage Near End of Term.**

(a) If at any time during the last six months of the term of this Lease there is damage whether or not an Insured Loss, which falls within the classification of Premises Partial Damage, Lessor may at Lessor's option cancel and terminate this Lease as of the date of occurrence of such damage by giving written notice to Lessee of Lessor s election to do so within 30 days after the date of occurrence of such damage

(b) Notwithstanding paragraph 9 5(a), in the event that Lessee has an option to extend or renew this Lease, and the time within which said option may be exercised has not yet expired, Lessee shall exercise such option if it is to be exercised at all, no later than 20 days after the occurrence of an Insured Loss falling within the classification of Premises Partial Damage during the last six months of the term of this Lease If Lessee duly exercises such option during said 20 day period, Lessor shall, at Lessor s expense, repair such damage as soon as reasonably possible and this Lease shall continue in full force and effect If Lessee fails to exercise such option during said 20 day period, then Lessor may at Lessor's option terminate and cancel this Lease as of the expiration of said 20 day period by giving written notice to Lessee of Lessor's election to do so within 10 days after the expiration of said 20 day period, notwithstanding any term or provision in the grant of option to the contrary.

9 6 **Abatement of Rent; Lessee's Remedies.**

(a) In the event of damage described in paragraphs 9 2 or 9 3, and Lessor or Lessee repairs or restores the Premises pursuant to the provisions of this Paragraph 9, the rent payable hereunder for the period during which such damage, repair or restoration continues shall be abated in proportion to the degree to which Lessee s use of the Premises is impaired Except for abatement of rent, if any, Lessee shall have no claim against Lessor for any damage suffered by reason of any such damage, destruction, repair or restoration.

(b) If Lessor shall be obligated to repair or restore the Premises under the provisions of this Paragraph 9 and shall not ~~commence~~ complete such repair or restoration within 90 days after such obligations shall accure, Lessee may at Lessee's option cancel and terminate this Lease by giving Lessor written notice of Lessee's election to do so at any time prior to the commencement of such repair or restoration In such event this Lease shall terminate as of the date of such notice

9 7 **Termination — Advance Payments.** Upon termination of this Lease pursuant to this Paragraph 9, an equitable adjustment shall be made concerning advance rent and any advance payments made by Lessee to Lessor Lessor shall, in addition, return to Lessee so much of Lessee's security deposit as has not theretofore been applied by Lessor

9 8 **Waiver.** Lessor and Lessee waive the provisions of any statutes which relate to termination of leases when leased property is destroyed and agree that such event shall be governed by the terms of this Lease, except arising from Lessor's acts or failure to act pursuant to this Agreement

10. Real Property Taxes.

10 1 **Payment of Taxes.** Lessee shall pay the real property tax, as defined in paragraph 10 2, applicable to the Premises during the term of this Lease All such payments shall be made at least ten (10) days prior to the delinquency date of such payment Lessee shall promptly furnish Lessor with satisfactory evidence that such taxes have been paid If any such taxes paid by Lessee shall cover any period of time prior to or after the expiration of the term hereof, Lessee's share of such taxes shall be equitably prorated to cover only the period of time within the tax fiscal year during which this Lease shall be in effect, and Lessor shall reimburse Lessee to the extent required If Lessee shall fail to pay any such taxes, Lessor shall have the right to pay the same, in which case Lessee shall repay such amount to Lessor with Lessee's next rent installment together with interest at the maximum rate then allowable by law Lessor shall furnish Lessee with tax invoices at least 30 days prior to their due date

10 2 **Definition of "Real Property Tax".** As used herein, the term "real property tax" shall include any form of real estate tax or assessment, general, special, ordinary or extraordinary, and any license fee, commercial rental tax, improvement bond or bonds, levy or tax (other than inheritance, personal income or estate taxes) imposed on the Premises by any authority having the direct or indirect power to tax, including any city, state or federal government, or any school agricultural, sanitary, fire, street, drainage or other improvement district thereof, as against any legal or equitable interest of Lessor in the Premises or in the real property of which the Premises are a part, as against Lessor's right to rent or other income therefrom, and as against Lessor's business of leasing the Premises The term "real property tax" shall also include any tax, fee, levy, assessment or charge (i) in substitution of, partially or totally, any tax, fee, levy, assessment or charge hereinabove included within the definition of "real property tax," or (ii) the nature of which was hereinbefore included within the definition of "real property tax," or (iii) which is imposed for a service or right not charged prior to June 1, 1978 or, if previously charged, has been increased since June 1, 1978, or (iv) ~~which is imposed as a result of a transfer, either partial or total, of Lessor s interest in the Premises or which is added to a tax or charge hereinbefore included within the definition of real property tax by reason of such transfer, or (v) which is imposed by reason of this transaction, any modifications or changes hereto, or any transfers hereof~~ which is imposed by reason of this transaction, any modification or changes hereto, or any transfers hereof.

10 3 **Joint Assessment.** If the Premises are not separately assessed, Lessee's liability shall be an equitable proportion of the real property taxes for all of the land and improvements included within the tax parcel assessed, such proportion to be determined by Lessor from the respective valuations assigned in the assessor s work sheets or such other information as may be reasonably available Lessor's reasonable determination thereof, in good faith shall be conclusive

10 4 **Personal Property Taxes.**

(a) Lessee shall pay prior to delinquency all taxes assessed against and levied upon trade fixtures, furnishings, equipment and all other personal property of Lessee contained in the Premises or elsewhere When possible, Lessee shall cause said trade fixtures, furnishings, equipment and all other personal property to be assessed and billed separately from the real property of Lessor

(b) If any of Lessee's said personal property shall be assessed with Lessor s real property, Lessee shall pay Lessor the taxes attributable to Lessee within 10 days after receipt of a written statement setting forth the taxes applicable to Lessee's property

11. Utilities. Lessee shall pay for all water, gas, heat, light, power, telephone and other utilities and services supplied to the Premises, together with any taxes thereon If any such services are not separately metered to Lessee, Lessee shall pay a reasonable proportion to be determined by Lessor of all charges jointly metered with other premises

12. Assignment and Subletting.

12 1 **Lessor's Consent Required.** Lessee shall not voluntarily or by operation of law assign, transfer, mortgage, sublet, or otherwise transfer or encumber all or any part of Lessee's interest in this Lease or in the Premises, without Lessor's prior written consent, which Lessor shall not unreasonably withhold Lessor shall respond to Lessee's request for consent hereunder in a timely manner and any attempted assignment, transfer, mortgage, encumbrance or subletting without such consent shall be void, and shall constitute a breach of this Lease

12 2 **Lessee Affiliate.** Notwithstanding the provisions of paragraph 12 1 hereof, Lessee may assign or sublet the Premises, or any portion thereof, without Lessor s consent, to any corporation which controls, is controlled by or is under common control with Lessee, or to any corporation resulting from the merger or consolidation with Lessee, or to any person or entity which acquires all the assets of Lessee as a going concern of the business that is being conducted on the Premises, provided that said assignee assumes, in full, the obligations of Lessee under this Lease Any such assignment shall not, in any way, affect or limit the liability of Lessee under the terms of this Lease even if after such assignment or subletting the terms of this Lease are materially changed or altered without the consent of Lessee, the consent of whom shall not be necessary

12 3 **No Release of Lessee.** Regardless of Lessor's consent, no subletting or assignment shall release Lessee of Lessee's obligation or alter the primary liability of Lessee to pay the rent and to perform all other obligations to be performed by Lessee hereunder The acceptance of rent by Lessor from any other person shall not be deemed to be a waiver by Lessor of any provision hereof Consent to one assignment or subletting shall not be deemed consent to any subsequent assignment or subletting In the event of default by any assignee of Lessee or any successor of Lessee, in the performance of any of the terms hereof, Lessor may proceed directly against Lessee without the necessity of exhausting remedies against said assignee Lessor may consent to subsequent assignments or subletting of this Lease or amendments or modifications to this Lease with assignees

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of Lessee without notifying Lessee or any successor of Lessee and without obtaining its or their consent thereto and such action shall not relieve Lessee of liability under this Lease

12 4 **Attorney's Fees.** ~~In the event Lessee shall assign or sublet the Premises or request the consent of Lessor to any assignment or subletting or if Lessee shall request the consent of Lessor for any act Lessee proposes to do then Lessee shall pay Lessor's reasonable attorneys fees incurred in connection therewith, such attorneys fees not to exceed $350 00 for each such request~~

13. Defaults; Remedies.

13 1 **Defaults.** The occurrence of any one or more of the following events shall constitute a material default and breach of this Lease by Lessee

(a) The vacating or abandonment of the Premises by Lessee

(b) The failure by Lessee to make any payment of rent or any other payment required to be made by Lessee hereunder as and when due, where such failure shall continue for a period of three days after written notice thereof from Lessor to Lessee In the event that Lessor serves Lessee with a Notice to Pay Rent or Quit pursuant to applicable Unlawful Detainer statutes such Notice to Pay Rent or Quit shall also constitute the notice required by this subparagraph

(c) The failure by Lessee to observe or perform any of the covenants, conditions or provisions of this Lease to be observed or performed by Lessee, other than described in paragraph (b) above, where such failure shall continue for a period of 30 days after written notice thereof from Lessor to Lessee, provided, however, that if the nature of Lessee's default is such that more than 30 days are reasonably required for its cure, then Lessee shall not be deemed to be in default if Lessee commenced such cure within said 30-day period and thereafter diligently prosecutes such cure to completion

(d) (i) The making by Lessee of any general arrangement or assignment for the benefit of creditors, (ii) Lessee becomes a "debtor" as defined in 11 U S C §101 or any successor statute thereto (unless, in the case of a petition filed against Lessee, the same is dismissed within 60 days), (iii) the appointment of a trustee or receiver to take possession of substantially all of Lessee's assets located at the Premises or of Lessee's interest in this Lease, where possession is not restored to Lessee within 30 days or (iv) the attachment, execution or other judicial seizure of substantially all of Lessee's assets located at the Premises or of Lessee s interest in this Lease, where such seizure is not discharged within 30 days Provided, however, in the event that any provision of this paragraph 13 1(d) is contrary to any applicable law, such provision shall be of no force or effect

(e) The discovery by Lessor that any financial statement given to Lessor by Lessee, any assignee of Lessee, any subtenant of Lessee, any successor in interest of Lessee or any guarantor of Lessee's obligation hereunder and any of them, was materially false

13 2 **Remedies.** In the event of any such material default or breach by Lessee Lessor may at any time thereafter, with ~~or without~~ notice or demand and without limiting Lessor in the exercise of any right or remedy which Lessor may have by reason of such default or breach

(a) Terminate Lessee's right to possession of the Premises by any lawful means in which case this Lease shall terminate and Lessee shall immediately surrender possession of the Premises to Lessor In such event Lessor shall be entitled to recover from Lessee all damages incurred by Lessor by reason of Lessee s default including, but not limited to the cost of recovering possession of the Premises, expenses of reletting, including necessary renovation and alteration of the Premises, reasonable attorney s fees and any real estate commission actually paid, the worth at the time of award by the court having jurisdiction thereof of the amount by which the unpaid rent for the balance of the term after the time of such award exceeds the amount of such rental loss for the same period that Lessee proves could be reasonably avoided, that portion of the leasing commission paid by Lessor pursuant to Paragraph 15 applicable to the unexpired term of this Lease reasonable

(b) Maintain Lessee s right to possession in which case this Lease shall continue in effect whether or not Lessee shall have abandoned the Premises In such event Lessor shall be entitled to enforce all of Lessor's rights and remedies under this Lease, including the right to recover the rent as it becomes due hereunder

(c) Pursue any other remedy now or hereafter available to Lessor under the laws or judicial decisions of the state wherein the Premises are located Unpaid installments of rent and other unpaid monetary obligations of Lessee under the terms of this Lease shall bear interest from the date due at the maximum rate then allowable by law

13 3 **Default by Lessor.** Lessor shall not be in default unless Lessor fails to perform obligations required of Lessor within a reasonable time, but in no event later than thirty (30) days after written notice by Lessee to Lessor and to the holder of any first mortgage or deed of trust covering the Premises whose name and address shall have theretofore been furnished to Lessee in writing, specifying wherein Lessor has failed to perform such obligation, provided, however, that if the nature of Lessor's obligation is such that more than thirty (30) days are required for performance then Lessor shall not be in default if Lessor commences performance within such 30-day period and thereafter diligently prosecutes the same to completion

13 4 **Late Charges.** Lessee hereby acknowledges that late payment by Lessee to Lessor of rent and other sums due hereunder will cause Lessor to incur costs not contemplated by this Lease, the exact amount of which will be extremely difficult to ascertain Such costs include, but are not limited to, processing and accounting charges, and late charges which may be imposed on Lessor by the terms of any mortgage or trust deed covering the Premises Accordingly if any installment of rent or any other sum due from Lessee shall not be received by Lessor or Lessor's designee within ten (10) days after such amount shall be due, then, without any requirement for notice to Lessee, Lessee shall pay to Lessor a late charge equal to 6% of such overdue amount The parties hereby agree that such late charge represents a fair and reasonable estimate of the costs Lessor will incur by reason of late payment by Lessee Acceptance of such late charge by Lessor shall in no event constitute a waiver of Lessee's default with respect to such overdue amount, nor prevent Lessor from exercising any of the other rights and remedies granted hereunder In the event that a late charge is payable hereunder, whether or not collected, for three (3) consecutive installments of rent, then rent shall automatically become due and payable quarterly in advance, rather than monthly, notwithstanding paragraph 4 or any other provision of this Lease to the contrary

~~13 5 **Impounds.** In the event that a late charge is payable hereunder, whether or not collected, for three (3) installments of rent or any other~~ monetary obligation of Lessee under the terms of this Lease, Lessee shall pay to Lessor, if Lessor shall so request, in addition to ~~any other~~ payments required under this Lease, a monthly advance installment, payable at the same time as the monthly rent, as ~~estimated by Lessor~~, for real property tax and insurance expenses on the Premises which are payable by Lessee under the terms of this ~~Lease~~ Such fund shall be established to insure payment when due, before delinquency, of any or all such real property taxes and ~~insurance~~ premiums If the amounts paid to Lessor by Lessee under the provisions of this paragraph are insufficient to discharge ~~the obligations~~ of Lessee to pay such real property taxes and insurance premiums as the same become due, Lessee shall pay to ~~Lessor~~, upon Lessor's demand, such additional sums necessary to pay such obligations All moneys paid to Lessor under this paragraph ~~may be~~ intermingled with other moneys of Lessor and shall not bear interest In the event of a default in the obligations of Lessee ~~to perform~~ under this Lease, then any balance remaining from funds paid to Lessor under the provisions of this paragraph may, at the ~~option of Lessor~~, be applied to the payment of any monetary default of Lessee in lieu of being applied to the payment of real property tax ~~and insurance premiums~~.

14. Condemnation. If the Premises or any portion thereof are taken under the power of eminent domain, or sold under the threat of the exercise of said power (all of which are herein called "condemnation"), this Lease shall terminate as to the part so taken as of the date the condemning authority takes title or possession, whichever first occurs If more than 10% of the floor area of the building on the Premises or more than 25% of the land area of the Premises which is not occupied by any building, is taken by condemnation Lessee may, at Lessee s option to be exercised in writing only within ten (10) days after Lessor shall have given Lessee written notice of such taking (or in the absence of such notice, within ten (10) days after the condemning authority shall have taken possession) terminate this Lease as of the date the condemning authority takes such possession If Lessee does not terminate this Lease in accordance with the foregoing this Lease shall remain in full force and effect as to the portion of the Premises remaining, except that the rent shall be reduced in the proportion that the floor area of the building taken bears to the total floor area of the building situated on the Premises No reduction of rent shall occur if the only area taken is that which does not have a building located thereon Any award for the taking of all or any part of the Premises under the power of eminent domain or any payment made under threat of the exercise of such power shall be the property of Lessor whether such award shall be made as compensation for diminution in value of the leasehold or for the taking of the fee, or as severance damages provided however, that Lessee shall be entitled to any award for loss of or damage to Lessee's trade fixtures and removable personal property In the event that this Lease is not terminated by reason of such condemnation, Lessor shall to the extent of severance damages received by Lessor in connection with such condemnation repair any damage to the Premises caused by such condemnation except to the extent that Lessee has been reimbursed therefor by the condemning authority ~~Lessee shall pay any amount in excess of such severance damages required to complete such repair~~

15. Broker's Fee.

(a) Upon execution of this Lease by both parties, Lessor shall pay to _____ _____ Licensed real estate broker(s), a fee as set forth in a separate agreement between Lessor and said broker(s), or in the event there is no separate agreement between Lessor and said broker(s), the sum of $ _____, for brokerage services rendered by said broker(s) to Lessor in this transaction

(b) Lessor further agrees that if Lessee exercises any Option as defined in paragraph 39.1 of this Lease, which is granted to Lessee under this Lease, or any subsequently granted option which is substantially similar to an Option granted to Lessee under this Lease, or if Lessee acquires any rights to the Premises or other premises described in this Lease which are substantially similar to what Lessee would have acquired had an Option herein granted to Lessee been exercised, or if Lessee remains in possession of the Premises after the expiration of the term of this Lease after having failed to exercise an Option, or if said broker(s) are the procuring cause of any other lease or sale entered into between the parties pertaining to the Premises and/or any adjacent property in which Lessor has an interest, then as to any of said transactions, Lessor shall pay said broker(s) a fee in accordance with the schedule of said broker(s) in effect at the time of execution of this Lease

(c) Lessor agrees to pay said fee not only on behalf of Lessor but also on behalf of any person, corporation, association, or other entity having an ownership interest in said real property or any part thereof, when such fee is due hereunder Any transferee of Lessor's interest in this Lease, whether such transfer is by agreement or by operation of law, shall be deemed to have assumed Lessor s obligation under this Paragraph ~~15~~ Said broker shall be a third party beneficiary of the provisions of this Paragraph 15.

16. Estoppel Certificate.

(a) Lessee shall at any time upon not less than ten (10) days' prior written notice from Lessor execute, acknowledge and deliver to Lessor a statement in writing (i) certifying that this Lease is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect) and the date to which the rent and other charges are paid in advance, if any, and (ii) acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of Lessor hereunder, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective purchaser or encumbrancer of the Premises.

~~(b) At Lessor's option, Lessee's failure to deliver such statement within such time shall be a material breach of this Lease or shall be~~

(b) The provisions of 16(a) are also binding upon the Lessor

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~~conclusive upon Lessee (i) that this Lease is in full force and effect, without modification except as may be represented by Lessor, (ii) that there are no uncured defaults in Lessor's performance, and (iii) that not more than one month's rent has been paid in advance or such failure may be considered by Lessor as a default by Lessee under this Lease.~~

(c) If Lessor desires to finance, refinance, or sell the Premises, or any part thereof, Lessee hereby agrees to deliver to any lender or purchaser designated by Lessor such financial statements of Lessee as may be reasonably required by such lender or purchaser Such statements shall include the past three years' financial statements of Lessee All such financial statements shall be received by Lessor and such lender or purchaser in confidence and shall be used only for the purposes herein set forth

17. Lessor's Liability. The term "Lessor" as used herein shall mean only the owner or owners at the time in question of the fee title or a lessee s interest in a ground lease of the Premises, and except as expressly provided in Paragraph 15 in the event of any transfer of such title or interest Lessor herein named (and in case of any subsequent transfers then the grantor) shall be relieved from and after the date of such transfer of all liability as respects Lessor's obligations thereafter to be performed, provided that any funds in the hands of Lessor or the then grantor at the time of such transfer, in which Lessee has an interest, shall be delivered to the grantee The obligations contained in this Lease to be performed by Lessor shall, subject as aforesaid, be binding on Lessor's successors and assigns only during their respective periods of ownership

18. Severability. The invalidity of any provision of this Lease as determined by a court of competent jurisdiction shall in no way affect the validity of any other provision hereof

19. Interest on Past-due Obligations. Except as expressly herein provided any amount due to Lessor not paid when due shall bear interest at the maximum rate then allowable by law from the date due Payment of such interest shall not excuse or cure any default by Lessee under this Lease provided, however that interest shall not be payable on late charges incurred by Lessee nor on any amounts upon which late charges are paid by Lessee

20. Time of Essence. Time is of the essence

21. Additional Rent. Any monetary obligations of Lessee to Lessor under the terms of this Lease shall be deemed to be rent

22. Incorporation of Prior Agreements; Amendments. This Lease contains all agreements of the parties with respect to any matter mentioned herein No prior agreement or understanding pertaining to any such matter shall be effective This Lease may be modified in writing only, signed by the parties in interest at the time of the modification Except as otherwise stated in this Lease, Lessee hereby acknowledges that neither the real estate broker listed in Paragraph 15 hereof nor any cooperating broker on this transaction nor the Lessor or any employees or agents of any of said persons has made any oral or written warranties or representations to Lessee relative to the condition or use by Lessee of said Premises and Lessee acknowledges that Lessee assumes all responsibility regarding the Occupational Safety Health Act, the legal use and adaptability of the Premises and the compliance thereof with all applicable laws and regulations in effect during the term of this Lease except as otherwise specifically stated in this Lease

23. Notices. Any notice required or permitted to be given hereunder shall be in writing and may be given by personal delivery or by certified mail, and if given personally or by mail, shall be deemed sufficiently given if addressed to Lessee or to Lessor at the address noted below the signature of the respective parties, as the case may be Either party may by notice to the other specify a different address for notice purposes except that upon Lessee s taking possession of the Premises, the Premises shall constitute Lessee s address for notice purposes A copy of all notices required or permitted to be given to Lessor hereunder shall be concurrently transmitted to such party or parties at such addresses as Lessor may from time to time hereafter designate by notice to Lessee All provisions of this section are also applicable to the Lessee

24. Waivers. No waiver by Lessor or any provision hereof shall be deemed a waiver of any other provision hereof or of any subsequent breach by Lessee of the same or any other provision Lessor's consent to, or approval of, any act shall not be deemed to render unnecessary the obtaining of Lessor's consent to or approval of any subsequent act by Lessee The acceptance of rent hereunder by Lessor shall not be a waiver of any preceding breach by Lessee of any provision hereof, other than the failure of Lessee to pay the particular rent so accepted, regardless of Lessor's knowledge of such preceding breach at the time of acceptance of such rent

25. Recording. Either Lessor or Lessee shall, upon request of the other, execute, acknowledge and deliver to the other a "short form" memorandum of this Lease for recording purposes

26. Holding Over. If Lessee, with Lessor's consent, remains in possession of the Premises or any part thereof after the expiration of the term hereof, such occupancy shall be a tenancy from month to month upon all the provisions of this Lease pertaining to the obligations of Lessee, but all options and rights of first refusal, if any, granted under the terms of this Lease shall be deemed terminated and be of no further effect during said month to month tenancy

27. Cumulative Remedies. No remedy or election hereunder shall be deemed exclusive but shall, wherever possible, be cumulative with all other remedies at law or in equity

28. Covenants and Conditions. Each provision of this Lease performable by Lessee shall be deemed both a covenant and a condition

29. Binding Effect; Choice of Law. Subject to any provisions hereof restricting assignment or subletting by Lessee and subject to the provisions of Paragraph 17, this Lease shall bind the parties, their personal representatives, successors and assigns This Lease shall be governed by the laws of the State wherein the Premises are located.

30. Subordination.

(a) This Lease, at Lessor's option, shall be subordinate to any ground lease, mortgage, deed of trust, or any other hypothecation or security now or hereafter placed upon the real property of which the Premises are a part and to any and all advances made on the security thereof and to all renewals, modifications, consolidations, replacements and extensions thereof Notwithstanding such subordination, Lessee's right to quiet possession of the Premises shall not be disturbed if Lessee is not in default and so long as Lessee shall pay the rent and observe and perform all of the provisions of this Lease, unless this Lease is otherwise terminated pursuant to its terms If any mortgagee, trustee or ground lessor shall elect to have this Lease prior to the lien of its mortgage, deed of trust or ground lease, and shall give written notice thereof to Lessee, this Lease shall be deemed prior to such mortgage, deed of trust, or ground lease, whether this Lease is dated prior or subsequent to the date of said mortgage, deed of trust or ground lease or the date of recording thereof

(b) Lessee agrees to execute any documents required to effectuate an attornment, a subordination or to make this Lease prior to the lien of any mortgage, deed of trust or ground lease, as the case may be Lessee's failure to execute such documents within 10 days after written demand shall constitute a material default by Lessee hereunder, ~~or at Lessor's option, Lessor shall execute such documents on behalf of Lessee as Lessee's attorney-in-fact. Lessee does hereby make, constitute and irrevocably appoint Lessor as Lessee's attorney-in-fact and in Lessee's name, place and stead, to execute such documents in accordance with this paragraph 30(b).~~

31. Attorney's Fees. If either party or the broker named herein brings an action to enforce the terms hereof or declare rights hereunder, the prevailing party in any such action, on trial or appeal, shall be entitled to his reasonable attorney's fees to be paid by the losing party as fixed by the court The provisions of this paragraph shall inure to the benefit of the broker named herein who seeks to enforce a right hereunder

32. Lessor's Access. Lessor and Lessor's agents shall have the right to enter the Premises at reasonable times for the purpose of inspecting the same, showing the same to prospective purchasers, lenders, or lessees, and making such alterations, repairs, improvements or additions to the Premises or to the building of which they are a part as Lessor may deem necessary or desirable Lessor may at any time place on or about the Premises any ordinary "For Sale" signs and Lessor may at any time during the last 120 days of the term hereof place on or about the Premises any ordinary "For Lease" signs, all without rebate of rent or liability to Lessee

33. Auctions. Lessee shall not conduct, nor permit to be conducted, either voluntarily or involuntarily, any auction upon the Premises without first having obtained Lessor's prior written consent Notwithstanding anything to the contrary in this Lease, Lessor shall not be obligated to exercise any standard of reasonableness in determining whether to grant such consent

34. Signs. Lessee shall not place any sign upon the Premises without Lessor's prior written consent except that Lessee shall have the right, without the prior permission of Lessor to place ordinary and usual for rent or sublet signs thereon

35. Merger. The voluntary or other surrender of this Lease by Lessee, or a mutual cancellation thereof, or a termination by Lessor, shall not work a merger, and shall, at the option of Lessor, terminate all or any existing subtenancies or may, at the option of Lessor, operate as an assignment to Lessor of any or all of such subtenancies.

36. Consents. Except for paragraph 33 hereof, wherever in this Lease the consent of one party is required to an act of the other party such consent shall not be unreasonably withheld.

37. Guarantor. In the event that there is a guarantor of this Lease, said guarantor shall have the same obligations as Lessee under this Lease.

38. Quiet Possession. Upon Lessee paying the rent for the Premises and observing and performing all of the covenants, conditions and provisions on Lessee's part to be observed and performed hereunder, Lessee shall have quiet possession of the Premises for the entire term hereof subject to all of the provisions of this Lease. The individuals executing this Lease on behalf of Lessor represent and warrant to Lessee that they are fully authorized and legally capable of executing this Lease on behalf of Lessor and that such execution is binding upon all parties holding an ownership interest in the Premises.

39. Options.

39 1 **Definition.** As used in this paragraph the word "Options" has the following meaning: (1) the right or option to extend the term of this Lease or to renew this Lease or to extend or renew any lease that Lessee has on other property of Lessor; (2) the option or right of first refusal to lease the Premises or the right of first offer to lease the Premises or the right of first refusal to lease other property of Lessor or the right of first offer to lease other property of Lessor; (3) the right or option to purchase the Premises, or the right of first refusal to purchase the Premises, or the right of first offer to purchase the Premises or the right or option to purchase other property of Lessor, or the right of first refusal to purchase other property of Lessor or the right of first offer to purchase other property of Lessor.

Initials: _____

39 2 **Options Personal.** Each Option granted to Lessee in this Lease are personal to Lessee and may not be exercised or be assigned voluntarily or involuntarily, by or to any person or entity other than Lessee, provided, however the Option may be exercised by or assigned to any Lessee Affiliate as defined in paragraph 12 2 of this Lease The Options herein granted to Lessee are not assignable separate and apart from this Lease.

39 3 **Multiple Options.** *In the event that Lessee has any multiple options to extend or renew this Lease a later option cannot be exercised* unless the prior option to extend or renew this Lease has been so exercised

39 4 **Effect of Default on Options.**

(a) Lessee shall have no right to exercise an Option notwithstanding any provision in the grant of Option to the contrary (i) during the time commencing from the date Lessor gives to Lessee a notice of default pursuant to paragraph 13 1(b) or 13 1(c) and continuing until the default alleged in said notice of default is cured or (ii) during the period of time commencing on the day after a monetary obligation to Lessor is due from Lessee and unpaid (without any necessity for notice thereof to Lessee) continuing until the obligation is paid or (iii) at any time after an event of default described in paragraphs 13 1(a), 13 1(d) or 13 1(e) (without any necessity of Lessor to give notice of such default to Lessee) or (iv) in the event that Lessor has given to Lessee three or more notices of default under paragraph 13 1(b) where a late charge has become payable under paragraph 13 4 for each of such defaults, or paragraph 13 1(c) whether or not the defaults are cured during the 12 month period prior to the time that Lessee intends to exercise the subject Option

(b) *The period of time within which an Option may be exercised shall not be extended or enlarged by reason of Lessee's inability to* exercise an Option because of the provisions of paragraph 39 4(a)

(c) All rights of Lessee under the provisions of an Option shall terminate and be of no further force or effect notwithstanding Lessee's due and timely exercise of the Option if after such exercise and during the term of this Lease (i) Lessee fails to pay to Lessor a monetary obligation of Lessee for a period of 30 days after such obligation becomes due (without any necessity of Lessor to give notice thereof to Lessee) or (ii) Lessee fails to commence to cure a default specified in paragraph 13 1(c) within 30 days after the date that Lessor gives notice to Lessee of such default and/or Lessee fails thereafter to diligently prosecute said cure to completion or (iii) Lessee commits a default described in paragraph 13 1(a) 13 1(d) or 13 1(e) (without any necessity of Lessor to give notice of such default to Lessee) or (iv) Lessor gives to Lessee three or more notices of default under paragraph 13 1(b), where a late charge becomes payable under paragraph 13 4 for each such default or paragraph 13 1(c) whether or not the defaults are cured

40. Multiple Tenant Building. In the event that the Premises are part of a larger building or group of buildings then Lessee agrees that it will abide by *keep and observe all reasonable rules and regulations which Lessor may make from time to time for the management safety care and* cleanliness of the building and grounds the parking of vehicles and the preservation of good order therein as well as for the convenience of other occupants and tenants of the building The violations of any such rules and regulations shall be deemed a material breach of this Lease by Lessee

41. Security Measures. Lessee hereby acknowledges that the rental payable to Lessor hereunder does not include the cost of guard service or other security measures and that Lessor shall have no obligation whatsoever to provide same Lessee assumes all responsibility for the protection of Lessee its agents and invitees from acts of third parties

42. Easements. Lessor reserves to itself the right from time to time to grant such easements rights and dedications that Lessor deems necessary or desirable and to cause the recordation of Parcel Maps and restrictions so long as such easements rights dedications Maps and restrictions do not unreasonably interfere with the use of the Premises by Lessee Lessee shall sign any of the aforementioned documents upon request of Lessor and failure to do so shall constitute a material breach of this Lease

43. Performance Under Protest. If at any time a dispute shall arise as to any amount or sum of money to be paid by one party to the other under the provisions hereof the party against whom the obligation to pay the money is asserted shall have the right to make payment "under protest" and such payment shall not be regarded as a voluntary payment and there shall survive the right on the part of said party to institute suit for recovery of such sum If it shall be adjudged that there was no legal obligation on the part of said party to pay such sum or any part thereof said party shall be entitled to recover such sum or so much thereof as it was not legally required to pay under the provisions of this Lease

44. Authority. If Lessee is a corporation trust or general or limited partnership each individual executing this Lease on behalf of such entity represents and warrants that he or she is duly authorized to execute and deliver this Lease on behalf of said entity If Lessee is a corporation trust or partnership Lessee shall, within thirty (30) days after execution of this Lease, deliver to Lessor evidence of such authority satisfactory to Lessor

45. Conflict. Any conflict between the printed provisions of this Lease and the typewritten or handwritten provisions shall be controlled by the typewritten or handwritten provisions

46. Insuring Party. The insuring party under this lease shall be the Lessor

47. Addendum. Attached hereto is an addendum or addenda containing paragraphs _____ which constitutes a part of this Lease

Addendum A, containing paragraphs 4, 7, 48, 49, 50 and 51
Addendum B, containing paragraph 52

LESSOR AND LESSEE HAVE CAREFULLY READ AND REVIEWED THIS LEASE AND EACH TERM AND PROVISION CONTAINED HEREIN AND, BY EXECUTION OF THIS LEASE, SHOW THEIR INFORMED AND VOLUNTARY CONSENT THERETO THE PARTIES HEREBY AGREE THAT AT THE TIME THIS LEASE IS EXECUTED THE TERMS OF THIS LEASE ARE COMMERCIALLY REASONABLE AND EFFECTUATE THE INTENT AND PURPOSE OF LESSOR AND LESSEE WITH RESPECT TO THE PREMISES

IF THIS LEASE HAS BEEN FILLED IN IT HAS BEEN PREPARED FOR SUBMISSION TO YOUR ATTORNEY FOR HIS APPROVAL *NO REPRESENTATION OR RECOMMENDATION IS MADE BY THE AMERICAN INDUSTRIAL REAL ESTATE ASSOCIATION OR* BY THE REAL ESTATE BROKER OR ITS AGENTS OR EMPLOYEES AS TO THE LEGAL SUFFICIENCY LEGAL EFFECT OR TAX CONSEQUENCES OF THIS LEASE OR THE TRANSACTION RELATING THERETO. THE PARTIES SHALL RELY SOLELY UPON THE ADVICE OF THEIR OWN LEGAL COUNSEL AS TO THE LEGAL AND TAX CONSEQUENCES OF THIS LEASE

The parties hereto have executed this Lease at the place on the dates specified immediately adjacent to their respective signatures.

Executed at _____

on _____

Address _____

By ADOLF ROSENBERGER

By ELENI ROSENBERGER

LESSOR (Corporate seal)

Executed at _____

on _____

Address _____

PARKER HANNIFIN CORPORATION

By Vice-President

By Assistant Secretary

LESSEE (Corporate seal)

NOTE: These forms are often modified to meet changing requirements of law and needs of the industry. Always write or call to make sure you are utilizing the most current form: AMERICAN INDUSTRIAL REAL ESTATE ASSOCIATION, 345 So Figueroa St., M-1, Los Angeles, CA 90071. (213) 687-8777

Form 204n 780

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Exhibit A2:

Parker Hannifin Cylinder Division layout dated March 2, 1993

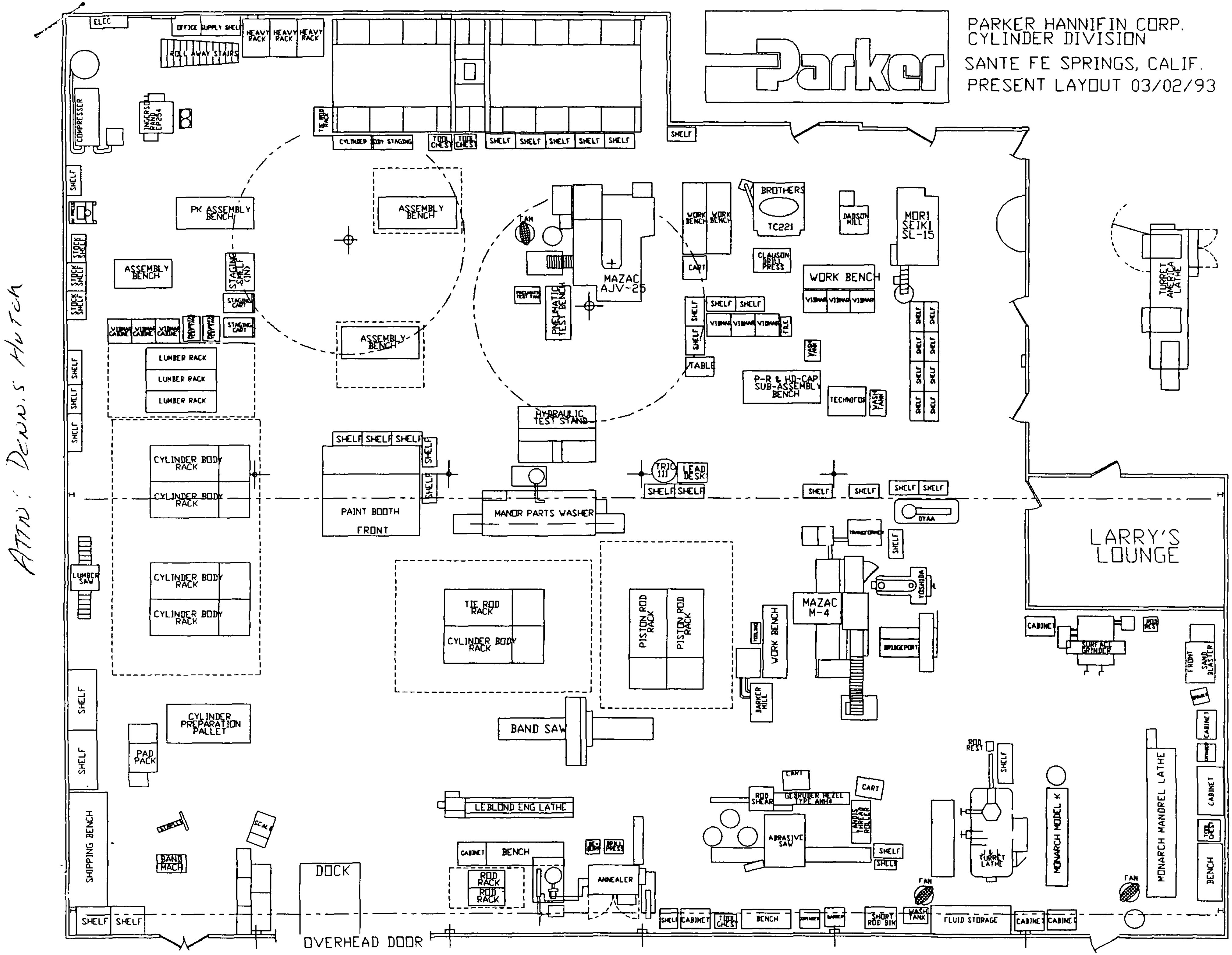

PARKER HANNIFIN CORP.
CYLINDER DIVISION
SANTE FE SPRINGS, CALIF.
PRESENT LAYOUT 03/02/93
Parker
Attn: Dennis Hutch
ELEC
OFFICE SUPPLY SHELF
HEAVY RACK
ROLL AWAY STAIRS
COMPRESSER
INGERSOLL RAND EP254
CYLINDER BODY STAGING
TOOL CHEST
SHELF
PK ASSEMBLY BENCH
ASSEMBLY BENCH
STAGING SHELF (IN)
STAGING CART
STOCK SHELF
LUMBER RACK
CYLINDER BODY RACK
PAINT BOOTH
FRONT
HYDRAULIC TEST STAND
MANOR PARTS WASHER
PNEUMATIC TEST BENCH
FAN
MAZAC AJV-25
WORK BENCH
CART
TABLE
BROTHERS
TC221
CLAUSON DRILL PRESS
DAVSON HILL
MORI SEIKI SL-15
TURRET AMERICA LATHE
P-R & HD-CAP SUB-ASSEMBLY BENCH
TECHNIFOR
LEAD DESK
OYAA
LARRY'S LOUNGE
LUMBER SAW
TIE ROD RACK
PISTON ROD RACK
BAND SAW
MAZAC M-4
YOSHIDA
BRIDGEPORT
BARKER MILL
CABINET
SURFACE GRINDER
SAND BLASTER
CYLINDER PREPARATION PALLET
PAD PACK
SHIPPING BENCH
SCALE
BAND MACH
LEBLOND ENG LATHE
BENCH
ROD RACK
ANNEALER
DRILL PRESS
DOCK
OVERHEAD DOOR
ROD SHEAR
GLOBRUDER HEZELL TYPE AMH4
ABRASIVE SAW
CART
SHORT ROD BIN
WASH TANK
FLUID STORAGE
ROD REST
J&L TURRET LATHE
MONARCH MODEL K
MONARCH MANDREL LATHE
TOOL CHEST

Exhibit A3:

Waste profile and manifests documentation

Ans'd.....

MATERIAL SAFETY DATA SHEET

RHO-CHEM CORP.
425 ISIS AVE.
(213) 776-6233

1,1,1 TRICHLOROETHANE

SECTION 1 IDENTIFICATION

PRODUCT: 1,1,1 TRICHLOROETHANE
CHEMICAL FAMILY: CHLORINATED HYDROCARBON SOLVENT
SYNONYM: N/A
SYNONYM: METHYL CHLOROFORM
STOCK NUMBER:
TECHNICAL GRADE: 2004, 2204 RECONSTITUTED GRADE: 2404
ELECTRONIC/SEMI GRADE: 2354 A.C.S. REAGENT GRADE: 3354

PRODUCT IS ALSO SOLD AS: #7473 VAPOR FUSING SOLUTION
#7502 RHO-COTE SM #7417 RHO CLENE 417
#7657 RHO CLENE 657 #7667 RHO CLENE 667

DEPARTMENT OF TRANSPORTATION (DOT) IDENTIFICATION:

DOT PROPER SHIPPING NAME: 1,1,1 TRICHLOROETHANE
DOT HAZARD CLASS: ORM-A DOT IDENTIFICATION NUMBER: UN2831

HAZARDOUS WASTE IDENTIFICATION:
U.S. EPA WASTE NUMBER: F001 CALIFORNIA: 211

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT:
THIS CHEMICAL IS NOT PHOTOCHEMICALLY REACTIVE
VOLATILE ORGANIC COMPOUND (VOC):
2004 = 38 GRAMS/LITER 2404 = 58 GRAMS/LITER
2204 = 22 GRAMS/LITER 2354 = 38 GRAMS/LITER
7417 = 58 GRAMS/LITER

SECTION 2 PRODUCT/COMPOSITION DATA

COMPONENT #	COMPONENT	CAS NUMBER	VOL/PERCENT
1.	1,1,1 TRICHLOROETHANE	71-55-6	>95
2.	1,2 BUTYLENE OXIDE	106-88-7	<1
3.	DIETHYLENE ETHER (1,4 DIOXANE)	123-91-1	<2
4.	NITROMETHANE	75-52-5	<2

SAFE DRINKING WATER AND TOXICS ENFORCEMENT ACT OF 1986 WARNING:
THIS BLEND CONTAINS LISTED "PROPOSITION 65" CHEMICALS KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER. COMPONENT #1 CONTAINS THE LISTED CHEMICAL 1,2-DICHLOROETHANE AT LEVEL <200.0 PARTS PER MILLION. COMPONENT #3 IS LISTED.

THE DETECTION LIMITS FOR THESE CHEMICALS ARE VARIABLE, AND DEPEND UPON THE DETECTION INSTRUMENT'S SPECIFICITY, SENSITIVITY, ANALYTICAL METHOD UTILIZED, AND VARIOUS OTHER PERAMETERS.

SECTION 4D HEALTH INFORMATION - EFFECTS OF EXPOSURE

EFFECTS DESCRIBED IN THIS SECTION ARE BELIEVED NOT TO OCCUR IF EXPOSURES TO THE PRODUCT ARE MAINTAINED BELOW THE OCCUPATIONAL EXPOSURE LIMITS LISTED IN SECTION 4C. PREEXISTING SKIN, EYE, AND RESPIRATORY DISORDERS MAY BE AGGRAVATED BY EXPOSURE.

POTENTIAL ROUTE OF ENTRY:
INHALATION _X_ SKIN ___ INGESTION _X_

INHALATION:

VAPORS MAY BE IRRITATING TO THE NOSE, THROAT AND RESPIRATORY TRACT. HIGH VAPOR CONCENTRATIONS MAY RESULT IN CENTRAL NERVOUS SYSTEM (CNS) DEPRESSION.

SKIN:

LIQUID IS IRRITATING TO THE SKIN. PROLONGED OR REPEATED CONTACT MAY CAUSE SKIN TO BECOME REDDENED, ROUGH, AND DRY DUE TO THE REMOVAL OF NATURAL OILS, AND MAY RESULT IN DERMATITIS.

EYES:

LIQUID IS SEVERELY IRRITATING TO THE EYES.

LIQUID CAUSES TEMPORARY PAINFUL BURNING SENSATION, TEARING, GENERAL INFLAMATION, AND BLURRED VISION.

HIGH VAPOR CONCENTRATION MAY ALSO CAUSE IRRITATION.

INGESTION:

LIQUID IS TOXIC AND MAY BE HARMFUL IF SWALLOWED.

SWALLOWING PRODUCT MAY RESULT IN GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, DIARRHEA.

ASPIRATION (BREATHING) OF VOMITUS INTO THE LUNGS MUST BE AVOIDED AS EVEN SMALL QUANTITIES MAY RESULT IN ASPIRATION PNEUMONITUS AND SYSTEMIC EFFECTS.

SIGNS AND SYMPTOMS OF EXCESSIVE EXPOSURE:

INTENTIONAL ABUSE, MISUSE, OR OTHER MASSIVE EXPOSURE MAY RESULT IN DIFFICULT BREATHING, VOMITING, NAUSEA, VOMITING AND HEADACHE. COMA AND/OR DEATH ARE POSSIBLE.CENTRAL NERVOUS SYSTEM DEPRESSION RANGES FROM LIGHT HEADEDNESS TO UNCONSCIOUSNESS AND DEATH. CNS DEPRESSION IS EVIDENCED BY GIDDINESS, DIZZINESS, AND NAUSEA.

RESPIRATORY PROTECTION:

AVOID PROLONGED OR REPEATED BREATHING OF VAPORS. IF EXPOSURE MAY OR DOES EXCEED OCCUPATIONAL EXPOSURE LIMITS (SECTION 4C) USE A NIOSH-APPROVED RESPIRATOR TO PREVENT OVEREXPOSURE. IN A ACCORD WITH 29 CFR 1910.134 USE EITHER A FULL-FACE, ATOMOSPHERE-SUPPLYING REPIRATOR OR AIR-PURIFYING RESPIRATOR FOR ORGANIC VAPORS.

SKIN PROTECTION:

FOR BRIEF CONTACT, NO PRECAUTIONS OTHER THAN CLEAN BODY-COVERING CLOTHING SHOULD BE NEEDED. WHEN PROLONGED OR FREQUENTLY REPEATED CONTACT COULD OCCUR, USE PROTECTIVE CLOTHING IMPERVIOUS TO THIS MATERIAL. SELECTION OF SPECIFIC ITEMS SUCH AS GLOVES, BOOTS, APRON OR FULL-BODY SUIT WILL DEPEND ON OPERATION.

EYE PROTECTION:

' E SAFETY GLASSES. WHERE CONTACT WITH LIQUID IS LIKELY, CHEMICAL GOGGLES ARE RECOMMENDED BECAUSE EYE CONTACT WITH THIS MATERIAL MAY CAUSE PAIN, EVEN THOUGH IT IS UNLIKELY TO CAUSE INJURY. CONTACT LENSES SHOULD NOT BE WORN.

HYGIENE:

AVOID CONTACT WITH SKIN AND AVOID BREATHING VAPORS. DO NOT EAT, DRINK OR SMOKE IN WORK AREA. WASH HANDS PRIOR TO EATING, DRINKING, OR USING RESTROOM.

SECTION 6 EMERGENCY AND FIRST AID

EYE CONTACT

IMMEDIATELY FLUSH EYES WITH PLENTY OF WATER FOR AT LEAST 15 MINUTES WHILE HOLDING EYELIDS OPEN. GET MEDICAL ATTENTION.

SKIN CONTACT:

REMOVE CONTAMINATED CLOTHING/SHOES AND WIPE EXCESS CHEMICAL FROM SKIN. FLUSH SKIN WITH WATER. FOLLOW BY WASHING WITH SOAP AND WATER. IF IRRITATION OCCURS, GET MEDICAL ATTENTION. DO NOT REUSE CLOTHING UNTIL CLEANED.

IALATION:

EMOVE VICTIM TO FRESH AIR AND PROVIDE OXYGEN IF BREATHING IS DIFFICULT. IVE ARTIFICIAL REPIRATION IF NOT BREATHING. GET MEDICAL ATTENTION.

THIS PRODUCT IS NONFLAMMABLE AND NONEXPLOSIVE UNDER NORMAL CONDITIONS OF USE. AT HIGH TEMPERATURES, THIS PRODUCT DECOMPOSES TO GIVE OFF HYDROCHLORIC ACID GAS PLUS OTHER TOXIC AND IRRITATING GASSES SUCH AS PHOSGENE. IF STORAGE CONTAINERS ARE EXPOSED TO EXCESSIVE HEAT, OVER-PRESSURIZATION OF CONTAINERS CAN RESULT IN POSSSIBLE RUPTURE OF THE CONTAINER.

SECTION 8 REACTIVITY

STABILITY: THIS PRODUCT IS STABLE

HAZARDOUS POLYMERIZATION: WILL NOT OCCUR

CONDITIONS AND MATERIALS TO AVOID:

AVOID HEAT, FLAME AND CONTACT WITH STRONG OXIDIZING AGENTS SUCH LIQUID CHLORINE, CONCENTRATED OXYGEN, SODIUM HYPOCHLORITE OR CALCIUM HYPOCHLORITE.

AVOID CONTCT WITH STRONG ALKALIES SUCH AS SODIUM HYDROXIDE AND CONTACT WITH STRONG MINERAL ACIDS SUCH AS SULFURIC, HYDROCHLORIC AND NITRIC ACIDS.

AVOID CONTACT WITH BARIUM, LITHIUM, MAGNESIUM, AND TITANIUM.

HAZARDOUS DECOMPOSTION PRODUCTS:

AT HIGH TEMPERATURES THIS PRODUCT DECOMPOSES TO GIVE OFF HYDROGEN CHLORIDE GAS AND SMALL QUANTITIES OF OTHER TOXIC AND IRRITATING VAPORS, SUCH AS PHOSGENE.

SECTION 9 SPILL AND DISPOSAL PRACTICES

SPILL:

EVACUATE THE AREA, VENTILATE, AND AVOID BREATHING VAPORS. DIKE AREA TO CONTAIN SPILL. CLEAN UP AREA (WEAR PROTECTIVE EQUIPMENT) BY MOPPING OR WITH ABSORBENT MATERIAL AND PLACE IN CLOSED CONTAINERS FOR DISPOSAL. AVOID CONTAMINATION OF GROUND AND SURFACE WATERS. DO NOT FLUSH TO SEWER.

WASTE DISPOSAL:

RECOVERED LIQUIDS MAY BE SENT TO A LICENSED RECLAIMER OR INCINERATION FACILITY. CONTAMINATED MATERIAL MUST BE DISPOSED OF IN A PERMITTED HAZARDOUS WASTE MANAGEMENT FACILITY. CONSULT FEDERAL, STATE OR LOCAL DISPOSAL AUTHORITIES FOR APPROVED PROCEDURES.

Rho-Chem
Rho-Chem Corporation
425 Isis Avenue
Inglewood, CA 90301

MATERIAL SAFETY DATA SHEET

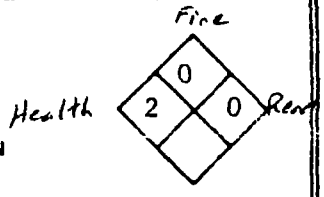
Essentially similar to OSHA Form 20

REV. 082279

SECTION I. PRODUCT IDENTIFICATION

PRODUCT NAME	1,1,1 Trichloroethane	STOCK NO	2404 Reconstituted 2004 Technical Grade 2354 Electronic/Semiconductor 3354 Reagent U.S.P. Grade
CHEMICAL NAME AND SYNONYMS	Methyl Chloroform	FORMULA	CH_3CCl_3
CHEMICAL FAMILY	Chlorinated hydrocarbon CAS # 71556	EMERGENCY PHONE NO.	(213) 776-6233

NATIONAL FIRE PROTECTION ASSOCIATION HAZARD IDENTIFICATION



AIR QUALITY MANAGEMENT DISTRICT PHOTOCHEMICAL REACTIVITY

Non-photochemically reactive (less than 4%)

DEPARTMENT OF TRANSPORTATION HAZARD CLASS

ORM-A

SECTION II. HAZARDOUS INGREDIENTS

MATERIAL	TLV (UNITS)	%	MATERIAL	TLV (UNITS)	%
1,1,1 Trichloroethane	350	100			

SECTION III. PHYSICAL DATA

BOILING POINT ONE atm	165°F	FREEZING POINT	-34.4°F
SPECIFIC GRAVITY (H_2O = 1)	1.312 @ 25/25°C.	VAPOR PRESSURE AT 20°C	104.5 mm Hg
VAPOR DENSITY (AIR = 1)	4.55	SOLUBILITY IN WATER % BY WT AT 20°C	0.07
PERCENT VOLATILES BY VOLUME	100%	EVAPORATION RATE	100 (CCl_4=100)
APPEARANCE	Colorless liquid	ODOR	Somewhat ethereal

SECTION IV. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (TEST METHOD)	None (T.O.C.)	FLAMMABLE LIMITS IN AIR (% BY VOLUME)	Upper: Non flammable
AUTOIGNITION TEMPERATURE	No available data		Lower: Non flammable
EXTINGUISHING MEDIA	Its presence in a fire does not hinder the use of any standard extinguishing media.		
SPECIAL FIREFIGHTING PROCEDURES	Wear self contained breathing apparatus approved by NIOSH. Use water spray to knock down vapors and to cool containers.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	Vapors exposed to high temperatures that occur in open flames, welding arcs, and open electric heaters decompose to give off hydrogen chloride and other toxic and irritating vapors.		

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. R055

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
WASTE 1,1,1-TRICHLOROETHANE SOLUTION, 6.1, UN2831, PGIII (ERG#74)	003	DM	00160	G
b.				
c.	EXCL			
d.				

12. Additional Descriptions for Materials Listed Above
11A: PROFILE#1379171 1,1,1-TRICHLO
10 GAL. WATER 90% STODDARD SOLVENT

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985
P/U DATE 2/28/95 REC:7-5/L:OPEN P.O.# 71784 CUST.# PAR081

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 federal, state and international laws.

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: ERIC CASTANEDA | Signature | Month 02 Day 28 Year 95

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LUCIANO CORREA (3) | Signature | Month 02 Day 28 Year 95

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

FACILITY

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

DO NOT WRITE BELOW THIS LINE.

DTSC 8022A (7/92)
EPA 8700-22

Yellow — GENERATOR RETAINS

State of California—Environmental Protection Agency
Form Approved OMB No 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CAD981973357 Manifest Document No. RC231

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	002	DM	00100	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
HRS: 7AM-4PM
P/U DATE: 10-19-94
P.O.# 67232
CUST.# 1707105

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 federal, state and international laws.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
JIM SMITH	Jim Smith	10	19	94

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
RAMON GRAY (2)	Ramon Gray	10	19	94

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
ROBERT FARRAS	Robert Farras	10	19	94

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (7/92)
EPA 8700—22

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

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. RC482

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-8985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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 HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	003	DM	00150	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CUS#1707105 PO#5734 P/U DATE 8-2-94 HRS:7AM-11PM

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 federal, state and international laws.

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GENERATOR

Printed/Typed Name: Jim Smith | Signature: Jim Smith | Month 08 Day 02 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ramon Gray (3) | Signature: Ramon Gray | Month 08 Day 02 Year 94

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: SHAWN CARRIERE | Signature: S Carriere | Month 08 Day 02 Year 94

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (7/92)
EPA 8700—22

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

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Contrc
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — Manifest Document No.: KC745

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
a. WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#59)	004	DM	00216	G
b.				
c.				
d.				

[redacted]

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
[illegible] DATE 5-17-94 HRS:6AM-12MIDNIGHT CUST.# 1707105 PO#48313

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 federal, state and international laws.

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Printed/Typed Name	Signature	Month Day Year
MONTK, BUTHSOMBAT	[signature]	05 17 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
DS ONEAL	DS ONeal (4)	05 17 94

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
SHAWN CARRIERE	[signature]	05 17 94

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPO[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (7/92)
EPA 8700—22

Mailed Blue 2/16/94 45

State of California—Environmental Protection Agency
Form Approved OMB No: 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. KC568

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
a. WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLORDETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	003	DM	00150	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CUS#1707105 PO#41199 P/U DATE 2-8-94 HRS:7AM-12MIDNIGHT

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 federal, state and international laws.

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Printed/Typed Name: Daniel Talamantes | Signature: [signature] | Month 02 Day 09 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RAMON GRAY (3) | Signature: [signature] | Month 02 Day 09 Year 94

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: ROBERT FERRAS | Signature: [signature] | Month 02 Day 09 Year 94

GENERATOR

TRANSPORTER

FACILITY

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

DO NOT WRITE BELOW THIS LINE.

Yellow- TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (7/92)
EPA 8700—22

Parker Hannifin Corporation
Cylinder Division

PURCHASE ORDER NO. 36253

SHOW THIS NUMBER ON ALL PAPERS AND PACKAGES

ORDERING PLANT 08

BILL & SHIP TO

INDUSTRIAL WASTE UTILIZ.
5601 STATE STREET
ONTARIO CA 91762

PARKER HANNIFIN CORP.
11808 BURKE ST.
SANTA FE SPRS., CA 90670

VENDOR CODE	DATE	SHIPPING INSTRUCTIONS	F.O.B.	DELIVERY REQUIRED
40798	11-04-93		POINT OF SHIPMENT	10-20-93

REQ. NO.	DELIVER TO DEPT.	TAXABLE	NON-TAXABLE	CHARGE TO ACCT. OR CODE NO.
0000000/SED			X	1H80-424

QUANTITY	DESCRIPTION	PART NUMBER	
1150 EA	ITEM NO: 001 GALLON BULK DISPOSAL	DISPOSAL	.75 E
		ITEM TOTAL	862.50
1 EA	ITEM NO: 002 TRANSPORTATION	TRANSPORTATION	300.00 E
		ITEM TOTAL	300.00
1 EA	ITEM NO: 003 TRUCK WASHOUT	TRUCK WASHOUT	125.00 E
		ITEM TOTAL	125.00
	NON-CONFIRMING		
	TOTAL ORDER		1287.50

11/3/93
ok to pay

NOTE ► **DO NOT DEVIATE FROM SHIPPING INSTRUCTIONS ABOVE WITHOUT PRIOR APPROVAL**

1- ILLINOIS REGISTRATION NO 772-771
2- OHIO REGISTRATION NO 18-81099
Directly in production of another article for use or consumption directly in the production of personal property for sale
3- MICHIGAN REGISTRATION NO ME-0200176-EXEMPTION CLAUSE INDUSTRIAL PROCESSING
4- CALIFORNIA REGISTRATION NO OS-R2798
5- GEORGIA REGISTRATION NO 060-79-50995
6- CONNECTICUT REGISTRATION NO 0739771-001
7- INDIANA REGISTRATION NO 340451060-001-0
8- NORTH CAROLINA REGISTRATION NO 901-4-025-105-91

PURCHASING DEPT. (ORIGINATING LOCATION)

State of California—Environmental Protection Agency
Form Approved OMB No 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Contr
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 | Manifest Document No. 54348 | 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN
11808 BURKE STREET
SANTA FE SPRINGS, CA 90670

4. Generator's Phone ( ) 310-698-0985

5. Transporter 1 Company Name: INDUSTRIAL WASTE UTILIZATION
6. US EPA ID Number: CAD980585293

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

9. Designated Facility Name and Site Address
DEMENNO KERDOON
2000 N. ALAMEDA STREET
COMPTON CA 90222
10. US EPA ID Number: CAT080013352

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
a. OILY WATER NON RCRA HAZARDOUS WASTE LIQUID,	001	TT	01150	G
b.				
c.				
d.				

THIS WASTE STREAM HAS BEEN QUALIFIED FOR RECYCLING/TREATMENT AT THE DeMENNO/KERDOON FACILITY IN COMPTON, CALIFORNIA. THIS FACILITY HAS THE NECESSARY PERMITS TO RECEIVE YOUR WASTE STREAM AS QUALIFIED. OUR EPA NUMBER IS CAT080013352

12. Additional Descriptions for Materials Listed Above — 13. Total Quantity for Waste Listed Above

(11a) - WATER, COOLANT, OIL, DI

15. Special Handling Instructions and Additional Information
(11a)-Approval #027087, EMERGENCY CONTACT: 909-984-9984 ERG#-

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 federal, state and international laws.

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Printed/Typed Name: JIM SMITH | Signature: [signature] | Month 10 Day 20 Year 93

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Twinchan | Signature: [signature] | Month 10 Day 20 Year 93

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: AGUSTIN P. ALVERUPRO | Signature: [signature] | Month 10 Day 25 Year 93

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPO CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-755

92154348

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS (Generators who submit hazardous waste for transport out-of-state, send a completed copy of the manifest to DTSC within 30 days

DTSC 8022A (7/92)

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD981973357 Manifest Document No.: KC221
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
WASTE 1,1,1-TRICHLOROETHANE SOLUTION, ORM-A, UN2831 (ERG#74)	003	DM	00162	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CUS#1707105 PO#76149 P/U DATE 8-19-93 HRS:6AM-12MIDNIGHT

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 federal, state and international laws.

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Printed/Typed Name: D'ONEAL | Signature: D O'Neal (3) | Month 08 Day 19 Year 93

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSE PEREZ | Signature: Jose Perez | Month 8 Day 19 Year 93

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: ROBERT FERRAS | Signature: Robert Ferras | Month 08 Day 19 Year 93

GENERATOR — TRANSPORTER — FACILITY

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

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 9 8 1 9 7 3 3 5 7 Manifest Document No. R C 4 6 8

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

A. State Manifest Document Number 92235468

B. State Generator's ID

5. Transporter 1 Company Name: RHO-CHEM CORPORATION

6. US EPA ID Number: C A D 0 0 8 3 6 4 4 3 2

C. State Transporter's ID 3322

D. Transporter's Phone (213) 776-6233

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
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301

10. US EPA ID Number: C A D 0 0 8 3 6 4 4 3 2

G. State Facility's ID

H. Facility's Phone (213) 776-6233

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 1,1,1-TRICHLOROETHANE SOLUTION, ORM-A, UN2831 (ERG#74)	003	DM	150	G
b.				
c.				
d.				

I. Additional Descriptions for Materials Listed Above
119. PROFILE#137917, 1,1,1-TRICHLOROETHANE 90-100%, WATER 0-5%, NITROGEN 0-10%
REC17-9/C411-1E130

J. Handling Codes for Wastes Listed Above
1. 9 0 1

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING. P/U DATE 3/26/93
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985 P.O.# 32184
CUST.# 170/105

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 federal, state and international laws.

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: JIM SMITH | Signature | Month 03 Day 26 Year 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: R. BENVENISTE | Signature | Month 03 Day 26 Year 93

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: G. WATSON | Signature | Month 03 Day 26 Year 93

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (12/91)
EPA 8700—22

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

92235468

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Contr
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. RC197

2. Page 1 of 1

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

A. State Manifest Document Number: 92233197

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-8985

B. State Generator's ID

5. Transporter 1 Company Name: RHO-CHEM CORPORATION

6. US EPA ID Number: CAD008364432

C. State Transporter's ID

D. Transporter's Phone: (213) 776-6233

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
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301

10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432

H. Facility's Phone: (213) 776-6233

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 Number
WASTE 1,1,1-TRICHLOROETHANE SOLUTION, ORM-A, UN2831 (ERG#74)	001	DM	00150	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
11A. PROFILE#137917: 1,1,1-TRICHLOROETHANE 40-50%, OIL 10-60%, WATER 0-5%, STABILIZERS 0-10%.
REC:7-5/L:11-12:30

K. Handling Codes for Wastes Listed Above
a. 15
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING. P/U DATE 1/11/93
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-8985 P.O.# Z8070
CUST.# 1707105

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 federal, state and international laws.

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GENERATOR

Printed/Typed Name: Jim Smith | Signature: [signature] | Month 01 Day 11 Year 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J.C. Theis | Signature: [signature] | Month 01 Day 11 Year 93

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

FACILITY

19. Discrepancy Indication Space
11-A) 1 Drum has hazard class ORM-E. K-A) 1 Drum has handling-Code - 15. Generator notified. [illegible] 1/12/93

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Tony Gaeta | Signature: [signature] | Month 01 Day 11 Year 93

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (12/91)
EPA 8700—22

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

92233197

Please print or type. Form designed for use on elite (12-pitch typewriter). and Front of Page 7 Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — Manifest Document No.: 94308
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Parker Hannifin Corp. 11808 Burke St Santa Fe Springs Ca 90670
4. Generator's Phone ( ): 310 698 0935

A. State Manifest Document Number: 90994310
B. State Generator's ID: BOF EXEMPT

5. Transporter 1 Company Name: RHO-Chem Corp.
6. US EPA ID Number: CAD008364432
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 213 776-6233

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: RHO-Chem Corp. 425 Isis Ave Inglewood, CA 90301
10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: 213-776-6233

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 1,1,1 Trichloroethane Solution Orm-A UN2831 (F001)	003	DM	00150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above:
1,1,1 Trichloroethane = 60%
Oil = 40%
Profile # 137917

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

15. Special Handling Instructions and Additional Information:
Eye Protection & Gloves
Emergency Contact (310) 698-0985

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.

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Printed/Typed Name: Jim Smith — Signature: Jim Smith — Month Day Year: 09 23 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlease Clark RHO Chem 3 — Signature: Carlease Clark — Month Day Year: 09 28 92

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: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 09 28 92

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

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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.: CAD981973357 — Manifest Document No.: 94308
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP. 11808 BURKE ST. SANTA FE SPRINGS, CA. 90670
4. Generator's Phone: (310) 698-0985
A. State Manifest Document Number: 90994308
B. State Generator's ID: BOF Exempt
C. State Transporter's ID: 216281
D. Transporter's Phone: (213) 776-6233
5. Transporter 1 Company Name: RHO-Chem Corp.
6. US EPA ID Number: CAD008364432
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: RHO-Chem Corp. 425 ISIS AVE. INGLEWOOD, CA. 90301
10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1 ~~TRICHLOROETHANE~~ TRICHLOROETHANE SOLUTION ORM-A UN283 (F001)	003	DM	001	50 G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above:
1,1,1 TRICHLOROETHANE = 60%
Oil = 40%
PROFILE #137917

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

15. Special Handling Instructions and Additional Information:
EYE PROTECTION & GLOVES
EMERGENCY CONTACT (310) 698-0985

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.

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Printed/Typed Name: Jim Smith — Signature: Jim Smith — Month Day Year: 05 05 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ramon Gray (3) — Signature: Ramon Gray — Month Day Year: 05 11 92

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: Robin D McCoy — Signature: Robin D McCoy — Month Day Year: 05 11 92

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

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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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.: CAD981973357 — Manifest Document No.: 94300
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP. 11808 BURKE ST. SANTA FE SPRINGS, CA 90670
4. Generator's Phone (301) 698-0985

A. State Manifest Document Number: 90994307
B. State Generator's ID: BOF EXEMPT
C. State Transporter's ID: 11472 11464
D. Transporter's Phone (213) 776-6233
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: RHO-Chem
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: RHO-Chem Corp. 425 ISIS Ave. Inglewood, CA. 90301
10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1 TRICLORETHANE SOLUTION ORM-A UN2831 (F001)	008	DM	00150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1 TRICLORETHANE = 60% Oil = 40% PROFile # 137917

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

15. Special Handling Instructions and Additional Information: EYE PROTECTION & GLOVES
EMERGENCY CONTACT (310) 698-0985

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.

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Printed/Typed Name: Jim Smith — Signature: [signature] — Month Day Year: 01 15 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BRIAN MORRISON 62321 — Signature: [signature] (3) — Month Day Year: 01 15 92

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] — Signature: [signature] — Month Day Year: 01 15 92

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

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

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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.: CAD981973357
Manifest Document No.: 94306
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP 11808 BURKE ST. SANTA FE SPRINGS, CA. 90670
4. Generator's Phone (213) 698-0985
A. State Manifest Document Number: 90994306
B. State Generator's ID: 80FEXEMPT

5. Transporter 1 Company Name: RHO Chem
6. US EPA ID Number: CAD008364432
C. State Transporter's ID: 111472
D. Transporter's Phone: (213) 776-6233

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: RHO-Chem CORP. 425 ISIS AVE. INGLEWOOD, CA. 90301
10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1, TRICHLORETHANE SOLUTION, ORM-A, UN 2831 (F001)	003	DM	00150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE = 60%
Oil = 40%
Profile # 137917

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & GLOVES
EMERGENCY CONTACT (213) 698-0985

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.

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Printed/Typed Name: Jim Smith
Signature: Jim Smith
Month Day Year: 09 09 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: D O Neal (3)
Signature: D O Neal 61400
Month Day Year: 09 26 91

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

19. Discrepancy Indication Space

RECEIVED
OCT 2 1991
Ans'd.....

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Tony Gaeta
Signature: Tony Gaeta
Month Day Year: 09 26 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

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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).*

Mailed 5/21/91

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

RECEIVED MAY 30 1991 Ans'd

1. Generator's US EPA ID No.: CAD981973357 — Manifest Document No.: 94303
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: PARKER HANNIFIN, 11 809 BURKE ST., SANTA FE SPRINGS, CA 90670
4. Generator's Phone: 213 698-0985

A. State Manifest Document Number: 90994305
B. State Generator's ID: BOP EXEMPT

5. Transporter 1 Company Name: RHO-Chem
6. US EPA ID Number: CAD008364432
C. State Transporter's ID: 111472
D. Transporter's Phone: 213 7766233

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: RHO Chem Corp., 425 Isis Ave., Inglewood, CA 90301
10. US EPA ID Number: CAD008364430
G. State Facility's ID: CAD008364432
H. Facility's Phone: 213 7766233

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 1,1,1, TRICHLORETHANE SOLUTION ORM-A UN2831 (F001)	008	DA	150	G	State 211; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1, TRICHLORETHANE = 60%; Oil = 40%

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

15. Special Handling Instructions and Additional Information: Eye Protection & Gloves; Emergency Contact (213) 698-0985

16.

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Printed/Typed Name: JIM SMITH — Signature: Jim Smith — Month Day Year: 05 21 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVID ONEAL (3) — Signature: David Oneal 69477 — Month Day Year: 05 21 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: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 05 21 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

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 — 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
PARKER HANNIFIN CORP
11808 BURKE ST.
SANTA FE SPRINGS, CA.90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number 90994303

B. State Generator's ID E OF E EXEMPT

5. Transporter 1 Company Name RHO-CHEM

6. US EPA ID Number CAD008364432

C. State Transporter's ID 401443N 111465

D. Transporter's Phone 2132776-6233

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
RHO CHEM CORP.
425 ISIS AVE.
INGLEWOOD, CA.90301

10. US EPA ID Number CAD008364432

G. State Facility's ID CAD008364432

H. Facility's Phone (213)776-6233

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 TRICLORETHANE (1,1,1) UN2831 SOLUTION ORM-A (f001)	003	DM	150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1 TRICLORTHANE 60%
OIL PRO#2323 40%

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & GLOVES

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: Jim Smith — Signature: James Smith — Month Day Year: 01 28 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL FULLER (3) — Signature: Michael — Month Day Year: 01 28 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 materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 01 28 91

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

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88) 71
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — 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: PARKER HANNIFIN CORP. 11809 BURKE ST. SANTA FE SPR. NGS, CA. 90670
4. Generator's Phone: (213) 698-0795

A. State Manifest Document Number: 88597759
B. State Generator's ID: B of E EXEMPT

5. Transporter 1 Company Name: RHO Chem Corp
6. US EPA ID Number: CAD008364432

C. State Transporter's ID: 01[illegible]
D. Transporter's Phone: (213) 776-6233

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: RHO Chem Corp. 425 Isis Ave. Inglewood, CA. 90301
10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1 TRICHLORETHANE UN2831 SOLUTION ORM-A (F001)	003	DM	150	G	State: 211; EPA/Other: F001
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

J. Additional Descriptions for Materials Listed Above: 1,1,1 TRICHLORETHANE = 60%; Oil PRO #2323 = 40%

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

15. Special Handling Instructions and Additional Information: Eye PROTECTION & GLOVES

16.

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Printed/Typed Name: Jim Smith — Signature: James L Smith — Month Day Year: 10 11 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL FULLER #49740 (3) — Signature: Michael Fuller — Month Day Year: 10 11 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: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 10 11 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE[illegible]SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 — 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
Parker Hannifin Corp.
11808 Burke ST.
Santa Fe Springs, Ca. 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number 88597756

B. State Generator's ID EXEMPT

5. Transporter 1 Company Name RHO CHEM CORP.

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6. US EPA ID Number CAD008364430

C. State Transporter's ID 014429

D. Transporter's Phone 213-776-6233

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
RHO CHEM CORP.
425 Isis Ave.
Inglewood, Ca. 90301

10. US EPA ID Number CAD008364430

G. State Facility's ID CAD008364430

H. Facility's Phone (213) 776-6233

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 1,1,1, Trichlorethane Solution ORM-A UN2831 (F001)	014	DM	1210	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE = 60%
O,1 = 40%

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & GLOVES

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.

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Printed/Typed Name: JIM SMITH — Signature: Jim Smith — Month Day Year: 070890

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA (4) — Signature: Jay Guerra — Month Day Year: 070890

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 Earley — Signature: John Earley — Month Day Year: 070390

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

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

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State of California—Health and Welfare Agency
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 981733 57
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
PARKER HANNIFIN CORP.
11808 Burke St.
Santa Fe Springs, Ca. 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number 89682976
B. State Generator's ID B of E Exempt
C. State Transporter's ID 01429
D. Transporter's Phone (213) 776-6233

5. Transporter 1 Company Name: RHO CHEM Corp.
6. US EPA ID Number: CAD008364432

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
RHO CHEM CORP.
425 Isis Ave.
Inglewood, Ca. 90301
10. US EPA ID Number: CAD008364430

G. State Facility's ID CAD008364432
H. Facility's Phone (213) 776-6233

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 1,1,1, TRICHLORETHANE Solution ORM-A UN2831 (F001)	004	DM	200	G	State 211 / EPA/Other F001
b					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE=60%
Oil =40%

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & Gloves

16.
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Printed/Typed Name: JIM SMITH
Signature: Jim Smith
Month Day Year: 01 19 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA
Signature: Jay Guerra
Month Day Year: 01 19 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: JERRY L SADER
Signature: Jerry L Sader
Month Day Year: 01 19 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

Do Not Write Below This Line

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EPA 8700—22
(Rev 9-88) Previous editions are obsolete

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Form Approved OMB No. 2050—0039 (Expires ~~9-30-88~~) 9-30-91
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A D 9 8 1 9 7 3 3 5 7 — Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

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3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP
11808 Burke st.
Santa Fe Springs, Ca. 90670

4. Generator's Phone ( ) 213 598-0985

A. State Manifest Document Number: 8859 7 5 0 2
B. State Generator's ID: B Of e Exempt
C. State Transporter's ID: 911270
D. Transporter's Phone: 213 7766233
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: C AD 00 8 3 64 43 2
H. Facility's Phone: 213 7766233

5. Transporter 1 Company Name: RHO-CHEM
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address:
RHO_CHEM CORP.
425 Lsis Ave.
Inglewood, Ca. 90301

10. US EPA ID Number: C AD 0 0 83 6 44 3 2

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 1,1,1, TRICHLORETHENE Solution ORM-A UN2831 (F001)	0 02	d m	00 1 00	g	State 211 / EPA/Other F001
b					State / EPA/Other
c					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE =60%
0.1 =40%

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

15. Special Handling Instructions and Additional Information

EYE PROTECTION AND GLOVES

16.

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Printed/Typed Name: JAMES SMITH — Signature: James Smith — Month Day Year: 07 21 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA (2) — Signature: Jay Guerra 55126 — Month Day Year: 07 21 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: JERRY L. SADLER — Signature: Jerry L Sadler — Month Day Year: 07 21 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

DHS 8022 A (1/88)
EPA 8700—22
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Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — 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: PARKER HANNIFIN CORP, 11803 BURKE ST., SANTA FE SPRINGS, CA 90670
4. Generator's Phone: (213) 698-0935

A. State Manifest Document Number: 88597752
B. State Generator's ID: BOFE EXEMPT

5. Transporter 1 Company Name: RHO Chem Corp — 6. US EPA ID Number: CAD008364432
C. State Transporter's ID: 9/1269
D. Transporter's Phone: 213 776-6233

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: RHO Chem Corp, 425 E 51S Ave, Inglewood, CA 90301 — 10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1, TRICHLORETHANE SOLUTION, ORM-A UN2331 (F081)	003	DM	00150	G	State: 211; EPA/Other: 1001
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

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MAY 08 1989
Ans'd.....

J. Additional Descriptions for Materials Listed Above: 1,1,1, TRICHLORETHANE = 60%; 0.1 = 40%

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

15. Special Handling Instructions and Additional Information: Eye Protection & Gloves

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Printed/Typed Name: JAMES SMITH — Signature: James Smith — Month Day Year: 05 02 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL FULLER (3) #54295 — Signature: [signature] — Month Day Year: 05 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: JERRY L. SADLER — Signature: [signature] — Month Day Year: 05 02 89

GENERATOR — TRANSPORTER — FACILITY

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Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

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2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP, 11808 BURKE ST, SANTA FE SPRINGS CA 90670
4. Generator's Phone: (213) 698-0985

A. State Manifest Document Number: 88597750
B. State Generator's ID: Blue Exempt
C. State Transporter's ID: 911266
D. Transporter's Phone: 213/336-6232
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: RHO Chem Corp
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: RHO Chem Corp, 425 ISIS AVE, Inglewood, CA 90301
10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1, TRICHLOROETHANE SOLUTION, ORM-A UN2831 (F001)	003	dm	00150	G	State 211; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1, TRICHLORETHANE =60%; 0.1 =40%

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

15. Special Handling Instructions and Additional Information: Eye Protection / Gloves

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Printed/Typed Name: JAMES SMITH — Signature: James Smith — Month Day Year: 01 1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA (3) — Signature: Jay Guerra 53210 — Month Day Year: 9 12 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: — Signature: — Month Day Year:

GENERATOR — TRANSPORTER — FACILITY

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

Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

PARKER HANNIFIN CORP.
CYLINDER DIVISION
221 Helicopter Circle
Corona, CA 91720
Fax# (909) 280-3808
(800) 869-9886

To: Kevin O'Malley **Page:** 1 **Of** 4

Subject: Clamps / Manifold **Date:** 1/13/97

Signed: Jim Smith

If you do not receive all the pages, please call (909) 280-3800

DEMENNO/KERDOON

2000 N. ALAMEDA STREET * COMPTON, CA 90222
TELEPHONE (310) 537-7100 * FAX NUMBER (310) 639-2946

LAND DISPOSAL RESTRICTION (LDR)

GENERATOR NAME: Parker Hannifin MANIFEST DOC. NO: 96031961

PROFILE NUMBER (IF APPLICABLE): 148985 STATE MANIFEST #: 96031961

1. This waste a non-waste water or a waste water? (see 40 CFR 268.2) Check one: ___ Non- waste water ___ Waste water
2. If this waste is subject to any California list restrictions enter the letter from below (either A, B1, B2) next to each restriction that is applicable:
   ___ HOC's ___ PCB's ___ ACID ___ METALS ___ CYANIDES
3. Identify all US EPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subdivision, or check NONE if the waste code has no subdivision. Also check which treatment standards apply:

REF	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBDIVISION ENTER THE SUBDIVISION DESCRIPTION, IF NOT APPLICABLE CHECK NONE		6. APPLICABLE TREATMENT STANDARDS			7. HOW MUST THE WASTE BE MANAGED? ENTER THE LETTER FROM BELOW
				6.a PERFORMANCE BASED ✓ AS APPLICABLE		6.b SPECIFIED TECHNOLOGY: IF APPLICABLE ENTER THE 40 CFR 268.43(a) TABLE 1 TREATMENT CODE(S)	
		DESCRIPTION	NONE	268.41(a)	268.43(a)	268.42(a)	
1	NON RCRA		✓				E
2							
3							
4							
5							
6							
7							
8							
9							
10							
TO LIST ADDITIONAL US EPA WASTE CODE(S) AND SUBCATEGORY(IES) USE A SUPPLEMENTAL SHEET						✓ HERE: ☐	

HOW MUST THE WASTE BE MANAGED? In Column 7 above, enter the letter (A, B1, B2, B3, C, or D) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter B1, B2, B3, or D, you are making the appropriate certification as provided below.

A. RESTRICTED WASTE REQUIRES TREATMENT

This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D 268.32 or RCRA Section 3004 (d).

B.1 RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information. I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

B.2 RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certifications, including the possibility of fine and imprisonment."

B.3 GOOD FAITH ANALYTICAL CERTIFICATION FOR INCINERATED ORGANICS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that based on my inquiry of those individuals immediately responsible for obtaining this information. I believe that the non-waste water organic constituents have been treated by incineration in units operated in accordance with 40 CFR part 264 subpart D or part 265 subpart D, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the non-waste water organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certificate including the possibility of fine and imprisonment."

C. RESTRICTED WASTE SUBJECT TO A VARIANCE

This waste is subject to a national capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 7 above.

D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

I have determined that this waste meets all applicable treatment standards set forth in 40 CFR part 268 subpart D and all applicable prohibition levels set forth in section 268.32 or RCRA section 3004 (d), and therefore can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage and disposal facility named above. "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR part 268 subpart D and all applicable prohibitions set forth on 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certification, including the possibility of a fine and imprisonment."

E. WASTE IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR Part 268 restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge & information.

SIGNATURE: [signature] PRINTED NAME & TITLE: ERIC CASTANEDA SHIPPING DATE: 10-24-96

Certificate of Treatment/Recycling

ISSUED TO

PARKER HANNIFIN CORP.-CYLIND

FOR

MANIFEST NUMBER **96031961** DATE RECEIVED **10/28/96**

The aqueous waste received on the above manifest will be treated to standards mandated by the FEDERAL CLEAN WATER ACT and to effluent requirements established by the Sanitation Districts of Los Angeles County. Waste Treatment and recycling is performed under permits granted to DeMENNO/KERDOON, a California corporation, by the California Department of Health Services, in coordination with the Environmental Protection Agency, in accordance with the provisions of the Resource Conservation and Recovery Act (RCRA) of 1976, together with applicable federal and state regulations including but not limited to waste discharge requirements established by the Sanitation Districts of Los Angeles County.

When the above described waste material is accepted by DeMENNO/KERDOON and treated/recycled and the aqueous phase discharged for further treatment by the Sanitation Districts, the certificate holder's responsibility for the waste material is eliminated under both RCRA and Proposition 65. Upon request, DeMENNO/KERDOON will issue this certificate that all waste material has been handled in accordance with applicable permits and the certificate holder's liability has been terminated.

DeMENNO/KERDOON

"Compliance Through Recycling"

By: Cyrus Pourhassanian Date: 11/11/96

Cyrus Pourhassanian
Laboratory Manager

2000 North Alameda Street ▢ Compton ▢ California ▢ 90222
Telephone(310)537-7100 ▢ Facsimile (310)-639-2946

© GOES 440 LITHO IN U.S.A.

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-96)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL000125848
Manifest Document No.: 31961
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN CORP. - CYLINDER DIVISION
221 HELICOPTER CIRCLE
CORONA, CA 91720 909-280-3800

4. Generator's Phone

A. State Manifest Document Number: 96031961
B. State Generator's ID:
C. State Transporter's ID: 909-984-9984
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAT080013352
H. Facility's Phone: 310-537-7100

5. Transporter 1 Company Name: INDUSTRIAL WASTE UTILIZATION
6. US EPA ID Number: CAD980585293

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

9. Designated Facility Name and Site Address
DEMENNO KERDOON
2000 N. ALAMEDA STREET
COMPTON CA 90222
10. US EPA ID Number: CAT080013352

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 Number
OILY WATER NON RCRA HAZARDOUS WASTE LIQUID,	001	TT	01200	G	State: 999 EPA/Other: NON RCRA
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

THIS WASTE STREAM HAS BEEN QUALIFIED FOR RECYCLING/TREATMENT AT THE DeMENNO/KERDOON FACILITY IN COMPTON, CALIFORNIA. THIS FACILITY HAS THE NECESSARY PERMITS TO RECEIVE YOUR WASTE STREAM AS QUALIFIED. OUR EPA NUMBER IS CAT080013352.

J. Additional Descriptions for Materials Listed Above
(11a)-, OILY WATER 99%-100%

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

15. Special Handling Instructions and Additional Information
(11a)-Approval #148985, ERG#-

Emergency Contact: 909-984-9984.

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	Signature	Month Day Year
ERIC CASTANEDA	[signature]	10 24 96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Victor R Luis Jr	[signature]	10 24 96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

19. Discrepancy Indication Space
Quantity discrepancy greater than 10% variation reconciled with generator/transportor on 11/06/96 with [signature] Received 996 gallons

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
DARRELL PARRIS	Darrell Parris	10 28 96

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (1/95)
EPA 8700—22

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See instructions on back of page 6.

Department of Toxic Substances Contr
Sacramento, California

93UU6231

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. RC231

2. Page 1 of 1

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

GENERATOR

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address: RHO-CHEM CORPORATION, 425 ISIS AVE. INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	002	DM	00100	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
HRS:7AM-11PM
P/U DATE: 10-19-94
P.O.# 67232
CUST.# 1707105

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 federal, state and international laws.

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	Signature	Month	Day	Year
JIM SMITH	Jim Smith	10	19	94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
RAMON GRAY (2)	Ramon Gray	10	19	94

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
ROBERT FERRAS	Robert Ferras	10	19	94

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state

DTSC 8022A (7/92)

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter*

See Instructions on back of page 6.

Department of Toxic Substances Contr
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. RC482

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-8985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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
WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	003	DM	00150	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
LLQ - PROFILE#13791 [illegible]
10-DAY, WATER & PCL, STAB [illegible]
P/U CONTACT: JIM SMITH OR [illegible]

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CUS#1707105 PO#5734 P/U DATE 8-2-94 HRS:7AM-11PM

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 federal, state and international laws.

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	Signature	Month	Day	Year
JIM SMITH	[signature]	08	02	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
RAMON GRAY (3)	[signature]	08	02	94

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
SHAWN CARRIERE	[signature]	08	02	94

GENERATOR — TRANSPORTER — FACILITY

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

93U11482

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state,

DTSC 8022A (7/92)

State of California—Environmental Protection Agency
Form Approved OMB No 2050-0039 (Expires 9-30-94)
Please print or type Form designed for use on elite (12-pitch) typewriter

See Instructions on back of page 6.

Department of Toxic Substances Cor
Sacramento, California

93013745

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 Manifest Document No.: KC745
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	004	DM	00216	G
b.				
c.				
d.				

[redacted]

15 Special Handling Instructions and Additional Information

WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CALL DATE 5-17-94 HRS:6AM-12MIDNIGHT CUST.# 1707105 PO#48313

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 federal, state and international laws.

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	Signature	Month Day Year
MONTK BUTHSONBAT	[signature]	05 17 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
DS ONEAL	DS ONeal (4)	05 17 94

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
SHAWN CARRIERE	[signature]	05 17 94

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (7/92)
EPA 8700—22

Mailed Blue 2/16/94 JS

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — Manifest Document No.: KC568
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER MANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

State Manifest Document Number: 92658568

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE HALOGENATED IRRITATING LIQUIDS, N.O.S., (1,1,1-TRICHLOROETHANE, OIL), 6.1, UN1610, PGIII (ERG#58)	003	DM	00150	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
[illegible]

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CUS#1707105 PO#41189 P/U DATE 2-8-94 HRS:7AM-12MIDNIGHT

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 federal, state and international laws.

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	Signature	Month	Day	Year
Daniel Talamantes	[signature]	02	09	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
RAMON GRAY (3)	Ramon Gray	02	09	94

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
ROBERT FERRAS	Robert Ferras	02	09	94

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-75.

92658568

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (7/92)
EPA 8700—22

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter*

See Instructions on back of page 6.

Department of Toxic Substances Con
Sacramento, California

92655221

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPC CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-75

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — Manifest Document No.: KC221
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

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

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

State Manifest Document Number: 92655221
322238

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 1,1,1-TRICHLOROETHANE SOLUTION, ORM-A, UN2831 (ERG#74)	003	DM	00162	G
b.				
c.				
d.				

GENERATOR

Additional Descriptions for Materials Listed Above
11A. PROFILE#137917, 1,1,1-TRICHLOROETHA
10-60%, WATER 0-5%, STABILIZERS 0-10%
P/U CONTACTS: JIM SMITH OR MIKE MARSHALL

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985.
CUS#1707105 PO#36149 P/U DATE 8-19-93 HRS:6AM-12MIDNIGHT

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 federal, state and international laws.

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Printed/Typed Name	Signature	Month	Day	Year
DONEAL	D O Neal (3)	08	19	93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jose Perez	Jose Perez	8	19	93

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
Robert Ferras	Robert Ferras	08	19	93

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state,

DTSC 8022A (7/92)

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. RCH6S

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670

4. Generator's Phone (310) 698-0985

A. State Manifest Document Number: 92235468
B. State Generator's ID:

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432

C. State Transporter's ID: 33201
D. Transporter's Phone: (213) 776-6233

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
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 Number
WASTE 1,1,1-TRICHLOROETHANE SOLUTION, ORM-A, UN2831 (ERG#74)	003	DM	150	G	State: EPA/Other:
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

J. Additional Descriptions for Materials Listed Above
11A. PROFILE#137917, 1,1,1-TRICHLOROETHANE [illegible] 10-60%, WATER 0-5%, STABILIZERS 0-10%.
REC:7-3/Lill-12:30

K. Handling Codes for Wastes Listed Above
a. 2 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING. P/U DATE 3/26/93
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-0985 P.O.# 32184
CUST. # 1707105

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 federal, state and international laws.

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	Signature	Month	Day	Year
JIM SMITH	[signature]	03	26	93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
BENVENISTE	[signature]	03	26	93

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
G WATSON	[signature]	03	26	93

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (12/91)
EPA 8700—22

GENERATOR

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

92235468

State of California — Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 Manifest Document No. RC197
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN / CYLINDER DIV.
11808 BURKE STREET, SANTA FE SPRINGS, CA 90670
4. Generator's Phone (310) 698-8985

A. State Manifest Document Number: 92233197
B. State Generator's ID
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (213)776-6233
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: [illegible]
H. Facility's Phone: (213)776-6233

5. Transporter 1 Company Name: RHO-CHEM CORPORATION
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
RHO-CHEM CORPORATION, 425 ISIS AVE.
INGLEWOOD, CA 90301
10. US EPA ID Number: CAD008364432

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 Number
WASTE 1,1,1-TRICHLOROETHANE SOLUTION, ORM-A, UN2831 (ERG#74)	001	DM	00150	B	State [illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
11A. PROFILE#137917: 1,1,1-TRICHLOROETHANE 40-90%, DIE[illegible] 10-60%, WATER 0-5%, STABILIZERS 0-10%.
REC:7-9/L:11-12:30

K. Handling Codes for Wastes Listed Above
a. [illegible]
b.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING. P/U DATE 1/11/93
24 HOUR EMERGENCY CONTACT: JIM SMITH 310-698-8985 P.O.# Z8070
CUST.# 1707105

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 federal, state and international laws.

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Printed/Typed Name: Jim Smith | Signature: [signature] | Month 01 Day 11 Year 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J.C. Thee (3) | Signature: [signature] | Month 01 Day 11 Year 9[illegible]

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

FACILITY

19. Discrepancy Indication Space
11-A) 1 Drum has hazard class ORM-E. K-A) 1 Drum has handling-Code-15. Generator notified. [illegible] 1/12/93

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Tony Gaeta | Signature: [signature] | Month 01 Day 11 Year 93

DO NOT WRITE BELOW THIS LINE.

Yellow. TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days)

DTSC 8022A (12/91)
EPA 8700—22

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

92233197

GENERATOR

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.: CAD981973357 — Manifest Document No.: 94308
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Parker Hannifin Corp. 11808 Burke St Santa Fe Springs CA 90670
4. Generator's Phone ( ): 310 698 0985

A. State Manifest Document Number: 90994310
B. State Generator's ID: BOF EXEMPT

5. Transporter 1 Company Name: RHO-Chem Corp.
6. US EPA ID Number: CAD008364432
C. State Transporter's ID: 310 224 22229
D. Transporter's Phone: 213 776-6233

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: RHO-Chem Corp. 425 ISIS Ave Inglewood, CA 90301
10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: 213-776-6233

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 1,1,1 Trichloroethane Solution ORM-A UN283 (F001)	003	DM	00150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above:
1,1,1 Trichloroethane = 60%
Oil = 40%
Profile # 137917

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

15. Special Handling Instructions and Additional Information:
Eye Protection & Gloves
Emergency Contact (310) 698-0985

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: Jim Smith — Signature: Jim Smith — Month Day Year: 09 23 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlease Clark RhoChem 3 — Signature: Carlease Clark — Month Day Year: 09 28 92

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: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 09 28 92

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

90994310

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

15842

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.: CAD981973357 — Manifest Document No.: 94308
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP. 11808 BURKE ST. SANTA FE SPRINGS, CA. 90670
4. Generator's Phone (310) 698-0985
5. Transporter 1 Company Name: RHO-Chem Corp.
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: RHO-Chem Corp. 425 ISIS AVE. INGLEWOOD, CA. 90301
10. US EPA ID Number: CAD008364432

A. State Manifest Document Number: 90994308
B. State Generator's ID: BofExempt
C. State Transporter's ID: 216231
D. Transporter's Phone: (213) 776-6233
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1 ~~TRICHLOROETHANE~~ TRICHLOROETHANE SOLUTION ORM-A UN283 (F001)	003	DM	00150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above:
1,1,1 TRICHLOROETHANE = 60%
0.1 = 40%
PROFILE #137917

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

15. Special Handling Instructions and Additional Information:
EYE PROTECTION & GLOVES
EMERGENCY CONTACT (310) 698-0985

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.

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Printed/Typed Name: Jim Smith — Signature: Jim Smith — Month Day Year: 05 05 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ramon Gray (3) — Signature: Ramon Gray — Month Day Year: 05 11 92

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: Robin D. McCoy — Signature: Robin D. McCoy — Month Day Year: 05 11 92

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

90994308

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

Do Not Write Below This Line

PLEASE SEE THIS COPY TO GENERATOR WITHIN 30 DAYS

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.: CAD981973357 — Manifest Document No.: 94306
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP. 11808 BURKE ST. SANTA FE SPRINGS, CA 90670
4. Generator's Phone: (301) 698-0985

A. State Manifest Document Number: 90994307
B. State Generator's ID: BOF EXEMPT
C. State Transporter's ID: ~~11472~~ 11464
D. Transporter's Phone: (213) 776-6233
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: RHO-Chem
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: RHO-Chem Corp. 425 ISIS AVE. Inglewood, CA. 90301
10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1 TRICLORETHANE SOLUTION ORM-A UN2831 (F001)	008	DM	00150	G	State 211; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1 TRICLORETHANE = 60%; Oil = 40%; PROFile # 137917

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

15. Special Handling Instructions and Additional Information: EYE PROTECTION & GLOVES; EMERGENCY CONTACT (310) 698-0985

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.

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Printed/Typed Name: Jim Smith — Signature: [signature] — Month Day Year: 01 15 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Brian Morrison 62321 — Signature: [signature] (3) — Month Day Year: 01 15 92

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] — Signature: [signature] — Month Day Year: 01 15 92

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

90994307

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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. CAD981973357 — Manifest Document No 94306
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP, 11808 BURKE ST., SANTA FE SPRINGS, CA. 90670
4. Generator's Phone (213) 698-0985

A. State Manifest Document Number: 90994306
B. State Generator's ID: 80FEXEMPT

5. Transporter 1 Company Name: RHO-CHEM
6. US EPA ID Number: CAD008364432
C. State Transporter's ID: 111472
D. Transporter's Phone: (213) 776-6233

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: RHO-CHEM CORP. 425 ISIS AVE. INGLEWOOD, CA. 90301
10. US EPA ID Number: CAD008364432
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	k. Waste No.
a. WASTE 1,1,1, TRICHLORETHANE SOLUTION, ORM-A, UN 2931 (F001)	003	DM	00150	G	State 211; EPA/Other F001
b					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1, TRICHLORETHANE = 60%; OIL = 40%; Profile # 137917

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

15. Special Handling Instructions and Additional Information: EYE PROTECTION & GLOVES; EMERGENCY CONTACT (213) 698-0985

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.

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Printed/Typed Name: Jim Smith — Signature: [signature] — Month Day Year: 09 09 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: D ONeal (3) — Signature: D ONeal 61400 — Month Day Year: 09 26 91

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

19. Discrepancy Indication Space

RECEIVED OCT 2 1991 Ans'd.....

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Tony Gaeta — Signature: [signature] — Month Day Year: 09 26 91

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

90994306

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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).*

Mailed 5/21/91

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

RECEIVED MAY 30 1991 Ans'd

1. Generator's US EPA ID No.: CAD981973357 — Manifest Document No.: 94303
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: PARKER HANNIFIN, 11809 BURKE ST., SANTA FE SPRINGS, CA 90670
4. Generator's Phone: 213 698-0985

A. State Manifest Document Number: 90994305
B. State Generator's ID: BOF EXEMPT
C. State Transporter's ID: 111472
D. Transporter's Phone: 213 7766233
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: RHO-Chem
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: RHO Chem Corp., 425 Isis Ave., Inglewood, CA 90301
10. US EPA ID Number: CAD008364430

G. State Facility's ID: CAD008364432
H. Facility's Phone: 213 7766233

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 1,1,1, TRICHLORETHANE Solution ORM-A UN2831 (F001)	008	DM	150	G	State 211; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1, TRICHLORETHANE = 60%; Oil = 40%

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

15. Special Handling Instructions and Additional Information: Eye Protection & Gloves; Emergency Contact (213) 698-0985

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.

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Printed/Typed Name: JIM SMITH — Signature: Jim Smith — Month Day Year: 05 21 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVID ONEAL (3) — Signature: David Oneal 69477 — Month Day Year: 05 21 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: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 05 21 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

90994305

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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. CAD981973357 — 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
PARKER HANNIFIN CORP
11808 BURKE ST.
SANTA FE SPRINGS, CA.90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number: 90994303

B. State Generator's ID: B OF E EXEMPT

5. Transporter 1 Company Name: RHO-CHEM

6. US EPA ID Number: CAD008364432

C. State Transporter's ID: 401443N 11/14/83

D. Transporter's Phone: 2132776-6233

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
RHO CHEM CORP.
425 ISIS AVE.
INGLEWOOD, CA.90301

10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432

H. Facility's Phone: (213)776-6233

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 TRICLORETHANE (1,1,1) UN2831 SOLUTION ORM-A (f001)	005	DM	150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1 TRICLORTHANE 60%
OIL PRO#2323 40%

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & GLOVES

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: Jim Smith — Signature: James Smith — Month Day Year: 01 28 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL FULLER (3) — Signature: Michael — Month Day Year: 01 28 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 [illegible] materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Tony Gaeta — Signature: Tony Gaeta — Month Day Year: 01 28 91

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

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88) 71
Please print or type (Form designed for use on elite (12-pitch typewriter))

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 | 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: PARKER HANNIFIN CORP. 11803 BURKE ST. SANTA FE SPR. NAS, CA. 90670

4. Generator's Phone (213) 698-0795

A. State Manifest Document Number: 88597759

B. State Generator's ID: B of E EXEMPT

5. Transporter 1 Company Name: RHO Chem CORP.

6. US EPA ID Number: CAD008364432

C. State Transporter's ID: 014

D. Transporter's Phone: (213) 776-6233

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: RHO Chem CORP. 425 ISIS AVE. INGLEWOOD, CA. 90301

10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432

H. Facility's Phone: (213) 776-6233

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 1,1,1 TRICHLORETHANE UN2831 SOLUTION ORM-A (F001)	003	DA	150	G	State 211; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d					State; EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1 TRICHLORETHANE = 60% Oil PRO #2323 = 40%

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

15. Special Handling Instructions and Additional Information: Eye PROTECTION & GLOVES

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.

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Printed/Typed Name: Jim Smith | Signature: James F Smith | Month Day Year: 10 11 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL FULLER #49740 (3) | Signature: Michael Fuller | Month Day Year: 10 11 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: Tony Gaetti | Signature: Tony Gaetti | Month Day Year: 10 11 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

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-~~88~~ 91)
Please print or type (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — 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:
Parker Hannifin Corp.
11808 Burke ST.
Santa Fe Springs, Ca. 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number: 88597756
B. State Generator's ID: B O IE EXEMPT

5. Transporter 1 Company Name: RHO CHEM CORP.
6. US EPA ID Number: CAD008364432
C. State Transporter's ID: 019429
D. Transporter's Phone: 213-776-6233

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Ant'd

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:
RHO CHEM CORP.
425 Isis Ave.
Inglewood, Ca. 90301
10. US EPA ID Number: CAD008364430
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1, Trichlorethane Solution ORM-A UN2831 (F001)	004	DM	2000	G	State 211; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE = 60%
0,1 = 40%

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & GLOVES

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.

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Printed/Typed Name: JIM SMITH — Signature: Jim Smith — Month Day Year: 070380

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA (4) — Signature: Jay Guerra — Month Day Year: 070380

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 Earley — Signature: John Earley — Month Day Year: 070390

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

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

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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).*

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 9 8 1 9 7 3 3 5 7 — 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
PARKER HANNIFIN CORP.
11808 Burke St.
Santa Fe Springs, Ca. 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number 89682976

B. State Generator's ID B of E Exempt

5. Transporter 1 Company Name: RHO CHEM Corp.

6. US EPA ID Number: CAD008364432

C. State Transporter's ID 014429

D. Transporter's Phone (213)776-6233

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
RHO CHEM CORP.
425 Isis Ave.
Inglewood, Ca. 90301

10. US EPA ID Number: CAD008364430

G. State Facility's ID CAD008364432

H. Facility's Phone (213)776-6233

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 1,1,1, TRICHLORETHANE Solution ORM-A UN2831 (F001)	004	DM	200	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE=60%
0:1 =40%

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

15. Special Handling Instructions and Additional Information
EYE PROTECTION & Gloves

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.

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Printed/Typed Name: JIM SMITH — Signature: Jim Smith — Month Day Year: 01 19 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA — Signature: Jay Guerra — Month Day Year: 01 19 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: JERRY L SADLER — Signature: Jerry L Sadler — Month Day Year: 01 19 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

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

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires ~~9-30-88~~) 9-30-91
Please print or type (Form designed for use on elite (12-pitch typewriter)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A D 9 8 1 9 7 3 3 5 7 — Manifest Document No.:
2. Page 1 of — Information in the shaded areas is not required by Federal law.

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3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP
11808 Burke st.
Santa Fe Springs, Ca. 90670

4. Generator's Phone ( ) 213 698-0983

A. State Manifest Document Number: 88597750
B. State Generator's ID: B Of e Exempt
C. State Transporter's ID: 911270
D. Transporter's Phone: 213 7766233
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: RHO-CHEM
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address:
RHO_CHEM CORP.
425 Lsis Ave.
Inglewood, Ca. 90301

10. US EPA ID Number: C AD 0 0 8 3 6 4 4 3 2

G. State Facility's ID: C AD 00 8 3 64 43 2
H. Facility's Phone: 213 7766233

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 1,1,1, TRICHLORETHENE Solution ORM-A UN2831 (F001)	0 02	d m	00 1 00	g	State 211 / EPA/Other F001
b					State / EPA/Other
c.					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
1,1,1, TRICHLORETHANE =60%
0.1 =40%

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

15. Special Handling Instructions and Additional Information

EYE PROTECTION AND GLOVES

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

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Printed/Typed Name: JAMES SMITH — Signature: James Smith — Month Day Year: 07 21 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY GUERRA (2) — Signature: Jay Guerra 55126 — Month Day Year: 07 21 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: JERRY L. SADLER — Signature: Jerry L Sadler — Month Day Year: 07 21 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

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

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357 — 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: PARKER HANNIFIN CORP, 11808 BURKE ST., SANTA FE SPRINGS, CA. 90670
4. Generator's Phone: (213) 698-0935
5. Transporter 1 Company Name: RHO Chem Corp
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: RHO Chem Corp. 425 I S I S Ave, Inglewood, CA 90301
10. US EPA ID Number: CAD008364432

A. State Manifest Document Number: 88597752
B. State Generator's ID: BOFE Exempt
C. State Transporter's ID: 9/1269
D. Transporter's Phone: 237-7[illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

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 1,1,1, TRICHLORETHANE SOLUTION, ORM-A UN2331 (F001)	003	M	00150	G	State: 211; EPA/Other: 001
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

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MAY 08 1989
Ans'd.....

J. Additional Descriptions for Materials Listed Above: 1,1,1, TRICHLORETHANE = 60%; 0.1 = 40%

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

15. Special Handling Instructions and Additional Information: Eye Protection & Gloves

16.

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Printed/Typed Name: JAMES SMITH — Signature: James Smith — Month Day Year: 05 02 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL FULLER (3) #54295 — Signature: [illegible] — Month Day Year: 05 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: JERRY L. SADLER — Signature: [illegible] — Month Day Year: 05 02 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

88597752

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

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

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 — 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: PARKER HANNIFIN CORP, 11308 BURKE ST, SANTA FE SPRINGS CA 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number: 88597750

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: RHO Chem CORP

6. US EPA ID Number: CAD008364432

C. State Transporter's ID: [illegible]

D. Transporter's Phone: 213 336-6133

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: RHO Chem CORP, 425 ISIS AVE, Inglewood, CA 90301

10. US EPA ID Number: CAD008364432

G. State Facility's ID: CAD008364432

H. Facility's Phone: (213) 776-6233

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 1,1,1, TRICHLOROETHANE SOLUTION, ORM-A UN2831 (F001)	003	DM	00150	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above: 1,1,1,TRICHLOROETHANE =60% 0.1 =40%

K. Handling Codes for Wastes Listed Above: a. D1 01 b. c. d.

15. Special Handling Instructions and Additional Information: Eye Protection & Gloves

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.*

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GENERATOR — Printed/Typed Name: JAMES SMITH — Signature: James Smith — Month Day Year: 10/1/88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JAY HUERTA (3) — Signature: Jay Huerta 53215 A 12/1/89 — Month Day Year

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

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 9-86) Previous editions are obsolete

Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD981973357
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: Parker Hannifin Corp. 11808 Burke St., Santa Fe Springs CA 90670
4. Generator's Phone (213) 698-0995

A. State Manifest Document Number: 87752122
B. State Generator's ID: [illegible]
C. State Transporter's ID: 810186
D. Transporter's Phone: (213) 776-6233
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD008364432
H. Facility's Phone: (213) 776-6233

5. Transporter 1 Company Name: Rlc Chem Corp
6. US EPA ID Number: CAD008364432
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Rlc Chem Corp. 425 Isis Ave. Inglewood CA 90301
10. US EPA ID Number: CAD008364432

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 1,1,1 Trichloroethane Solution, ORM-A UN1831 (ECOI)	001	dm	00050	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c					State / EPA/Other
d					State / EPA/Other

RECEIVED
OCT 11 1988
Ans'd.....

J. Additional Descriptions for Materials Listed Above: 1,1,1 Trichloroethane = 60% Oil = 40%

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

15. Special Handling Instructions and Additional Information: eye protection & gloves

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.

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Printed/Typed Name: James Smith — Signature: James Smith — Month Day Year: 10 05 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard R Baker St. Port # 51522 — Signature: Richard R Baker — Month Day Year: 10 05 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: Tony Gieto — Signature: Tony Gieto — Month Day Year: 10 10 88

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

CYLINDER DIVISION

11808 Burke St•Santa Fe Springs•CA•90670
Fax # (310) 696-9857: (800) 869-9886

To: AC BROWN **Date:** 3/6/95

Company: **Page:** 41

RE: Samsco Analytical / Safety Kleen Manifest

B. Degand

by:

If you do not receive all the pages in this transmission, please call (310) 698-0985.
Thank You!

Del Mar Analytical

2852 Alton Ave., Irvine, CA 92714 (714) 261-1022 FAX (714) 261-1228
1014 E Cooley Dr., Suite A, Colton, CA 92324 (909) 370-4667 FAX (909) 370-1046
16525 Sherman Way, Suite C-11, Van Nuys, CA 91406 (818) 779-1844 FAX (818) 779-1843
943 South 48th St., Suite 114, Tempe, AZ 85281 (602) 968-8272 FAX (602) 968-1338

QC DATA REPORT

METHOD: Metals
Instrument: ICP
Matrix: WATER

DATE: 3/7/94

SAMPLE # Blank

Analyte	R1	SP	MS	MSD	PR1	PR2	RPD	MEAN PR
	ppb	ppb	ppb	ppb	%	%	%	%
Aluminum	0	1000	1285	1219	129%	122%	5.3%	125%
Antimony	0	1000	682	887	68%	89%	26.1%	78%
Arsenic	0	1000	967	946	97%	95%	2.2%	96%
Barium	0	1000	974	1005	97%	101%	3.1%	99%
Beryllium	0	1000	841	934	84%	93%	10.5%	89%
Boron	0	1000	1424	1326	142%	133%	7.1%	138%
Cadmium	0	1000	1016	1030	102%	103%	1.4%	102%
Calcium	0	1000	852	980	85%	98%	14.0%	92%
Chromium	0	1000	931	992	93%	99%	6.3%	96%
Cobalt	0	1000	1034	1092	103%	109%	5.5%	106%
Copper	0	1000	855	980	86%	98%	13.6%	92%
Iron	0	1000	905	1030	91%	103%	12.9%	97%
Lead	0	1000	1010	1053	101%	105%	4.2%	103%
Magnesium	0	1000	889	981	89%	98%	9.8%	94%
Manganese	0	1000	931	976	93%	98%	4.7%	95%
Molybdenum	0	1000	1077	1162	108%	116%	7.6%	112%
Nickel	0	1000	930	952	93%	95%	2.3%	94%
Selenium	0	1000	991	1012	99%	101%	2.1%	100%
Silver	0	1000	895	608	90%	61%	38.2%	75%
Thallium	0	1000	913	880	91%	88%	3.7%	90%
Vanadium	0	1000	871	929	87%	93%	6.4%	90%
Zinc	0	1000	1008	1033	101%	103%	2.4%	102%

R1..... Result of Sample Analysis
Sp..... Spike Concentration Added to Sample
MS..... Matrix Spike Result
MSD..... Matrix Spike Duplicate Result
PR1..... Percent Recovery of MS; (MS-R1) / SP X 100
PR2..... Percent Recovery of MSD; ((MSD-R1) / SP X 100
RPD..... Relative Percent Difference; ((MS-MSD)/(MS+MSD)/2)) X 100

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943 South 48th St , Suite 114, Tempe, AZ 85281 (602) 968-8272 FAX (602) 968-1338

Parker Hannifin Corporation
Cylinder Division
11808 Burke Street
Santa Fe Springs, CA 90670
Attention: J.F. Smith

Client Project ID: ICP Scan

Sample Descript: Water, Liquid
Lab Number: DB02371

Received: Feb 22, 1994
Analyzed: Mar 7, 1994
Reported: Mar 7, 1994

SEMI-QUANTITATIVE ICP METALS SCAN

Analyte	Detection Limit mg/L (ppm)	Sample Result mg/L (ppm)
Aluminum	0.50	N.D.
Antimony	0.50	N.D.
Arsenic	1.0	N.D.
Barium	0.50	N.D.
Beryllium	0.50	N.D.
Cadmium	0.50	N.D.
Calcium	2.0	78
Chromium	0.50	N.D.
Cobalt	0.50	N.D.
Copper	0.50	0.60
Iron	0.50	19
Lead	0.50	1.1
Magnesium	0.50	65
Manganese	0.50	3.3
Molybdenum	0.50	N.D.
Nickel	0.50	N.D.
Selenium	1.0	N.D.
Silver	0.50	N.D.
Thallium	1.0	N.D.
Tin	1.0	6.8
Vanadium	0.50	N.D.
Zinc	0.50	N.D.

The results reported may have been out of the standard calibration range and are therefore semi-quantitative

Analytes reported as N D were not present above the stated limit of detection

DEL MAR ANALYTICAL, IRVINE (ELAP #1197)

Gary Steube
Laboratory Director

Del Mar Analytical

2852 Alton Ave., Irvine, CA 92714 (714) 261-1022 FAX (714) 261-1228
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Parker Hannifin Corporation
Cylinder Division
11808 Burke Street
Santa Fe Springs, CA 90670

Method Blank

Analyzed: Mar 7, 1994
Reported: Mar 7, 1994
Matrix: Water

SEMI-QUANTITATIVE ICP METALS SCAN

Analyte	Detection Limit mg/L (ppm)	Sample Result mg/L (ppm)
Aluminum	0.50	N.D.
Antimony	0.50	N.D.
Arsenic	1.0	N.D.
Barium	0.50	N.D.
Beryllium	0.50	N.D.
Cadmium	0.50	N.D.
Calcium	2.0	N.D.
Chromium	0.50	N.D.
Cobalt	0.50	N.D.
Copper	0.50	N.D.
Iron	0.50	N.D.
Lead	0.50	N.D.
Magnesium	0.50	N.D.
Manganese	0.50	N.D.
Molybdenum	0.50	N.D.
Nickel	0.50	N.D.
Selenium	1.0	N.D.
Silver	0.50	N.D.
Thallium	1.0	N.D.
Tin	1.0	N.D.
Vanadium	0.50	N.D.
Zinc	0.50	N.D.

The results reported may have been out of the standard calibration range and are therefore semi-quantitative.

Analytes reported as N D were not present above the stated limit of detection

DEL MAR ANALYTICAL, IRVINE (ELAP #1197)

Gary Steube
Laboratory Director

Del Mar Analytical

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Parker Hannifin Corporation
Cylinder Division
11808 Burke Street
Santa Fe Springs, CA 90670
Attention: J.F. Smith

Client Project ID: ICP Scan
Sample Descript: Water, Liquid
Lab Number: DB02371

Received: Feb 22, 1994
Analyzed: Mar 7, 1994
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SEMI-QUANTITATIVE ICP METALS SCAN

Analyte	Detection Limit mg/L (ppm)	Sample Result mg/L (ppm)
Aluminum	0.50	N.D.
Antimony	0.50	N.D.
Arsenic	1.0	N.D.
Barium	0.50	N.D.
Beryllium	0.50	N.D.
Cadmium	0.50	N.D.
Calcium	2.0	78
Chromium	0.50	N.D.
Cobalt	0.50	N.D.
Copper	0.50	0.60
Iron	0.50	19
Lead	0.50	1.1
Magnesium	0.50	65
Manganese	0.50	3.3
Molybdenum	0.50	N.D.
Nickel	0.50	N.D.
Selenium	1.0	N.D.
Silver	0.50	N.D.
Thallium	1.0	N.D.
Tin	1.0	6.8
Vanadium	0.50	N.D.
Zinc	0.50	N.D.

The results reported may have been out of the standard calibration range and are therefore semi-quantitative.

Analytes reported as N.D. were not present above the stated limit of detection.

DEL MAR ANALYTICAL, IRVINE (ELAP #1197)

Gary Steube
Laboratory Director

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
818-575-4685 RICK LEE

TRANSPORTER
LDR REQ'D

DUNS NO 05106-0408 FED ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 39	13	734973

MANIFEST NUMBER 93431460

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO
0-220 LD

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
92 9 91	6658		T	N	05-095-8001	418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0415
171-89890		64.50	5.32	69.82			04					X
174-87044		64.50	5.32	69.82			04					X
174-87067		64.50	5.32	69.82			04					X
TOTAL SERVICE SECTION		193.50	15.96	209.46								

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☑	☐	DECALS IN PLACE AND LEGIBLE	☑	☐	MACHINE PROPERLY GROUNDED	☑	☐
			FUSIBLE LINK INSTALLED	☑	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

WASTE INFORMATION SECTION — USEPA TRANSPORTER ID NO. ILD984908202 — GENERATOR USEPA ID NO CAD981973357 — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(D001) (D006,D008,D018,D035,D039,D040)(ERG#27)	3	DR	14	G	501	5163055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO:
CHECK NUMBER | ☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO | AMEX VISA MC | EXP DATE

CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE)	209.46
TOTAL DUE	209.46

"This is to certify that the above-named materials 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."

Print Name Paul Muro X
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

1000 Randall Road
Elgin, Illinois 60123

safety-kleen®

DUNS NO 05106-0408 FED. ID NO. 39-6090019

FOR SERVICE CALL

TRANSPORTER

818-575-4685 WILLIAM THIEBER

LDR ON FILE 0-220 10

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 22	21	335902

MANIFEST NUMBER 92609721

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
6393	6658	XXXX		T	A		422.60	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O M S. TAX	PRODUCT TAX
09	0561	000	310-698-0985		NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0490
171-89890	64.50	5.32	69.82	04				X
174-87044	64.50	5.32	69.82	04				X
174-87067	64.50	5.32	69.82	04				X
TOTAL SERVICE SECTION	193.50	15.90	209.46					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO.

05-095-0001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☑
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

PAILS NO DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO DM	TOTAL LESSOR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	
		3		12	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)	16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS	PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408 984908202

#35

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity = Number of Drums x Ave. Wt/Drum or Pails

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month RM (Initials)

220 lbs to 2,200 lbs /month ______ Initials

Greater than 2,200 lbs /month ______ Initials

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	1		616	HOSE,FLO-THRU BRU	☐	3.45	EA	1	3.45	.28	3.73
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO:

CHECK NUMBER

☐ TODAYS SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ______ AMOUNT $ ______

INV. # ______ AMOUNT $ ______

INV. # ______ AMOUNT $ ______

IN EVENT OF EMERGENCY CALL

TOTAL PRODUCT AMOUNTS 3.73

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE 213.19

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES

X Ray Muro
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name RAY MURO

FORM NO 700-08-12 (REV 4/93)

SERVICE/SALES ACKNOWLEDGMENT

1000 Randall Road
Elgin, Illinois 60123

safety-kleen

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LOR ON FILE 0-220 LB

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 30	21	993066

MANIFEST NUMBER 92618166

GENERATOR
7-088-C6-3544-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
7-24-93	6658	XXXX		T	A	422.65	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.O.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0534
171-89890	64.50	5.32	69.82	C4				X
174-87044	64.50	5.32	69.82	C4				X
174-87067	64.50	5.32	69.82	C4				X
TOTAL SERVICE SECTION	193.50	15.96	209.46					

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	
	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. C5-095-8001

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		12	Waste Combustible Liquid, N O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 16 GAL DRUMS
					RQ Waste Combustible Liquid, N O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 30 GAL DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D016, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 699
					4,6,2

USEPA TRANSPORTER ID# XXXXXXXXXILD984908202

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month — X — Initials

220 lbs. to 2,200 lbs./month — Initials

Greater than 2,200 lbs /month — Initials

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity & Number of Drums x Ver. Volume of Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. VALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	1		616	HOSE, FLO-THRU BRU	☐	3.45	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED	APPLY PAYMENT TO:
	☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

SERVICE/SALES ACKNOWLEDGEMENT — CUSTOMER

FORM NO 700-08-12 (REV 4/93)

1000 Randall Road
Elgin, Illinois 60123

safety-kleen

WE CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LDR ON FILE 0-220 1D

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 26	21	663945

MANIFEST NUMBER 92625585

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
62993	6658	XXXX		T	A	422.65	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0479
L71-89890	64.50	5.32	69.82	04				X
L74-87044	64.50	5.32	69.82	04				X
L74-87067	64.50	5.32	69.82	04				X

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	
	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

TOTAL SERVICE SECTION 137.50 15.90 209.46

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	
		3		10	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS	PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month D.T. Initials

220 lbs. to 2,200 lbs./month Initials

Greater than 2,200 lbs./month Initials

~~Total Quantity X Number of Containers X Weight X Price~~

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		1	616	HOSE,FLO-THRO BRU	☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED	APPLY PAYMENT TO:
	☐ TODAYS SERVICE/SALE
	☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Print Name Daniel Tokmantsis

IN EVENT OF EMERGENCY CALL

SERVICE/SALES ACKNOWLEDGEMENT

CUSTOMER

FORM NO. 700-08-12 (REV 4/93)

Safety-Kleen Elgin, Illinois 60123

WE CARE

TRANSPORTER 818-575-4685 COMPANY RUN
LDR ON FILE 0-220 ID

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 19	21	067661

MANIFEST NUMBER 92609772

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5/5/93	6658	XXXX		T	A		601.22	194.04

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985		NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0501
71-89890	64.50	5.32	69.82	04				X
74-87044	64.50	5.32	69.82	04				X
74-87067	64.50	5.32	69.82	04				X
TOTAL SERVICE SECTION	193.50	15.96	209.46					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	X	
LAMP ASSEMBLY CONDITION	X	

	YES	NO
DECALS IN PLACE AND LEGIBLE	X	
FUSIBLE LINK INSTALLED	X	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	X	
MACHINE PROPERLY GROUNDED	X	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	X	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	X	

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SBPW TANKS DF	16 GAL. NO. DM	30 GAL. NO DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	
		3		97	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA: D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS	PRODUCT NO. 899
					6714	

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs /month X P.H. Initials

220 lbs. to 2,200 lbs./month ____ Initials

Greater than 2,200 lbs /month ____ Initials

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity — Number of Drums x Avg. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		1	616	HOSE, FLO-THRU BRU	☐	3.45	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES

X Pat Hamilton
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name PAT HAMILTON

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 4/93)

safety-kleen®
777 Big Timber Road
Elgin, Illinois 60123

WE-CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LOR ON FILE 0-220 LB

DUNS NO. 05108-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 14	21	678068

MANIFEST NUMBER 92609866

GENERATOR
7-088-06-3324-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
4693	6658	XXXX		T	A		389.70	1.62

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0522
171-89890	64.50	5.32	69.82	04				X
174-87044	64.50	5.32	69.82	04				X
174-87067	64.50	5.32	69.82	04				X
TOTAL SERVICE SECTION	193.50	15.96	209.46					

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO.
05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	15 GAL. NO DM	30 GAL. NO DM	TOTAL LBS OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		14	Waste Combustible Liquid, N O S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699
				4.6.4	

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month — RM
220 lbs. to 2,200 lbs./month
Greater than 2,200 lbs./month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 6.0 XXXXXXX 6 XXXXXXXXXXX

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704
USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
			616	HOSE	☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46
TOTAL DUE 209.46

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X RAY MURO 4/6/93 Print Name Ray Muro

IN EVENT OF EMERGENCY CALL

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-06-12 REV. 1/89

777 Big Timber Road
Elgin, Illinois 60123

safety-kleen®

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LDR ON FILE 0-220 lb

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 10	21	348684

MANIFEST NUMBER 92609909

GENERATOR

7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
3993	6658	XXXX		T	A		389.70	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985		NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0504
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	
	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	15 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		18	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month _____ Initials
220 lbs. to 2,200 lbs./month _____ Initials
Greater than 2,200 lbs./month _____ Initials

67.5 92609909

Total Quantity = Number of Drums x Ave. Wt/Drum or: Pails 6 x 60 XXXXXXX 6 XXXXXXXXXXX

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04
TOTAL DUE 194.04

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Print Name Jose Perez

IN EVENT OF EMERGENCY CALL

SERVICE/SALES AVAILABLE ENCLOSURE

safety-kleen®
777 Big Timber Road
Elgin, Illinois 60123

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LOR ON FILE 0-220 lb

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 6	21	020241

MANIFEST NUMBER 92457104

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
21193	6654	XXXX		T	A		389.73	1.65

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0550
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	
	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS PA/LS NO. DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	TOTAL GALS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	PRODUCT NO.
		3		18	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)	
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	

USEPA TRANSPORTER ID# ILD051060408

(IN GALLONS)

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month PM
220 lbs. to 2,200 lbs./month
Greater than 2,200 lbs/month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 5.0 XXXXXXX 6 XXXXXXXXXXX

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN, CORP. 2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04
TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Ray Muro
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name RAY MURO

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DEL FINO RIOS
LOR ON FILE

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92- 51	21	35381

MANIFEST NUMBER 92-103751

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO
0-220 10

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
2/1/92	6658	XXXX		T	A	392.91	4.83

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS
171-89890	59.75	4.93	64.68	04			0518	
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)

USEPA TRANSPORTER ID# ILD051060408

PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month ____ Initials
220 lbs. to 2,200 lbs./month ____ Initials
Greater than 2,200 lbs./month ____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X

Print Name Jose Perez

IN EVENT OF EMERGENCY CALL

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

safety-kleen

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LDR ON FILE 0-220 LD

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92- 47	21	006283

MANIFEST NUMBER 72190283

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
11/19/92	6658	XXXX		T	A		392.91	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE#	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0532
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N O S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month
220 lbs. to 2,200 lbs./month — Initials
Greater than 2,200 lbs./month — Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X
GENERATOR/REPRESENTATIVE SIGNATURE

Print Name

IN EVENT OF EMERGENCY CALL

CUSTOMER

SERVICE/SALES PROOF OF ACKNOWLEDGMENT

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
818-575-4683 DELFINO RIOS
LDR REQ'D 22001

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92- 43	21	641159

MANIFEST NUMBER 92189906

GENERATOR
7-088-06-3624-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
102292	6658	XXXX		T	A		392.91	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
39	0561000		310-698-0985		NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY-WW)	REMARKS 0558
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973397

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OF GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	PRODUCT NO.
		3		135	Waste Combustible Liquid, N.O.S (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)	
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month ____ initials
220 lbs. to 2,200 lbs./month ____ initials
Greater than 2,200 lbs./month ____ initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X ____ Print

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

777 Big Timber Road
Elgin, Illinois 60123

DO NOT USE THIS FOR SERVICE CALL

TRANSPORTER
816-575-4635 DELFINO RIOS
LDR ON FILE D-220 10

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92- 39	21	275525

MANIFEST NUMBER 92189935

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
9/19/92	6658	XXXX		T	A		582.12	194.04

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985		NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0503
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	L4				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. ORIGINAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D016, D021, D027, D039, D040) (ERG #60)

USEPA TRANSPORTER ID# ILD051060408

PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month ____ Initials

220 lbs. to 2,200 lbs./month ____ Initials

Greater than 2,200 lbs./month ____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO.
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Print Name LARRY BLAIR

IN EVENT OF EMERGENCY CALL
1-708-888-1660 (24 hours)

SERVICE CALL & DISPOSAL PROFILE

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408 — FOR SERVICE CALL

TRANSPORTER

818-575-4685 DELFINO RIOS
LDR ON FILE 0-220 LD

FED. ID NO. 35-0050015

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-35	19	911572

MANIFEST NUMBER 92136912

GENERATOR

7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
8/24/92	2987	XXXX		T	A		388.08	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0527
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month — Initials LOE

220 lbs. to 2,200 lbs./month — Initials

Greater than 2,200 lbs./month — Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X _____ Print Name _____

IN EVENT OF EMERGENCY CALL

safety-kleen®
Elgin, Illinois 60123

TRANSPORTER
818-575-4685 DELFINO RIOS
LDR ON FILE 0220 LD

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-27	19	180676

MANIFEST NUMBER 90989479

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
6 30 92	6658	XXXX		T	A		391.81	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SERVICE DATE (YY WW)	REMARKS 0487
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973363
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
SEALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N O S (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month ____ Initials
220 lbs. to 2,200 lbs./month ____ Initials
Greater than 2,200 lbs./month ____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704
USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
12			612	GLOVES	☐	[illegible]	PR				
	1		615	HOSE,FLO-THRU BRU	☐	3.45	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X ____ GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE
Print Name ____

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04
TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER COPY

FORM NO. 700-08-12 (REV. 5/92)

safety-kleen

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELAINO BROS
LDR ON FILE 0-220 LB

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-31	19	546694

MANIFEST NUMBER 90889724

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11308 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
7/30	6169	XXXX		T	A		388.08	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC. P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
39	3561000		310-698-0985		NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY.WW)	REMARKS 0498
171-89890	59.75	4.93	64.68	04			
174-87044	59.75	4.93	64.68	04			X
174-87067	59.75	4.93	64.68	04			X
TOTAL SERVICE SECTION	179.25	14.79	194.04				

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. ORG/AL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 6 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)

USEPA TRANSPORTER ID# ILD051060408

PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month ____ Initials
220 lbs. to 2,200 lbs./month ____ Initials
Greater than 2,200 lbs./month ____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
1			616	HOSE,FLO-THRU BRU	☐	13.46	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE 194

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X ____ Print Name LOUIS OBOINN

IN EVENT OF EMERGENCY CALL

safety-kleen®

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LDR ON FILE

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-23	19	816951

MANIFEST NUMBER 90989480

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670
PRICES EFFECTIVE 03/22/92

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
6272	6169	XXXX		T	A		507.42	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	Q.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY MM)	REMARKS 0503
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GALS.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compounds, Cleaning Liquid, Class 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051080408

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month ____ Initials
220 lbs. to 2,200 lbs./month ____ Initials
Greater than 2,200 lbs./month ____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	12		612	GLOVES	☐	[illegible]	EA				
		1	616	HOSE, FLO-THRU BRU	☐	3.45	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
818-575-4685

TRANSPORTER
DELFINO RIOS

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-19	19	492835

MANIFEST NUMBER 909 8931

GENERATOR
7-088-06-3524-3 LDR ON FILE 0-220 LD
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670
PRICES EFFECTIVE 03/22/92

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5-7-92	5818	XXXX		T	A		489.08	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0497
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY IN CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) PRODUCT NO. 609
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month _____ initials

220 lbs. to 2,200 lbs./month _____ initials

Greater than 2,200 lbs./month _____ initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		12	612	GLOVES	☐	8.90	PR				
			HOSE		☐	3.45	EA	1	3.45	.28	3.73
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X _____ Print

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE 197.77

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
818-575-4685 DELFINO RIOS

TRANSPORTER
LDR ON FILE 0-220 LD

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-15	19	093978

MANIFEST NUMBER 91796272

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670
PRICES EFFECTIVE 03/22/92

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
4/8/92	3644	XXXX		T	A		358.86	

BUSINESS TYPE	CHAIN	CUSTOMER P.O NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	823	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0493
171-89890	59.75	4.93	64.68	04				X
174-87044	59.75	4.93	64.68	04				X
174-87067	59.75	4.93	64.68	04				X
TOTAL SERVICE SECTION	179.25	14.79	194.04					

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) PRODUCT NO. 609
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month X GL initials

220 lbs. to 2,200 lbs./month ____ initials

Greater than 2,200 lbs./month ____ initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
			612	GLOVES	☐	8.80	EA	12	106.00	8.81	115.61
					☐						
				GLOVES TO BE DELIVERED	☐					OK	
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS 115.61

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X

TOTAL SERVICE AMOUNT (FROM ABOVE) 194.04

TOTAL DUE $309.65

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Print Name Lawrence E. LaPoz

IN EVENT OF EMERGENCY CALL

SERVICE IS AT A CUSTOMER PROPERTY

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0405 FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LDR ON FILE 0-220 LD

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92- 11	19	680780

MANIFEST NUMBER 91727285

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670
PRICES EFFECTIVE 04/21/91

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
3/9/92	3644	XXXX		T	A	358.86	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	623	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0490
171-89890	55.25	4.56	59.81	04				X
174-87044	55.25	4.56	59.81	04				X
174-87067	55.25	4.56	59.81	04				X
TOTAL SERVICE SECTION	165.75	13.68	179.43					

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL. NO DM	30 GAL. NO DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		135	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D008, D007, D008, D022) (ERG #60) PRODUCT NO. 609
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D008, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month — Initials
220 lbs. to 2,200 lbs./month — Initials
Greater than 2,200 lbs./month — Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 179.43

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Oliver Chico
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE
Print Name Oliver Chico

IN EVENT OF EMERGENCY CALL

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
818-575-4685 DELFINO RIOS
LDR ON FILE 0-220 lb

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92- 3	19	968460

MANIFEST NUMBER 91734732

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670
PRICES EFFECTIVE 04/21/91

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
1/13/92	3644	XXXX		T	A		358.86	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	623	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0454
171-89890	55.25	4.56	59.81	04				X
174-87044	55.25	4.56	59.81	04				X
174-87067	55.25	4.56	59.81	04				X
TOTAL SERVICE SECTION	165.75	13.68	179.43					

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	
	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)
		3		135	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27)
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) PRODUCT NO. 609
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month	OC Initials
220 lbs. to 2,200 lbs./month	Initials
Greater than 2,200 lbs./month	Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED	APPLY PAYMENT TO:
	☐ TODAYS SERVICE/SALE
	☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 179.43

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

(X) Oliver Chirez
Print Name Oliver Chirez

IN EVENT OF EMERGENCY CALL

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FED. ID NO. 39-6090019

FOR SERVICE CALL
818-575-4685 DELPINO RIOS

TRANSPORTER
LDR ON FILE

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-7	19	326570

MANIFEST NUMBER 91727241

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670
PRICES EFFECTIVE 04/21/91

BILL TO 0-220 LD

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
2/12/92	3644	XXXX		T	A		358.86	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561	000	310-698-0985	NO	623	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0506
171-89890	55.25	4.56	59.81	04				X
174-87044	55.25	4.56	59.81	04				X
174-87067	55.25	4.56	59.81	04				X
TOTAL SERVICE SECTION	165.75	13.68	179.43					

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	PRODUCT NO.
		3		135	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, DO39) (ERG #27)	
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60)	PRODUCT NO. 609
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs /month — Initials
220 lbs to 2,200 lbs./month — Initials
Greater than 2,200 lbs./month — Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 179.43

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

SERVICE/SALES ACKNOWLEDGEMENT

RM NO. 700-08-12 (REV. 10/91)

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
813-575-4685 NICK LEE
LOR REQ#D 0-220 ID

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 51	13	599721

MANIFEST NUMBER 00020005

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
9494	9494		T	N	05-095-8001	559.10	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	3561		310-698-0985	NO	523	001	.0825		.0825

SERVICE NO. SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV CODE	REMARKS 0428
230-36778	129.00	10.64	139.64			08				9	
230-57641	129.00	10.64	139.64			08				9	
230-86779	129.00	10.64	139.64			08				9	
TOTAL SERVICE SECTION	387.00	31.92	418.92								

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

WASTE INFORMATION SECTION — USEPA TRANSPORTER ID NO. ILD984908202 — GENERATOR USEPA ID NO. CAD981973357 — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039) (D006,D008,D018,D040)(CA213)(ERG#27)	3	DM	0	G	640	5168055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	WASTE MINIMIZATION CREDIT (10%)	☐	38.70	EA		38.70	3.20	41.90

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER — TOTAL RECEIVED — APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. — EXP. DATE — AMEX VISA MC

CONSUMER REFERENCE INFORMATION

TOTAL PRODUCTS AMOUNT 41.90

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE) 418.92

TOTAL DUE 377.02

"This is to certify that the above-named materials 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."

Print Name Jim Smith X [signature]
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

CUSTOMER'S COPY

safety-kleen

1000 Randall Road
Elgin, Illinois 60123

WE CARE

D-U-N-S 05106-0408 FED ID NO 39-6090019

MANUAL ORDER FORM

M 83890

MANIFEST NUMBER 93678159

CUSTOMER GENERATOR

CUSTOMER NUMBER 7-088-06-3524

NAME PARKER HANNIFIN

ADDRESS 11808 BURKE ST

CITY/STATE S.F.S CA ZIP 90670

BILL TO

CUSTOMER NUMBER

NAME

ADDRESS

CITY/STATE ZIP

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	CUSTOMER P O NUMBER	SALES TAX EXEMPTION NO	SERV TAX %	C O M S. TAX %	PROD TAX %	SVC - P/S	PROD P/S
9 13 91	6658								

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM (WEEKS)	CHANGE SERVICE TO (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS
171-89890								3-43
174-87044								
174 87067								WE CARE
TOTAL SERVICE SECTION								

USED MANUAL ORDER BECAUSE

- ☐ PRE-PRINT MISPLACED
- ☐ PRE-PRINT NOT RECEIVED
- ☐ CUSTOMER REQUESTED EARLY SERVICE
- ☐ SCHEDULING REALIGNMENT
- ☐ CUSTOMER NEEDED PRODUCT
- ☐ WASTE ONLY
- OTHER - EXPLAIN

GENERATOR US EPA ID NO. CAD981973357

GENERATOR STATE ID NO

SPENT SOLVENT MEETS ACCEPTANCE CRITERIA YES ☐ NO ☐

HAZARDOUS WASTE INFORMATION

CONTAINERS					This is to certify that the below named materials 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	I certify that my total waste streams are within one of the following categories
PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID) — USEPA TRANSPORTER ID #ILD051060408	0 to 220 LBS /MONTH — Initials
					Waste Combustible Liquid N O S (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018 DO39) (ERG #27) — SSPW AND/OR 16 GAL DRUMS	220 LBS. to 2,200 LBS /MONTH — Initials
					RQ Waste Combustible Liquid, N O S (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018 DO39) (ERG #27) — 30 GAL. DRUMS	
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006 D007 D008 D018 D021, D027, D039 D040) (ERG #60) — PRODUCT NO 699	GREATER THAN 2,200 LBS /MONTH — Initials

DESIGNATED FACILITY NAME AND ADDRESS

10675 HILLSON ST EL MONTE CA 91731

USA EPA ID No. CAD000613893

STATE ID No. 11

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						

TOTAL PRODUCT AMOUNTS

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE N/C

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO
- ☐ TODAYS SERVICE/SALE
- ☐ PREVIOUS BALANCE AS FOLLOWS

INV # _____ AMOUNT $ _____

INV # _____ AMOUNT $ _____

INV # _____ AMOUNT $ _____

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

PRINT NAME

IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
818-575-4685

TRANSPORTER
RICK LEE

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-31	13	168826

MANIFEST NUMBER 93656657

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11828 BURKE ST
SANTA FE SPRINGS CA 90670

LDR REQ'D
0-220 LD

BILL TO

418 92

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
9494	9494		T	N	05-095-8001	~~628.38~~	~~209.46~~

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO. / SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0402
171-89890	64.50	5.32	69.82			04					X
174-87044	64.50	5.32	69.82			04					X
174-87067	64.50	5.32	69.82			04					X
TOTAL SERVICE SECTION	193.50	15.96	209.46								

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

WASTE INFORMATION SECTION — USEPA TRANSPORTER ID NO. ILD984908202 — GENERATOR USEPA ID NO CAD981973357 — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL.	SK DOT NUMBER	CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII D001,D006,D008,D018,D035,D039,D040)	2	DM	8	G	501	5163055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
0 TO 220 LBS./MONTH — INITIALS AX
220 LBS. TO 2,200 LBS./MONTH — INITIALS
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT RECEIVED

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE
		☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO — EXP DATE — AMEX VISA MC

CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE

"This is to certify that the above-named materials 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."

Print Name ANDY XANAVIX

GENERATOR/ORIGINATED REPRESENTATIVE SIGNATURE

1000 North Randall Road
Elgin, Illinois 60123-7857

WE CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LDR REQ'D 0-220 LB

DUNS NO 05106-0408 FED ID NO 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 46	13	296400

MANIFEST NUMBER 93092117

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
11/19/93	6658	XXXX		T	A		447.82	

BUSINESS TYPE	CHAIN	CUSTOMER P O NUMBER	GENERATOR/CUSTOMER PHONE #	O C	SVC P/S	PROD P/S	SERVICE TAX	C.O M S TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0494
171-89890	64.50	5.32	69.82	04				IX 6
174-87044	64.50	5.32	69.82	04				IX 4
174-87067	64.50	5.32	69.82	04				IX 4
TOTAL SERVICE SECTION	193.50	15.96	209.46					

WE CARE

GENERATOR USA EPA ID NO: CAD981973357
GENERATOR STATE ID NO: 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED		✓
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME HAZARD CLASS, AND ID)	USEPA TRANSPORTER ID#	
		3		14	Waste Combustible Liquid, N O S (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	ILD984908202	SERV AND/OR 16 GAL. DRUMS
					RQ Waste Combustible Liquid, N O S (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)		30 GAL DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS		PRODUCT NO 699

I certify that my total waste streams are within one of the following categories

0 to 220 lbs /month — J.T. Initials

220 lbs to 2,200 lbs /month — Initials

Greater than 2,200 lbs /month — Initials

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity = Number of Drums x Ave Wt/Drum of Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 SOUTH YALE ST SANTA ANA, CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	3		612	GLOVES	☐	8.90	PR				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV # _____ AMOUNT $ _____
INV # _____ AMOUNT $ _____
INV # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN ... TLED TO RECOVER COSTS OF C... REASONABLE ATTORNEY S FEES

1000 Randall Road
Elgin, Illinois 60123

safety-kleen

WE CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LDR ON FILE 0-220 LD

DUNS NO. 05106-0408 FED ID NO 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93-34	21	347742

MANIFEST NUMBER 92618265

GENERATOR
7-088-00-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
82693	6651	XXXX		T	A		418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985		NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0453
171-39890	64.50	5.32	69.82	04			X 4
174-87044	64.50	5.32	69.82	04			X 5
174-87067	64.50	5.32	69.82	04			X 5
TOTAL SERVICE SECTION	193.50	15.96	209.46				

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		14	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 16 GAL DRUMS
		2			RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 30 GAL DRUMS
			✓		RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 999

USEPA TRANSPORTER ID# XXXXXXXXILD984908202

I certify that my total waste streams are within one of the following categories:
- 0 to 220 lbs./month — Initials
- 220 lbs. to 2,200 lbs./month — Initials
- Greater than 2,200 lbs./month — Initials

~~Total Quantity X Number of Drums X 6 XX/Brand of Pail~~

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
			616	HOSE,FLO-THRU BRU	☐	3.25	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46
TOTAL DUE 209.46

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Dr 1/98 Print Name Jose Merle

IN EVENT OF EMERGENCY CALL

safety-kleen

1000 Randall Road
Elgin, Illinois 60123

WE CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LOR ON FILE 0-220 LB

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 38	21	645506

MANIFEST NUMBER 9268267

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
92493	6654	XXXX		T	A		418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0511
1	171-89890	64.50	5.32	69.82	04				X 6
2	174-87044	64.50	5.32	69.82	04				X 4
3	174-87067	64.50	5.32	69.82	04				X 3
4									
5									
6									
7									
8									
9									
10									
11									
12									
TOTAL SERVICE SECTION		193.50	15.96	209.46					

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

GENERATOR USA EPA ID NO. CAD981973357

GENERATOR STATE ID NO. 05-095-8001

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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."

CONTAINERS: PAILS NO DM	SSPW TANKS DP	16 GAL. NO. DM	30 GAL NO DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3		3	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS) 16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS) 30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 699

USEPA TRANSPORTER ID# XXXXXXXXILD984908202

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month MT initials

220 lbs. to 2,200 lbs./month ____ initials

Greater than 2,200 lbs./month ____ initials

~~Total Quantity Number of Drums Also Written on Pail~~

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
			612	GLOVES	☐			3	26.70	2.20	28.90
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

238.36

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS	28.90
TOTAL SERVICE AMOUNT (FROM ABOVE)	209.46
TOTAL DUE	~~204.46~~ 238.36

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X [signature]

Print Name MANTRI POTHISOMBAT

IN EVENT OF EMERGENCY CALL

Elgin, Illinois 60123-7857

safety-kleen ®

WE CARE

TRANSPORTER

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 42	13	972018

818-575-4685 BILL THIEBERT

LDR ON FILE 0-220 10

MANIFEST NUMBER 93037341

GENERATOR

7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
102093	6658	XXXX		T	A		447.82	

BUSINESS TYPE	CHAIN	CUSTOMER P O NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0480
171-89890	64.50	5.32	69.82	04			X
174-87044	64.50	5.32	69.82	04			X
174-87067	64.50	5.32	69.82	04			X
TOTAL SERVICE SECTION	193.50	15.96	209.46				

WE CARE

GENERATOR USA EPA ID NO: CA0981973357

GENERATOR STATE ID NO

05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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"

PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS. OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)	
		3		15	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)	AND/OR 16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS	PRODUCT NO 699

USEPA TRANSPORTER ID# ILD984908202 XXXXXXXILD984908202

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs /month — M.T. Initials

220 lbs. to 2,200 lbs /month — Initials

Greater than 2,200 lbs /month — Initials

XXXXXXXXXXXXXXXXXXXXXX Total Quantity × Number of Drums × Ave. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
2120 S. YALE ST. SANTA ANA CA 92704

USA EPA ID NO. CAT000613976
STATE ID NO. CAT000613976

PRODUCT SALES SECTION

2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		3	612	GLOVES	☐	8.90	PR				
					☐						
					☐						
					☐						
					☐						0
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO.
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV # ____________ AMOUNT $ ____________

INV # ____________ AMOUNT $ ____________

INV # ____________ AMOUNT $ ____________

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE 209.46

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES

X [signature]
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name M. BUTHSOMBAT

1000 North Randall Road
Elgin, Illinois 60123-7857

Safety-Kleen®

WE CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LOR REQ'D 0-220 10

DUNS NO 05106-0408 FED ID NO 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 50	13	624095

MANIFEST NUMBER 93123017

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
12/15/93	6658	XXXX		T	A		325.07	

BUSINESS TYPE	CHAIN	CUSTOMER P O NUMBER	GENERATOR/CUSTOMER PHONE #	O C.	SVC P/S	PROD P/S	SERVICE TAX	C O M S TAX	PRODUCT TAX
09	0561000		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS
171-89890	64.50	5.32	69.82	04				1X
174-87044	64.50	5.32	69.82	04				1X
174-87067	64.50	5.32	69.82	04				1X
TOTAL SERVICE SECTION	193.50	15.96	209.46					

0455

WE CARE

GENERATOR USA EPA ID NO: CAD981973357
GENERATOR STATE ID NO: 05-095-8001

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

This is to certify that the below-named materials 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

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)
		3		18	Waste Combustible Liquid, N O S (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 55 GAL AND/OR 16 GAL. DRUMS
					RQ Waste Combustible Liquid, N O S (Petroleum Naphtha) NA 1993 PGIII (EPA D001 D018, DO39) (ERG #27) (IN GALLONS) 30 GAL DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8 NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO 699

USEPA TRANSPORTER ID# ILD984908202

I certify that my total waste streams are within one of the following categories

0 to 220 lbs /month — Initials P H
220 lbs to 2,200 lbs /month — Initials
Greater than 2,200 lbs /month — Initials

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity = Number of Drums x Ave. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
3		12	612	GLOVES	☐	8.90	PR				

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED	APPLY PAYMENT TO
	☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV # _____ AMOUNT $ _____
INV # _____ AMOUNT $ _____
INV # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS

X Pat Hamilton Print Pat Hamilton

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE 209.46

IN THE EVENT OF DEFAULT SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY S FEES

1000 North Randall Road
Elgin, Illinois 60123-7857

safety-kleen®

WE CARE

FOR SERVICE CALL
TRANSPORTER
818-575-4685 BILL THIEBERT
LDR REQ'D 0-220 LD

DUNS NO 05106-0408 FED ID NO 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 2	13	959375

MANIFEST NUMBER 93123071

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
11/9/94	6658	XXXX		T	A		325.07	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0449
171-89890	64.50	5.32	69.82	04				X
174-87044	64.50	5.32	69.82	04				X
174-87067	64.50	5.32	69.82	04				X
TOTAL SERVICE SECTION	193.50	15.96	209.46					

WE CARE

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

GENERATOR USA EPA ID NO. CAD981973357
GENERATOR STATE ID NO. 05-095-8001

HAZARDOUS WASTE INFORMATION:

"This is to certify that the below-named materials 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"

CONTAINERS: PAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		3			Waste Combustible Liquid, N O S (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 55 GAL AND/OR 16 GAL DRUMS
					RQ Waste Combustible Liquid, N O S (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 30 GAL DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO 699

USEPA TRANSPORTER ID# ILD984908202

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs /month ____ Initials
220 lbs to 2,200 lbs./month ____ Initials
Greater than 2,200 lbs /month ____ Initials

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity = Number of Drums x Ave Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	12		612	GLOVES	☐	8.90	PR				

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV # ____ AMOUNT $ ____
INV # ____ AMOUNT $ ____
INV # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION: THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE 209.46

IN THE EVENT OF DEFAULT SAFETY KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES

Print

1000 North Randall Road
Elgin, Illinois 60123-7857

safety-kleen.

TRANSPORTER
818-575-4685 BILL THIEBERT
LOR REQ'D 0-220 10

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 6	13	258415

MANIFEST NUMBER 93117357

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
2994	6658		T	A	05-095-8001	209.46	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC.P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YYWW)	SOLVENT CLEAN	SOLVENT SPENT	INV. CODE	REMARKS 0398
171-89890		64.50	5.32	69.82	04			XXXXX		X	3
174-87044		64.50	5.32	69.82	04			XXXXX		X	6
174-87067		64.50	5.32	69.82	04			XXXXX		X	3
TOTAL SERVICE SECTION		193.50	15.96	209.46							

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

WASTE INFORMATION SECTION

USEPA TRANSPORTER ID NO. ILD984908202
GENERATOR USEPA ID NO. CAD981973397
GENERATOR STATE ID NO.

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.	TYPE	TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII(D001) (ERG#27) 6.7 LBS./GAL	3	DM	12	G	501

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS D.T.
220 LBS. TO 2,200 LBS./MONTH — INITIALS
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731
USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
12			612	GLOVES	☐	8.90	PR				
					☐						
		6		ADDITIONAL	☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN THE EVENT OF AN EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46
TOTAL DUE 209.46

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

"This is to certify that the above-named materials 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."

X [signature] Print Name Daniel Talamantes
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
818-575-4685

TRANSPORTER
BILL THIEBERT
LDR REQ'D 0-220 ID

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-10	13	570686

MANIFEST NUMBER 93119570

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
3894	6658		T	A	05-095-8001	418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC. P/S	PROD. NO.	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULED DATE (YY WW)	SOLVENT CLEAN	SOLVENT SPENT	INV. CODE	REMARKS 0433
171-89890		64.50	5.32	69.82	04				XXXXX		X	
174-87044		64.50	5.32	69.82	04				XXXXX		X	
174-87067		64.50	5.32	69.82	04				XXXXX		X	
TOTAL SERVICE SECTION		193.50	15.96	209.46								

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

WASTE INFORMATION SECTION

USEPA TRANSPORTER ID NO.: ILD984908202
GENERATOR USEPA ID NO.: CAD981973357
GENERATOR STATE ID NO.:

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.	TYPE	TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001,D018,D039) (ERG#27) 6.7LBS/GAL	3	DM	16	G	501

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS MT
220 LBS. TO 2,200 LBS./MONTH — INITIALS
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 10625 HICKSON ST UNIT A/C EL MONTE, CA 91731
USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46
TOTAL DUE 209.46

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

"This is to certify that the above-named materials 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."

X [signature] Print Name MONTRI

IN THE EVENT OF AN EMERGENCY CALL

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
818-575-4685 BILL THIEBERT

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-14	13	879714

DISPATCH NUMBER 93534433

TRANSPORTER
LDR REQ'D 0-220 LB

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
4694	6658		T	A	05-095-8001	418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATORS/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	SOLVENT CLEAN	SOLVENT SPENT	INV. CODE	REMARKS 04C3
171-89890		64.50	5.32	69.82	04			XXXXX		X	
174-87044		64.50	5.32	69.82	04			XXXXX		X	
174-87067		64.50	5.32	69.82	04			XXXXX		X	
TOTAL SERVICE SECTION		193.50	15.96	209.46							

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

WASTE INFORMATION SECTION

USEPA TRANSPORTER ID NO. ILD984908202
GENERATOR USEPA ID NO. CAD981973357
GENERATOR STATE ID NO.

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.	TYPE	TOTAL QUANTITY	UNIT WT/VOL.	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001, D018, D039) (ERG#27) 6.7LBS/GAL	3	DM	12	G	501

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH	MT INITIALS
220 LBS. TO 2,200 LBS./MONTH	INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UM	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

_____ AMOUNT $ _____
_____ AMOUNT $ _____
_____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	209.46
TOTAL DUE	

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

"This is to certify that the above-named materials 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."

SERVICE AND SALES AGREEMENT PROPERTIES

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
818-575-4685

TRANSPORTER
WILLIAM THIEBER

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-18	13	187434

MANIFEST NUMBER 93535558

GENERATOR

7-088-06-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

LQR REQ'D 0-220 LD

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
5894	6658		T	A	05-095-8001	418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	SOLVENT CLEAN	SOLVENT SPENT	INV. CODE	REMARKS 0428
171-89890		64.50	5.32	69.82	04			XXXXX		X	3
174-87044		64.50	5.32	69.82	04			XXXXX		X	5
174-87067		64.50	5.32	69.82	04			XXXXX		X	4
TOTAL SERVICE SECTION		193.50	15.96	209.46							

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☑	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
LAMP ASSEMBLY CONDITION	☑	☐	FUSIBLE LINK INSTALLED	☑	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
			EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

WASTE INFORMATION SECTION

USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984908202	CAD981973357	

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.	CONTAINERS TYPE	TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
WASTE COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001,D018,D039)(ERG#27) 6.7LBS/GAL	3	DM		G	501	
						0 TO 220 LBS./MONTH — INITIALS AX
						220 LBS. TO 2,200 LBS./MONTH — INITIALS
						GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UM	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

TOTAL SERVICE AMOUNT (FROM ABOVE)	209.46
TOTAL DUE	209.46

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

"This is to certify that the above-named materials 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."

X [signature] Print Name ANDY XAYAVONG

IN THE EVENT OF AN EMERGENCY CALL

SERVICE AND SALES AGREEMENT PROPERTY

FORM NO. 700-08-12 (REV. 1/94)

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
818-575-4685 RICK LEE

TRANSPORTER
LDR REQ'D 0-220 10

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 23	13	567522

MANIFEST NUMBER 935896

GENERATOR
7-088-06-3524-3
PARKER HANNIFIN CORP
11308 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS
0104	6658		T	A	05-095-8001	418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
	3561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0372
171-89590		64.50	5.32	69.82	XXXXX		04				X	6
174-87044		64.50	5.32	69.82	XXXXX		04				X	5
174-87067		64.50	5.32	69.82	XXXXX		04				X	3
TOTAL SERVICE SECTION		193.50	15.96	209.46								

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	✓		DECALS IN PLACE AND LEGIBLE	✓		MACHINE PROPERLY GROUNDED	✓	
LAMP ASSEMBLY CONDITION	✓		PUBBLE LINK INSTALLED	✓		LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
			EMERGENCY CLOSING OF LID (UNOBSTRUCTED)	✓		SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

WASTE INFORMATION SECTION — USEPA TRANSPORTER ID NO. ILD984908202 — GENERATOR USEPA ID NO. CAD981973357 — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001, D006, D008, D018, D035, D039, D040)	3	DM	14	G	501	5163055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — AX INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT RECEIVED: CASH ☐ CHECK NUMBER — TOTAL RECEIVED — APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO — EXP DATE — AMEX VISA MC

CONSUMER REFERENCE

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE 209.46

"This is to certify that the above-named materials 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."

Print Name: Fred

X XAMAIIANIA

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL 818-575-4685

DUNS NO. 05106-0408 FED. ID NO. 36-6050019

TRANSPORTER RICK LEE

LDR REG#0 0-220 ID

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 27	13	867335

MANIFEST NUMBER 93663353

GENERATOR
7-086406-3524-3
PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
7794	6658		T	A	05-095-8001	418.92	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	0561		310-698-0985	NO	923	001	.0825		.0825

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0438
171-89890		64.50	5.32	69.82	XXXXX		04					X 3
174-87044		64.50	5.32	69.82	XXXXX		04					X 3
174-87067		64.50	5.32	69.82	XXXXX		04					X 5
TOTAL SERVICE SECTION		193.50	15.96	209.46								

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	✓		DECALS IN PLACE AND LEGIBLE	✓		MACHINE PROPERLY GROUNDED	✓	
LAMP ASSEMBLY CONDITION	✓		FUSIBLE LINK INSTALLED	✓		LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
			EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓		SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

WASTE INFORMATION SECTION — USEPA TRANSPORTER ID NO. ILD984908202 — GENERATOR USEPA ID NO. CAD981973357 — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	8K DOT NUMBER	CONTAINER SIZE	
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001,D006,D008,D018,D035,D039,D040)	3	DM	11	G	501	5168055	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 0 TO 220 LBS./MONTH — AX INITIALS
							220 LBS. TO 2,200 LBS./MONTH — INITIALS
							GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
10625 HICKSON ST UNIT A/C EL MONTE, CA 91731

USA EPA ID NO. CAT000613893
STATE ID NO. CAT000613893

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER — TOTAL RECEIVED — APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. XXXXXXXXXXXXXXXXXXXX — EXP. DATE AMEX VISA MC XXXXX

CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE) 209.46

TOTAL DUE 209.46

"This is to certify that the above-named materials 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."

Print Name Andy

X ANDY XAUANONY
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

LUBRICANT EP	11 GALS. PER/MO.	VIRGIN/ STORED INSIDE---SPENT/PAD- UNDER CANOPY								
HYD. OIL #32	37 GALS. PER/MO.	"	"	"	"	"	"	"		
HYD. OIL #68	1/2 GAL.	"	"	"	"	"	"	"	"	"
WAY LUB. #68	7 GAL.	"	"	"	"	"	"	"	"	"
R & O TURB #32	1/4 "	"	"	"	"	"	"	"	"	"
VELOCITE #6	1/4 "	"	"	"	"	"	"	"	"	"
PROMAX #1075	2 "	"	"	"	"	"	"	"	"	"

INACTIVE---APPROX. USEAGE

TURBO OIL #150	1/4 GAL.	"	"	"	"	"	SPENT/ OUTSIDE-INSIDE			
TONNA #68	"	"	"	"	"	"	"	"	"	"
TELLUS #32	25 "	"	"	"	"	"	"	"	"	

Active

LUBRICANT EP	11 GALS. PER/MO.	VIRGIN/ STORED INSIDE—SPENT/PAD- UNDER CANOPY								
HYD. OIL #32	37 GALS. PER/MO.	"	"	"	"	"	"	"		
HYD. OIL #68	1/2 GAL.	"	"	"	"	"	"	"	"	"
WAY LUB. #68	7 GAL.	"	"	"	"	"	"	"	"	"
R & O TURB #32	1/4 "	"	"	"	"	"	"	"	"	"
VELOCITE #6	1/4 "	"	"	"	"	"	"	"	"	"
PROMAX #1075	2 "	"	"	"	"	"	"	"	"	"

INACTIVE—APPROX. USEAGE

TURBO OIL #150	1/4 GAL.	"	"	"	"	"	SPENT/ OUTSIDE-INSIDE			
TONNA #68	"	"	"	"	"	"	"	"	"	"
TELLUS #32	25 "	"	"	"	"	"	"	"	"	

Please print or type. *Form designed for use on elite (12-pitch typewriter).* and Front of Page 1 Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | 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
PARKER HANNIFIN
11808 BURKE ST., SANTA FE SPRINGS, CA 90670

4. Generator's Phone (213) 698-0935

A. State Manifest Document Number 90322984

B. State Generator's ID

5. Transporter 1 Company Name: SECURITY ENVIRONMENTAL SYSTEMS | 6. US EPA ID Number: CAD 980 885 995

C. State Transporter's ID 29135

D. Transporter's Phone (714) 992-6645

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
PETROLEUM RECYCLING CORP.
1835 EAST 29th ST.
SIGNAL HILL, CA 90806

10. US EPA ID Number: CAD 980 884 695

G. State Facility's ID

H. Facility's Phone (213) 492-6311

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID,n.o.s.,ORM-E,NA9189 (MEK)	001	DM	00032129		State 334 EPA/Other D005, D035
b. WASTE PETROLEUM OIL, COMBUSTIBLE LIQUID,NA1270 (D006,D008)	001	DM	00031129		State 331 EPA/Other D006, D008
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
11 a) Water soluble paint, MEK and Water
11 b) oil, water, and solids with lead and cadmium

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

15. Special Handling Instructions and Additional Information
USE GLOVES AND GOGGLES
24 hour emergency # 1-800-424-9300 CHEMTREC
EMERGENCY GUIDE # a)31 b)27
B) refer S1138 Approv.39330391
A) refer S1089 Approv.38840391

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: JIM SMITH | Signature | Month Day Year 12/6/91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BOBBY CHACON | Signature | Month Day Year 12/6/91

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 | Signature | Month Day Year

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

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

7U5242704

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981973357 — Manifest Document No. 4144

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
PARKER HANNIFIN
11808 BURKE , SANTA FE SPRINGS, CA 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number: 90323178

B. State Generator's ID

5. Transporter 1 Company Name: SECURITY ENVIRONMENTAL SYSTEMS — 6. US EPA ID Number: CAD980887475

C. State Transporter's ID: 209115

D. Transporter's Phone: (714) 892-6645

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
PETROLEUM RECYCLING CORP.
1835 EAST 29th STREET
SIGNAL HILL, CA 90806 — 10. US EPA ID Number: CAT080011059

G. State Facility's ID: CAT080011059

H. Facility's Phone: (213) 595-6397 — 15-1421

RECYCLING CERTIFICATE

Petroleum Recycling Corporation certifies that the above-mentioned [illegible] specifically identified by reference to the waste manifest set forth above, [illegible] in accordance with the provisions of 40CFR261.6 and 264 pursuant to 40CFR261.[illegible] (2) hazardous waste generated from the recycling efforts was also recycled in accordance with the provisions of 40CFR266 Subpart D.

PETROLEUM RECYCLING CORPORATION

By: [illegible]

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 PETROLEUM OIL, NOT OTHERWISE COMBUSTIBLE LIQUID, NA 1270	01	TT	009010	G	State 221 / EPA/Other none
b.					State / EPA/Other
c.					State 206 / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
11 a) waste oil and coolant

ALTERNATIVE FUEL

K. Handling Codes for Wastes Listed Above
a. 14 — b. — c. — d. H 42

15. Special Handling Instructions and Additional Information
USE GLOVES AND GOGGLES
24 hour emergency contact Jim Smith (213) 698-0985
EMERGENCY RESPONSE GUIDE # 27

PRC REPS 1058 APPR# 47000091 1823091
APPOINTMENT # 090915B
16 12 [illegible]

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: Jim Smith — Signature: [signature] — Month Day Year: 09 09 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dennis Myrick — Signature: [signature] — Month Day Year: 09 09 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: Mario Fernandez — Signature: [signature] — Month Day Year: 09 10 91

Do Not Write Below This Line

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAY

GENERATOR

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

90323178

TEXAS WATER COMMISSION 7-088-06
P.O. Box 13087, Capitol Station
Austin, Texas 78711-3087

RECEIVED
AUG 23 1991

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981973357
Manifest Document No.: 54698 AUG 2652
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: PARKER HANNIFIN CORP
11808 BURKE ST
SANTA FE SPRINGS CA 90670-2597
4. Generator's Phone (213)698-0985

A. State Manifest Document Number: 402187
B. State Generator's ID: 99906
C. State Transporter's ID:
D. Transporter's Phone: 818 575-4685
E. State Transporter's ID: 201149
F. Transporter's Phone: 209-638-3010
G. State Facility's ID: 65124
H. Facility's Phone: 817 383-2611

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. US EPA ID Number: CAT 000613893
7. Transporter 2 Company Name: SAFETY KLEEN CORP
8. US EPA ID Number: CAD093459485
9. Designated Facility Name and Site Address: SAFETY-KLEEN CORP.
1722 COOPER CREEK ROAD
DENTON, TX 76201
10. US EPA ID Number: 0-006-18
TXD 077603371

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE COMBUSTIBLE LIQUID, N.O.S. (OIL) NA1993 (F001)(ERG#27)	X	2	DM	397	P	910480
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above:
I(A) D F001 (CADOHS#741)
SAMPLE # 216851 CONTROL# 0093875-9
5(C) CA TRANSPORTER # 208120

K. Handling Codes for Wastes Listed Above:
I(A) S02/T50
01

15. Special Handling Instructions and Additional Information: 9130 29176278 754698 7-088-06-3524 03
EMERGENCY RESP#708-888-4660 24HR SK 31590037
SKDOT# A: 3159 B: C: D:

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: Jim Smith
Signature: Jim Smith
Date: Month 09 Day 05 Year 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS LONS
Signature: [signature]
Date: Month 09 Day 05 Year 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL SMITH
Signature: Carl Smith
Date: Month 09 Day 10 Year 91

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: Eric Borchardt
Signature: Eric Borchardt
Month 9 Day 11 Year 91

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9—88) Previous edition is obsolete. White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first 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.: CAD983107335 — Manifest Document No.: 21116

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PARKER HANNIFIN
11608 BURKE ST., SANTA FE SPRINGS, CA 90670

4. Generator's Phone (213) 698-0985

A. State Manifest Document Number: 90507724

B. State Generator's ID

5. Transporter 1 Company Name: SECURITY ENVIRONMENTAL SYSTEMS
6. US EPA ID Number: CAD980887475

C. State Transporter's ID: 21626

D. Transporter's Phone: (714) 892-6645

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
PETROLEUM RECYCLING CORP.
1835 EAST 29th STREET
SIGNAL HILL, CA 90806
10. US EPA ID Number: CAT080011059

G. State Facility's ID: CAT080011059

H. Facility's Phone: (213) 595-0597 7431

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 PETROLEUM OIL, COMBUSTIBLE LIQUID, NA1270	07	DM	00350	G	State 221 / EPA/Other none
b. WASTE PETROLEUM OIL, COMBUSTIBLE LIQUID, NA1270	02	DM	00100	G	State 221 / EPA/Other none
c.					State / EPA/Other
d.					State / EPA/Other

Petroleum Recycling Corporation certifies that the above-named materials are specifically identified by the manifest set forth above, in accordance with the provisions of 40CFR261 and 264 pursuant to provisions of 40CFR266. Waste generated from the recycling efforts are also recycled in accordance with the provisions of 40CFR266 Subpart D.

PETROLEUM RECYCLING CORPORATION

J. Additional Descriptions for Materials Listed Above
11a) oil and coolant — Drums 3-9
11b) oil — Drums 1-2

K. Handling Codes for Wastes Listed Above
b. 14 D 12
c.
d.

15. Special Handling Instructions and Additional Information
USE GLOVES AND GOGGLES — 11a) PRC PQS 1765 approval 47880691
24 HOUR EMERGENCY CONTACT Jim Smith:(213) 698-0985
EMERGENCY RESPOSNE GUIDE # 27 — APPOINTMENT:012005B

Log 12 74 SA
13 24 SA

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	Signature	Month Day Year
Jim Smith	[signature]	01 17 92

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Geoff Somers	[signature]	01 17 92

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
[illegible]	[signature]	01 09 92

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

DO NOT DETACH

Do Not Write Below This Line

DHS 8022 A
EPA 8700—22
(Rev 6-89) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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.: CAD981973857
Manifest Document No.: 71791
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Parker Hannifen
11808 Burke St., Santa Fe Springs, CA 90670
4. Generator's Phone (310) 698-0985

A. State Manifest Document Number: 90871791
B. State Generator's ID:

5. Transporter 1 Company Name: Lightning Oil Co.
6. US EPA ID Number: CAD982359671
C. State Transporter's ID: 215815
D. Transporter's Phone: 818-963-0807

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
Industrial Service Oil Co. Inc.
1700 So. Soto St.
Los Angeles, CA 90023
10. US EPA ID Number: CAD099452708
G. State Facility's ID: CAD099452708
H. Facility's Phone: (213) 869-9667

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 Oil NOS Combustible Liquid NA 1270 (Otherwise Recycled)	001	77	00150	G	State 221 / 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. R01
b.
c.
d.

15. Special Handling Instructions and Additional Information
Gloves
Emergency Response: Guide 27
John Santistevan (818) 963-0807

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: [illegible] Signature: [illegible] Month Day Year: 07 24 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Santistevan Signature: [illegible] Month Day Year: 07 24 92

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: [illegible] Signature: [illegible] Month Day Year: 07 28 92

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

DHS 8022 A
EPA 8700—22
(Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

MATERIAL SAFETY DATA SHEET

DUE...E-8:00-5:00 EST-MON-FRI 1-800-543-4906

IDENTIFIER: LUBRICOOLANT EP

MEDICAL(COLLECT) 303-592-1024
CHEMTREC 1-800-424-9300

NAME: PARKER HANNIFIN CORP
CYLINDER DIVISION
11808 BURKE ST
SANTA FE SPRINGS CA 90670

MANUFACTURER: DIVERSEY CORP.
12025 TECH CENTER DRIVE
LIVONIA, MICHIGAN 48150
PREPARED BY: REGULATORY
ON 02/20/91

EMERGENCY PHONE NO: 313-458-5000

REFERENCE: B/L# 466444-00

ABBREVIATIONS: C-CEILING MP-MAXIMUM PEAK N/A NOT APPLICABLE N/K NOT KNOWN P-POTENTIAL PEL-PERMISSIBLE EXPOSURE LIMIT PM-PENSKY MARTENS S-SKIN ST-SHORT TERM TLV-THRESHOLD LIMIT VALUE TWA-TIME WEIGHT AVERAGE

SECTION-1 IDENTITY

COMMON NAME USED ON LABEL: LUBRICOOLANT EP — CODE: 02796

CHEMICAL FAMILY: OIL BASED CUTTING FLUID

SECTION-2 HAZARDOUS INGREDIENTS (ONLY ITEMS LISTED ARE HAZARDOUS BY TITLE 29 CFR 1910.1200)

PRINCIPAL HAZARDOUS COMPONENT(S) CHEMICAL & COMMON NAME	%	EXPOSURE LIMITS (TWA 8 HOURS UNLESS OTHERWISE SPECIFIED)	UNITS
OIL MIST		TLV 5; PEL 5; STEL 10	MG/M3
4,4-DIMETHYLOXAZOLIDINE (51200-87-4)	<3	NONE ESTABLISHED	

SECTION-3 PHYSICAL & CHEMICAL CHARACTERISTICS (FIRE & EXPLOSION DATA)

BOILING POINT: 365 °F — SPECIFIC GRAVITY: 0.962 — VAPOR PRESSURE: N/A mmHg@ °C — VOLATILE BY VOLUME: 0 %

VAPOR DENSITY AIR=1: N/A — EVAPORATION RATE (n-BUTYL ACETATE=1): <1 — SOLUBILITY IN WATER: 2.5 % — REACTIVITY IN WATER / HEAT EVOLUTION: NONE

APPEARANCE & ODOR: BROWN LIQUID; MILD ODOR

FLASH POINT: TOC °F — FLAME EXTENSION: N/A in — FLAMMABLE LIMITS IN AIR BY VOLUME: LOWER 1.0 UPPER 7.0 — AUTO IGNITION TEMPERATURE: N/A °F

EXTINGUISHER MEDIA: CO2, DRY CHEMICALS

FIREFIGHTING SPECIAL PROCEDURES: NONE

UNUSUAL FIRE AND EXPLOSION HAZARDS: NONE

SECTION-4 PHYSICAL HAZARDS

STABILITY: STABLE — HAZ POLYMERIZATION: NONE

INCOMPATIBLE WITH: STRONG OXIDIZERS

DECOMPOSITION PRODUCTS: CO WITH INCOMPLETE COMBUSTION; CHLORINE RELEASE ABOUT 600F

SECTION-5 HEALTH HAZARDS

PRIMARY ROUTES OF ENTRY: INHALATION NO — SKIN NO — INGESTION NO

1 ACUTE SIGNS AND SYMPTOMS OF OVEREXPOSURE: DEFATS SKIN; MAY IRRITATE EYES

2 CHRONIC: SAME AS ACUTE

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: SENSITIVE SKIN

LISTED CARCINOGEN: NONE — NTP NO — IARC NO — OSHA NO

EMERGENCY AND FIRST AID PROCEDURES

1. INHALATION: N/A IN NORMAL OPERATION

2. EYES: FLUSH THOROUGHLY WITH FRESH WATER, GET MEDICAL ATTENTION

3. SKIN: FLUSH WITH FRESH WATER, WASH WITH SOAP AND WATER
REMOVE CONTAMINATED CLOTHES AND SHOES

4. INGESTION: GIVE MILK OR WATER, DO NOT INDUCE VOMITING. GET MEDICAL ATTENTION. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

SECTION-6 SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION: NONE — VENTILATION LOCAL: NONE

VENTILATION MECHANICAL: PRODUCING NORMAL AIR DILUTION — SPECIAL: NONE

PROTECTIVE GLOVES: OIL RESISTANT

EYE PROTECTION: FACE SHIELD, SAFETY GLASSES OR GOGGLES

OTHER PROTECTIVE CLOTHING/EQUIPMENT: NONE

SECTION-7 SPECIAL PRECAUTIONS AND SPILL/LEAK PROCEDURES

HANDLING AND STORAGE PRECAUTIONS: NO SPECIAL SEPARATION; STORE INSIDE OR OUTSIDE. DO NOT PRESSURE CONTAINER TO EMPTY.

OTHER PRECAUTIONS: D.O.T. CLASS: NOT REGULATED.

IF MATERIAL IS RELEASED/SPILLED: WIPE UP SMALL AMOUNTS AND DISCARD TO SOLID WASTE OR BURN. COLLECT AND RETURN LARGE AMOUNTS TO CONTAINER.

WASTE DISPOSAL METHODS: EMULSION BREAKING AND SEPARATION OF INSOLUBLES. DOES NOT CONTAIN PHOSPHOROUS.
USE UNTIL LESS THAN 1 INCH REMAINS IN CONTAINER, EMPTY CONTAINER TRIPLE RINSE WITH WATER, ADD TO OPERATION
REMOVE OR DEFACE LABEL BEFORE SELLING CONTAINER OR DISPOSAL

HMIS RATING: HEALTH 1 — FLAMMABILITY 1 — REACTIVITY 0 — PERSONAL PROTECTION B

SARA TITLE III SECTION 313: NONE

STATE OF CA RIGHT TO KNOW INFORMATION: N/A

(TEST STAND)

MATERIAL SAFETY DATA SHEET — PREMIUM AW HYDRAULIC OIL #32

SECTION I PRODUCT INFORMATION

TRADE NAME: PREMIUM AW HYDRAULIC OIL #32
CHEMICAL NAME: PETROLEUM HYDROCARBON

SUPPLIER NAME: GRIFFITHS INDUSTRIAL LUBRICANTS, INC.
ADDRESS: 1816 NORTH POTRERO AVENUE
SOUTH EL MONTE, CA 91733

EMERGENCY PHONE: (818) 442-3009
BUSINESS PHONE: (818) 442-3009
DATE PREPARED: 07/15/87

SECTION II HAZARDOUS INGREDIENTS

CHEMICAL NAME:	CAS NUMBER	PERCENT	ACGIH (TLV)	OSHA (PEL)
PETROLEUM OIL		60-100	5 mg/M^3 AS A MIST	5 mg/M^3 AS A MIST

SECTION III PHYSICAL DATA

APPEARANCE:	STRAW LIQUID	**VAPOR PRESSURE (mm Hg):**	NOT DETERMINED
ODOR:	MILD OILY SMELL	**VAPOR DENSITY (AIR=1):**	NOT DETERMINED
SPECIFIC GRAVITY:	0.86	**BOILING POINT:**	NOT DETERMINED
WATER SOLUBILITY:	INSOLUBLE	**EVAPORATION RATE:**	NOT DETERMINED

SECTION IV FIRE AND EXPLOSION

FLASHPOINT: > 350 °F
AUTOIGNITION: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED

EXTINGUISHING MEDIA: DRY CHEMICAL, FOAM, CO_2, OR WATER FOG
SPECIAL FIREFIGHTING PROCEDURES: DO NOT USE WATER STREAM. WEAR A SELF-CONTAINED BREATHING UNIT WITH FULL FACE SHIELD.
UNUSUAL FIRE & EXPLOSIVE HAZARDS: DENSE SMOKE, CO, OR CO_2

SECTION V HEALTH HAZARD DATA

SYMPTONS OF OVEREXPOSURE

IN EYES: NOT EXPECTED TO CAUSE MORE THAN MINOR IRRITATION.
ON SKIN: PROLONGED AND REPEATED CONTACT NOT EXPECTED TO CAUSE MORE THAN MINOR IRRITATION.
INGESTED: NOT EXPECTED TO BE ACUTELY TOXIC, SWALLOWING MAY CAUSE DIGESTIVE TRACT IRRITATION.
INHALED: NOT EXPECTED TO BE ACUTELY TOXIC, INHALATION IN EXCESS OF THE THRESHOLD LIMIT VALUE (TLV) MAY CAUSE IRRITATION OR DISCOMFORT TO THE NOSE AND THROAT.

FIRST AID: EMERGENCY PROCEDURES

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER. CONTACT A PHYSICIAN IF IRRITATION PERSISTS.
IF ON SKIN: WASH AFFECTED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING.
IF SWALLOWED: DO NOT INDUCE VOMITING. THIS MAY ALLOW SOME MATERIAL TO ENTER THE LUNGS. GIVE 2-3 CUPS MILK OR WATER AND CONTACT A PHYSICIAN IMMEDIATELY.
IF BREATHED: REMOVE PERSON TO FRESH AIR. IF NOT BREATHING ADMINISTER ARTIFICIAL RESPIRATION AND GET IMMEDIATE MEDICAL ATTENTION.

HEALTH EFFECTS

ACUTE: PROLONGED & REPEATED CONTACT MAY CAUSE MINOR IRRITATION, REDNESS OR DRYING OF SKIN.
CHRONIC: NO ANTICIPATED LONG TERM HEALTH RISK ASSOCIATED WITH THE USE OF THIS PRODUCT.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: DERMATOLOGICAL PROBLEMS.

RECOMMENDATIONS TO PHYSICIAN: EMESIS OR LAVAGE IS OFTEN NOT RECOMMENDED FOR THE INGESTION OF SMALL QUANTITIES. LARGER DOSES REQUIRE STEPS TO PREVENT ASPIRATION INTO LUNGS WHILE PURGING.
THRESHOLD LIMIT VALUE (OSHA): 5 mg/M^3 AS A MIST IN AIR. (TWA OVER AN 8 HOUR PERIOD)
CHEMICAL LISTED AS CARCINOGEN: NEITHER THIS PRODUCT NOR ANY OF ITS CONSTITUENT PART ARE SUSPECTED CARCINOGENS BY OSHA, CAL OSHA, IARC AND NTP.

SECTION VI REACTIVITY DATA

STABILITY:	STABLE	**THERMAL DECOMPOSITION:**	MAY PRODUCE OXIDES OF CARBON AND DENSE SMOKE
CONDITIONS TO AVOID:	EXCESSIVE HEAT OR FLAME		
INCOMPATIBILITY:	STRONG OXIDIZING AGENTS	**POLYMERIZATION:**	WILL NOT OCCUR

SECTION VII SPILL OR LEAK PROCEDURES

SPILL PROCEDURE: ALWAYS WEAR APPROPRIATE HANDLING EQUIPMENT. IN THE EVENT OF AN UNCONTROLLABLE RELEASE, CONTACT AUTHORITIES IMMEDIATELY. IF CONTROLLABLE, CONTAIN SPILL, PUMP OR ABSORB WITH INERT MATERIAL, AND PLACE RECOVERED MATERIAL IN PROPER DOT CONTAINER FOR RECLAMATION OR DISPOSAL.

WASTE DISPOSAL: RECOVERED MATERIAL SHOULD BE PACKAGED, LABELED, TRANSPORTED, AND DISPOSED OF IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS.

SECTION VIII HANDLING INFORMATION

SKIN PROTECTION:	GLOVES, APRON RECOMMENDED	**EYE PROTECTION:**	GOGGLES REQUIRED
RESPIRATORY PROTECTION:	NOT REQUIRED	**OTHER:**	
VENTILATION:	PROVIDE ADEQUATE VENTILATION TO CONTROL EXCESSIVE MIST AND VAPORS		

SECTION IX SPECIAL PRECAUTIONS

HANDLE THIS AND ALL INDUSTRIAL PRODUCTS WITH CARE. AVOID UNNECESSARY CONTACT WITH SKIN AND EYES. DO NOT EXPOSE THIS MATERIAL OR ITS CONTAINER TO SPARKS OR OPEN FLAMES.

SECTION X TRANSPORTATION

PROPER SHIPPING NAME:	NOT APPLICABLE	**DOT MARKING:**	NOT APPLICABLE
DOT CLASSIFICATION:	NOT APPLICABLE	**DOT PLACARD:**	NOT APPLICABLE
DOT LABELS:	NOT APPLICABLE	**UN NUMBER:**	NOT APPLICABLE

SECTION XI LABELING

HMIS DATA:	**HEALTH**	1	**REACTIVITY**	0
	FIRE	1	**PERSONAL PROTECTION**	C

NO SIGNIFICANT HAZARD	0
SLIGHT HAZARD	1
MODERATE HAZARD	2
HIGH HAZARD	3
EXTREME HAZARD	4
SAFETY GLASSES	A
SAFETY GLASSES, GLOVES	B
SAFETY GLASSES, GLOVES, SYNTHETIC APRON	C
FACE SHIELD, GLOVES, SYNTHETIC APRON	D
SAFETY GLASSES, GLOVES, DUST RESPIRATOR	E
SAFETY GLASSES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR	F
SAFETY GLASSES, GLOVES, VAPOR RESPIRATOR	G
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR	H
SAFETY GLASSES, GLOVES, COMBINATION DUST AND VAPOR RESPIRATOR	I
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, COMBINATION DUST AND VAPOR RESPIRATOR	J
AIRLINE HOOD OR MASK, GLOVES, FULL PROTECTIVE SUIT, BOOTS	K
SITUATIONS REQUIRING SPECIALIZED HANDLING	X

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MATERIAL SAFETY DATA SHEET **PREMIUM AW HYDRAULIC OIL #68**

SECTION I PRODUCT INFORMATION

TRADE NAME: PREMIUM AW HYDRAULIC OIL #68
CHEMICAL NAME: PETROLEUM HYDROCARBON

SUPPLIER NAME: GRIFFITHS INDUSTRIAL LUBRICANTS, INC.
ADDRESS: 1816 NORTH POTRERO AVENUE
SOUTH EL MONTE, CA 91733

EMERGENCY PHONE: (818) 442-3009
BUSINESS PHONE: (818) 442-3009
DATE PREPARED: 07/15/87

SECTION II HAZARDOUS INGREDIENTS

CHEMICAL NAME:	CAS NUMBER	PERCENT	ACGIH (TLV)	OSHA (PEL)
PETROLEUM OIL		60-100	5 mg/M^3 AS A MIST	5 mg/M^3 AS A MIST

SECTION III PHYSICAL DATA

APPEARANCE: STRAW LIQUID
ODOR: MILD OILY SMELL
SPECIFIC GRAVITY: 0.87
WATER SOLUBILITY: INSOLUBLE

VAPOR PRESSURE (mm Hg): NOT DETERMINED
VAPOR DENSITY (AIR=1): NOT DETERMINED
BOILING POINT: NOT DETERMINED
EVAPORATION RATE: NOT DETERMINED

SECTION IV FIRE AND EXPLOSION

FLASHPOINT: > 350 'F
AUTOIGNITION: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED

EXTINGUISHING MEDIA: DRY CHEMICAL, FOAM, CO_2, OR WATER FOG
SPECIAL FIREFIGHTING PROCEDURES: DO NOT USE WATER STREAM. WEAR A SELF-CONTAINED BREATHING UNIT WITH FULL FACE SHIELD.
UNUSUAL FIRE & EXPLOSIVE HAZARDS: DENSE SMOKE, CO, OR CO_2

SECTION V HEALTH HAZARD DATA

SYMPTONS OF OVEREXPOSURE

IN EYES: NOT EXPECTED TO CAUSE MORE THAN MINOR IRRITATION.
ON SKIN: PROLONGED AND REPEATED CONTACT NOT EXPECTED TO CAUSE MORE THAN MINOR IRRITATION.
INGESTED: NOT EXPECTED TO BE ACUTELY TOXIC, SWALLOWING MAY CAUSE DIGESTIVE TRACT IRRITATION.
INHALED: NOT EXPECTED TO BE ACUTELY TOXIC, INHALATION IN EXCESS OF THE THRESHOLD LIMIT VALUE (TLV) MAY CAUSE IRRITATION OR DISCOMFORT TO THE NOSE AND THROAT.

FIRST AID: EMERGENCY PROCEDURES

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER. CONTACT A PHYSICIAN IF IRRITATION PERSISTS.
IF ON SKIN: WASH AFFECTED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING.
IF SWALLOWED: DO NOT INDUCE VOMITING. THIS MAY ALLOW SOME MATERIAL TO ENTER THE LUNGS. GIVE 2-3 CUPS MILK OR WATER AND CONTACT A PHYSICIAN IMMEDIATELY.
IF BREATHED: REMOVE PERSON TO FRESH AIR. IF NOT BREATHING ADMINISTER ARTIFICIAL RESPIRATION AND GET IMMEDIATE MEDICAL ATTENTION.

HEALTH EFFECTS

ACUTE: PROLONGED & REPEATED CONTACT MAY CAUSE MINOR IRRITATION, REDNESS OR DRYING OF SKIN.
CHRONIC: NO ANTICIPATED LONG TERM HEALTH RISK ASSOCIATED WITH THE USE OF THIS PRODUCT.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: DERMATOLOGICAL PROBLEMS.

RECOMMENDATIONS TO PHYSICIAN: EMESIS OR LAVAGE IS OFTEN NOT RECOMMENDED FOR THE INGESTION OF SMALL QUANITITIES. LARGER DOSES REQUIRE STEPS TO PREVENT ASPIRATION INTO LUNGS WHILE PURGING.
THRESHOLD LIMIT VALUE (OSHA): 5 mg/M^3 AS A MIST IN AIR. (TWA OVER AN 8 HOUR PERIOD)
CHEMICAL LISTED AS CARCINOGEN: NEITHER THIS PRODUCT NOR ANY OF ITS CONSTITUENT PART ARE SUSPECTED CARCINOGENS BY OSHA, CAL OSHA, IARC AND NTP.

SECTION VI REACTIVITY DATA

STABILITY:	STABLE	**THERMAL DECOMPOSITION:**	MAY PRODUCE OXIDES OF CARBON, SULFUR, NITROGEN
CONDITIONS TO AVOID:	EXCESSIVE HEAT OR FLAME		
INCOMPATIBILITY:	STRONG OXIDIZING AGENTS	**POLYMERIZATION:**	WILL NOT OCCUR

SECTION VII SPILL OR LEAK PROCEDURES

SPILL PROCEDURE: ALWAYS WEAR APPROPRIATE HANDLING EQUIPMENT. IN THE EVENT OF AN UNCONTROLLABLE RELEASE, CONTACT AUTHORITIES IMMEDIATELY. IF CONTROLLABLE, CONTAIN SPILL, PUMP OR ABSORB WITH INERT MATERIAL, AND PLACE RECOVERED MATERIAL IN PROPER DOT CONTAINER FOR RECLAMATION OR DISPOSAL.

WASTE DISPOSAL: RECOVERED MATERIAL SHOULD BE PACKAGED, LABELED, TRANSPORTED, AND DISPOSED OF IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS.

SECTION VIII HANDLING INFORMATION

SKIN PROTECTION:	GLOVES, APRON RECOMMENDED	**EYE PROTECTION:**	GOGGLES REQUIRED
RESPIRATORY PROTECTION:	NOT REQUIRED	**OTHER:**	PROTECTIVE HAND CREAMS IF DESIRED
VENTILATION:	PROVIDE ADEQUATE VENTILATION TO CONTROL EXCESSIVE MIST AND VAPORS		

SECTION IX SPECIAL PRECAUTIONS

HANDLE THIS AND ALL INDUSTRIAL PRODUCTS WITH CARE. AVOID UNNECESSARY CONTACT WITH SKIN AND EYES. DO NOT EXPOSE THIS MATERIAL OR ITS CONTAINER TO SPARKS OR OPEN FLAMES.

SECTION X TRANSPORTATION

PROPER SHIPPING NAME:	NOT APPLICABLE	**DOT MARKING:**	NOT APPLICABLE
DOT CLASSIFICATION:	NOT APPLICABLE	**DOT PLACARD:**	NOT APPLICABLE
DOT LABELS:	NOT APPLICABLE	**UN NUMBER:**	NOT APPLICABLE

SECTION XI LABELING

HMIS DATA:	**HEALTH**	1	**REACTIVITY**	0
	FIRE	1	**PERSONAL PROTECTION**	C

NO SIGNIFICANT HAZARD	0
SLIGHT HAZARD	1
MODERATE HAZARD	2
HIGH HAZARD	3
EXTREME HAZARD	4
SAFETY GLASSES	A
SAFETY GLASSES, GLOVES	B
SAFETY GLASSES, GLOVES, SYNTHETIC APRON	C
FACESHIELD, GLOVES, SYNTHETIC APRON	D
SAFETY GLASSES, GLOVES, DUST RESPIRATOR	E
SAFETY GLASSES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR	F
SAFETY GLASSES, GLOVES, VAPOR RESPIRATOR	G
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR	H
SAFETY GLASSES, GLOVES, COMBINATION DUST AND VAPOR RESPIRATOR	I
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, COMBINATION DUST AND VAPOR RESPIRATOR	J
AIRLINE HOOD OR MASK, GLOVES, FULL PROTECTIVE SUIT, BOOTS	K
SITUATIONS REQUIRING SPECIALIZED HANDLING	X

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MATERIAL SAFETY DATA SHEET **WAY LUBRICANT #68**

SECTION I PRODUCT INFORMATION

TRADE NAME: WAY LUBRICANT #68
CHEMICAL NAME: PETROLEUM MIXTURE

SUPPLIER NAME: GRIFFITHS INDUSTRIAL LUBRICANTS
ADDRESS: 1816 NORTH POTRERO AVENUE
SOUTH EL MONTE, CA 91733

EMERGENCY PHONE: (818) 442-3009
BUSINESS PHONE: (818) 442-3009
DATE PREPARED: 07/15/87

SECTION II HAZARDOUS INGREDIENTS

CHEMICAL NAME:	CAS NUMBER	PERCENT	ACGIH (TLV)	OSHA (PEL)
PETROLEUM OIL		60-100	5 mg/M^3 AS A MIST	5 mg/M^3 AS A MIST

SECTION III PHYSICAL DATA

APPEARANCE:	DARK, VISCOUS LIQUID	**VAPOR PRESSURE (mm Hg):**	NOT DETERMINED
ODOR:	MILD SULFUR SMELL	**VAPOR DENSITY (AIR=1):**	NOT DETERMINED
SPECIFIC GRAVITY:	0.88	**BOILING POINT:**	NOT DETERMINED
WATER SOLUBILITY:	INSOLUBLE	**EVAPORATION RATE:**	NOT DETERMINED

SECTION IV FIRE AND EXPLOSION

FLASHPOINT: > 350 °F
AUTOIGNITION: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED

EXTINGUISHING MEDIA: DRY CHEMICAL, FOAM, CO_2, OR WATER FOG
SPECIAL FIREFIGHTING PROCEDURES: DO NOT USE WATER STREAM. WEAR A SELF-CONTAINED BREATHING UNIT WITH FULL FACE SHIELD.
UNUSUAL FIRE & EXPLOSIVE HAZARDS: DENSE SMOKE, CO, OR CO_2

SECTION V HEALTH HAZARD DATA

SYMPTONS OF OVEREXPOSURE

IN EYES: MAY CAUSE EYE IRRITATION. DIRECT CONTACT MAY CAUSE BURNING, TEARING, AND REDNESS.
ON SKIN: PROLONGED AND REPEATED CONTACT CAN CAUSE REDNESS, BURNING, AND EVEN DERMATITIS.
INGESTED: SWALLOWING MAY CAUSE DIGESTIVE TRACT IRRITATION.
INHALED: INHALATION OF MISTS OR PROLONGED AND REPEATED EXPOSURE TO THE FUMES OR VAPORS GENERATED WHEN THIS MATERIAL IS HEATED MAY CAUSE THROAT AND NASAL IRRITATION.

FIRST AID: EMERGENCY PROCEDURES

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER. CONTACT A PHYSICIAN IF IRRITATION PERSISTS.
IF ON SKIN: WASH AFFECTED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING.
IF SWALLOWED: DO NOT INDUCE VOMITING. THIS MAY ALLOW SOME MATERIAL TO ENTER THE LUNGS. GIVE 2-3 CUPS MILK OR WATER AND CONTACT A PHYSICIAN IMMEDIATELY.
IF BREATHED: REMOVE PERSON TO FRESH AIR. IF NOT BREATHING ADMINISTER ARTIFICIAL RESPIRATION AND GET IMMEDIATE MEDICAL ATTENTION.

HEALTH EFFECTS

ACUTE: PROLONGED & REPEATED CONTACT MAY CAUSE MINOR IRRITATION, REDNESS OR DRYING OF SKIN.
CHRONIC: NO ANTICIPATED LONG TERM HEALTH RISK ASSOCIATED WITH THE USE OF THIS PRODUCT.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: DERMATOLOGICAL PROBLEMS.

RECOMMENDATIONS TO PHYSICIAN: EMESIS OR LAVAGE IS OFTEN NOT RECOMMENDED FOR THE INGESTION OF SMALL QUANTITIES. LARGER DOSES REQUIRE STEPS TO PREVENT ASPIRATION INTO LUNGS WHILE PURGING.
THRESHOLD LIMIT VALUE (OSHA): 5 mg/M^3 AS A MIST IN AIR. (TWA OVER AN 8 HOUR PERIOD)
CHEMICAL LISTED AS CARCINOGEN: NEITHER THIS PRODUCT NOR ANY OF ITS CONSTITUENT PART ARE SUSPECTED CARCINOGENS BY OSHA, CAL OSHA, IARC AND NTP.

SECTION VI REACTIVITY DATA

STABILITY:	STABLE	**THERMAL DECOMPOSITION:**	MAY PRODUCE OXIDES OF CARBON, SULFUR, NITROGEN
CONDITIONS TO AVOID:	EXCESSIVE HEAT OR FLAME		
INCOMPATIBILITY:	STRONG OXIDIZING AGENTS	**POLYMERIZATION:**	WILL NOT OCCUR

SECTION VII SPILL OR LEAK PROCEDURES

SPILL PROCEDURE: ALWAYS WEAR APPROPRIATE HANDLING EQUIPMENT. IN THE EVENT OF AN UNCONTROLLABLE RELEASE, CONTACT AUTHORITIES IMMEDIATELY. IF CONTROLLABLE, CONTAIN SPILL, PUMP OR ABSORB WITH INERT MATERIAL, AND PLACE RECOVERED MATERIAL IN PROPER DOT CONTAINER FOR RECLAMATION OR DISPOSAL.

WASTE DISPOSAL: RECOVERED MATERIAL SHOULD BE PACKAGED, LABELED, TRANSPORTED, AND DISPOSED OF IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS.

SECTION VIII HANDLING INFORMATION

SKIN PROTECTION:	GLOVES, APRON RECOMMENDED	**EYE PROTECTION:**	GOGGLES REQUIRED
RESPIRATORY PROTECTION:	NOT REQUIRED	**OTHER:**	PROTECTIVE HAND CREAMS IF DESIRED
VENTILATION:	PROVIDE ADEQUATE VENTILATION TO CONTROL EXCESSIVE MIST AND VAPORS		

SECTION IX SPECIAL PRECAUTIONS

HANDLE THIS AND ALL INDUSTRIAL PRODUCTS WITH CARE. AVOID UNNECESSARY CONTACT WITH SKIN AND EYES. DO NOT EXPOSE THIS MATERIAL OR ITS CONTAINER TO SPARKS OR OPEN FLAMES.

SECTION X TRANSPORTATION

PROPER SHIPPING NAME:	NOT APPLICABLE	**DOT MARKING:**	NOT APPLICABLE
DOT CLASSIFICATION:	NOT APPLICABLE	**DOT PLACARD:**	NOT APPLICABLE
DOT LABELS:	NOT APPLICABLE	**UN NUMBER:**	NOT APPLICABLE

SECTION XI LABELING

HMIS DATA:	**HEALTH** 1	**REACTIVITY** 0	
	FIRE 1	**PERSONAL PROTECTION** C	

NO SIGNIFICANT HAZARD	0
SLIGHT HAZARD	1
MODERATE HAZARD	2
HIGH HAZARD	3
EXTREME HAZARD	4
SAFETY GLASSES	A
SAFETY GLASSES, GLOVES	B
SAFETY GLASSES, GLOVES, SYNTHETIC APRON	C
FACE SHIELD, GLOVES, SYNTHETIC APRON	D
SAFETY GLASSES, GLOVES, DUST RESPIRATOR	E
SAFETY GLASSES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR	F
SAFETY GLASSES, GLOVES, VAPOR RESPIRATOR	G
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR	H
SAFETY GLASSES, GLOVES, COMBINATION DUST AND VAPOR RESPIRATOR	I
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, COMBINATION DUST AND VAPOR RESPIRATOR	J
AIRLINE HOOD OR MASK, GLOVES, FULL PROTECTIVE SUIT, BOOTS	K
SITUATIONS REQUIRING SPECIALIZED HANDLING	X

THE INFORMATION CONTAINED HEREIN IS BASED ON THE DATA AVAILABLE TO US AND IS BELIEVED TO BE CORRECT. HOWEVER, NO WARRANTY IS MADE, WHETHER EXPRESSED OR IMPLIED AS TO THE ACCURACY OF THIS DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF. THE MANUFACTURER ASSUMES NO RESPONSIBILITY FOR INJURY FROM THE USE OF THE PRODUCT DESCRIBED HEREIN.

MATERIAL SAFETY DATA SHEET

Compressor

R & O TURBINE OIL #32

SECTION I PRODUCT INFORMATION

TRADE NAME: R & O TURBINE OIL #32
CHEMICAL NAME: PETROLEUM HYDROCARBON

SUPPLIER NAME: GRIFFITHS INDUSTRIAL LUBRICANTS, INC.
ADDRESS: 1816 NORTH POTRERO AVENUE
SOUTH EL MONTE, CA 91733

EMERGENCY PHONE: (818) 442-3009
BUSINESS PHONE: (818) 442-3009
DATE PREPARED: 07/15/87

SECTION II HAZARDOUS INGREDIENTS

CHEMICAL NAME:	CAS NUMBER	PERCENT	ACGIH (TLV)	OSHA (PEL)
PETROLEUM OIL		60-100	5 mg/M^3 AS A MIST	5 mg/M^3 AS A MIST

SECTION III PHYSICAL DATA

APPEARANCE: STRAW, VISCOUS LIQUID
ODOR: MILD OILY SMELL
SPECIFIC GRAVITY: 0.86
WATER SOLUBILITY: INSOLUBLE

VAPOR PRESSURE (mm Hg): NOT DETERMINED
VAPOR DENSITY (AIR=1): NOT DETERMINED
BOILING POINT: NOT DETERMINED
EVAPORATION RATE: NOT DETERMINED

SECTION IV FIRE AND EXPLOSION

FLASHPOINT: > 350 °F
AUTOIGNITION: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED
UPPER FLAMMABLE: NOT DETERMINED

EXTINGUISHING MEDIA: DRY CHEMICAL, FOAM, CO_2, OR WATER FOG
SPECIAL FIREFIGHTING PROCEDURES: DO NOT USE WATER STREAM. WEAR A SELF-CONTAINED BREATHING UNIT WITH FULL FACE SHIELD.
UNUSUAL FIRE & EXPLOSIVE HAZARDS: DENSE SMOKE, CO, OR CO_2

SECTION V HEALTH HAZARD DATA

SYMPTONS OF OVEREXPOSURE

IN EYES: NOT EXPECTED TO CAUSE MORE THAN MINOR IRRITATION.
ON SKIN: PROLONGED AND REPEATED CONTACT NOT EXPECTED TO CAUSE MORE THAN MINOR IRRITATION.
INGESTED: NOT EXPECTED TO BE ACUTELY TOXIC, SWALLOWING MAY CAUSE DIGESTIVE TRACT IRRITATION.
INHALED: NOT EXPECTED TO BE ACUTELY TOXIC, INHALATION IN EXCESS OF THE THRESHOLD LIMIT VALUE (TLV) MAY CAUSE IRRITATION OR DISCOMFORT TO THE NOSE AND THROAT.

FIRST AID: EMERGENCY PROCEDURES

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER. CONTACT A PHYSICIAN IF IRRITATION PERSISTS.
IF ON SKIN: WASH AFFECTED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING.
IF SWALLOWED: DO NOT INDUCE VOMITING. THIS MAY ALLOW SOME MATERIAL TO ENTER THE LUNGS. GIVE 2-3 CUPS MILK OR WATER AND CONTACT A PHYSICIAN IMMEDIATELY.
IF BREATHED: REMOVE PERSON TO FRESH AIR. IF NOT BREATHING ADMINISTER ARTIFICIAL RESPIRATION AND GET IMMEDIATE MEDICAL ATTENTION.

HEALTH EFFECTS

ACUTE: PROLONGED & REPEATED CONTACT MAY CAUSE MINOR IRRITATION, REDNESS OR DRYING OF SKIN.
CHRONIC: NO ANTICIPATED LONG TERM HEALTH RISK ASSOCIATED WITH THE USE OF THIS PRODUCT.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: DERMATOLOGICAL PROBLEMS.

RECOMMENDATIONS TO PHYSICIAN: EMESIS OR LAVAGE IS OFTEN NOT RECOMMENDED FOR THE INGESTION OF SMALL QUANTITIES. LARGER DOSES REQUIRE STEPS TO PREVENT ASPIRATION INTO LUNGS WHILE PURGING.
THRESHOLD LIMIT VALUE (OSHA): 5 mg/M^3 AS A MIST IN AIR. (TWA OVER AN 8 HOUR PERIOD)
CHEMICAL LISTED AS CARCINOGEN: NEITHER THIS PRODUCT NOR ANY OF ITS CONSTITUENT PART ARE SUSPECTED CARCINOGENS BY OSHA, CAL OSHA, IARC AND NTP.

SECTION VI REACTIVITY DATA

STABILITY:	STABLE	THERMAL DECOMPOSITION:	MAY PRODUCE OXIDES OF CARBON AND DENSE SMOKE
CONDITIONS TO AVOID:	EXCESSIVE HEAT OR FLAME		
INCOMPATIBILITY:	STRONG OXIDIZING AGENTS	POLYMERIZATION:	WILL NOT OCCUR

SECTION VII SPILL OR LEAK PROCEDURES

SPILL PROCEDURE: ALWAYS WEAR APPROPRIATE HANDLING EQUIPMENT. IN THE EVENT OF AN UNCONTROLLABLE RELEASE, CONTACT AUTHORITIES IMMEDIATELY. IF CONTROLLABLE, CONTAIN SPILL, PUMP OR ABSORB WITH INERT MATERIAL, AND PLACE RECOVERED MATERIAL IN PROPER DOT CONTAINER FOR RECLAMATION OR DISPOSAL.

WASTE DISPOSAL: RECOVERED MATERIAL SHOULD BE PACKAGED, LABELED, TRANSPORTED, AND DISPOSED OF IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS.

SECTION VIII HANDLING INFORMATION

SKIN PROTECTION:	GLOVES, APRON RECOMMENDED	EYE PROTECTION:	GOGGLES REQUIRED
RESPIRATORY PROTECTION:	NOT REQUIRED	OTHER:	
VENTILATION:	PROVIDE ADEQUATE VENTILATION TO CONTROL EXCESSIVE MIST AND VAPORS		

SECTION IX SPECIAL PRECAUTIONS

HANDLE THIS AND ALL INDUSTRIAL PRODUCTS WITH CARE. AVOID UNNECESSARY CONTACT WITH SKIN AND EYES. DO NOT EXPOSE THIS MATERIAL OR ITS CONTAINER TO SPARKS OR OPEN FLAMES.

SECTION X TRANSPORTATION

PROPER SHIPPING NAME:	NOT APPLICABLE	DOT MARKING:	NOT APPLICABLE
DOT CLASSIFICATION:	NOT APPLICABLE	DOT PLACARD:	NOT APPLICABLE
DOT LABELS:	NOT APPLICABLE	UN NUMBER:	NOT APPLICABLE

SECTION XI LABELING

HMIS DATA:	HEALTH 1	REACTIVITY	0
	FIRE 1	PERSONAL PROTECTION	C

NO SIGNIFICANT HAZARD 0
SLIGHT HAZARD 1
MODERATE HAZARD 2
HIGH HAZARD 3
EXTREME HAZARD 4
SAFETY GLASSES A
SAFETY GLASSES, GLOVES B
SAFETY GLASSES, GLOVES, SYNTHETIC APRON C
FACE SHIELD, GLOVES, SYNTHETIC APRON D
SAFETY GLASSES, GLOVES, DUST RESPIRATOR E
SAFETY GLASSES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR F
SAFETY GLASSES, GLOVES, VAPOR RESPIRATOR G
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, VAPOR RESPIRATOR H
SAFETY GLASSES, GLOVES, COMBINATION DUST AND VAPOR RESPIRATOR I
SPLASH GOGGLES, GLOVES, SYNTHETIC APRON, COMBINATION DUST AND VAPOR RESPIRATOR J
AIRLINE HOOD OR MASK, GLOVES, FULL PROTECTIVE SUIT, BOOTS K
SITUATIONS REQUIRING SPECIALIZED HANDLING X

THE INFORMATION CONTAINED HEREIN IS BASED ON THE DATA AVAILABLE TO US AND IS BELIEVED TO BE CORRECT. HOWEVER, NO WARRANTY IS MADE, WHETHER EXPRESSED OR IMPLIED AS TO THE ACCURACY OF THIS DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF. THE MANUFACTURER ASSUMES NO RESPONSIBILITY FOR INJURY FROM THE USE OF THE PRODUCT DESCRIBED HEREIN.

Mobil

MOBIL OIL CORPORATION MATERIAL SAFETY DATA BULLETIN

REVISED: 07/17/85

********** I. PRODUCT IDENTIFICATION **********

MOBIL VELOCITE OIL NO. 6

SUPPLIER:
MOBIL OIL CORP.

CHEMICAL NAMES AND SYNONYMS:
PET. HYDROCARBON AND ADDITIVES

USE OR DESCRIPTION:
SPINDLE OIL

HEALTH EMERGENCY TELEPHONE:
(212) 883-4411

TRANSPORT EMERGENCY TELEPHONE:
(800) 424-9300 (CHEMTREC)

PRODUCT TECHNICAL INFORMATION:
(800) 662-4525

********** II. TYPICAL CHEMICAL AND PHYSICAL PROPERTIES **********

APPEARANCE: ASTM 1.0 LIQUID ODOR: MILD PH: NA
VISCOSITY AT 100 F, SUS: 60.0 AT 40 C, CS: 9.5
VISCOSITY AT 210 F, SUS: 35.0 AT 100 C, CS: 2.6
FLASH POINT F(C): 310(154) (ASTM D-92)
MELTING POINT F(C): NA POUR POINT F(C): 25(-4)
BOILING POINT F(C): > 600(316)
RELATIVE DENSITY, 15/4 C: 0.865 SOLUBILITY IN WATER: NEGLIGIBLE
VAPOR PRESSURE-MM HG 20C: < .1

NA=NOT APPLICABLE NE=NOT ESTABLISHED D=DECOMPOSES

FOR FURTHER INFORMATION, CONTACT YOUR LOCAL MARKETING OFFICE.

********** III. INGREDIENTS **********

	WT PCT (APPROX)	EXPOSURE LIMITS MG/M3	EXPOSURE LIMITS PPM	SOURCES (AND NOTES)
HAZARDOUS INGREDIENTS:				
NONE				
OTHER INGREDIENTS:				
REFINED MINERAL OILS	>95			
ADDITIVES AND/OR OTHER INGREDS.	< 5			

KEY TO SOURCES: A=ACGIH-TLV, A*=SUGGESTED-TLV, M=MOBIL, O=OSHA

NOTE: LIMITS SHOWN FOR GUIDANCE ONLY. FOLLOW APPLICABLE REGULATIONS.

********** IV. HEALTH HAZARD DATA **********

--- INCLUDES AGGRAVATED MEDICAL CONDITIONS, IF ESTABLISHED ---

THRESHOLD LIMIT VALUE: 5.00 MG/M3 SUGGESTED FOR OIL MIST

EFFECTS OF OVEREXPOSURE: PROLONGED REPEATED SKIN CONTACT WITH LOW VISCOSITY OILS MAY LEAD TO IRRITATION CAUSED BY DISSOLVING OF THE NATURAL OILS FROM THE SKIN. SLIGHT SKIN IRRITATION.

********** V. EMERGENCY AND FIRST AID PROCEDURES **********

--- FOR PRIMARY ROUTES OF ENTRY ---

EYE CONTACT: FLUSH WITH WATER.

SKIN CONTACT: WASH CONTACT AREAS WITH SOAP AND WATER.

INHALATION: REMOVE FROM FURTHER EXPOSURE. IF UNCONSCIOUSNESS OCCURS, SEEK IMMEDIATE MEDICAL ASSISTANCE AND CALL A PHYSICIAN. IF BREATHING HAS STOPPED, USE MOUTH TO MOUTH RESUSCITATION.

INGESTION: DO NOT INDUCE VOMITING. ADMINISTER VEGETABLE OIL. GET MEDICAL ASSISTANCE. (NOTE TO PHYSICIAN: MATERIAL IF ASPIRATED INTO THE LUNGS MAY CAUSE CHEMICAL PNEUMONITIS. TREAT APPROPRIATELY)

********** VI. FIRE AND EXPLOSION HAZARD DATA **********

FLASH POINT F(C): 310(154) (ASTM D-92)
FLAMMABLE LIMITS. LEL: .6 UEL: 7.0
EXTINGUISHING MEDIA: CARBON DIOXIDE, FOAM, DRY CHEMICAL AND WATER FOG.
SPECIAL FIRE FIGHTING PROCEDURES: FOR FIRES IN ENCLOSED AREAS, FIREFIGHTERS MUST USE SELF-CONTAINED BREATHING APPARATUS.
UNUSUAL FIRE AND EXPLOSION HAZARDS: NONE
NFPA HAZARD ID: HEALTH: 0, FLAMMABILITY: 1, REACTIVITY: 0

********** VII. REACTIVITY DATA **********

STABILITY (THERMAL, LIGHT, ETC.): STABLE
CONDITIONS TO AVOID: STRONG OXIDATION
INCOMPATIBILITY (MATERIALS TO AVOID): STRONG OXIDIZERS
HAZARDOUS DECOMPOSITION PRODUCTS: CARBON MONOXIDE.
HAZARDOUS POLYMERIZATION: WILL NOT OCCUR

********** VIII. SPILL OR LEAK PROCEDURE **********

ENVIRONMENTAL IMPACT: REPORT SPILLS AS REQUIRED TO APPROPRIATE AUTHORITIES. U. S. COAST GUARD REGULATIONS REQUIRE IMMEDIATE REPORTING OF SPILLS THAT COULD REACH ANY WATERWAY INCLUDING INTERMITTENT DRY CREEKS. REPORT SPILL TO COAST GUARD TOLL FREE NUMBER 800-424-8802.
PROCEDURES IF MATERIAL IS RELEASED OR SPILLED: ADSORB ON FIRE RETARDANT TREATED SAWDUST, DIATOMACEOUS EARTH, ETC. SHOVEL UP AND DISPOSE OF AT AN APPROPRIATE WASTE DISPOSAL FACILITY IN ACCORDANCE WITH CURRENT APPLICABLE LAWS AND REGULATIONS, AND PRODUCT CHARACTERISTICS AT TIME OF DISPOSAL.
WASTE MANAGEMENT: PRODUCT IS SUITABLE FOR BURNING IN AN ENCLOSED, CONTROLLED BURNER FOR FUEL VALUE OR DISPOSAL BY SUPERVISED INCINERATION. SUCH BURNING MAY BE LIMITED PURSUANT TO THE RESOURCE CONSERVATION AND RECOVERY ACT. IN ADDITION, THE PRODUCT IS SUITABLE FOR PROCESSING BY AN APPROVED RECYCLING FACILITY OR CAN BE DISPOSED OF AT ANY GOVERNMENT APPROVED WASTE DISPOSAL FACILITY. USE OF THESE METHODS IS SUBJECT TO USER COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS AND CONSIDERATION OF PRODUCT CHARACTERISTICS AT TIME OF DISPOSAL.

********** IX. SPECIAL PROTECTION INFORMATION **********

EYE PROTECTION: NO SPECIAL EQUIPMENT REQUIRED.
SKIN PROTECTION: IF PROLONGED OR REPEATED SKIN CONTACT IS LIKELY, OIL IMPERVIOUS GLOVES SHOULD BE WORN. GOOD PERSONAL HYGIENE PRACTICES SHOULD ALWAYS BE FOLLOWED.
RESPIRATORY PROTECTION: NO SPECIAL REQUIREMENTS UNDER ORDINARY CONDITIONS OF USE AND WITH ADEQUATE VENTILATION.
VENTILATION: NO SPECIAL REQUIREMENTS UNDER ORDINARY CONDITIONS OF USE AND WITH ADEQUATE VENTILATION.

********** X. SPECIAL PRECAUTIONS **********

HANDLING: NO SPECIAL PRECAUTIONS REQUIRED.
STORAGE: SEE APPENDIX FOR PRECAUTIONARY LABEL. FL-99

********** XI. TOXICOLOGICAL DATA **********

---ACUTE---

ORAL TOXICITY (RATS): LD50: > 5 G/KG SLIGHTLY TOXIC(ESTIMATED) --- BASED ON TESTING OF SIMILAR PRODUCTS AND/OR THE COMPONENTS.

DERMAL TOXICITY (RABBITS): LD50: > 2 G/KG SLIGHTLY TOXIC(ESTIMATED) --- BASED ON TESTING OF SIMILAR PRODUCTS AND/OR THE COMPONENTS.

INHALATION TOXICITY (RATS): NOT ESTABLISHED

EYE IRRITATION (RABBITS): EXPECTED TO BE NON-IRRITATING. ---BASED ON TESTING OF SIMILAR PRODUCTS AND/OR THE COMPONENTS.

SKIN IRRITATION (RABBITS): MAY CAUSE SLIGHT IRRITATION ON PROLONGED OR REPEATED CONTACT. ---BASED ON TESTING OF SIMILAR PRODUCTS AND/OR THE COMPONENTS.

---CHRONIC OR SPECIALIZED (SUMMARY)---

THE BASE OILS IN THIS PRODUCT ARE SEVERELY SOLVENT REFINED AND/OR SEVERELY HYDROTREATED. TWO YEAR MOUSE SKIN PAINTING STUDIES OF SIMILAR OILS SHOWED NO EVIDENCE OF CARCINOGENIC EFFECTS. SEVERELY SOLVENT REFINED AND SEVERELY HYDROTREATED MINERAL BASE OILS HAVE BEEN TESTED AT MOBIL ENVIRONMENTAL AND HEALTH SCIENCES LABORATORY BY DERMAL APPLICATION TO RATS 5 DAYS/WEEK FOR 90 DAYS AT DOSES SIGNIFICANTLY HIGHER THAN THOSE EXPECTED DURING NORMAL INDUSTRIAL EXPOSURE. EXTENSIVE EVALUATIONS INCLUDING MICROSCOPIC EXAMINATION OF INTERNAL ORGANS AND CLINICAL CHEMISTRY OF BODY FLUIDS, SHOWED NO ADVERSE EFFECTS.

********** XII. REGULATORY INFORMATION **********

TSCA INVENTORY STATUS: ALL COMPONENTS REGISTERED.

D.O.T. SHIPPING NAME: NOT APPLICABLE

D.O.T. HAZARD CLASS: NOT APPLICABLE

US OSHA HAZARD COMMUNICATION STANDARD: PRODUCT ASSESSED IN ACCORDANCE WITH OSHA CFR 1910.1200 AND DETERMINED TO BE HAZARDOUS.

RCRA INFORMATION: THE UNUSED PRODUCT, IN OUR OPINION, IS NOT SPECIFICALLY LISTED BY THE EPA AS A HAZARDOUS WASTE (40 CFR, PART 261D); DOES NOT EXHIBIT THE HAZARDOUS CHARACTERISTICS OF IGNITABILITY, CORROSIVITY, OR REACTIVITY, AND IS NOT FORMULATED WITH THE METALS CITED IN THE EP TOXICITY TEST. HOWEVER, USED PRODUCT MAY BE REGULATED.

THE FOLLOWING PRODUCT INGREDIENTS ARE CITED ON THE LISTS BELOW:

CHEMICAL NAME	CAS NUMBER	LIST CITATIONS

*** NO INGREDIENT CITATIONS ***

--- KEY TO LIST CITATIONS ---

1 = OSHA Z, 2 = ACGIH, 3 = IARC, 4 = NTP, 5 = NCI,
6 = EPA CARC, 7 = NFPA 49, 8 = NFPA 325M, 9 = DOT HMT, 10 = CA RTK,
11 = IL RTK, 12 = MA RTK, 13 = MN RTK, 14 = NJ RTK, 15 = MI 293,
16 = FL RTK, 17 = PA RTK.

--- NTP, IARC, AND OSHA INCLUDE CARCINOGENIC LISTINGS ---

****

INFORMATION GIVEN HEREIN IS OFFERED IN GOOD FAITH AS ACCURATE, BUT WITHOUT GUARANTEE. CONDITIONS OF USE AND SUITABILITY OF THE PRODUCT FOR PARTICULAR USES ARE BEYOND OUR CONTROL; ALL RISKS OF USE OF THE PRODUCT ARE THEREFORE ASSUMED BY THE USER AND WE EXPRESSLY DISCLAIM ALL WARRANTIES OF EVERY KIND AND NATURE, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE IN RESPECT TO THE USE OR SUITABILITY OF THE PRODUCT. NOTHING IS INTENDED AS A RECOMMENDATION FOR USES WHICH INFRINGE VALID PATENTS OR AS EXTENDING LICENSE UNDER VALID PATENTS. APPROPRIATE WARNINGS AND SAFE HANDLING PROCEDURES SHOULD BE PROVIDED TO HANDLERS AND USERS.

****

PREPARED BY: MOBIL OIL CORPORATION
ENVIRONMENTAL AFFAIRS AND TOXICOLOGY DEPARTMENT, PRINCETON, NJ
FOR FURTHER INFORMATION, CONTACT:
MOBIL OIL CORPORATION, PRODUCT FORMULATION AND QUALITY CONTROL
3225 GALLOWS ROAD, FAIRFAX, VA 22037 (703) 849-3265

********** APPENDIX **********
FOR MOBIL USE ONLY: (FILL NO: MTL251A**001) MHC: 1* 1* NE 0* 1* PPEC: US85-161 APPROVE REVISED: 07/17/85

****
PRECAUTIONARY LABEL TEXT:

CONTAINS LOW VISCOSITY OIL

CAUTION

MAY CAUSE SKIN IRRITATION ON PROLONGED, REPEATED SKIN CONTACT.

AVOID PROLONGED OR REPEATED CONTACT THAT COULD DEFAT THE SKIN.

WASH SKIN CONTACT AREAS WITH SOAP AND WATER.
LAUNDER CONTAMINATED CLOTHING BEFORE REUSE.
AVOID WEARING OF CLOTHING SOAKED WITH FLUID.
AVOID PROLONGED INHALATION OF MISTS OR VAPORS.

FOR INDUSTRIAL USE ONLY

NOT INTENDED OR SUITABLE FOR USE IN OR AROUND A HOUSEHOLD OR DWELLING.

ATTENTION.

EMPTY CONTAINERS MAY CONTAIN PRODUCT RESIDUE, INCLUDING FLAMMABLE OR EXPLOSIVE VAPORS. DO NOT CUT, PUNCTURE OR WELD ON OR NEAR CONTAINER. ALL LABEL WARNINGS AND PRECAUTIONS MUST BE OBSERVED UNTIL THE CONTAINER HAS BEEN THOROUGHLY CLEANED OR DESTROYED.

REFER TO PRODUCT MATERIAL SAFETY DATA BULLETIN FOR FURTHER SAFETY AND HANDLING INFORMATION.

MOBIL OIL CORPORATION, NEW YORK, N.Y. 10017 FL-99(3/85)

****
D.O.T. SHIPPING NAME: NOT APPLICABLE
D.O.T. HAZARD CLASS: NOT APPLICABLE

PRODUCT INFORMATION

A PRODUCT OF VALVOLINE OIL COMPANY DIVISION OF ASHLAND PETROLEUM COMPANY

PROMAX® 1075

Description

PROMAX® 1075 is a general purpose, non-corrosive oil with outstanding lubricating properties. In addition to anti-weld characteristics, it has a high natural detergency when used as a lubricant. This aids in keeping moving parts and machine exteriors clean. PROMAX® 1075 is formulated for use where non-staining is of primary importance. It is used primarily in non-ferrous metal machining operations. PROMAX® 1075 is also an excellent general purpose oil including use as a dual purpose oil in the lubricating end of automatic screw machines. When used as a dual purpose oil, it eliminates the undesirable "clutch slip" encountered with dual purpose chlorinated oils.

Laboratory Data

Typical Properties	
Viscosity @ 100°F., SUS	125
Color, ASTM D-1500	D8.0
Sulfur % Minimum	0.5
Chlorine % Minimum	—
Saponification No.	9
Corrosion, Copper Strip, ASTM D-130	1B
Pour Point, °F. Maximum	0
Flash Point °F., COC	395
Fire Point °F., COC	430

Caution

Refer to Ashland's Material Safety Data Sheet for health and safety information.

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The information contained herein is correct to the best of our knowledge The recommendations or suggestions contained in this bulletin are made without guarantee or representation as to results We suggest that you evaluate these recommendations and suggestions in your own laboratory prior to use. Our responsibility for claims arising from breach of warranty, negligence, or otherwise is limited to the purchase price of the material Freedom to use any patent owned by Ashland or others is not to be inferred from any statement contained herein.

VALVOLINE, INC.
Subsidiary of Ashland Oil, Inc
P O. BOX 14000
LEXINGTON, KENTUCKY 40512
(606) 264-7000

24-hour Emergency Telephone
1 (800) 274-5263 or
1-800-ASHLAND

031870

PROMAX 1075

THIS MSDS COMPLIES WITH 29 CFR 1910.1200 (THE HAZARD COMMUNICATION STANDARD)

****

Product Name: PROMAX 1075

Data Sheet No: 0067146-003
Prepared: 05/01/87
Supersedes: 02/06/86

PARKER HANIFAN
11808 BURKE ST.

SANTA FE SPRI CA 90670

ATTN: PLANT MGR / SAFETY DIR.

08 70 000 0866536-000

PRODUCT: 57689475
INVOICE: 728559
INVOICE DATE: 08/23/89
TO:

SECTION II-PRODUCT IDENTIFICATION

General or Generic ID: CUTTING OIL

DOT Hazard Classification: NOT APPLICABLE

SECTION III-COMPONENTS

IF PRESENT, IARC, NTP AND OSHA CARCINOGENS AND CHEMICALS SUBJECT TO THE REPORTING REQUIREMENTS OF SARA TITLE III SECTION 313 ARE IDENTIFIED IN THIS SECTION. SEE DEFINITION PAGE FOR CLARIFICATION

INGREDIENT	% (by VOL)	PEL	TLV	Note
ALIPHATIC PETROLEUM DISTILLATES CAS #: 64742-53-6	85-100	5 MG/M3	5 MG/M3	(1)

Notes:

(1) PEL/TLV IS FOR OIL MIST. ACGIH SHORT TERM EXPOSURE LIMIT (STEL) FOR OIL MIST IS 10 MG/CUM.

SECTION IV-PHYSICAL DATA

Boiling Point	for COMPONENT(85-100%)	465.00 Deg F (240.55 Deg C) @ 760.00 mm Hg
Vapor Pressure	NOT APPLICABLE	
Specific Vapor Density		HEAVIER THAN AIR
Specific Gravity		.906 - .920 @ 60.00 Deg F (15.55 Deg C)
Percent Volatiles	NOT APPLICABLE	
Evaporation Rate		SLOWER THAN ETHER
Appearance		ASTM D8.0 COLOR
State		LIQUID
Form		HOMO SOLN

SECTION V-FIRE AND EXPLOSION INFORMATION

FLASH POINT > 340.0 Deg F (171.1 Deg C)

EXPLOSIVE LIMIT (LOWEST VALUE OF COMPONENT) LOWER - .9%

EXTINGUISHING MEDIA: REGULAR FOAM OR CARBON DIOXIDE OR DRY CHEMICAL

HAZARDOUS DECOMPOSITION PRODUCTS: MAY FORM TOXIC MATERIALS:, CARBON DIOXIDE AND CARBON MONOXIDE, SULFUR COMPOUNDS, ETC.

FIREFIGHTING PROCEDURES: WEAR SELF-CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN THE POSITIVE PRESSURE DEMAND MODE WHEN FIGHTING FIRES.

WATER OR FOAM MAY CAUSE FROTHING WHICH CAN BE VIOLENT AND POSSIBLY ENDANGER THE LIFE OF THE FIREFIGHTER, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

SPECIAL FIRE & EXPLOSION HAZARDS: NEVER USE WELDING OR CUTTING TORCH ON OR NEAR DRUM (EVEN EMPTY) BECAUSE PRODUCT (EVEN JUST RESIDUE) CAN IGNITE EXPLOSIVELY.

NFPA CODES: HEALTH- 1 FLAMMABILITY- 1 REACTIVITY- 0

SECTION VI-HEALTH HAZARD DATA

EFFECTS OF ACUTE OVEREXPOSURE: FOR COMPONENT

SKIN - PROLONGED OR REPEATED CONTACT CAN CAUSE MODERATE IRRITATION, DEFATTING, DERMATITIS.
EYES - CAN CAUSE MODERATE IRRITATION, REDNESS, TEARING.
SWALLOWING - CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, AND DIARRHEA.
BREATHING - OF MIST CAN CAUSE IRRITATION OF NASAL AND RESPIRATORY PASSAGES.

FIRST AID:

IF ON SKIN: THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING. LAUNDER CONTAMINATED CLOTHING BEFORE RE-USE.

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CONTINUED ON PAGE: 2

SECTION V - HEALTH HAZARD DATA (Continued)

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY, GET MEDICAL ATTENTION.

IF SWALLOWED: IMMEDIATELY DRINK TWO GLASSES OF WATER AND INDUCE VOMITING BY EITHER GIVING IPECAC SYRUP OR BY PLACING FINGER AT BACK OF THROAT. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. GET MEDICAL ATTENTION IMMEDIATELY.

IF BREATHED: IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF BREATHING IS DIFFICULT, ADMINISTER OXYGEN. IF BREATHING HAS STOPPED GIVE ARTIFICIAL RESPIRATION. KEEP PERSON WARM, QUIET AND GET MEDICAL ATTENTION.

PRIMARY ROUTE(S) OF ENTRY:

INHALATION, SKIN CONTACT

SECTION VI - REACTIVITY DATA

HAZARDOUS POLYMERIZATION: CANNOT OCCUR

STABILITY: STABLE

INCOMPATIBILITY: AVOID CONTACT WITH:, STRONG OXIDIZING AGENTS.

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:

SMALL SPILL: ABSORB LIQUID ON PAPER, VERMICULITE, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND TRANSFER TO HOOD.

LARGE SPILL: PREVENT RUN-OFF TO SEWERS, STREAMS OR OTHER BODIES OF WATER. IF RUN-OFF OCCURS, NOTIFY PROPER AUTHORITIES AS REQUIRED, THAT A SPILL HAS OCCURED.

PERSONS NOT WEARING PROTECTIVE EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE, DIKE AREA OF SPILL TO PREVENT SPREADING, PUMP LIQUID TO SALVAGE TANK. REMAINING LIQUID MAY BE TAKEN UP ON SAND, CLAY, EARTH, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND SHOVELED INTO CONTAINERS.

WASTE DISPOSAL METHOD:

SMALL SPILL: ALLOW VOLATILE PORTION TO EVAPORATE IN HOOD. ALLOW SUFFICIENT TIME FOR VAPORS TO COMPLETELY CLEAR HOOD DUCT WORK. DISPOSE OF REMAINING MATERIAL IN ACCORDANCE WITH APPLICABLE REGULATIONS.

LARGE SPILL: DESTROY BY LIQUID INCINERATION.

CONTAMINATED ABSORBENT MAY BE DEPOSITED IN A LANDFILL IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

SECTION VIII - PROTECTIVE EQUIPMENT TO BE USED

RESPIRATORY PROTECTION: IF WORKPLACE EXPOSURE LIMIT(S) OF PRODUCT OR ANY COMPONENT IS EXCEEDED (SEE SECTION II), A NIOSH/MSHA APPROVED AIR SUPPLIED RESPIRATOR IS ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT OTHER NIOSH/MSHA RESPIRATORS (NEGATIVE PRESSURE TYPE) UNDER SPECIFIED CONDITIONS (SEE YOUR SAFETY EQUIPMENT SUPPLIER). ENGINEERING OR ADMINISTRATIVE CONTROLS SHOULD BE IMPLEMENTED TO REDUCE EXPOSURE.

VENTILATION: PROVIDE SUFFICIENT MECHANICAL (GENERAL AND/OR LOCAL EXHAUST) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).

PROTECTIVE GLOVES: WEAR RESISTANT GLOVES SUCH AS:, NITRILE RUBBER

EYE PROTECTION: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED; HOWEVER, OSHA REGULATIONS ALSO PERMIT OTHER TYPE SAFETY GLASSES. (CONSULT YOUR SAFETY EQUIPMENT SUPPLIER)

OTHER PROTECTIVE EQUIPMENT: NORMAL WORK CLOTHING COVERING ARMS AND LEGS.

SECTION IX - SPECIAL PRECAUTIONS OR OTHER COMMENTS

CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED. SINCE EMPTIED CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID), ALL HAZARD PRECAUTIONS GIVEN IN THIS DATASHEET MUST BE OBSERVED.

THE INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE WHETHER ORIGINATING WITH THE COMPANY OR NOT. RECIPIENTS ARE ADVISED TO CONFIRM IN ADVANCE OF NEED THAT THE INFORMATION IS CURRENT, APPLICABLE, AND SUITABLE TO THEIR CIRCUMSTANCES.

SECTION X - LABEL INFORMATION

CAUTION!

MAY CAUSE EYE AND SKIN IRRITATION.

SWALLOWING MAY CAUSE IRRITATION OF MOUTH, ESOPHAGUS AND GASTROINTESTINAL SYSTEM.

INHALATION OF MIST MAY CAUSE IRRITATION OF NASAL AND RESPIRATORY PASSAGES.

HANDLING & STORAGE:

AVOID CONTACT WITH EYES AND PROLONGED OR REPEATED CONTACT WITH SKIN. WEAR SAFETY GLASSES OR GOGGLES, RESISTANT GLOVES, AND OTHER APPROPRIATE PROTECTIVE EQUIPMENT ESSENTIAL FOR YOUR OPERATION. DO NOT TRANSFER TO UNLABELED CONTAINER. MINIMIZE EXPOSURE THROUGH GOOD HYGIENIC PRACTICES. DO NOT USE CUTTING OR WELDING TORCH ON THIS CONTAINER (EVEN EMPTY). USE OR STORE ONLY WITH ADEQUATE VENTILATION. REFER TO MATERIAL SAFETY DATA SHEET (AVAILABLE UPON REQUEST) FOR FURTHER INFORMATION. 24-HOUR EMERGENCY NUMBER 1-800-ASHLAND. FOR INDUSTRIAL USE ONLY

FIRST AID:

EYES: FLUSH THOROUGHLY WITH WATER. GET MEDICAL ATTENTION IMMEDIATELY.

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CONTINUED ON PAGE: 3

SECTION X - LABEL INFORMATION (Continued)

SKIN: WASH THOROUGHLY WITH SOAP AND WATER.

INHALATION: IF AFFECTED, REMOVE TO FRESH AIR. IF BREATHING IS DIFFICULT, GET MEDICAL ATTENTION.

INGESTION: DO NOT INDUCE VOMITING. CALL A PHYSICIAN OR POISON CONTROL CENTER IMMEDIATELY.

CHRONIC INFORMATION:

CONTAINS: PETROLEUM OIL

*** COMPONENTS APPEAR IN SECTION II ***

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(606) 264-7000

24-hour Emergency Telephone
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1-800-ASHLAND

DEFINITIONS

This definition page is intended for use with Material Safety Data Sheets supplied by the Valvoline Oil Company Recipients of these data sheets should consult the OSHA Safety and Health Standards (29 CFR 1910), particularly subpart G - Occupational Health and Environmental Control, and subpart I - Personal Protective Equipment, for general guidance on control of potential Occupational Health and Safety Hazards.

SECTION I
PRODUCT IDENTIFICATION

GENERAL OR GENERIC ID: Chemical family or product description

DOT HAZARD CLASSIFICATION: Product meets DOT criteria for hazards listed.

SECTION II
COMPONENTS

Components are listed in this section if they present a physical or health hazard and are present at or above 1% in the mixture If a component is identified as a CARCINOGEN by NTP, IARC or OSHA as of the date on the MSDS, it will be listed and footnoted in this section when present at or above 0 1% in the product Negative conclusions concerning carcinogenicity are not reported Additional health information may be found in Section V Components subject to the reporting requirements of Section 313 of SARA Title III are identified in the footnotes in this section, along with typical percentages Other components may be listed if deemed appropriate.

Exposure recommendations are for components. OSHA Permissible Exposure Limits (PELs) and American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs) appear on the line with the component identification. Other recommendations appear as footnotes.

SECTION III
PHYSICAL DATA

BOILING POINT: Of product if known The lowest value of the components is listed for mixtures.

VAPOR PRESSURE: Of product if known The highest value of the components is listed for mixtures

SPECIFIC VAPOR DENSITY: Compared to AIR = 1 If Specific Vapor Density of product is not known, the value is expressed as lighter or heavier than air.

SPECIFIC GRAVITY: Compared to WATER = 1. If Specific Gravity of product is not known, the value is expressed as less than or greater than water.

pH: If applicable.

PERCENT VOLATILES: Percentage of material with initial boiling point below 425 degrees Fahrenheit and vapor pressure above 0.1mm Hg at 68 F.

EVAPORATION RATE: Indicated as faster or slower than ETHYL ETHER, unless otherwise stated

SECTION IV
FIRE AND EXPLOSION DATA

FLASH POINT: Method identified.

EXPLOSION LIMITS: For product if known The lowest value of the components is listed for mixtures

HAZARDOUS DECOMPOSITION PRODUCTS: Known or expected hazardous products resulting from heating, burning or other reactions

EXTINGUISHING MEDIA: Following National Fire Protection Association criteria

SECTION IV (cont.)

FIREFIGHTING PROCEDURES: Minimum equipment to protect firefighters from toxic products of vaporization combustion or decomposition in fire situations. Other firefighting hazards may also be indicated.

SPECIAL FIRE AND EXPLOSION HAZARDS: States hazards not covered by other sections

NFPA CODES: Hazard ratings assigned by the National Fire Protection Association

SECTION V
HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LIMIT: For product

THRESHOLD LIMIT VALUE: For product.

EFFECTS OF ACUTE OVEREXPOSURE: Potential local and systemic effects due to single or short term overexposure to the eyes and skin or through inhalation or ingestion.

EFFECTS OF CHRONIC OVEREXPOSURE: Potential local and systemic effects due to repeated or long term overexposure to the eyes and skin or through inhalation or ingestion.

FIRST AID: Procedures to be followed when dealing with accidental overexposure.

PRIMARY ROUTE OF ENTRY: Based on properties and expected use.

SECTION VI
REACTIVITY DATA

HAZARDOUS POLYMERIZATION: Conditions to avoid to prevent hazardous polymerization resulting in a large release of energy.

STABILITY: Conditions to avoid to prevent hazardous or violent decomposition.

INCOMPATIBILITY: Materials and conditions to avoid to prevent hazardous reactions

SECTION VII
SPILL OR LEAK PROCEDURES

Reasonable precautions to be taken and methods of containment, clean-up and disposal Consult federal, state and local regulations for accepted procedures and any reporting or notification requirements.

SECTION VIII
PROTECTIVE EQUIPMENT TO BE USED

Protective equipment which may be needed when handling the product

SECTION IX
SPECIAL PRECAUTIONS OR OTHER COMMENTS

Covers any relevant points not previously mentioned.

SECTION X
LABEL INFORMATION

Contains label information including physical and health hazard warnings, handling and first aid instructions appropriate for the product.

ADDITIONAL COMMENTS

Containers should be either reconditioned by CERTIFIED firms or properly disposed of by APPROVED firms Disposal of containers should be in accordance with applicable laws and regulations "EMPTY" drums should not be given to individuals. Serious accidents have resulted from the misuse of "EMPTIED" containers (drums, pails, etc) Refer to Sections IV and IX

D1

INACTIVE

Shell

MATERIAL SAFETY DATA SHEET

MSDS NUMBER ▶ 64,410-3 PAGE 1

97367 (4-85)

24 HOUR EMERGENCY ASSISTANCE	GENERAL MSDS ASSISTANCE
SHELL: 713-473-9461 CHEMTREC: 800-424-9300	SHELL: 713-241-4819

BE SAFE
READ OUR PRODUCT SAFETY INFORMATION AND PASS IT ON

ACUTE HEALTH *	FIRE	REACTIVITY	HAZARD RATING ▶
1	1	0	LEAST - 0 SLIGHT - 1 MODERATE - 2 HIGH - 3 EXTREME - 4

*For acute and chronic health effects refer to the discussion in Section III

SECTION I

	NAME
PRODUCT ▶	SHELL TURBO(R) OIL 150
CHEMICAL NAME ▶	MIXTURE (SEE SECTION II-A)
CHEMICAL FAMILY ▶	PETROLEUM HYDROCARBON; TURBINE OIL
SHELL CODE ▶	65608

SECTION II-A PRODUCT/INGREDIENT

NO.	COMPOSITION	CAS NUMBER	PERCENT
P	SHELL TURBO OIL 150	MIXTURE	100
1	SOL REF , HYDROTREATED HEAVY PARAFFINIC DIST	64742-54-7	80
2	SOL REF. HYDROTREATED RESIDUAL OIL	64742-57-0	19
3	MINOR ADDITIVES	MIXTURE	<1

SECTION II-B ACUTE TOXICITY DATA

NO.	ACUTE ORAL LD50	ACUTE DERMAL LD50	ACUTE INHALATION LC50
P	NOT AVAILABLE		

BASED UPON DATA AVAILABLE TO SHELL, COMPONENT 3 IN THIS PRODUCT IS NOT HAZARDOUS UNDER OSHA HAZARD COMMUNICATION (29 CFR 1910 1200)

SECTION III HEALTH INFORMATION

THE HEALTH EFFECTS NOTED BELOW ARE CONSISTENT WITH REQUIREMENTS UNDER THE OSHA HAZARD COMMUNICATION STANDARD (29 CFR 1910.1200)

EYE CONTACT
LUBRICATING OILS ARE GENERALLY CONSIDERED TO BE NO MORE THAN MINIMALLY IRRITATING TO THE EYES

SKIN CONTACT
LUBRICATING OILS ARE GENERALLY CONSIDERED TO BE NO MORE THAN SLIGHTLY IRRITATING TO THE SKIN PROLONGED AND REPEATED CONTACT MAY RESULT IN SKIN DISORDERS SUCH AS DERMATITIS, OIL ACNE OR FOLLICULITIS ACCIDENTAL RELEASE UNDER HIGH PRESSURE APPLICATIONS MAY RESULT IN INJECTION OF OIL INTO THE SKIN CAUSING LOCAL NECROSIS

INHALATION
THE INHALATION OF VAPORS (GENERATED AT HIGH TEMPERATURES ONLY) OR OIL MIST MAY CAUSE A MILD IRRITATION THE OF UPPER RESPIRATORY TRACT

INGESTION
LUBRICATING OILS ARE GENERALLY CONSIDERED NO MORE THAN SLIGHTLY TOXIC IF SWALLOWED

SIGNS AND SYMPTOMS
IRRITATION AS NOTED ABOVE NECROSIS MAY BE EVIDENCED BY DELAYED ONSET OF PAIN AND TISSUE DAMAGE A FEW HOURS FOLLOWING HIGH PRESSURE INJECTION

AGGRAVATED MEDICAL CONDITIONS
PREEXISTING SKIN AND RESPIRATORY DISORDERS MAY BE AGGRAVATED BY EXPOSURE TO THIS PRODUCT

SECTION IV OCCUPATIONAL EXPOSURE LIMITS

	OSHA		ACGIH		OTHER
NO.	PEL/TWA	PEL/CEILING	TLV/TWA	TLV/STEL	
P	5 MG/M3*	NONE	5 MG/M3*	10 MG/M3*	NONE

*OIL MIST, MINERAL

SECTION V EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT
FLUSH WITH WATER FOR 15 MINUTES WHILE HOLDING EYELIDS OPEN. GET MEDICAL ATTENTION

SKIN CONTACT
REMOVE CONTAMINATED CLOTHING AND WIPE EXCESS OFF. WASH WITH SOAP AND WATER OR A WATERLESS HAND CLEANER FOLLOWED BY SOAP AND WATER IF IRRITATION OCCURS, GET MEDICAL ATTENTION. IF MATERIAL IS INJECTED UNDER THE SKIN, GET MEDICAL ATTENTION PROMPTLY TO PREVENT SERIOUS DAMAGE; DO NOT WAIT FOR SYMPTOMS TO DEVELOP

INHALATION
REMOVE VICTIM TO FRESH AIR AND PROVIDE OXYGEN IF BREATHING IS DIFFICULT GET MEDICAL ATTENTION.

INGESTION
DO NOT INDUCE VOMITING. IN GENERAL, NO TREATMENT IS NECESSARY UNLESS LARGE QUANTITIES OF PRODUCT ARE INGESTED. HOWEVER, GET MEDICAL ADVICE.

NOTE TO PHYSICIAN
IN GENERAL, EMESIS INDUCTION IS UNNECESSARY IN HIGH VISCOSITY, LOW VOLATILITY PRODUCTS, I.E., MOST OILS AND GREASES.

SECTION VI SUPPLEMENTAL HEALTH INFORMATION

NONE IDENTIFIED.

SECTION VII PHYSICAL DATA

BOILING POINT (DEG F)	NOT AVAILABLE	SPECIFIC GRAVITY (H2O=1)	0.8916	VAPOR PRESSURE (MM HG)	NOT AVAILABLE
MELTING POINT (DEG F)	-5 (POUR POINT)	SOLUBILITY (IN WATER)	NEGLIGIBLE	VAPOR DENSITY (AIR=1)	NOT AVAILABLE

EVAPORATION RATE (N-BUTYL ACETATE = 1): NOT AVAILABLE VIS, CS (40 DEG C.) = 145

APPEARANCE AND ODOR PALE YELLOW OIL SLIGHT HYDROCARBON ODOR

SECTION VIII FIRE AND EXPLOSION HAZARDS

FLASH POINT AND METHOD:
445 DEG F (PMCC)

FLAMMABLE LIMITS /% VOLUME IN AIR
LOWER N/AV UPPER N/AV

EXTINGUISHING MEDIA
USE WATER FOG, FOAM, DRY CHEMICAL OR CO2 DO NOT USE A DIRECT STREAM OF WATER PRODUCT WILL FLOAT AND CAN BE REIGNITED ON SURFACE OF WATER

SPECIAL FIRE FIGHTING PROCEDURES AND PRECAUTIONS
MATERIALS WILL NOT BURN UNLESS PREHEATED DO NOT ENTER CONFINED FIRE SPACE WITHOUT FULL BUNKER GEAR (HELMET WITH FACE SHIELD, BUNKER COATS, GLOVES AND RUBBER BOOTS), INCLUDING A POSITIVE PRESSURE NIOSH APPROVED SELF-CONTAINED BREATHING APPARATUS COOL FIRE EXPOSED CONTAINERS WITH WATER

SECTION IX REACTIVITY

STABILITY STABLE HAZARDOUS POLYMERIZATION WILL NOT OCCUR

CONDITIONS AND MATERIALS TO AVOID:
AVOID HEAT, OPEN FLAMES, AND OXIDIZING MATERIALS.

HAZARDOUS DECOMPOSITION PRODUCTS
THERMAL DECOMPOSITION PRODUCTS ARE HIGHLY DEPENDENT ON THE COMBUSTION CONDITIONS A COMPLEX MIXTURE OF AIRBORNE SOLID, LIQUID, PARTICULATES AND GASES WILL EVOLVE WHEN THIS MATERIAL UNDERGOES PYROLYSIS OR COMBUSTION. CARBON MONOXIDE AND OTHER UNIDENTIFIED ORGANIC COMPOUNDS MAY BE FORMED UPON COMBUSTION

SECTION X EMPLOYEE PROTECTION

RESPIRATORY PROTECTION
IF EXPOSURE MAY OR DOES EXCEED OCCUPATIONAL EXPOSURE LIMITS (SEC. IV) USE A NIOSH-APPROVED RESPIRATOR TO PREVENT OVEREXPOSURE. IN ACCORD WITH 29 CFR 1910 134 USE EITHER AN ATMOSPHERE-SUPPLYING RESPIRATOR OR AN AIR-PURIFYING RESPIRATOR FOR ORGANIC VAPORS AND PARTICULATES

PROTECTIVE CLOTHING
WEAR CHEMICAL-RESISTANT GLOVES AND OTHER PROTECTIVE CLOTHING AS REQUIRED TO MINIMIZE SKIN CONTACT WEAR SAFETY GOGGLES TO AVOID EYE CONTACT TEST DATA FROM PUBLISHED LITERATURE AND/OR GLOVE AND CLOTHING MANUFACTURERS INDICATE THE BEST PROTECTION IS PROVIDED BY NITRILE GLOVES.

SECTION XI ENVIRONMENTAL PROTECTION

SPILL OR LEAK PROCEDURES
MAY BURN ALTHOUGH NOT READILY IGNITABLE USE CAUTIOUS JUDGMENT WHEN CLEANING UP LARGE SPILLS *** LARGE SPILLS *** WEAR RESPIRATOR AND PROTECTIVE CLOTHING AS APPROPRIATE SHUT OFF SOURCE OF LEAK IF SAFE TO DO SO. DIKE AND CONTAIN REMOVE WITH VACUUM TRUCKS OR PUMP TO STORAGE/SALVAGE VESSELS SOAK UP RESIDUE WITH AN ABSORBENT SUCH AS CLAY, SAND OR OTHER SUITABLE MATERIAL, DISPOSE OF PROPERLY FLUSH AREA WITH WATER TO REMOVE TRACE RESIDUE *** SMALL SPILLS *** TAKE UP WITH AN ABSORBENT MATERIAL AND DISPOSE OF PROPERLY

WASTE DISPOSAL
PLACE IN AN APPROPRIATE DISPOSAL FACILITY IN COMPLIANCE WITH LOCAL REGULATIONS

ENVIRONMENTAL HAZARDS
THIS PRODUCT IS CLASSIFIED AS AN OIL UNDER SECTION 311 OF THE CLEAN WATER ACT SPILLS ENTERING (A) SURFACE WATERS OR (B) ANY WATERCOURSES OR SEWERS ENTERING/LEADING TO SURFACE WATERS THAT CAUSE A

SHEEN MUST BE REPORTED TO THE NATIONAL RESPONSE CENTER, 800-424-8802.

SECTION XII SPECIAL PRECAUTIONS

MINIMIZE SKIN CONTACT WASH WITH SOAP AND WATER BEFORE EATING, DRINKING, SMOKING OR USING TOILET FACILITIES LAUNDER CONTAMINATED CLOTHING BEFORE REUSE PROPERLY DISPOSE OF CONTAMINATED LEATHER ARTICLES, INCLUDING SHOES, THAT CANNOT BE DECONTAMINATED STORE IN A COOL, DRY PLACE WITH ADEQUATE VENTILATION KEEP AWAY FROM OPEN FLAMES AND HIGH TEMPERATURES

SECTION XIII TRANSPORTATION REQUIREMENTS

DEPARTMENT OF TRANSPORTATION CLASSIFICATION NOT HAZARDOUS BY D O T REGULATIONS

SECTION XIV OTHER REGULATORY CONTROLS

THE COMPONENTS OF THIS PRODUCT ARE LISTED ON THE EPA/TSCA INVENTORY OF CHEMICAL SUBSTANCES

THE INFORMATION CONTAINED HEREIN IS BASED ON THE DATA AVAILABLE TO US AND IS BELIEVED TO BE CORRECT HOWEVER, SHELL MAKES NO WARRANTY, EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF THESE DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF SHELL ASSUMES NO RESPONSIBILITY FOR INJURY FROM THE USE OF THE PRODUCT DESCRIBED HEREIN.

DATE PREPARED.AUGUST 26, 1985

JOHN P. SEPESI

BE SAFE

READ OUR PRODUCT SAFETY INFORMATION ...AND PASS IT ON (PRODUCT LIABILITY LAW REQUIRES IT)

SHELL OIL COMPANY
PRODUCT SAFETY AND COMPLIANCE
P. O. BOX 4320
HOUSTON, TX 77210

P' INACTIVE

Shell

MATERIAL SAFETY DATA SHEET

MSDS NUMBER ▶ 65,002-2 PAGE 1

97307 (4-85)

24 HOUR EMERGENCY ASSISTANCE	GENERAL MSDS ASSISTANCE
SHELL: 713-473-9461 CHEMTREC: 800-424-9300	SHELL: 713-241-4819

ACUTE HEALTH	FIRE	REACTIVITY	HAZARD RATING ▶
1	1	0	LEAST 0 SLIGHT 1 MODERATE 2 HIGH 3 EXTREME 4

*For acute and chronic health effects refer to the discussion in Section III

BE SAFE
READ OUR PRODUCT SAFETY INFORMATION AND PASS IT ON
(PRODUCT LIABILITY LAW REQUIRES IT)

SECTION I	NAME
PRODUCT ▶	SHELL TONNA(R) T OIL 68
CHEMICAL NAME ▶	MIXTURE (SEE SEC II-A)
CHEMICAL FAMILY ▶	PETROLEUM HYDROCARBON; INDUSTRIAL OIL
SHELL CODE ▶	66535

SECTION II-A **PRODUCT/INGREDIENT**

NO.	COMPOSITION	CAS NUMBER	PERCENT
P	SHELL TONNA T OIL 68	MIXTURE	100
1	SOL. REF., HYDROTREATED HEAVY NAPHTHENIC DISTILLATE	64742-52-5	0-70
2	SEVERELY HYDROTREATED HEAVY NAPHTHENIC DISTILLATE	64742-52-5	0-90
3	SOL. REF., HYDROTREATED MIDDLE DISTILLATE	64742-46-7	0-30
4	SOL. REF , HYDROTREATED RESIDUAL OIL	64742-57-0	0-5
5	MINOR ADDITIVES	MIXTURE	<3

SECTION II-B **ACUTE TOXICITY DATA**

NO.	ACUTE ORAL LD50	ACUTE DERMAL LD50	ACUTE INHALATION LC50
P	NOT AVAILABLE		

BASED UPON DATA AVAILABLE TO SHELL, COMPONENT 5 IN THIS PRODUCT IS NOT HAZARDOUS UNDER OSHA HAZARD COMMUNICATION (29 CFR 1910.1200)

SECTION III **HEALTH INFORMATION**

THE HEALTH EFFECTS BELOW ARE CONSISTENT WITH REQUIREMENTS UNDER OSHA HAZARD COMMUNICATIONS (29 CFR 1910 1200)

EYE CONTACT
LUBRICATING OILS ARE GENERALLY CONSIDERED NO MORE THAN MINIMALLY IRRITATING TO THE EYES

SKIN CONTACT
LUBRICATING OILS ARE GENERALLY CONSIDERED NO MORE THAN MILDLY IRRITATING TO THE SKIN PROLONGED AND REPEATED CONTACT MAY LEAD TO VARIOUS SKIN DISORDERS SUCH AS DERMATITIS, OIL ACNE, OR FOLLICULITIS

INHALATION
INHALATION OF VAPORS (GENERATED AT HIGH TEMPERATURES) OR MIST MAY CAUSE MILD IRRITATION OF THE UPPER RESPIRATORY TRACT

INGESTION
LUBRICATING OILS ARE GENERALLY CONSIDERED NO MORE THAN SLIGHTLY TOXIC IF SWALLOWED

SIGNS AND SYMPTOMS
IRRITATION AS NOTED ABOVE

AGGRAVATED MEDICAL CONDITIONS
PRE-EXISTING SKIN AND RESPIRATORY DISORDERS MAY BE AGGRAVATED BY EXPOSURE TO THIS PRODUCT

SECTION IV OCCUPATIONAL EXPOSURE LIMITS

	OSHA		ACGIH		OTHER
NO	PEL/TWA	PEL/CEILING	TLV/TWA	TLV/STEL	
P	5 MG/M3*	NONE	5 MG/M3*	10 MG/M3*	

*OIL MIST, MINERAL

SECTION V EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT
FLUSH EYES WITH PLENTY OF WATER FOR 15 MINUTES WHILE HOLDING EYELIDS OPEN GET MEDICAL ATTENTION

SKIN CONTACT
REMOVE CONTAMINATED CLOTHING/SHOES AND WIPE EXCESS FROM SKIN. FLUSH WITH WATER FOLLOW WITH SOAP AND WATER. IF IRRITATION OCCURS, GET MEDICAL ATTENTION.

INHALATION
REMOVE VICTIM TO FRESH AIR AND PROVIDE OXYGEN IF BREATHING IS DIFFICULT GET MEDICAL ATTENTION.

INGESTION
DO NOT INDUCE VOMITING IN GENERAL, NO TREATMENT IS NECESSARY UNLESS LARGE QUANTITIES OF PRODUCT ARE INGESTED. HOWEVER, GET MEDICAL ADVICE.

NOTE TO PHYSICIAN
IN GENERAL, EMESIS INDUCTION IS UNNECESSARY IN HIGH VISCOSITY, LOW VOLATILITY PRODUCTS, I E , MOST OILS AND GREASES

SECTION VI SUPPLEMENTAL HEALTH INFORMATION

NONE IDENTIFIED

SECTION VII PHYSICAL DATA

BOILING POINT (DEG F) NOT AVAILABLE	SPECIFIC GRAVITY (H2O=1) 0 9030	VAPOR PRESSURE (MM HG) NOT AVAILABLE
MELTING POINT (DEG F) -15 (POUR POINT)	SOLUBILITY (IN WATER) NEGLIGIBLE	VAPOR DENSITY (AIR=1) NOT AVAILABLE
EVAPORATION RATE (N-BUTYL ACETATE = 1) NOT AVAILABLE		VIS,CS(40 DEG C) 63

APPEARANCE AND ODOR AMBER OIL HYDROCARBON ODOR

SECTION VIII FIRE AND EXPLOSION HAZARDS

FLASH POINT AND METHOD:
365 DEG F (PMCC)

FLAMMABLE LIMITS /% VOLUME IN AIR
LOWER N/AV UPPER N/AV

EXTINGUISHING MEDIA
USE WATER FOG, FOAM, DRY CHEMICAL OR CO2 DO NOT USE A DIRECT STREAM OF WATER PRODUCT WILL FLOAT AND CAN BE REIGNITED ON SURFACE OF WATER

SPECIAL FIRE FIGHTING PROCEDURES AND PRECAUTIONS
MATERIAL WILL NOT BURN UNLESS PREHEATED DO NOT ENTER CONFINED FIRE SPACE WITHOUT FULL BUNKER GEAR (HELMET WITH FACE SHIELD, BUNKER COATS AND RUBBER BOOTS), INCLUDING A POSITIVE PRESSURE NIOSH APPROVED SELF-CONTAINED BREATHING APPARATUS COOL FIRE EXPOSED CONTAINERS WITH WATER

SECTION IX REACTIVITY

STABILITY: STABLE HAZARDOUS POLYMERIZATION. WILL NOT OCCUR

CONDITIONS AND MATERIALS TO AVOID:
AVOID HEAT, OPEN FLAME AND CONTACT WITH STRONG OXIDIZING AGENTS

HAZARDOUS DECOMPOSITION PRODUCTS
THERMAL DECOMPOSITION PRODUCTS ARE HIGHLY DEPENDENT ON THE COMBUSTION CONDITIONS A COMPLEX MIXTURE OF AIRBORNE SOLID, LIQUID, PARTICULATES AND GASES WILL EVOLVE WHEN THIS MATERIAL UNDERGOES PYROLYSIS OR COMBUSTION CARBON MONOXIDE AND OTHER UNIDENTIFIED ORGANIC COMPOUNDS MAY BE FORMED UPON COMBUSTION.

SECTION X EMPLOYEE PROTECTION

RESPIRATORY PROTECTION
IF EXPOSURE MAY OR DOES EXCEED OCCUPATIONAL EXPOSURE LIMITS (SEC. IV) USE A NIOSH-APPROVED RESPIRATOR TO PREVENT OVEREXPOSURE IN ACCORD WITH 29 CFR 1910 134 USE EITHER AN ATMOSPHERE-SUPPLYING RESPIRATOR OR AN AIR-PURIFYING RESPIRATOR FOR ORGANIC VAPORS AND PARTICULATES

PROTECTIVE CLOTHING
AVOID CONTACT WITH EYES. WEAR SAFETY GOGGLES. WEAR CHEMICAL-RESISTANT GLOVES AND OTHER CLOTHING AS REQUIRED TO MINIMIZE CONTACT TEST DATA FROM PUBL LIT AND/OR GLOVE & CLOTHING MANUFACTURERS INDICATE THE BEST PROTECTION IS PROVIDED BY NITRILE GLOVES.

SECTION XI ENVIRONMENTAL PROTECTION

SPILL OR LEAK PROCEDURES
MAY BURN ALTHOUGH NOT READILY IGNITABLE. USE CAUTIOUS JUDGMENT WHEN CLEANING UP LARGE SPILLS *** LARGE SPILLS *** WEAR RESPIRATOR AND PROTECTIVE CLOTHING AS APPROPRIATE SHUT OFF SOURCE OF LEAK IF SAFE TO DO SO DIKE AND CONTAIN. REMOVE WITH VACUUM TRUCKS OR PUMP TO STORAGE/SALVAGE VESSELS SOAK UP RESIDUE WITH AN ABSORBENT SUCH AS CLAY, SAND OR OTHER SUITABLE MATERIAL. DISPOSE OF PROPERLY FLUSH AREA WITH WATER TO REMOVE TRACE RESIDUE *** SMALL SPILLS *** TAKE UP WITH AN ABSORBENT MATERIAL AND DISPOSE OF PROPERLY

WASTE DISPOSAL
PLACE IN AN APPROPRIATE DISPOSAL FACILITY IN COMPLIANCE WITH LOCAL REGULATIONS

ENVIRONMENTAL HAZARDS
UNDER EPA-CWA, THIS PRODUCT IS CLASSIFIED AS AN OIL UNDER SECTION 311 SPILLS INTO OR LEADING TO SURFACE WATERS THAT CAUSE A SHEEN MUST BE REPORTED TO THE NATIONAL RESPONSE CENTER, 800-424-8802

SECTION XII SPECIAL PRECAUTIONS

STORE IN A COOL, DRY PLACE WITH ADEQUATE VENTILATION KEEP AWAY FROM OPEN FLAMES AND HIGH TEMPERATURES

WASH WITH SOAP AND WATER BEFORE EATING, DRINKING, SMOKING OR USING TOILET FACILITIES LAUNDER CONTAMINATED CLOTHING BEFORE REUSE

SECTION XIII TRANSPORTATION REQUIREMENTS

DEPARTMENT OF TRANSPORTATION CLASSIFICATION NOT HAZARDOUS BY D O T REGULATIONS

SECTION XIV OTHER REGULATORY CONTROLS

THE COMPONENTS OF THIS PRODUCT ARE LISTED ON THE EPA/TSCA INVENTORY OF CHEMICAL SUBSTANCES

THE INFORMATION CONTAINED HEREIN IS BASED ON THE DATA AVAILABLE TO US AND IS BELIEVED TO BE CORRECT. HOWEVER, SHELL MAKES NO WARRANTY, EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF THESE DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF SHELL ASSUMES NO RESPONSIBILITY FOR INJURY FROM THE USE OF THE PRODUCT DESCRIBED HEREIN.

DATE PREPARED: NOVEMBER 21, 1985

JOHN P. SEPESI

BE SAFE

READ OUR PRODUCT
SAFETY INFORMATION ...AND PASS IT ON
(PRODUCT LIABILITY LAW
REQUIRES IT)

SHELL OIL COMPANY
PRODUCT SAFETY AND COMPLIANCE
P. O. BOX 4320
HOUSTON, TX 77210

INACTIVE

MATERIAL SAFETY DATA SHEET

Shell

97002 (REV 1-83)

MSDS NUMBER ▶ 60,050-3

SECTION I	NAME
PRODUCT	Shell TELLUS Oil 32
CHEMICAL/ SYNONYMS	Lubricating Oil
CHEMICAL FAMILY	Hydrocarbon
SHELL CODE	65208 CAS NUMBER Mixture

24 HOUR EMERGENCY ASSISTANCE

SHELL 713-473-9461
CHEMTREC 800-424-9300

HAZARD RATING

LEAST	SLIGHT	MODERATE	HIGH	EXTREME
0	1	2	3	4

HEALTH	1
FIRE	1
REACTIVITY	0

SECTION II INGREDIENTS

COMPOSITION	%	TOXICITY DATA
Shell TELLUS Oil 32	100	Not Determined
Petroleum Hydrocarbons	99	Oral LD_{50}, rat >5g/kg*
		Dermal LD_{50}, rabbit >2g/kg*
Organic Zinc Dithiophosphate	0.7	
Polymethacrylate	0.2	
Substituted Calcium Benzoates	0.1	

*Values are estimates based upon tests using similar oils.

SECTION III HEALTH INFORMATION

Lubricating oils are generally considered to be of a low order of acute toxicity to humans and experimental animals.

Exposure to vapors or mist of this product may cause pulmonary irritation, dizziness and nausea. Prolonged or repeated contact may cause various skin disorders such as dermatitis, folliculitis or oil acne.

SECTION IV OCCUPATIONAL EXPOSURE LIMITS

Oil Mist:
ACGIH-TLV/TWA = 5 mg/m³; ACGIH-TLV/STEL = 10 mg/m³
OSHA-PEL/TWA = 5 mg/m³ (see NIOSH/OSHA Occupational Health Guidelines for Chemical Hazards)

SECTION V — EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

SKIN CONTACT: Remove contaminated clothing and wipe excess off. Wash with soap and water or a waterless hand cleaner followed by soap and water. Do not reuse clothing until thoroughly cleaned. If irritation persists, get medical attention.

INHALATION: Remove victim to fresh air and provide oxygen if breathing is difficult. Get medical attention.

INGESTION: Do not induce vomiting. In general, no treatment is necessary unless large quantities of product are ingested. However, get medical advice.*

*NOTE TO THE PHYSICIAN: In general, emesis induction is unnecessary in high viscosity, low volatility products, i.e. most oils and greases.

SECTION VI — PHYSICAL DATA

BOILING POINT (°F)	▷ N.A.	MELTING POINT (°F)	▷ N.A.	VAPOR PRESSURE (mmHg)	▷ N.A.
SPECIFIC GRAVITY (H_2O=1)	▷ 0.87	% VOLATILE BY VOLUME	▷ N.A.	VAPOR DENSITY (AIR=1)	▷ N.A.
SOLUBILITY IN WATER	▷ Insoluble	EVAPORATION RATE (BUTYL ACETATE=1)	▷ N.A.	N.A. = Not Available	

APPEARANCE AND ODOR

Light colored oil. Slight odor.

SECTION VII — FIRE AND EXPLOSION HAZARDS

FLASH POINT AND METHOD USED	FLAMMABLE LIMITS VOLUME IN AIR	LOWER	UPPER
380°F PMCC	▷	N.A.	N.A.

EXTINGUISHING MEDIA

Use water fog, foam, dry chemical or CO_2. Do not use a direct stream of water. Product will float and can be reignited on surface of water.

SPECIAL FIRE FIGHTING PROCEDURES AND PRECAUTIONS

Do not enter confined fire space without proper protective equipment including a NIOSH approved self-contained breathing apparatus. Cool fire-exposed containers with water.

UNUSUAL FIRE AND EXPLOSION HAZARDS

None unusual.

SECTION VIII REACTIVITY

STABILITY ▶ [ ] UNSTABLE [X] STABLE | HAZARDOUS POLYMERIZATION ▶ [ ] MAY OCCUR [X] WILL NOT OCCUR

CONDITIONS AND MATERIALS TO AVOID

Avoid heat, open flames, oxidizing materials and mist formation.

HAZARDOUS DECOMPOSITION PRODUCTS

Carbon monoxide and unidentified organic compounds may be formed during combustion.

SECTION IX EMPLOYEE PROTECTION

RESPIRATORY PROTECTION

If exposure may or does exceed occupational exposure limits (Sec.IV) use a NIOSH-approved respirator to prevent overexposure. In accord with 29 CFR 1910.134 use either an atmosphere-supplying respirator or an air-purifying respirator for organic vapors and particulates.

PROTECTIVE CLOTHING

Wear gloves and other protective clothing as required to minimize skin contact. Wear safety glasses or goggles to avoid eye contact.

ADDITIONAL PROTECTIVE MEASURES

--

SECTION X ENVIRONMENTAL PROTECTION

SPILL OR LEAK PROCEDURES

May burn although not readily ignitable. Use cautious judgment when cleaning up large spills.

Large spills: Wear respirator and protective clothing as appropriate. Shut off source of leak if safe to do so. Dike and contain. Remove with vacuum trucks or pump to storage/salvage vessels. Soak up residue with an absorbent such as clay, sand or other suitable material; dispose of properly.
Small spills: take up with an absorbent material and dispose of properly.

WASTE DISPOSAL

Place in an appropriate disposal facility in compliance with local regulations.

ENVIRONMENTAL HAZARDS

[illegible] the Clean Water Act. KEEP OUT OF

SECTION XI — SPECIAL PRECAUTIONS

Minimize skin contact. Wash with soap and water before eating, drinking, smoking or using toilet facilities. Launder contaminated clothing before reuse. Properly dispose of contaminated leather articles, including shoes, that cannot be decontaminated.

SECTION XII — TRANSPORTATION REQUIREMENTS

DEPARTMENT OF TRANSPORTATION CLASSIFICATION ▶

[ ] FLAMMABLE LIQUID	[ ] COMBUSTIBLE LIQUID	[ ] OXIDIZING MATERIAL	[ ] NON-FLAMMABLE GAS
[ ] FLAMMABLE SOLID	[ ] POISON.CLASS A	[ ] CORROSIVE MATERIAL	[X] NOT HAZARDOUS BY D.O.T REGULATIONS
[ ] FLAMMABLE GAS	[ ] POISON.CLASS B	[ ] IRRITATING MATERIAL	[ ] OTHER-Specify below

D.O.T. PROPER SHIPPING NAME

one

HER REQUIREMENTS

Bill of Lading Commodity Description - Petroleum Lubricating Oil

SECTION XIII — OTHER REGULATORY CONTROLS

EPA,FDA,OSHA,USDA,CPSC,etc

EPA - Clean Water Act (CWA)
This product is classified as an oil under Section 311 of the Clean Water Act. Spills entering (a) surface waters or (b) any watercourses or sewers entering/leading to surface waters that cause a sheen MUST be reported to the National Response Center, 800-424-8802.

The information contained herein is based on data considered accurate. However,no warranty is expressed or implied regard- the accuracy of these data or the results to be obtained from the use thereof.
Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet. Additionally,vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed.

BE SAFE
READ OUR PRODUCT SAFETY INFORMATION ... AND PASS IT ON
(PRODUCT LIABILITY LAW REQUIRES IT)

John P Lepori
Manager
SHELL OIL COMPANY
PRODUCT SAFETY AND COMPLIANCE
OIL AND CHEMICAL PRODUCTS
P O BOX 4320
HOUSTON,TEXAS 77210

DATE PREPARED

Exhibit A4:

PSI letter to Parker Hannifin dated February 4, 1997 regarding a Clarifier Visual Inspection

Environmental Geotechnical Construction
Consulting • Engineering • Testing

February 4, 1997

Mr. James Smith
Parker Cylinder Division
Corona, California 91720
(909) 280-3800
(909) 280-3808

Re: Clarifier Visual Inspection, Parker Cylinder Division, 11808 Burke Street, Santa Fe Springs, California (PSI Contract No 97-C-007/Proposal 559-007, Project 559-7I001)

Dear Mr. Smith:

This letter report presents the findings of a wastewater clarifier inspection conducted at the former Parker Cylinder Division Facility, located at 11808 Burke Street, Santa Fe Springs, California. This project was implemented upon your authorization to proceed and in accordance with our proposal number 559-007, dated January 9, 1997.

The purpose of this work was to visually assess the condition of the wastewater clarifier and to determine whether an environmental assessment in the clarifier area is necessary at the present time. A piping inspection and subsurface investigation was not part of the scope of work.

Parker Cylinder Division, a defense contractor and previous owner of the property used to occupy the site. The property consists of a large one-story building and a courtyard. The building has been vacated by Parker Cylinder Division and is presently unoccupied. The above referenced three-stage concrete clarifier is located on the west side of the property in a paved area, outside of the building. See Figure 1 for clarifier location.

The typical function of a clarifier is to segregate and retain solids and light density liquids, such as oils and waste-oils, from a wastewater stream, prior to discharge into a storm drain or sanitary sewer. The retained sludge and liquids in the clarifier are removed periodically by a waste hauler for off-site disposal.

The clarifier reportedly used by Parker Cylinder Division, is presently out of service. According to the Parker Cylinder Division personnel, the three stage wastewater clarifier was in service between November 1971 and March 1988.

According to the Parker Cylinder Division personnel, mop water and compressor condensate originating in the main working area, discharged into a central floor drain and subsequently into the clarifier. Two or three years prior to discontinuing the operation of the clarifier, wastewater from a tunnel washer - along with mop water and compressor condensate - was dumped into the floor drain and the clarifier. The discharge from the tunnel washer was described as an alkaline wash.

The sludge and liquids accumulated on the bottom of the clarifier were removed three times during the service of the clarifier. The last documented sludge disposal occurred on October 24, 1996. The hazardous waste manifest dated October 28, 1996, reviewed by a PSI staff, characterized the sludge as an "oily water non -hazardous waste liquid".

On January 10, 1997, the clarifier was visually inspected by a PSI staff. The concrete walls of the clarifier appear to be in good condition. No obvious cracks were noticed in the side, or partition walls. However, the walls of the clarifier were stained. Few small concrete cracks were observed in compartment one and two above the waterline. Please refer to the attached photographs.

Approximately one-inch of sludge was observed on the bottom of the clarifier. A sheen was also observed on the stagnant water present on the bottom of the clarifier. Removal of the residual sludge and liquids was recommended in order to visually inspect and assess the condition of the bottom of the clarifier. Parker Cylinder Division retained a waste hauler that pumped and disposed of the residual sludge and liquids during January, 1997.

Subsequently, on January 17, an additional site visit was conducted by a PSI staff to inspect the bottom of the clarifier. The concrete bottom appeared to be in good condition with no obvious cracks or signs of severe degradation.

In conclusion, during the visual inspection, PSI found the clarifier in good condition with no clear evidence of cracks and severe concrete degradation that would suggest that the clarifier significantly leaked. Therefore, based on the clarifier condition, an environmental assessment at the present time does not appear necessary.

STATEMENT OF LIMITATIONS AND PROFESSIONAL CERTIFICATION

Information provided in this letter report for PSI Project Number 559-5I004, is intended exclusively for Parker Hannifin Parker Cylinder. The professional services provided have been performed in accordance with practices generally accepted by other geologists, hydrologists, hydrogeologists, engineers, and environmental scientists practicing in this field. No other warranty, either expressed or implied, is made. As with all environmental investigations, there is no guarantee that the work conducted will identify any or all sources or locations of contamination. This report is issued with the

understanding that Parker Cylinder Division is responsible for ensuring that the information contained in this report is brought to the attention of the appropriate regulatory agency, if required. This report has been reviewed by a geologist/engineer who is registered in the State of California and whose signature and license number appear below.

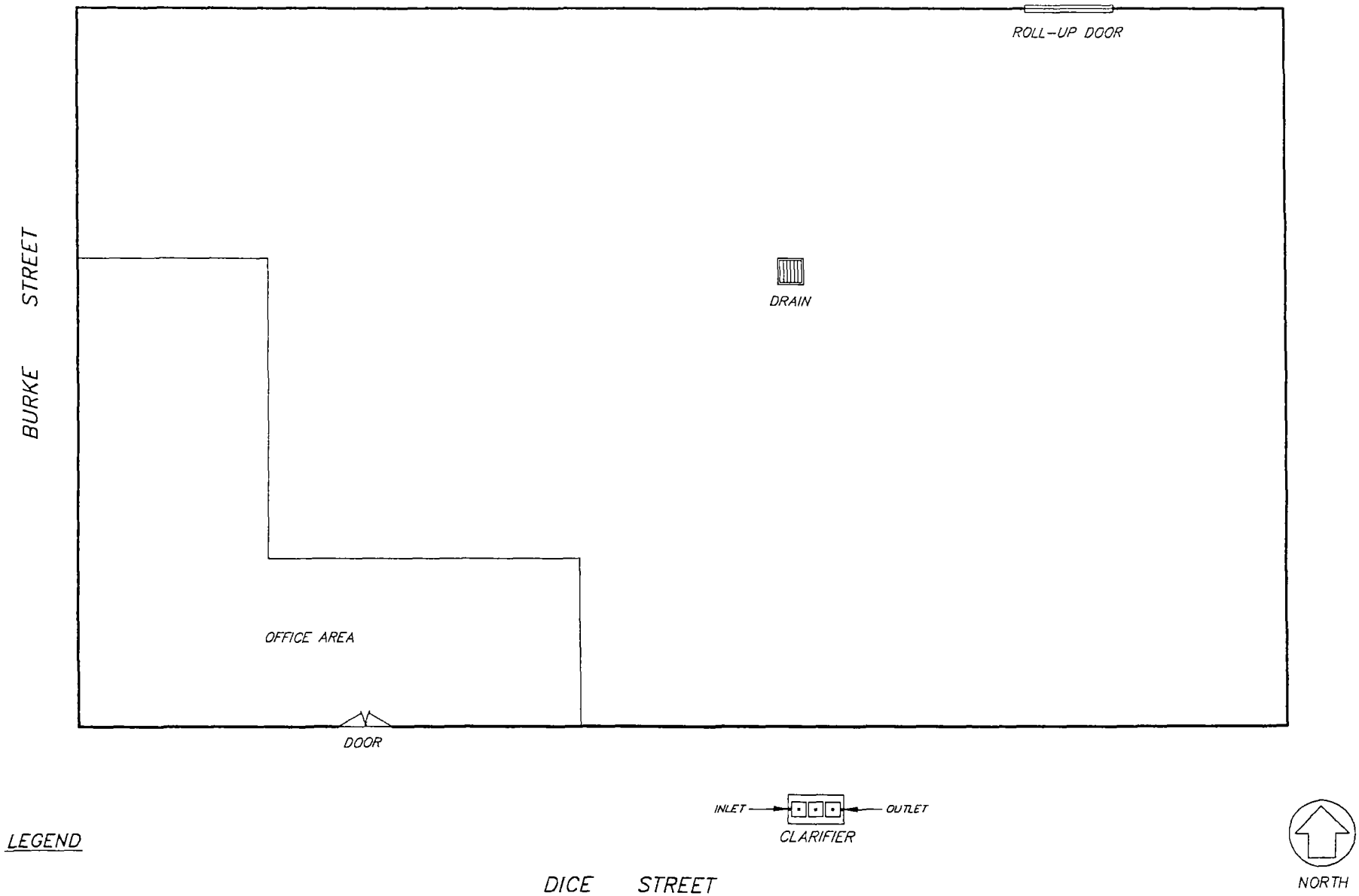
PSI appreciates the opportunity to serve you on this project. Please call me at (310) 597-3977 ext. 214 for any questions you may have regarding this report.

Respectively Submitted,
PROFESSIONAL SERVICE INDUSTRIES

Nick Norocea, PE
Sr. Engineer

REGISTERED PROFESSIONAL ENGINEER
NICOLAE S NOROCEA
No. C054452
Exp 12-31-98
CIVIL
STATE OF CALIFORNIA

Attachments:
Figure 1
Photographs



psi Environmental Geotechnical Construction Consulting • Engineering • Testing 3960 Gilman Street Long Beach, California 90815 (310) 597-3977	PROJECT NAME **PARKER CYLINDER DIVISION** 11808 BURKE STREET SANTA FE SPRINGS, CALIFORNIA	DRAWN BY EFD	DATE 1/20/97	APPROVED BY N N.	FIGURE NO. 1:
	TITLE **SITE PLAN SHOWING CLARIFIER**	DRAWING NO 7L001-02	PROJECT NO 559-7L001		

APPENDIX A

SITE PHOTOGRAPHS

PHOTO LOG

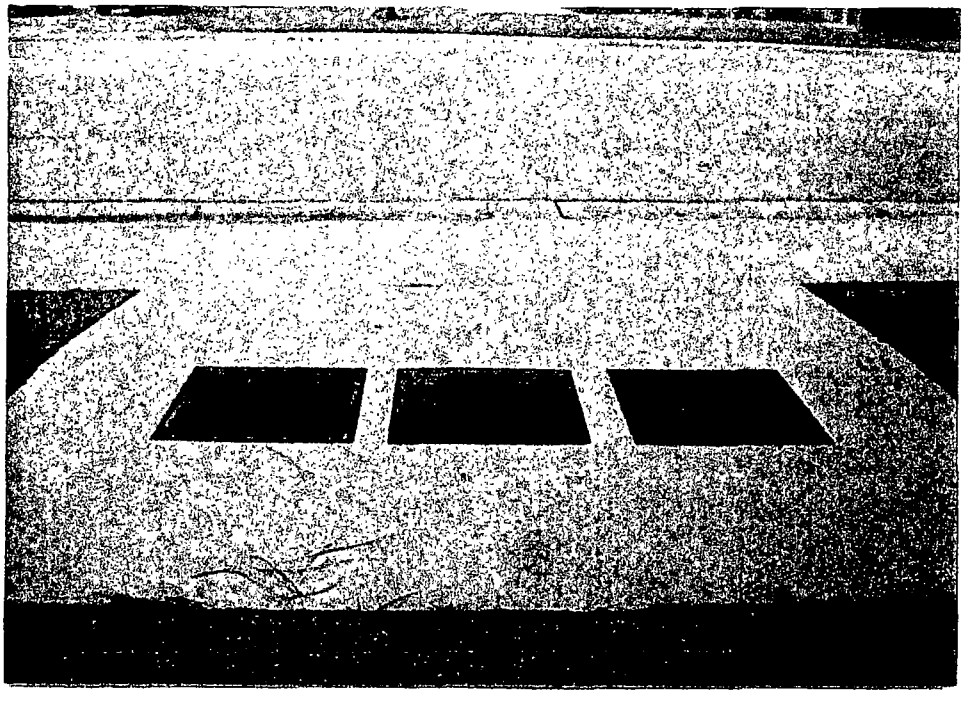


Plate 1: View of the three-stage clarifier, looking east.

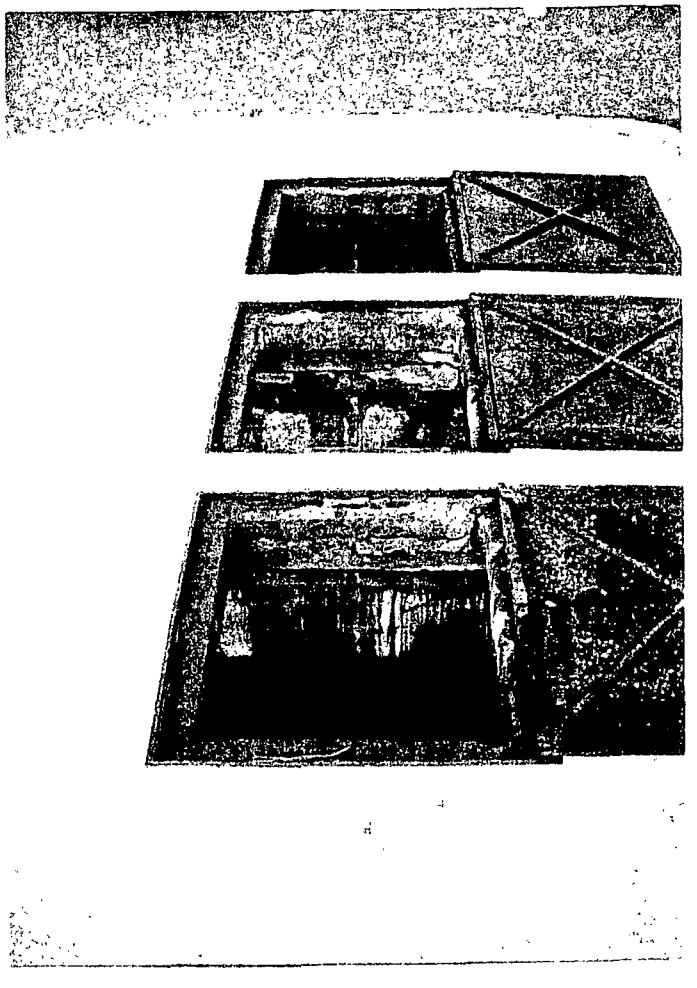


Plate 2: View of the opened three-stage clarifier, looking south.

PHOTO LOG (cont'd)

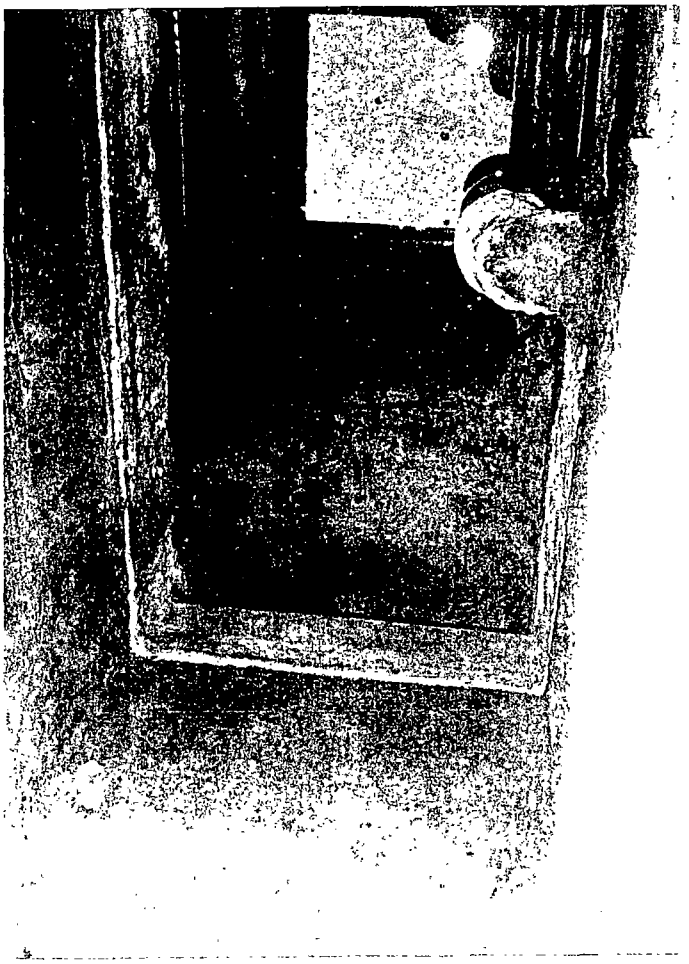


Plate 3: View of the first chamber of the three-stage clarifier, looking south.

Plate 4: View of the second chamber of the three-stage clarifier, looking south.

PHOTO LOG (cont'd)

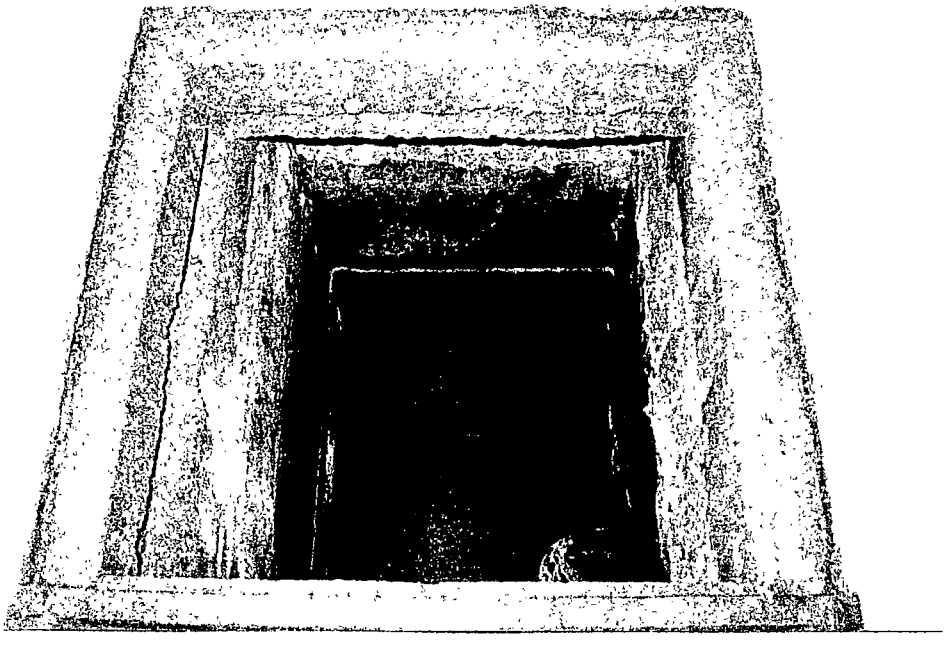


Plate 5: View of the third chamber of the three-stage clarifier, looking south.

Exhibit A5:

DTSC letter to Parker Hannifin dated September 10, 2007 regarding FOIA request,
US EPA letter to Parker Hannifin dated September 5, 2007 regarding FOIA request

Department of Toxic Substances Control

Linda S Adams
Secretary for
nvironmental Protection

Maureen F Gorsen, Director
1011 North Grandview Avenue
Glendale, California 91201-2205

Arnold Schwarzenegger
Governor

September 10, 2007

Mr. Mike Grace
Parker Hannifin Corporation
6035 Parkland Boulevard
Cleveland, OH 44124-4141

Parker Hannifin Corp., 11808 Burke St., Santa Fe Springs, CA 90670
PR30906079

Dear Mr. Grace:

We have received your Public Records Act Request for records from the Department of Toxic Substances Control.

After a thorough review of our files we have found that no such records exist at this office pertaining to the site/facility referenced above.

We would like to inform you about Envirostor, a database that provides information and documents on over 5,000 DTSC cleanup sites. EnviroStor can be accessed at: http://www.envirostor.dtsc.ca.gov/public. Also, a computer is available in the Central Files of each DTSC Regional Office for use by community members to view EnviroStor.

If you have any questions, would like further information regarding your request or would like an appointment to visit Glendale's Central Files, please contact me at (818) 551-2886.

Sincerely,

Jone Barrio/jv
Regional Records Coordinator

Printed on Recycled Paper