State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento CA 95814

11/22/83

P.O.#35654

Deliver ASAP

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83389884

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BROADWAY DEPARTMENT STORES
3880 N. MISSION ROAD DOCK C-21
LOS ANGELES, CA,
AREA CODE/PHONE NUMBER 227-2231 (HECTOR)

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO. 00042507
EPA ID NUMBER CAD042245001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602
AREA CODE/PHONE NUMBER (213) 698-0991
EPA ID NUMBER CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISP. METH.
HAZARDOUS WASTE, LIQUID N.O.S. (R-113)		1600	P	08	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
gelled 1241 lbs.

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

Printed or typed full name and signature HECTOR ADAME Hector Adame MO. 11 DAY 25 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
TIM BALTIERRA
Printed or typed full name and signature L. Baltierra
DATE REC'D & ACCEPTED MO. 11 DAY 25 YR. 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Steve Simpson STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 11 DAY 30 YR. 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

12.8

03/29/2000 "ORIGINAL MANIFEST COPY"

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

May 17, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Bill to: ATTN: Engineering Maintenance

12-83

Department of Health Services

STATE ID NUMBER 83029840

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BROADWAY DEPARTMENT STORES
3880 N. Mission
Los Angeles, CA. 90031
AREA CODE/PHONE NUMBER 227-2231

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000058735

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

VEH./CONTAINER NO. 42507

EPA ID NUMBER CA DD 422445001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER CA DO 422445001

AREA CODE/PHONE NUMBER 698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP. METH.
(R-11) Non Flammable Refrigerant Gas N.O.S. Gas	UN 1078	1800	P	12	DM	211	d1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane	95	90		
Oil	10	5		

SPECIAL HANDLING INSTRUCTIONS
Will BL AT DOOR C-21 yield 1268 lbs. Yield balance recorded

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

MO. 05 DAY 5 YR.

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 15 DAY 18 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DO 422445001

DATE RECEIVED & ACCEPTED MO. DAY 17 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/26/2000 "ORIGINAL MANIFEST COPY"

Material to be held for credit

State of California—Health and Welfare Agency

P.O.# 80-582 / DOCK HOWN 8-3

C

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000102897 — 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
BROADWAY DEPARTMENT STORES
3880 N. Mission Rd., Los Angeles, Ca. 90031
Service Bldg - Door C30

4. Generator's Phone (213) 227-2231

A. State Manifest Document Number 84341810

B. State Generator's ID CAX000102897

5. Transporter 1 Company Name OMEGA CHEMICAL CORP.

6. US EPA ID Number CAD042245001

C. State Transporter's ID 62572

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

10. US EPA ID Number CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (R-11) ORM-E	5	DM	425 Ges	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TRICHLOROMONOFLUOROMETHANE
—CCl_3F

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Edmunde M. Houlemarde — Signature: EDMUNDE M. HOULEMARDE — Date: Month 9 Day 6 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date: Month 9 Day 6 Year 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month 09 Day 06 Year 85

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

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

84 89641

State of California–Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714 744 P Street
Sacramento CA 95814 Shipper #13290

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83410830

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Broadway Dept. Stores
7777 Edinger Ave.
Huntington Beach, Ca.

AREA CODE PHONE NUMBER 714/892-3331

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000107243

TRANSPORTER NO 1
Omega Chemical Corp
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH CONTAINER NO 000
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER CAD042245001

PROPER U S DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S/ ORM-E R-11	NA 9189	800	P	5	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoroethane				
Oil				
Water				

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature STEVE BUETTNER, Steve Buettner MO 11 DAY 20 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
ISAAC Woods Jr Isaac Woods Jr.
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 11 DAY 20 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 11 DAY 20 YR 84

FORM NO DHS-8022A 11/82

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83-07987

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 982 026 866 | Manifest Document No.

2. Page 1 of

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

3. Generator's Name and Mailing Address
BROADWAY
777 EDINGER.., HUNTINGTON BEACH, CA 92647

4. Generator's Phone (892-3331 X239

A. State Manifest Document Number 88683359

B. State Generator's ID

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

C. State Transporter's ID 010354

D. Transporter's Phone 213 698-0991

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD042245001

H. Facility's Phone 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID N,O,S NA 1270 (WASTE OIL)	011	DM	011010	P	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. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

PROFILE NUMBER A-15077

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: Bob Abell | Signature: Bob Abell | Month Day Year: 03 20 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CHAMPION | Signature: Robert Champion | Month Day Year: 03 20 90

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

19. Discrepancy Indication Space

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

88683359

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

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To: P.O. Box 3000, Sacramento, CA 95812

05-10-89 SHIPPER 20737

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. CAD982062825 — 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
BROADWAY
1200 W. COVINA PARK WAY., COVINA, CA 91790

4. Generator's Phone (818 962-3611

A. State Manifest Document Number 88677310

B. State Generator's ID

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

C. State Transporter's ID

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

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

E. State Transporter's ID 010389

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone (213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S UN 9189 (R-11)	019	DM	005500	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: Jim Protin — Signature: Jim Protin — Month Day Year 06 09 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J CIRINGEONI — Signature: Robert J Ciringeoni — Month Day Year 06 09 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year 06 09 89

GENERATOR

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

88677310

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

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To: P.O. Box 3000, Sacramento, CA 95812

06-19-89 SHIPPER 19034

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. CAD982026858 — 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
BROADWAY
350 HILL CREST DRIVE., THOUSAND OAKS, CA 91360

4. Generator's Phone (805) 497-6915 EXT 239

A. State Manifest Document Number: 88677506
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 01-384
D. Transporter's Phone: (213) 698-0991

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: (213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R-11)	010	DM	01000	G	State / EPA/Other
b. WASTE OIL N.O.S FLAMMABLE LIQUID NA 1270	002	DM	00016	G	State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: ART LEWIS — Signature: A. Lewis — Month Day Year: 06 21 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert W. CIAVICCHONI — Signature: Robert W. Ciavicchoni — Month Day Year: 06 21 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19:
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 06 21 89

GENERATOR

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

88677506

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

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8905 19 0089 2125

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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.: CAC 000 272 225
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
THE BROADWAY-PASADENA
400 EAST COLORADO BLVD.,,PASADENA, CA 91101
4. Generator's Phone (818) 796-0411

A. State Manifest Document Number: 88677160
B. State Generator's ID
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 213 698-0991

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID N.O.S. NA 1270 (WASTE OIL)	008	DM	010000		State 341 / EPA/Other D001
b. R-11, CONTAMINATED OIL	008	DM	005500	0	State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
FOR DISPOSAL ONLY

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 16606

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: WILLIAM FORTUNE
Signature: William Fortune
Month Day Year: 08 09 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert S Cirinlegan
Signature: Robert S Cirinlegan
Month Day Year: 08 09 90

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

FACILITY

19. Discrepancy Indication Space

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

GENERATOR

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

88677160

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

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To: P.O. Box 3000, Sacramento, CA 95812

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 102 905
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
THE BROADWAY DEL AMO
21800 HAWTHORNE BLVD.., TORRANCE, CA. 90503

4. Generator's Phone (213) 371-4681

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

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001

A. State Manifest Document Number: 88677106
B. State Generator's ID
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE REFRIGERANT R-11 GAS NOS ORM-E NA 9189 HAZARDOUS WASTE LIQUID	008	DM	013010	G	State 341 / EPA/Other F002
b. WASTE OIL COMBUSTIBLE LIQUID N.O.S NA 1270	002	DM	001055	G	State / EPA/Other 0001, F002
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE AND RETURN TO CUSTOMER
B) FOR DISPOSAL ONLY 5-CANS

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

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Darrell MOSES
Signature: Darrell Moses
Month Day Year: 10 6 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CIRINEONI
Signature: Robert J. Cirineoni
Month Day Year: 10 6 86

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10 6 86

GENERATOR

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

88677106

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

Do Not Write Below This Line

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

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

09-22-88 SHIPPER 18952

Department of Health Services
Toxic Substances Control Division

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAC 000 117 349
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
BROADWAY STORES
145 S. CENTRAL AVE., GLENDALE, CA 91204
4. Generator's Phone (213) 227-2030

A. State Manifest Document Number: 87119189
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 50653 74
D. Transporter's Phone: (213) 698-0991

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 041421450 01
H. Facility's Phone: (213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE OIL N.O.S FLAMMABLE LIQUID NA 1270	005	DM	0101025	G	State / 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. e/ b. c. d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Fred V. Longoria
Signature: Fred V Longoria
Month Day Year: 09 27 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cirinigeoni
Signature: Robert J Cirinigeoni
Month Day Year: 09 27 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 09 27 88

GENERATOR

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. 9-88) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK

PICK UP FOR RECYCLE: DELIVERY ALREADY MADE AGAINST THIS PICK UP. (see Shipper 16579)

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000107052 — Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number: 86534671

B. State Generator's ID: CAX000107052

3. Generator's Name and Mailing Address
Broadway Dept. Stores
3880 No. Mission, Dock C-20, Los Angeles, Calif

4. Generator's Phone (213/) 227-3025, 213/227-2231

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

C. State Transporter's ID: 701733

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

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

E. State Transporter's ID

F. Transporter's Phone

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

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous waste, Liquid NOS ORM-E NA 9189 (R-113)	007	DM	1400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: R-113 OIL

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Driver: Please see Hector Adame in Maintenance.
Wednesday pick-up requested (10/1/86)

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.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also 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 I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: HECTOR ADAME — Signature: Hector Adame — Month Day Year: 10 01 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods — Signature: Isaac Woods — Month Day Year: 10 01 86

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10 10 86

GENERATOR

86534671

DHS 8022 A (11/85)
(EPA 8700—22)

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

HOLD FOR CREDIT ON BROADWAY/MISSION ACCOUNT PER ED HAYLETT

C

State of California—Health and Welfare Agency
01/24/86

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000107037 — 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 (at dock area)
BROADWAY DEPT. STORES
2100 Bell Flower Blvd., Long Beach, Ca. 90815

4. Generator's Phone 213/596-3333 Rob Rodriguez

A. State Manifest Document Number: 84720038

B. State Generator's ID: CAX000107037

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, Ca. 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R-11)	4	DM	700	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Trichloromonofloromethane oil

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: MIKE DIERCKSEN — Signature: [signature] — Date (Month Day Year): 1/13/86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date (Month Day Year): 01/13/86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: [signature] — Date (Month Day Year): 01/13/86

GENERATOR — TRANSPORTER — FACILITY

84720038

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

DHS 8022 A (11/84)
(EPA 8700-22)

84 89641

Closer 8:30 (loading dock)
Bill to OT Outlet to Mission Rd account.

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000107052
Manifest Document No.
2. Page 1 of
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 84345254
B. State Generator's ID: CAX000107052

3. Generator's Name and Mailing Address
BROADWAY DEPT. STORES
1200 W. Covina Parkway, W. Covina, Ca.
Dam Grimms (loading Dock)

4. Generator's Phone (818) 962-3611

C. State Transporter's ID: 62570

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

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

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

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 ORM-E (R-11)	03	DM	600	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: FreON AND OIL.

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information: yield credited to Mission Rd. Store

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

Printed/Typed Name: Joe DeLlosa
Signature: Joe DeLlosa
Date: Month 3 Day 20 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr
Signature: Isaac Woods
Date: Month 3 Day 20 Year 86

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 03 Day 20 Year 86

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

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

84 80641

DRIVER: PLS. SEE LEO.

September 16, 1985 Hours: 8:00 - 3:00

C

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000102905

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
Broadway Dept. Stores
21800 Hawthorne Blvd., Torrrance, CA 90503

4. Generator's Phone (213) 371-4681

A. State Manifest Document Number: 84341851

B. State Generator's ID: CAX000102905

5. Transporter 1 Company Name: Omega Chemical Corp.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste, Liquid N.O.S.-ORM-E NA 9189 (R-11)	04	DM	700 LBS	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TRICHLOROFOURMETHANE
OIL & WATER

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information
Yield on this material is to be credited to the account of Broadway Stores at 3800 So. Mission Rd., LA, CA., Attn: Ed Haylett.
Authorization for this given by Mr. Gary Belt.

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

Printed Typed Name: LEO P. TURNIDESKY & INC. | Signature: Leo P. Turnidesky | Date: Month 9 Day 23 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed Typed Name: ISAAC WOODS JR | Signature: Isaac Woods Jr. | Date: Month 9 Day 23 Year 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed Typed Name: STEVEN SIMPSON | Signature: Steve Simpson | Date: Month 09 Day 23 Year 85

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

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

84 80641

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714 744 P Street
Sacramento CA 95814

09/20/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83564141

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BROADWAY DEPARTMENT STORES
7777 EDINGER AVE.
HUNTINGTON BEACH, CA. 92647
ATTN: ED HAYLETT
AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000107243

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

VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY
VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER CAD042245001
AREA CODE/PHONE NUMBER 213/698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
HAZARDOUS WASTE, LIQUID N.O.S -ORM-E (R-11)	NA 9189	1200	P	9	DM	2 11	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
FREON	90		X	
WATER	5		X	
OIL	5		X	

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature ROBERT A. JOHNSON — MO 9 DAY 24 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Harry Solomon — DATE REC'D & ACCEPTED MO 9 DAY 24 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON — Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 09 DAY 24 YR 84

FORM NO DHS 8022A 11 82 — TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS — 83-87957

State of California—Health and Welfare Agency

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Ed Haylett, Central (227-2231) office
P.O.# 83209

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

STATE ID NUMBER 8270928

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BROADWAY DEPT. STORES
24100 Laguna Hills Mall, Laguna Hills, CA 92653

AREA CODE/PHONE NUMBER 714/586-1901

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
Small Ganerator

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

VEH./CONTAINER NO.

EPA ID NUMBER
CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
R-11 Trichlorofluoromethane-None		500	lbs.	05		

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
TrichloroFluoromethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
Sx 100Lb IW

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 and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE [signature] MO. DAY YR.

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE Isaac Woods MO. 11 DAY 13 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
spill 408 lbs.

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

Steve Simpson [signature]
PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER CAD042245001 MO. 01 DAY 14 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

05/16/2000 "ORIGINAL MANIFEST COPY"

May 17, 1983

Maintrance

12-83

OUS WASTE MANAGEMENT BRANCH
et
to, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83029840

nt or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS
BROADWAY DEPARTMENT STORES
3880 N. Mission
Los Angeles, CA. 90031
AREA CODE/PHONE NUMBER 227-2231

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000058735

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DD 422450001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER CA DD 422450001
AREA CODE/PHONE NUMBER 698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP. METH.
(R-11) Non Flammable Refrigerant Gas N.O.S. Gas	UN 1078	1800	P	12	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane	95	90		
Oil	10	5		

SPECIAL HANDLING INSTRUCTIONS
WILL BE AT DOOR C-21 yield 1268 lbs. Yield balance recorded

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

Printed or typed full name and signature

MO. DAY YR.

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 15 DAY 18 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE

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

Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DD 422450001

DATE RECEIVED & ACCEPTED MO. DAY 17 YR. 83

05/17/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

BROADWAY DEPARTMENT STORES
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/18/1983		83029840		1800	LBS		CMP		
11/25/1983		83389884		1600	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 1.7

Revised Manifest Summary Report

BROADWAY DEPT STORES #17
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/24/1984		83564141		1700	LBS		CMP		
11/20/1984		83410830		800	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 1.25

Revised Manifest Summary Report

BROADWAY DEPT. STORES
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/06/1985		84341810		425	LBS		CMP		
09/23/1985		84341851		700	LBS		CMP		
09/27/1988		87119189		208.5	LBS		CMP		
06/26/1990		88677106		10967.1	LBS		CMP		

Total Records: 4 Default Volume: 0 Total Waste Volume: 6.1503

Revised Manifest Summary Report

BROADWAY DEPT. STORES #12
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
03/20/1986		84345254		600	LBS		CMP		
10/13/1986		86534671		1400	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 1

Revised Manifest Summary Report

BROADWAY DEPT. STORES #8
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
01/31/1986		84720038		700	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .35

Revised Manifest Summary Report

BROADWAY PLAZA
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/18/1989		88258021		458.7	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .2294

Revised Manifest Summary Report

BROADWAY THE HUNTINGTON BEACH
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
03/20/1990		88683359		1100	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .55

Revised Manifest Summary Report

BROADWAY THE NORTHRIDGE
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/22/1989		88614719		834	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .417

Revised Manifest Summary Report

BROADWAY THE THOUSAND OAKS
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
06/21/1989		88677506		8840.4	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 4.4202

Revised Manifest Summary Report

BROADWAY THE WEST COVINA
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
04/14/1989		88293701		1001	LBS		CMP		
06/09/1989		88677310		4170	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 2.5854

Revised Manifest Summary Report

THE BROADWAY-PASADENA
BROADWAY STORES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
08/09/1990		88677160		2096.34	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 1.0482