Revised Manifest Summary Report

KAISER FOUNDATION HEALTH PLAN, INC.
KAISER FOUND HLTH

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		84382931		1100	LBS		CMP		
07/25/1989		88639107		1834.8	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 1.4674

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

W.O. 90-6297 3/13/87

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD 981396534
Manifest Document No: 00001
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Kaiser Foundation Health Plan
3355 E. 26th St., L.A. Calif.
Kaiser Hosp.-Anaheim
441 No. Lakeview
Anaheim, Ca. 92807

A. State Manifest Document Number: 84382931
B. State Generator's ID: HAHQ 36-017560

4. Generator's Phone (213) 264-8018

5. Transporter 1 Company Name: OMEGA CHEMICAL
6. US EPA ID Number: CAD 042245001
C. State Transporter's ID: 70736
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
12504 E. Whittier
Whittier, Ca. 90602
10. US EPA ID Number: CAD 042245001
G. State Facility's ID
H. Facility's Phone: (213) 698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. REMOVAL OF 800# R-11 FREON					
b. FOUR (4) BARRELS					
c. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189	006	DM	01100	P	
d.					

J. Additional Descriptions for Materials Listed Above
Contaminated Refrigerant from Chiller being returned for recycling. Free from oil

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
5x200# (1 MT)
1x100#

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: Dan Berger
Signature: Dan Berger
Date: Month 3 Day 13 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr
Signature: Isaac Woods Jr
Date: Month 03 Day 13 Year 87

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: FRANK FORD
Signature: Frank Ford
Date: Month 03 Day 13 Year 87

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 86541

04/27/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

KAISER HOSPITAL - LOADING DOCK
KAISER FOUND HLTH

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
02/07/1989		88293479		1345	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .6725

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).*

and Front of Page 1

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 98 13 9 6 7 1 7 — 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
KAISER HOSPITAL - LOADING DOCK
NORMANDIE & PCH, HARBOR CITY, CA

4. Generator's Phone (213) 685-4050

A. State Manifest Document Number: 8 8293479

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 904878

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE NON-FLAMMABLE GAS UN 1028 R-12	01/18	DM	1/13/010	P	State / EPA/Other
b. WASTE NON-FLAMMABLE GAS UN 1028 R-22	01/12	DM	1/1415	P	State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) DICHLORODIFLUOROMETHANE (R-12)
B) CHLORODIFLUOROMETHANE (R-22)

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: JOE POLETTI — Signature: Joe Polette — Month Day Year: 10 20 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 10 20 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

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

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

Do Not Write Below This Line

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

03/28/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

KAISER FOUND HLTH
KAISER FOUND HLTH

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
07/21/1988		87118949		175	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .0875