State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1414 744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

9/22/83

STATE ID NUMBER 83212369

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MATTEL
13060 E. Temple Ave.
Industry, CA 91746

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/

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

VEH./CONTAINER NO.
EPA ID NUMBER C A D0 4 2 2 45 0 01

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER C A D0 4 2 245 0 0 1

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.
WASTE METHYLENE CHLORIDE - ORM-A	UN 1593	1265	G	3	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	80	20		
Paint Sludge	30	20		

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.

MO. DAY YR

Printed or typed full name and signature X [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

Printed or typed full name and signature [signature]

DATE REC'D & ACCEPTED MO. 9 DAY 23 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR

Printed or typed full name and signature Steve Simpson C A D0 4 2 245 0 01 0 9 8 3

FORM NO. DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

5.76

03/29/2000 "ORIGINAL MANIFEST COPY"

MATERIAL TO BE REPROCESSED BACK TO CUSTOMER.

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

Department of Health Services

(3)

UNIFORM HAZARDOUS WASTE MANIFEST
Sept. 9, 1983

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

STATE ID NUMBER 83212382

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MATTEL (George Friga)
13060 E. Temple
Industry, CA 91706
AREA CODE PHONE NUMBER 213/962-4471, x 515

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD029019008

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

VEH CONTAINER NO
EPA ID NUMBER
CA D 0 4 2 2 4 5 0 01

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL TSD FACILITY
OMEGA CHEMICAL CORP.
AREA CODE PHONE NUMBER 213/69809991

EPA ID NUMBER
C A D0 4 2 245 0 01

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Waste Methylene Chloride -URM-A	U N1 5 93		G	1	DM	2 11	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	20	70		
[illegible]	[illegible]	[illegible]		

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 regulations of the Department of Transportation and the EPA

MO DAY 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

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

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
C AD 0 4 22 45 0 01

DATE RECEIVED & ACCEPTED
MO 0 9 DAY YR 8 3

FORM DHS-8022A 11 81

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

UNIFORM HAZARDOUS WASTE MANIFEST
9/9/83

P.O.Box 821-AB
Hawthorne, CA 90250
Department of Health Services

STATE ID NUMBER 83212383

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

GENERATOR NAME AND MAILING ADDRESS
MATTEL
13060 E. Temple Ave.
Industry, CA ~~90250~~ 91706
AREA CODE PHONE NUMBER 213/962-4471, x 515

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD012801908

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

VEH CONTAINER NO
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.
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
Waste Methylene Chloride - ORM-A	UN 1593		G	16	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	80	70		
[illegible] Juice	25	20		

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 regulations of the Department of Transportation and the EPA

MO DAY 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
Omega Chemical
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 9 DAY 12 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

EPA ID NUMBER
Printed or typed full name and signature Steve Simpson
CAD042245001

DATE RECEIVED & ACCEPTED
MO 09 DAY YR 83

FORM NO DHS-8022A 11 82

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TO BE FILLED IN BY GENERATOR

06/01/2001 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

(1)

9/9/83

STATE ID NUMBER 83212385

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

GENERATOR NAME AND MAILING ADDRESS
MATTEL (George Ffiga)
13060 E. Temple Ave.
Industry, CA 91706
AREA CODE PHONE NUMBER 213/962-4471, x 515

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA 0 0 2 6 9 1 9 9 9 8

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

VEH CONTAINER NO
EPA ID NUMBER
C A D0 4 2 2 45 0 01

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 D0 4 2 245 0 01

AREA CODE PHONE NUMBER 213/698-0991

TO BE FILLED IN BY GENERATOR

PROPER U S D O T SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	TYPE	WASTE CAT NO	DISP METH
Waste Methylene Chloride - ORM-A	UN 1593		G	~~017~~ 14	DM	211	01

COMPONENTS	CONC RANGE UPPER	LOWER	UNITS %	PPM
Methylene Chloride	80	70		
Acetone	30	20		

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

MO DAY 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

DATE REC'D & ACCEPTED MO 09 DAY 11 YR 83

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D & ACCEPTED MO DAY YR

Printed or typed full name and signature

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

EPA ID NUMBER C A D0 4 2 2 4 60 01

DATE RECEIVED & ACCEPTED MO 09 DAY YR 83

Steve Simpson

Printed or typed full name and signature

FORM NO DHS-8022A 11 82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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MATERIAL TO BE REPROCESSED BACK TO CUSTOMER.

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

UNIFORM HAZARDOUS WASTE MANIFEST

9/9/83

Department of Health Services

5

STATE ID NUMBER 83212386

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MATTEL (George Friga)
13060 E. Temple
Industry, CA 91706
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD028018008

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

VEH/CONTAINER NO
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 US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP. METH
Waste Methylene Chloride - ORM-A	UN 1593		G	4	DN	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	80	70		
Paint Sludge	20	20		

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

MO | DAY | 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 09 | DAY 22 | 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED | MO | DAY | YR

Printed or typed full name and signature Steve Simpson CAD042245001 09 13

FORM NO DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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MATERIAL TO BE REPRODUCED BACK TO CUSTOMER.

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

UNIFORM HAZARDOUS WASTE MANIFEST
9/9/83

Department of Health Services
(6)

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

STATE ID NUMBER 83212387

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MATTEL
13060 E. Temple
Industry, CA 91706
AREA CODE/PHONE NUMBER 213/962-4471, x 515

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD028019008

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

VEH/CONTAINER NO 010041215017
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.
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.
Waste Methylene Chloride - ORM-A	UN 1593		G	16	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Methylene Chloride	80	70		
Paint sludge	30	20		

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 [illegible] 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 WASTES
Printed or typed full name and signature Harry Johnson [illegible] DATE REC'D & ACCEPTED MO. 09 DAY 22 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.

Printed or typed full name and signature Steve Simpson
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 09 DAY YR. 83

FORM NO DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/01/2001 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

MATTEL
MATTEL INC

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83212369		2210.1	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 1.1051

Revised Manifest Summary Report

MATTEL INC
MATTEL INC

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83212382		7339	LBS		CMP		
		83212383		7339	LBS		CMP		
		83212385		7339	LBS		CMP		
		83212386		7339	LBS		CMP		
		83212387		7339	LBS		CMP		
		84341226		29000	LBS		CMP		
		84341227		19000	LBS		CMP		
12/09/1984		84341221		20000	LBS		CMP		
12/15/1984		84341225		27000	LBS		CMP		
04/23/1986		84345340		13010	LBS		CMP		
09/09/1986		86534626		5404	LBS		CMP		

Total Records: 11 Default Volume: 0 Total Waste Volume: 75.0554