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

May 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 83029884

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MAY COMPANY
5000 Montclair Plaza
Montclair, Ca. 91763
AREA CODE/PHONE NUMBER

36

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

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

VEH./CONTAINER NO.: 42507

EPA ID NUMBER: CA DD 042245001

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 042245001

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.
Refrigerant Gas N.O.S. Non Flammable GAS	UN 1078	1300	P	7	DM	211	011

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLORO FLUOROMETHANE	100	99		
OIL	10	7		
WATER	40	30		

SPECIAL HANDLING INSTRUCTIONS
yield 772 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: Mark D Newey

MO. 6 DAY 13 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: Harry Solomon

DATE REC'D & ACCEPTED MO. 6 DAY 13 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 Steve Simpson

EPA ID NUMBER: CA DD 042245001

DATE RECEIVED & ACCEPTED MO. 06 DAY 30 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

17 29

03/29/2000 "ORIGINAL MANIFEST COPY"

PICKING UP FOR CARRIER AIR CONDITIONING

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

UNIFORM HAZARDOUS WASTE MANIFEST

August 5, 1983

Department of Health Services
P.O. ~~# E.W. 08298~~
Shipper 11643

STATE ID NUMBER 83212221

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MAY COMPANY
#10 City Plaza South
Orange, CA 92608

AREA CODE/PHONE NUMBER 714/634-3311, x 2676

SP

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER [redacted]

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

VEH./CONTAINER NO.
EPA ID NUMBER C A D0 4 224 5 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 01

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.
Refrigerant Gas, N.O.S. -Non-Flammable Gas							
(R-12)		~~2000~~ 1000	P		PT	2 11	0 1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS 800# yield

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 P.O. # 583A-16003

☐ 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. 08 DAY 09 YR 83

Printed or typed full name and signature Jay Solomon

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 24 5 0 01

DATE RECEIVED & ACCEPTED MO. 08 DAY YR 83

Printed or typed full name and signature Steve Simpson

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"

SHIPPER 20421 01-23-89

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. CAD091166100143
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
MAY CO.
617 SUNSET BLVD., ARCADIA, CA 91006

4. Generator's Phone (818) 509-6501

A. State Manifest Document Number 8 8293445

B. State Generator's ID

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES

6. US EPA ID Number CAD042245001

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 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 (R-11)	005	DM	01/0100	P	State / EPA/Other
b. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (R-11)	002	DM	01/0100	P	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: BILL BROWN
Signature: Bill Brown
Month Day Year: 01 24 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 01 24 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: FRANK FORD
Signature: Frank Ford
Month Day Year: 01 24 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

08293445

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"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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See In tru s n Back f P ge 6 and nt P 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88346431

IN CASE OF AN 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.: CAC 000 074 897
Document No.: 88346431
2. P
Information in the shaded areas is required by Federal law

3. Generator's Name and Mailing Address
MAY CO
300 INLAND CENTER DR ., SN BERNARDINO, CA
4. Generator's Phone (818) 509-4632

A. State Manifest Document Number: 88346431
B. State Generator's ID
C. State Transporter's ID: 800957
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

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: CAD 042 24 01

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. HAZARDOUS WASTE LIQUID, N.O S ORM-E NA 9189 (OIL,WATER)	003	DM	00100	G	State 221 EPA/Other D001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR DISPOSAL

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 11385
EMERGENCY CONTACT 818 509-4632

16. GENERATOR'S CERTIFICA I hereby declare that the contents 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 highway according 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 determine 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: ARMAND BENDZALA
Signature
Month Day Year: 10 10 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature
Month Day Year: 10 10 91

TRANSPORTER

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

19. Discrepancy Indication Space

FACILITY

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 Hart
Signature
Month Day Year: 10 10 91

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
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0025 0056

~~0000 0000 0025 0056~~

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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. | 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
May Company (Fox Hills Mall)
6050 Sepulveda Blvd., Culver City, California
4. Generator's Phone (213 390-8811

A. State Manifest Document Number: 88675858
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010384
D. Transporter's Phone: 213-8980991

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
12405504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213-8098-0991

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 Gas, N.O.S. UN 1078 (Trichlorofluoromethane, Refrigerant ~~XXXX~~ R-11)	003 ~~001~~	DM	00600	P	State 211 / 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 No.

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 11 11 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert F Cirinbeon | Signature | Month Day Year 11 11 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: FRANK FORD | Signature | Month Day Year 11 11 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

88675858

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 3-88) Previous editions are obsolete.

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

9001 09 0034 0

03/29/2000 "ORIGINAL MANIFEST COPY"

PICK UP FOR YORK-BORG WARNER (Howard Davis)
April 12, 1985

Reclaim back to customer
P.O.# 379148

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: CAX 000 224 840
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
MAY CENTERS
6600 Topanga Canyon Plaza
Topanga Canyon, Calif.
4. Generator's Phone 818/883-1663

A. State Manifest Document Number: 84[illegible]10
B. State Generator's ID: CAX 000 224 840

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 62569
D. Transporter's Phone: 213/698-0991

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

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 042 245 001
H. Facility's Phone: 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Refrigerant Gas, N.O.S. (R-114) UN 1078	03	CY	6000	P	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Refrigerant Gas. (R-114)

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information
Driver: Take Ventura Fwy to Topanga Canyon exit; go north 3 miles to Topanga Canyon Plaza. Ask for Al Gardner, Bob Garrison or Larry Scimeca.

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: BOB GARRISON SR
Signature: Bob Garrison Sr
Date: Month 4 Day 13 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods JR
Signature: Isaac Woods Jr.
Date: Month 04 Day 13 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 04 Day 13 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 80641

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.: CA D 9 81 413 149
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
May Company
3447 So. Grand Ave., Los Angeles, Calif.
4. Generator's Phone (213 741-3913

A. State Manifest Document Number: 88615327
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: 116257
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: CAD042245510011
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. Hazardous waste solid, N.O.S. ORM-E (Paint waste, paint containers) NA 9189	0016	DM	0013310		State 214 EPA/Other D002
b. HAZARDOUS WASTE OIL NA 9189	0012	DM	001110		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

Profile No. A16507

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: Ronald Mothershead
Signature: Ronald Mothershead
Month Day Year: 07 31 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T. Cunningham
Signature:
Month Day Year: 07 31 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: N. JAY Solomon.
Signature: N. Jay Solomon
Month Day Year: 10 07 31 1990

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

88615327

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

Shipper 17053

02/17/87

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. C A X0 0 00 6 17 13 | 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
May Company
617 Sunset Blvd., Arcadia, CA 91006

4. Generator's Phone (818) 509-4604

A. State Manifest Document Number 86544125

B. State Generator's ID CAX000061713

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: C A D0 4 22 4 5 00 1

C. State Transporter's ID 701738

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: CA D0 42 245 001

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. Hazardous Waste Liquid NOS ORM-E NA 9189 (R-11)	08	DM	800	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
See Gordon Kennedy or the Receiving Mgr. Material is to be down at dock level.

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.

GENERATOR — Printed/Typed Name: X G. Legg — Signature: Gian F. Legg — Month Day Year: 02 20 87

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: TIM BALTIERRA — Signature: Tim Baltierra — Month Day Year: 02 20 87

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: 02 20 87

86544125

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

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

88346539

IN CASE OF AN 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. CAC000595499 Manifest Document No. 46539

2. Page 1 of

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

3. Generator's Name and Mailing Address
MAY COMPANY
5100 LAKEWOOD BLVD.,LAKEWOOD,CA. 90712

4. Generator's Phone (818) 509-6433

A. State Manifest Document Number 88346539

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID 208451

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. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Acetone,Organic Solid,Water,Mineral Spirits)	004	DM	00013	G	State 213; EPA/Other F003,F005.
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
a.-Material for disposal

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

15. Special Handling Instructions and Additional Information
Profile#B11512 *Emergency#818/509-6433

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.

GENERATOR

Printed/Typed Name: BRIAN DIGARD — Signature — Month Day Year 08 09 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature — Month Day Year 08 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: N. JAY SOLOMON — Signature — Month Day Year 08 09 91

022 A (1/88)
00—22
88) Previous editions are obsolete.

Do Not Write Below This Line

0000 0000 0281 0015

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 6-30-91)
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 981 418 149
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
MAY CO
3447 S. GRAND..,LOS ANGELES, CA

4. Generator's Phone (213) 741-3913

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: 88677017
B. State Generator's ID
C. State Transporter's ID: 010354
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAD 042 245 001
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 SOLID N.O.S ORM-E (PINT,PAINT CONTAINERS,OIL,ADHESIVE)	042	DM	02310	G	State 214 / EPA/Other D002
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 A16507

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: RONALD MOTHERSHEAD
Signature: Ronald Mothershead
Month Day Year: 05 22 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J. CIRINGGONI
Signature: Robert J. Ciringoni
Month Day Year: 05 22 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: 05 22 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

88677017

DHS 6022 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. CAC000059549 Manifest Document No. 65318

2. Page 1 of

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

A. State Manifest Document Number 88346538

B. State Generator's ID

3. Generator's Name and Mailing Address
MAY COMPANY
5100 LAKEWOOD BLVD.,LAKEWOOD,CA. 90712

4. Generator's Phone (818) 509-6433

C. State Transporter's ID 208457

D. Transporter's Phone 213/698-0991

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES

6. US EPA ID Number CAD042245001

E. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

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 CAD041224150101

G. State Facility's ID CAD041224150101

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 (Waste Machine Oil)	003	DM	00100	G	State 222 EPA/Other D001
b. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189 (Waste Machine Oil)	005	1	00019	G	State 222 EPA/Other D001
c. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189 (Waste Machin eOil)	002	1	00040	G	State 222 EPA/Other D001
d. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Acetone,Organic Solids,Water)	010	1	00008	G	State 212 EPA/Other F003,F005

J. Additional Descriptions for Materials Listed Above
a.b.c.d.-Material for disposal

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

15. Special Handling Instructions and Additional Information
Profile#B11511
B11512
*Emergency#818/509-6433

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: ROMAN DUCAD — Signature — Month Day Year 10 8 09 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVIER HERNANDEZ — Signature — Month Day Year 10 8 09 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: N. JAY SOLOMON — Signature — Month Day Year 10 8 10 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

88346538

Do Not Write Below This Line

DHS 6022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

0000 0000 0281 0029

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 9-30-91)
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.: CAD982323826 | Manifest Document No.: 05161

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Cushman & Wakefield Of California / Broadway Plaza
700 South Flower Street, Suite 406, Los Angeles, CA. 90017

4. Generator's Phone (213) 624-2891

A. State Manifest Document Number: 88258021

B. State Generator's ID: HAH036-022912

5. Transporter 1 Company Name: Findly Chemical Disposal, Inc.

6. US EPA ID Number: CAD081157166

C. State Transporter's ID: 006750

D. Transporter's Phone: (714) 823-3939

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. Waste Paint Related Material, Flammable Liquid, NA1263	01011	DM	010055	G	State 461 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) DR#1 (1x55GSD) No Less than 24 Inches of sludge.

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

15. Special Handling Instructions and Additional Information
Keep Away From Sparks And Open Flame.

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: Tito Sandoval | Signature: Tito Sandoval | Month Day Year: 10 19 1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Darin Ferguson | Signature: Darin E. Ferguson | Month Day Year: 10 19 1989

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: R. Avalos Jr. | Signature: R. Avalos Jr. | Month Day Year: 10 20 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

88258021

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

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

8907 11 0025 2539

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

UNIFORM HAZARDOUS WASTE MANIFEST

January 26, 1984

Department of Health Services
Shipper 12379
P.O.# 583-A22694

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MAY COMPANY (Orlando)
8433 So. Central
Whittier CA 90605

STATE ID NUMBER 83410971

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CIAX010006117/3

AREA CODE/PHONE NUMBER 213/945-1111, X2676, 213/633-0291

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

VEH./CONTAINER NO

EPA ID NUMBER GAD042245001

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. 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	1 600	P	08	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
TrichloroTrifluoroethane	99	95		
OIL	5	1		
WATER	2	1		

SPECIAL HANDLING INSTRUCTIONS
gold 1287 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 MARK ENSINGER — 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
Jim Bettiere
Printed or typed full name and signature L. Bettiere — DATE REC'D & ACCEPTED MO 01 / DAY / 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 01 / DAY 30 / YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-07987

Department of Health Services

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

P.O.#5838-34462

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83410769

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MAY CO.
3333 BRISTOL ST.
COSTA MESA, CA.

AREA CODE/PHONE NUMBER (714) 898-2521 X2676 VIRGIL

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX00 00 61713

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)	NA9189	1000	P	11	DM	211	01

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

MO 10 DAY 19 YR 84

Printed or typed full name and signature [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 10 DAY 19 YR 84

Printed or typed full name and signature [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 CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 19 YR 84

Printed or typed full name and signature STEVE SIMPSON

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

FORM NO DHS-8022A 11/82

83-87967

MATERIAL TO BE RECLAIMED BACK TO MAY CO. (TO THE NEAREST 200 pounds)

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 583A 11941

ONE TIME ONLY

STATE ID NUMBER 83029746

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
May. Co
~~780 LAKEWOOD CENTER MALL LAKE WOOD CA~~ 2501 El CAMINO REAL
CARLSBAD 92008

AREA CODE/PHONE NUMBER 213-633-0314 (Herb)

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000038299

TRANSPORTER NO. 1
SAME AS GENERATOR.

VEH./CONTAINER NO.

EPA ID NUMBER CAX000038299

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. WHITTIER BL.
WHITTIER CA 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.
WASTE REFRIGERANT GAS N.O.S NON-FLAMMABLE GAS	UN1078	1100	P	006	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUOROMETHANE	98	90	%	
OIL	10	2	%	

SPECIAL HANDLING INSTRUCTIONS YIELD TO BE RETURNED
yield 718 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.

J. D. Williams 4/6/83 / John Duane Williams
Printed or typed full name and signature

MO. 04 DAY 06 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
J. D. Williams 4/6/83 / John Duane Williams
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. 04 DAY 06 YR. 83

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 CAD042245001

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

TSDF SENDS THIS COPY TO DOHS WITHIN 15 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

88684682

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

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 981 413 149
Manifest Document No. 84682
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MAY COMPANY
3447 SOUTH GRAND..,LOS ANGELES, CA 90007

4. Generator's Phone (213 741-3865

A. State Manifest Document Number 88684682
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 110 237
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 0602
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 1993 (ENGINE OIL MIX, HYDRALIC OILS ~~MIX, DIRT~~, OIL, WATER & INERT SOLIDS)	003	DM	001165	G	State 221 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR DISPOSAL

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 10982
EMERGENCY PHONE NUMBER 213 741-3865

16.
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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: RONALD MOTHERSHEAD
Signature: Ronald Mothershead
Month Day Year: 03 21 1991

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert S Carrillo
Signature
Month Day Year: 03 21 1991

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: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 03 21 1991

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

0105.0058

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.: C A D 9 81 4 13 1 49
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
May Co.
3447 S. Grand Ave., Los Angeles, Calif.
4. Generator's Phone (213 741-3913

A. State Manifest Document Number: 88677029
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: 010387
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. Hazardous waste solid, N.O.S. ORM-E (paint waste cans) NA 9189	017	DM	009135	G	State 214 / EPA/Other D001
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 No.

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: Ronald Mothershead
Signature: Ronald Mothershead
Month Day Year: 05 24 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CIRINGEONI
Signature: Robert J. Ciringeoni
Month Day Year: 05 24 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: 05 24 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

88677029

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

Revised Manifest Summary Report

MAY CO.
MAY COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
01/24/1987		88293445		1200	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .6

Revised Manifest Summary Report

MAY CO. DEPARTMENT STORE #12
MAY COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83410971		1600	LBS		CMP		
10/19/1984		83410769		1000	LBS		CMP		
02/20/1987		86544125		800	LBS		CMP		

Total Records: 3 Default Volume: 0 Total Waste Volume: 1.7

Revised Manifest Summary Report

MAY COMPANY
MAY COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83212221		1500	LBS		CMP		
04/06/1983		83029746		1100	LBS		CMP		
06/13/1983		83029884		1300	LBS		CMP		
04/13/1985		84341510		6000	LBS		CMP		
07/03/1991		88346431		834	LBS		CMP		

Total Records: 5 Default Volume: 0 Total Waste Volume: 5.367

Revised Manifest Summary Report

MAY COMPANY (FOX HILLS MALL)
MAY COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
11/15/1989		88675858		600	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .3

Revised Manifest Summary Report

MAY COMPANY SERVICE CENTER
MAY COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/22/1990		88677017		19265.4	LBS		CMP		
05/24/1990		88677029		7797.9	LBS		CMP		
07/31/1990		88615327		3669.6	LBS		CMP		
03/21/1991		88684682		1376.1	LBS		CMP		

Total Records: 4 Default Volume: 0 Total Waste Volume: 16.0545

Revised Manifest Summary Report

THE MAY DEPT STORES CO
MAY COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
08/09/1991		88346538		1559.58	LBS		CMP		
08/09/1991		88346539		108.42	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: .834

Revised Manifest Summary Report

MAY CO.
MAY COMPANY

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