Revised Manifest Summary Report

VAN WATERS & ROGERS DIV OF UNIVAR
VAN WATERS & ROGERS (UNIVAR)

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		84051624		9591	LBS		CMP		
04/23/1984		83199891		32526	LBS		CMP		
04/30/1984		83181347		11676	LBS		CMP		
10/05/1984		83181458		24311	LBS		CMP		
01/21/1985		84051758		22018	LBS		CMP		
02/24/1985		84051610		18348	LBS		CMP		
07/19/1985		84051607		17514	LBS		CMP		
07/19/1985		84051608		17514	LBS		CMP		
07/22/1985		84051605		17514	LBS		CMP		
07/23/1985		84051606		18348	LBS		CMP		
07/24/1985		84051611		18140	LBS		CMP		
07/25/1985		84051612		23852	LBS		CMP		
07/26/1985		84051613		23852	LBS		CMP		
07/29/1985		84051622		23852	LBS		CMP		
08/01/1985		84051623		24186	LBS		CMP		
07/30/1986		84676894		4128	LBS		CMP		
06/18/1987		87132101		13761	LBS		CMP		
12/15/1987		87132158		12093	LBS		CMP		
12/15/1987		87132159		12802	LBS		CMP		
12/15/1987		87132160		15471	LBS		CMP		
01/28/1988		87132161		17514	LBS		CMP		
01/28/1988		87132162		7339	LBS		CMP		
01/28/1988		87132163		14595	LBS		CMP		

Total Records: 23 Default Volume: 0 Total Waste Volume: 200.4728

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. CAD009230244 — 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
Van Waters & Rogers
1363 S. Bonnie Beach Place
Los Angeles, California (213) 265-8123

4. Generator's Phone

A. State Manifest Document Number: 84051758

B. State Generator's ID: CAD009230244

5. Transporter 1 Company Name
Van Waters & Rogers
1363 S. Bonnie Beach Pl., L.A. 90022

6. US EPA ID Number: CAD009230244

C. State Transporter's ID

D. Transporter's Phone

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.
12505 E. Whittier Blvd.
Whittier, California 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-3991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	11. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Methylene Chloride ORM-A UN 1593	46	DM	28800	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

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: John Cain — Signature: John H Cain — Date: Month 1 Day 21 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: FRANK DIAZ — Signature: Frank Diaz — Date: Month 1 Day 21 Year 85

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: N. Jay Solomon — Signature: N. Jay Solomon — Date: Month 1 Day 21 Year 85

White: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

05/31/2001 "ORIGINAL MANIFEST COPY"

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD 009123244
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
VAN WATERS + ROGERS INC.
1363 SO BONNIE BEACH PLACE
LOS ANGELES CA 90105

4. Generator's Phone (213) 265-8123

A. State Manifest Document Number: 87132101

B. State Generator's ID: HAH 036006472

5. Transporter 1 Company Name: VAN WATERS + ROGERS INC
6. US EPA ID Number: CAD 009123244

C. State Transporter's ID:
D. Transporter's Phone: 213-265-8123

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 BLVD
WHITTIER CA 90602
10. US EPA ID Number: CAD 041214501

G. State Facility's ID:
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. ORM-E UN9189 WASTE FREON - HAZARDOUS WASTE, LIQUID NOS	005	DM	2500	Vol	State 211 / EPA/Other
b. WASTE - METHYLENE CHLORIDE ORM-A UN 1593	012	DM	6000	Vol	State 211 / EPA/Other
c. WASTE - PERCHLOROETHYLENE ORM-A UN 1897	005	DM	2500	Vol	State 211 / EPA/Other
d. WASTE - 111 TRICHLOROETHANE ORM-A UN 2831	008	DM	4000	Vol	State 211 / EPA/Other

J. Additional Descriptions for Materials Listed Above
95% PRODUCT
5% WATER

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

15. Special Handling Instructions and Additional Information
GLOVES/GOGGLES TO VAN WATERS + ROGERS ACCOUNT

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: JOHN KEENAN
Signature: John Keenan
Month Day Year: 06 18 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE LONG
Signature: Mike Long
Month Day Year: 06 18 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: John HALTE
Signature:
Month Day Year: 6 18 87

GENERATOR — TRANSPORTER — FACILITY

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK

05/30/2001 "ORIGINAL MANIFEST COPY"

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009230244 — Manifest Document No. 000012

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

A. State Manifest Document Number: 87132162

3. Generator's Name and Mailing Address: VANWATERS + ROGERS INC, 1363 S. BONNIE BEAUTIFUL PLACE, LOS ANGELES CA 90023

4. Generator's Phone (213) 265-8123

B. State Generator's ID: HAHA 360016471 7

C. State Transporter's ID: 804025

5. Transporter 1 Company Name: VANWATERS + ROGERS INC — 6. US EPA ID Number: CAD009230244

D. Transporter's Phone: 213-265-8123

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

E. State Transporter's ID: 804025

F. Transporter's Phone: 213-265-8123

9. Designated Facility Name and Site Address: OMEGA CHEMICAL, 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. [illegible]	16	DR	800	CA	State 211 / EPA/Other
b. Waste UN 9189 Trichlorotrifluoroethane					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above: [illegible] Extractor 90% Trichlorotrifluoroethane; Freon 10% Water

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

15. Special Handling Instructions and Additional Information: GLOVES / GOGGLES

TO VANWATERS + ROGERS ACCOUNT

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: TERRY JOHNSON — Signature: [illegible] — Month Day Year: 01 28 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL STEVENSON — Signature: Michael Stevenson — Month Day Year: 01 28 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: CHRIS E. MARTINEZ — Signature: Chris E. Martinez — Month Day Year: 01 28 88

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 8000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

05/30/2001 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

VAN WATERS & ROGERS
VAN WATERS & ROGERS (UNIVAR)

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83029536		5755	LBS		CMP		
09/30/1983		83199536		20000	LBS		CMP		
01/07/1984		83199537		4370	LBS		CMP		
02/25/1984		83199542		11	LBS		CMP		
04/01/1984		83199541		440	LBS		CMP		

Total Records: 5 Default Volume: 0 Total Waste Volume: 15.2878

Material to be processed for VWR's use.

Bill To: P.O. Box 25187 Department of Health Services

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

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.# 34-4-59954

February 17, 1983

STATE ID NUMBER 83029536

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
VWR WATERS & ROGERS
3301 Edmunds, S. E.
Albuquerque, N. M. 87103
AREA CODE/PHONE NUMBER 505/842-6303

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1
Van Waters & Rogers

VEH./CONTAINER NO. | EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. | EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY 90602
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd., Whittier CA
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
C A D 0 4 2 2 4 5 0 0 1

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.
FLUOROSOLV TF - None		690	Gal.	01	DM	21	01

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

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. DAY YR.

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
gild 493 lbs.

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 D 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO. 0 2 DAY 21 YR. 83

STEVE SIMPSON

Printed or typed full name and signature

GENERATOR SENDS THIS COPY TO DOHS

03/29/2000 "ORIGINAL MANIFEST COPY"

Item 3-2

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

UNIFORM HAZARDOUS WASTE MANIFEST

Reference: Shipper P.O. # 12344

Department of Health Services

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

STATE ID NUMBER 83199537

GENERATOR NAME AND MAILING ADDRESS

VAN WATERS & ROGERS
6980 MARKET AVE.

AREA CODE PHONE NUMBER EL PASO, TEXAS 79915 915-778-4225

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER TXD 014 311 418 129 15

TRANSPORTER NO 1

VAN WATERS & ROGERS
6980 MARKET AVE.
EL PASO, TEXAS 79915

VEH CONTAINER NO EPA ID NUMBER

TRANSPORTER NO 2 ALTERNATE TSD FACILITY 2 0 1 1 7 TXD 014 313 418 129

VEH CONTAINER NO EPA ID NUMBER

OFFICIAL MANIFEST RECORD COPY

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

BACHLOR CHEMICAL COMPANY
12504 EAST WHITTIER Blvd.
WHITTIER, CALIF. 90601

EPA ID NUMBER CAD 042245001

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
TRICHLOROFLUOROETHANE (WASTE)	N A 1 9 1 8 1 9	4370	P	14	D M	2 1 1	C

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUOROETHANE	90	70	XX	

Hazardous Waste Management
NOV 15 1984

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, & APRON yield 4370 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 LARRY D. FINGER Larry D. Finger MO 01 DAY 07 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature RALPH WILLIS Ralph Willis DATE REC'D & ACCEPTED MO 01 DAY 07 YR 84

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. Omega Chemical

Printed or typed full name and signature TIM BATTERSBY T. Battersby EPA ID NUMBER CAD042245001 DATE RECEIVED & ACCEPTED MO 01 DAY 07 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR

Revised Manifest Summary Report

VAN WATERS & ROGERS, INC.
VAN WATERS & ROGERS (UNIVAR)

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/16/1988		87132119		19724.1	LBS		CMP		
05/24/1988		87132170		18348	LBS		CMP		
06/27/1988		87132181		16971.9	LBS		CMP		

Total Records: 3 Default Volume: 0 Total Waste Volume: 27.522

Revised Manifest Summary Report

VAN WATERS & ROGERS/DIV OF UNIVAR
VAN WATERS & ROGERS (UNIVAR)

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
06/04/1987		84051957		1809.78	LBS		CMP		
11/06/1987		84051956		708.9	LBS		CMP		
01/14/1988		84051952		2535.36	LBS		CMP		
02/08/1988		84051955		792.3	LBS		CMP		
05/03/1988		84051953		2293.5	LBS		CMP		
08/18/1988		87964443		1484.52	LBS		CMP		

Total Records: 6 Default Volume: 0 Total Waste Volume: 4.8122

Item 3-2

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

UNIFORM HAZARDOUS WASTE MANIFEST

Reference: Shipper P.O. # 12344

Department of Health Services

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

STATE ID NUMBER 83199537

GENERATOR NAME AND MAILING ADDRESS

VAN WATERS & ROGERS
6980 MARKET AVE.
EL PASO, TEXAS 79915

AREA CODE PHONE NUMBER 915-778-4225

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER TXD004314829 5

TRANSPORTER NO 1

VAN WATERS & ROGERS
6980 MARKET AVE.
EL PASO, TEXAS 79915

VEH CONTAINER NO 2017

EPA ID NUMBER TXD004314829 5

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO

EPA ID NUMBER

OFFICIAL MANIFEST
RECORD COPY

TREATMENT STORAGE, OR DISPOSAL (TSD) FACILITY

BACHLOR CHEMICAL COMPANY
12504 EAST WHITTIER Blvd.
WHITTIER, CALIF. 90602

AREA CODE PHONE NUMBER (213) 698-0991

EPA ID NUMBER CAD 042245001

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	CONTAINER TYPE	WASTE CAT NO	DISP METH
TRICHLOROFLUOROETHANE (WASTE)	NA1989	4370	P	14	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROFLUOROETHANE	90	70	XX	

Hazardous Waste Management
NOV 15 1984

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, & APRON yield 4370 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 LARRY D. FINGER Larry D. Finger — MO 01 DAY 07 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 RALPH WILLIS Ralph Willis — DATE REC'D & ACCEPTED MO 01 DAY 07 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

Omega Chemical

Printed or typed full name and signature Tim Bellusa T. Bellusa — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 01 DAY 07 YR 84

DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS