Revised Manifest Summary Report

WESTERN ALLIED CORP.
WESTERN ALLIED CORP

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83494142		1800	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .9

DOHS WASTE MANAGEMENT BRANCH
P Street
o, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

1 or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83494142

GENERATOR NAME AND MAILING ADDRESS
WESTERN ALLIED CORP.
12046 E Florence
Santa Fe Springs, Ca.
AREA CODE/PHONE NUMBER Bob Brown

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO 1
WESTERN ALLIED CORP.
VEH./CONTAINER NO
EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA. 90602
VEH./CONTAINER NO
EPA ID NUMBER
0 0 0 4 2 5 0 7 C A D 0 4 2 2 4 5 0 0 1

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
EPA ID NUMBER
AREA CODE/PHONE NUMBER

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	NA 9189	1800	P	08	DM	2111	01
~~(R-11)~~ R-113							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

Hazardous Waste Management Branch
MAY 08 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
R-113 yield 1499 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.

MO. DAY YR

Printed or typed full name and signature

☐ 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 WESTERN ALLIED CORP Jerry Vescuso
DATE REC'D & ACCEPTED MO. 03 DAY 14 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
Tim BALTIERRA Tim Baltierra
Printed or typed full name and signature

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 04 DAY 14 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

05/17/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

P.O.#64049

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. | Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number: 84341290

3. Generator's Name and Mailing Address
Western Allied
16046 E. Florence Ave., Santa Fe Springs, Ca.

B. State Generator's ID

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

5. Transporter 1 Company Name: Western Allied | 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone: 213/685-4050

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

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazadous Waste Liquid N.O.S/ORM-E NA 9189 (R-11)	05	DM	1000	P	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: RANDY HICKOK | Signature | Date: Month Day Year 10/1/85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year 10/1/85

18. Transporter 2 Acknowledgement of 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.
OMEGA CHEMICAL
Printed/Typed Name: TIM BATTERRA | Signature: Tim Batterra | Date: Month Day Year 10/1/85

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 60541

03/29/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

2-19-85

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000442523 | 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
WESTERN ALLIED SERVICE
12046 E. Florence, Santa Fe Springs, CA 90670

A. State Manifest Document Number: 84341372

B. State Generator's ID: CAX000442523

4. Generator's Phone ( )

5. Transporter 1 Company Name: WESTERN ALLIED SERVICE
6. US EPA ID Number: CAX000442523

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.
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID N.O.S. ORM-E NA9189 (R-11)	008	DM	01400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: X GARY SCHNEIDER | Signature: Gary Schneider | Date: Month Day Year 10 21 1985

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X GARY SCHNEIDER | Signature: Gary Schneider | Date: Month Day Year 10 21 1985

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: TIM BALTIERRA | Signature: Tim Baltierra | Date: Month Day Year 10 21 1985

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 84341

2-15-89

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. | 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
WESTERN ALLIED
12046 E FLORENCE AVE., SANTA FE SPRINGS, CA

4. Generator's Phone ( )

A. State Manifest Document Number: 8 8293539

B. State Generator's ID

5. Transporter 1 Company Name: WESTERN ALLIED
6. US EPA ID Number

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 RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245991

H. Facility's Phone: (~~1~~ 213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S UN 9189 (R-11)	1	DIM	≈220	P G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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: Harry Shugart — Signature: Harry C. Shugart — Month Day Year: 10 21 1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Harry Shugart — Signature: Harry C. Shugart — Month Day Year: 10 21 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: FRANK FORD — Signature: Frank Ford — Month Day Year: 10 21 1989

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

08293539

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

Do Not Write Below This Line

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

03/28/2000 "ORIGINAL MANIFEST COPY"

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

03/14/84

UNIFORM HAZARDOUS WASTE MANIFEST

(2)

Department of Health Services

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

STATE ID NUMBER 83494142

GENERATOR NAME AND MAILING ADDRESS
WESTERN ALLIED CORP.
12046 E Florence
Santa Fe Springs, Ca.
AREA CODE/PHONE NUMBER Bob Brown

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO. 1
WESTERN ALLIED CORP.
VEH./CONTAINER NO
EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA. 90602
VEH./CONTAINER NO
EPA ID NUMBER 0 0 0 4 2 5 0 7 C A D 0 4 2 2 4 5 0 0 1

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
EPA ID NUMBER
AREA CODE/PHONE NUMBER

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.
Hazardous Waste, Liquid N.O.S ~~(R-11)~~ R-113	NA 9189	1810	P	08	DM	211	01

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM

Hazardous Waste Management Branch
MAY 08 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
R-113 yield 1499 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 — 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 WESTERN ALLIED CORP Jerry Vercik
DATE REC'D & ACCEPTED MO. 03 DAY 14 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 Battersia Tim Battersia
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 03 DAY 14 YR. 84

NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

04/26/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

WESTERN ALLIED
WESTERN ALLIED CORP

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
01/16/1985		84341290		1000	LBS		CMP		
02/15/1989		88293539		320	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: .66

Revised Manifest Summary Report

WESTERN ALLIED SERVICES
WESTERN ALLIED SERVICE COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
10/01/1984		83564152		250	LBS		CMP		
02/19/1985		84341372		1400	LBS		CMP		
03/15/1985		84341451		1000	LBS		CMP		
07/17/1985		84341591		950	LBS		CMP		
05/31/1989		88677499		500	LBS		CMP		

Total Records: 5 Default Volume: 0 Total Waste Volume: 2.0503

05-31-89 SHIPPER 20874

State of California Department of Health and Welfare
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 1

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
WESTERN ALLIED SERVICES
12046 E. FLORENCE AVE., SANTA FE SPRINGS, CA 90670

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

5. Transporter 1 Company Name | US EPA ID Number
WESTERN ALLIED

6. Transporter 2 Company Name | US EPA ID Number

7. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
CAD 981 624 524

8. Facility's Phone
(213) 698-0331

9. US EPA ID Number
8867499

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 ORM-E N.O.S. NA 9189 (R-11)	03	DM	060	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport 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: Harry Shugart | Signature: Harry C. Shugart | Month Day Year: 05 31 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Harry Shugart | Signature: Harry C. Shugart | Month Day Year: 05 31 89

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: Joe Batiella | Signature: Joe Batiella | Month Day Year: 05 31 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

8867499

Form 8022-A (1/88)
CA 8100-22
Previous editions are obsolete.

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8906 30 0115 0745

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State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

2-19-85

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000442523
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
WESTERN ALLIED SERVICE
12046 E. Florence, Santa Fe Springs, CA 90670

A. State Manifest Document Number: 84541372
B. State Generator's ID: CAX000442523

4. Generator's Phone ( )

5. Transporter 1 Company Name: WESTERN ALLIED SERVICE
6. US EPA ID Number: CAX000442523
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.
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID N.O.S. ORM-E NA9189 (R-11)	008	DM	01400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
X GARY SCHNEIDER	Gary Schneider	10/21/85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
X GARY SCHNEIDER	Gary Schneider	10/21/85

18. Transporter 2 Acknowledgement of 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	Signature	Date (Month Day Year)
TIM BALTIERRA	Tim Baltierra	10/21/85

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

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(EPA 8700-22)