Revised Manifest Summary Report

SCRTD
CASTATE SCRTD

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		91059898		1376.1	LBS		CMP		
11/25/1987		87119017		8256.6	LBS		CMP		
09/02/1988		87119535		7797.9	LBS		CMP		
08/17/1990		91059897		583.8	LBS		CMP		
08/17/1990		91059899		1376.1	LBS		CMP		

Total Records: 5 Default Volume: 0 Total Waste Volume: 9.6953

Revised Manifest Summary Report

SO CALIF RTD
CASTATE SCRTD

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		88346640		4128.3	LBS		CMP		
11/19/1990		91059973		3669.6	LBS		CMP		
11/19/1990		91059975		1376.1	LBS		CMP		
03/27/1991		88684696		8715.3	LBS		CMP		
09/16/1991		88346626		1834.8	LBS		CMP		

Total Records: 5 Default Volume: 0 Total Waste Volume: 9.8621

Revised Manifest Summary Report

SO. CALIFORNIA RAPID TRANSIT DISTRICT
CASTATE SCRTD

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
01/18/1991		88346392		5963.1	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 2.9816

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. CAL 981 400 732 — Manifest Document No. 46392
2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SO. CALIFORNIA RAPID TRANSIT DISTRICT
5413 SO. AVALON BLVD..,LOS ANGELES, CA 90001
4. Generator's Phone (213 972-7079

A. State Manifest Document Number 88346392
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 208452
D. Transporter's Phone 213 698-0991

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID CAD042245001
H. Facility's Phone 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID, NA 1263 (PAINT RAGS,XYLENES)	003	DM	001615	G	State 213,212 / EPA/Other F003
b. WASTE FLAMMABLE LIQUID N.O.S UN 1993 (LACQUER THINNER,ANTI FREEZE)	009	DM	004915	G	State 213 / EPA/Other D001
c. HAZARDOUS WASTE LIQUID N.O.S NA 1270 NON RECRA (HYDRAULIC OIL)	001	DM	000515	G	State 221 / EPA/Other N/R
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A,B,C, FOR DISPOSAL

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBERS B 10272,10271,10269
EMERGENCY PHONE NUMBER 213 972-7079

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: TEJ KHARBANDA — Signature: Tej Kharbanda — Month Day Year: 10/1/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cringean — Signature: [illegible] — Month Day Year: 10/1/89

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: 10/1/89

GENERATOR

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

88346392

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

Do Not Write Below This Line

0000 0000 0189 0005

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

Revised Manifest Summary Report

SOUTHERN CALIFORNIA RAPID TRANSIT DISTRICT
CASTATE SCRTD

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
10/20/1987		87114397		3210.9	LBS		CMP		
07/19/1988		87742392		10550.1	LBS		CMP		
12/06/1988		87119456		5604.4	LBS		CMP		
04/27/1989		88293796		5838	LBS		CMP		
08/17/1989		88614691		458.7	LBS		CMP		
05/17/1990		88375357		14678.4	LBS		CMP		
08/17/1990		90173989		7847.9	LBS		CMP		
08/17/1990		91059877		5963.1	LBS		CMP		
08/17/1990		88375217		917.4	LBS		CMP		
12/03/1990		91059922		8715.3	LBS		CMP		

Total Records: 10 Default Volume: 0 Total Waste Volume: 31.8921

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).*

10/19/87

Shipper 17855

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 981 576 978
Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number 87114397

3. Generator's Name and Mailing Address
Rapid Transit District
470 Bauchet St., Los Angeles, CA 90012

4. Generator's Phone (213 237-0280

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 803785

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 D 04 2 245 00 1

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. NA 1142 (Lacquer Thinner) Flammable Liquid	00 7	DM		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: TEJ KHARBANDA
Signature: Tej Kharbanda
Month Day Year: 10 20 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: Tim Baltierra
Month Day Year: 10 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: 10 20 87

GENERATOR

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"