04/20/2008 14:02 FAX

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).

JOB# 0323-12

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. CA0092781032 — Manifest Document No. 000011

2. Page 1 of

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

3. Generator's Name and Mailing Address
LA COUNTY SHERIFF'S DEPARTMENT TEMPLE SHERRIFF STATION
8838 E. LAS TUNAS DRIVE, TEMPLE CITY, CA 91781

4. Generator's Phone (818) 285-9171

A. State Manifest Document Number: 88253413

B. State Generator's ID: EXEMPT

5. Transporter 1 Company Name: ENVIRONMENTAL TRANSPORTING SERV.
6. US EPA ID Number: CAD029763951

C. State Transporter's ID: 009282

D. Transporter's Phone: (213) 622-8131

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

E. Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SYSTEMS
12504 EAST 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. UN1993	01	DM	125	Y	State 551; EPA/Other D001, U117
b. WASTE DICHLORODIFLOUROMETHANE, NON-FLAMMABLE GAS, UN1028	001	DM	00002	LB	State 211; EPA/Other F001
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
a.1 SEE ATTACHED LIST DRUM #2

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

15. Special Handling Instructions and Additional Information
NO SMOKING, KEEP AWAY FROM 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.

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: ARTHUR BUMONTES — Signature — Month Day Year: 03 23 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Norman Eke — Signature — Month Day Year: 03 23 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: N. JAY SOLOMON — Signature — Month Day Year: 03 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

88253413

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

Do Not Write Below This Line

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

04/09/2008

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 206752
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.	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: 10/11/91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Carrington
Signature:
Month Day Year: 10/11/91

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: N. Jay Solomon
Month Day Year: 10/21/91

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

GENERATOR

88346392

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

Do Not Write Below This Line

0000 0000 0188 0005

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
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83197922

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Rancho Los Amigos HOspital
7601 E. Imperial Highway, Downey, CA 90242

AREA CODE/PHONE NUMBER (213) 922-7908

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD030851794 83017

TRANSPORTER NO. 1
CHANCELOR AND OGDEN
800 W. 15TH ST.
LONG BEACH, CA. 90813

VEH./CONTAINER NO. 45164 EPA ID NUMBER CAD980880538

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO. EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemicals
12504 E. Whittier
Whittier, CA 9060

AREA CODE PHONE NUMBER Janet Kronwall 698-0991

EPA ID NUMBER CAD042274500

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.
MIXED SOLVENTS (XYLENE, ETHYL AL	1993	330	G	16	DM	213	07
* TOLUENE MIXED (FLAMMABLE)							

COMPONENTS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
ETHYL ALCOHOL UN 1170	15%	85	70	✓	
XYLENE UN 130	5%	90	70	✓	
TOLUENE UN 1294	35%	70	50	✓	

SPECIAL HANDLING INSTRUCTIONS
Avoid breathing vapors, wear gloves, wear goggles, wear protective clothing.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature JOHN MEBANE Mike Evans John M. Mebane MO 06 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 DENNIS YERKE Dennis Yerke
DATE RECD. ACCEPTED MO 06 DAY 07 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE RECD. ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
12 DRUMS TOTAL SEE MANIFEST # 83197915 & 83196631

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 John Hall
EPA ID NUMBER CAD014131400
DATE RECEIVED/ACCEPTED MO 06 DAY 07 YR 84

FORM NO. DHS 8022A (1/82)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 03197927

GENERATOR NAME AND MAILING ADDRESS
L.A. COUNTY USC MEDICAL CENTER
1200 N STATE ST.
L.A 90033
AREA CODE/PHONE NUMBER (213) 226 6867

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD099561527

TRANSPORTER NO 1
WHITTIER DRUM VACUUM
13319 IMPERIAL HWY.
WHITTIER CA 90605 - 213-9416934

VEH CONTAINER NO 4693
EPA ID NUMBER CAD981212181

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
WASHINGTON BL
WHITTIER CA
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD042245001

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 LABORATORY WASTE	NA9189	00350	GAL	001	DT	5511	07
FLAMABLE LIQ NOS.							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
XYLENE, ETHYL ALCOHOL	1/2	1/2	✓	
TOLUENE, DIXCEL FUEL	10	5	✓	
FORMALIN - FLAMABLE LIQUID NOS.	10	5	✓	

SPECIAL HANDLING INSTRUCTIONS
IF EXPOSED FLUSH WITH WATER

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.
LOU SNIDER
213-226-6867
Printed or typed full name and signature Lou Snider
MO 10 DAY 04 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 W/JA 2674
Printed or typed full name and signature Amy Barkett Ruby Bruce Reds
DATE REC'D & ACCEPTED MO 10 DAY 04 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. Jay Solomon. Jay Solomon.
Printed or typed full name and signature
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 10 DAY 04 YR 84

FORM NO OHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83197975

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. County-USC Medical Center
1200 N. State St.
Los Angeles, CA 90033
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD009515217

TRANSPORTER NO. 1
CHANCE LLOYD FOGDEN
800 W 1ST ST
LONG BEACH
(213) 432 8461

VEH./CONTAINER NO. 451614
EPA ID NUMBER CAD008050538

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
~~BKK Landfill~~ OMEGA CHEMICAL
~~2210 S. Azusa Ave.~~ 12504 E. WHITTIER BLVD.
~~W. Covina, CA 91722~~ WHITTIER (213) 690 0991
AREA CODE/PHONE NUMBER
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-hazardous waste liquid, N.O.S.	9189						
ORM-E	~~NA9189~~	00300	G	001	CT	511	04

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
xylene, ethyl alcohol	15/15	10/10	%	
chloroform	10	5	%	
formalin	10	5	%	

SPECIAL HANDLING INSTRUCTIONS
Avoid skin contact; use eye goggles and protective clothing

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: LOUIS L. SNAER — MO 06 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: DENNIS YERKE — DATE REC'D & ACCEPTED MO 06 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
~~12 Drums Dilute Sia [illegible] $ 93196[illegible] 0 53197972~~

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: John Kaltz — EPA ID NUMBER CAD041212415010 — DATE RECEIVED & ACCEPTED MO 06 DAY 07 YR 84

FORM NO. DHS-8022A 11 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

August 31, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #Q-17360-472
Q-17360-467

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

STATE ID NUMBER 83212330

DELIVER Call Chief Eng. X3034 or X3035 for assistance

GENERATOR NAME AND MAILING ADDRESS
L.A. COUNTY USC MEDICAL CENTER
1635 Marengo Ave., Stock Room 155
Los Angeles, Ca. 90033
AREA CODE/PHONE NUMBER 226-3034 or 226-3035

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA DD 055615026

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

VEH/CONTAINER NO: 42907
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
AREA CODE/PHONE NUMBER 698-0991
CA DD 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
HAZARDOUS WASTE, LIQUID N.O.S (R-11)		1,600	G	8	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane				
Oil				
Water				

SPECIAL HANDLING INSTRUCTIONS
Bill To: L.A. County USC Medical Center
P.O. Box 1122, Los Angeles, Ca. 90033

yield 1334 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: LINWOOD T. CASEY Linwood T. Casey

MO 09 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
Printed or typed full name and signature: Henry Lebron
DATE REC'D & ACCEPTED MO 09 DAY 06 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 09 DAY 27 YR 83

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83484856

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. County-USC Medical Center
1200 N. State St.
Los Angeles, CA 90033
AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD095615027

TRANSPORTER NO. 1
CHEM-RAN PUMPING SERVICES INC.
3761 STOCKER ST. #109
LOS ANGELES CALIF 90008

VEH CONTAINER NO | EPA ID NUMBER
CAD981073842

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO | EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL TSD FACILITY
OMEGA
12709 E. WHITTIER BLVD
WHITTIER, CA 90602
AREA CODE PHONE NUMBER

EPA ID NUMBER
CAD041241561

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 flammable liquid	UN1993	~~0.0~~ 60 gal	gal	001	TC	551	07

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
xylene, ethyl alcohol	65	50	%	
toluene	35	20	%	
formalin	1.5	1.0	%	

SPECIAL HANDLING INSTRUCTIONS
If exposed flush with water.

This is to certify that the above named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

BELINDA GALLIP — Printed or typed full name and signature — MO 05 DAY 15 YR 85

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
RUDY GILLIAM — Printed or typed full name and signature — DATE REC'D & ACCEPTED MO 05 DAY 15 YR 85

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.

Henry Solomon — Printed or typed full name and signature — EPA ID NUMBER CAD041241561 — DATE RECEIVED & ACCEPTED MO 05 DAY 15 YR 85

FORM 4010 DHS 8022A 11/82 — TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS — Pink copy

California—Health and Welfare Agency
SUBSTANCES CONTROL DIVISION
714-744 P Street
Sacramento Ca 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO DHS-8022A 3-84

STATE ID NUMBER 83711987

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. COUNTY USC MEDICAL CENTER
1200 N. State St.
L.A. 90033
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD 0 9 5 6 1 5 0 2 7

TRANSPORTER NO 1 NAME AND MAILING ADDRESS
[illegible]
800 W. 18th St
L.A. [illegible]
VEH CONTAINER NO [illegible]
EPA ID NUMBER [illegible]

TRANSPORTER NO 2 ALTERNATE TSD FACILITY
VEH CONTAINER NO
EPA ID NUMBER
AREA CODE/PHONE NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. Whittier, Whittier, CA
AREA CODE PHONE NUMBER
EPA ID NUMBER CAD 0 9 8 6 1 6 5 6 1 7

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 flammable liquid	UN 1993	00350	GAL	[illegible]	TC	551	67

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
xylene, ethyl alcohol	65	50	%	
toluene	35	20	%	
formalin flammable liquid	1.5%	1.0	%	

SPECIAL HANDLING INSTRUCTIONS
If exposed flush with water.

This is to certify that the above named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA

Printed or typed full name and signature [illegible] MO 12 DAY 21 YR 95

☐ Check if continuation sheet & state 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 [illegible]
DATE REC'D & ACCEPTED MO 12 DAY 21 YR 95

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 [illegible]
EPA ID NUMBER [illegible]
DATE RECEIVED & ACCEPTED MO 02 DAY 01 YR 95

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency

P.O. NO. T-40219

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. CAD 095615027
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
L.A. COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. L.A. CA 90033

A. State Manifest Document Number 84029299

4. Generator's Phone (213) 226-6176

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA CHEMICALY CO
6. US EPA ID Number: CAD042245001

C. State Transporter's ID 70-1736

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

D. Transporter's Phone 213-698-0991
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CO
12504 EAST WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001

G. Facility's ID
H. Facility's Phone

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 FLAMMABLE LIQUID N.O.S UN-1993 HC#2	001	TC	0400	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Xylene, Ethyl Alcohol, Toluene
UN-1307 UN-1170 UN-1294

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WEAR GLOVES, IF SKIN EXPOSED FLUSH WITH WATER.

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: JACK FAIMAN
Signature: Jack Faiman
Date: Month 11 Day 7 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods
Date: Month 11 Day 10 Year 1986

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: FRANK FORD
Signature: Frank Ford
Date: Month 11 Day 17 Year 86

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

State of California—Health and Welfare Agency

P.O. NO. S-51229

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C.A.D. 095615027
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
L.A.COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. LA. CA. 90033

4. Generator's Phone (213) 226-6176

5. Transporter 1 Company Name: OMEGA CHEMICAL CO.
6. US EPA ID Number: CAD042245001
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CO.
12504 EAST WHITTIER BLVD.
WHITTIER, CA. 90602
10. US EPA ID Number: C A D 042245001

A. State Manifest Document Number: 8402 9292
B. State Generator's ID
C. State Transporter's ID: 401736
D. Transporter's Phone: 213 697-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

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 FLAMMABLE LIQUID UN-1993 HC#2	001	TC	450	GAL	551
b. XYLENE, ETHYL ALCOHOL, TOLUENE					
c. UN-1307 UN-1170 UN-1294					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 099

15. Special Handling Instructions and Additional Information
WEAR GLOVES, IF SKIN EXPOSED FLUSH WITH WATER.

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: JACK FAIMAN
Signature: Jack Faiman
Date: Month 6 Day 3 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date: Month 06 Day 03 Year 86

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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 06 Day 03 Year 86

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)

84 00641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD030851744 | Manifest Document No

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

A. State Manifest Document Number: 84074948

B. State Generator's ID

3. Generator's Name and Mailing Address: RANCHO LOS AMIGOS HOSPITAL, 7601 IMPERIAL, DOWNEY CA, 90242

4. Generator's Phone: (213) 927-9908

5. Transporter 1 Company Name: OMEGA CHEMICAL CO. | 6. US EPA ID Number: CAD 042245551

C. State Transporter's ID: 701735

D. Transporter's Phone: 213 698 0941

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 CHEMICALS, 12524 E. WHITTIER, WHITTIER CA 90602 | 10. US EPA ID Number: CAD042245001

G. State Facility's ID

H. Facility's Phone

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. FORMALDEHYDE + XYLENE ORMA UN 1198 DRUMS 12, 13, 14	003	DM	165	G	551
b. FLAMMABLE WASTE SOLVENT 15 16 UN 1993	002	DM	110	G	551
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a) FORMALDEHYDE 75%, XYLENE 25%
b) HEXANE, BENZENE, METHANOL MIXED SOLVENTS LABORATORY WASTE

K. Handling Codes for Wastes Listed Above
a) d99
b) d99

15. Special Handling Instructions and Additional Information
use gloves if exposed wash well

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: BALDWIN TOM | Signature: Baldwin Tom | Date: Month Day Year 6 3 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA | Signature: Tim Baltierra | Date: Month Day Year 06 06 86

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: STEVEN SIMPSON | Signature: Steve Simpson | Date: Month Day Year 06 06 86

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

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(EPA 8700-22)

84 89541

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P.O. 41990

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA0009561502 7
Manifest Document No:
2. Page 1 of
Information in the shaded areas is not required by Federal law.
A. State Manifest Document Number: 84291368
B. State Generator's ID: CAD 009561502 7

3. Generator's Name and Mailing Address
L.A. County-USC Medical Center
1200 N. State St., Los Angeles, CA 90033
4. Generator's Phone (213) 226-6088

5. Transporter 1 Company Name: NASH SALVAGE INC.
6. US EPA ID Number: CAD 990802993
C. State Transporter's ID: 804990
D. Transporter's Phone: 213/946/8431

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 Service
P.O. Box 152
Whittier, CA 90608
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone:

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. DOT-E-7476 WASTE FLAMMABLE LIQUID NOS UN 1993 HC #2	001	TC	470	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Xylene UN 1307 — Ethyl Alcohol UN 1170 — Toluene UN 1294

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
WEAR RUBBER GLOVES, FACE SHIELD AND IF SKIN IS EXPOSED FLUSH WITH WATER FOR AT LEAST 15 MINUTES.

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: JACK FADMAN
Signature: [signature]
Date: Month 12 Day 02 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRED E. OSBORN
Signature: [signature] TRF 1257
Date: Month Day Year

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: J. Brent Oliver
Signature: [signature]
Date: Month 12 Day 02 Year 87

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

DHS 8022 A (7/84)
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34 86541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

PO. NO. T 17111-3081

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 095615027
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
L.A. COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. LA. CA. 90033
4. Generator's Phone (213) 226-6088

A. State Manifest Document Number: 84291381
B. State Generator's ID: CAD 095615027
C. State Transporter's ID: 803795
D. Transporter's Phone: 213-698-0991
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (213) 694-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICE, INC.
6. US EPA ID Number: CAD 042245001
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICE, INC,
PO BOX 152
WHITTIER, CA. 90608
10. US EPA ID Number: CAD 042245001

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 1198	3	DM	150	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
FORMALIN SOLUTION — DOT GUIDE # 29 FOR INCINERATION (T03)

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WEAR GLOVES, IF SKIN EXPOSED FLUSH WITH WATER. DO NOT INHALE VAPORS WEAR A RESPIRATOR.

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.

GENERATOR — Printed/Typed Name: JACK FAIMAN — Signature: Jack Faiman — Date: Month 4 Day 20 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: TIM BATTIERRA — Signature: Tim Battierra — Date: Month 04 Day 30 Year 87

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: FRANK FORD — Signature: Frank Ford — Date: Month 04 Day 30 Year 87

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)

State of California—Health and Welfare Agency

PO # P-40343

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 095615027
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
L.A. COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. LA.,CA. 90033

A. State Manifest Document Number: 84291383
B. State Generator's ID: CAD 095615027 [illegible]

4. Generator's Phone (213) 226-6088

5. Transporter 1 Company Name: NASH SALAVAGE INC.
6. US EPA ID Number: CAD 990802993
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 213-946-8431

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 SERVICE
PO BOX 152
WHITTIER, CA. 90608
10. US EPA ID Number: CAD 042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone

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. DOT-E-7476 WASTE FLAMMABLE LIQUID NOS UN1993 HC#2	001	TC	400	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
XYLENE UN1307 ETHYL ALCOHOL UN1170 TOLUENE UN1294

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
WEAR RUBBER GLOVES,FACE SHIELD AND IF SKIN IS EXPOSED FLUSH WITH WATER FOR AT LEAST 15 MINUTES

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.

GENERATOR

Printed/Typed Name: JACK FAIMAN
Signature: Jack Faimani
Date: Month Day Year 10-8-12-8-84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRED E. OSBURN
Signature: F.E. Osburn
Date: Month Day Year 08-28-8[illegible]

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

9962

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: Gilbert Solomon
Signature: Gilbert Solomon
Date: Month Day Year 8-28-8[illegible]

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)

94 0541

State of California—Health and Welfare Agency

P.O.# R-46441-901617 7908

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD030851794
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
RANCHO LOS AMIGOS HOSPITAL
7601 E. Imperial Hy., Downey, Ca. 90242 Mike Evans

4. Generator's Phone (213) 922-7908

A. State Manifest Document Number: 84341499
B. State Generator's ID: CAD030851794

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 62572
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: 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. Waste Flammable Liquid N.O.S/ Flammable Liquid UN 1993	04	DM		G	
b. Waste Flammable Liquid N.O.S/ Flammable Liquid UN 1993	02	DM		G	
c. Waste Flammable Liquid N.O.S / Flammable Liquid UN 1993	02	DM		G	
d. Waste Flammable Liquid N.O. S/ Flammable Liquid UN 1993	02	DM		G	

J. Additional Descriptions for Materials Listed Above
a. Lacquer Thinner w/paint
b. Xylene & Water
c. Xylene & Formalin
d. Isopropyl Alcohol & Water

K. Handling Codes for Wastes Listed Above
a) d99
b) d99
c) d99
d) d99

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: Michael E. Evans
Signature: Michael E. Evans
Date: Month 4 Day 9 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr
Signature: Isaac Woods Jr
Date: Month 4 Day 9 Year 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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 04 Day 09 Year 85

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

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

04 88511

State of California—Health and Welfare Agency

P.O.# R-46441-901d7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD030851794

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
RANCHO LOS AMIGOS HOSPITAL
7601 E. Imperial Hy., Downey, Ca. 90242

4. Generator's Phone (213) 922-7908

A. State Manifest Document Number 84341500

B. State Generator's ID CAD030851794

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID 62572.

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: 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. Waste Flammable Liquid N.O.S/ Flammable Liquid UN 1993	03	DM	150	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Hexane
Acetone
Petroleum Ether
Chloroform (trace)
Ammonium Hydroxide (trace)

K. Handling Codes for Wastes Listed Above
d99

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: Michael E Evans
Signature: Michael E Evans
Date: Month 4 Day 9 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr
Signature: Isaac Woods Jr.
Date: Month 4 Day 9 Year 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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 04 Day 09 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 05541

State of California—Health and Welfare Agency

3/7/86 C

Shipper 15921

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. CAD095615027
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
L.A. County-USC MED CENTER
1635 Marengo Ave., Los Angeles, Ca 90033

A. State Manifest Document Number 94345231
B. State Generator's ID CAD095615027
C. State Transporter's ID 62-5164
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

4. Generator's Phone (213) 226-6011
5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001
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: CAD042245001

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)	005	DM	1200	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
RD1

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: Clarence Hampton
Signature: Clarence Hampton
Date: Month 03 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM KALTENEKER
Signature: TE Baker
Date: Month 03 Day 11 Year 86

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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 03 Day 11 Year 86

GENERATOR
TRANSPORTER
FACILITY

DHS 8022 A (7-84)
(SDS 8-75-221)

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

54 30541

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 099 616 180 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
L.A. COUNTY, USC MEDICAL CENTER
1635 Marengo Ave., Los Angeles, Ca. 90033
Don Mitchell or Pete Hampton

4. Generator's Phone (213) 226-6477

5. Transporter 1 Company Name or 6011
OMEGA RECOVERY SERVICES

6. US EPA ID Number
CAD042245001

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
CAD042245001

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID N.O.S, NA 9189 ORM-E	1	DM	200	P
b.				
c.				
d.				

GENERATOR

15. Special Handling Instructions and Additional Information
To Be Recycled

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: Clarence Hampton
Signature: Clarence Hampton
Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date: Month Day Year 0 2 2 4 1 8 6

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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month Day Year 0 2 2 4 1 8 6

DHS 8022 A (11/84)
(EPA 8700-22)

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

84720081

84720081

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. CAD 030 851 794 — Manifest Document No.

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

3. Generator's Name and Mailing Address
RANCHO LOS AMIGOS HOSPITAL
7601 IMPERIAL , DOWNEY, CA 90242

4. Generator's Phone (213) 922 7908

A. State Manifest Document Number: 84932820

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD 042245001

C. State Transporter's ID: 701235

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
[illegible]
10. US EPA ID Number: CAD 042245001

G. State Facility's ID:

H. Facility's Phone:

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. DRUMS 6 & 7 [illegible]	002		110	G	213
b. #1, 2 [illegible]	002	DM	110	G	551
c. DRUMS 3, 4, 5 [illegible]	003	DM	165		551
d. DRUMS 8, 10, 11 [illegible]	004	DM	120		551

J. Additional Descriptions for Materials Listed Above
a. USED ANTI SCALANT W/PAINT
b. XYLENE WATER 5%
c. ETHYL ALCOHOL 90%
d. HEXANE 60% ACETONE 30% AMMONIUM CHLORIDE 10%

K. Handling Codes for Wastes Listed Above
a) d99 d) d99
b) d99
c) d99

15. Special Handling Instructions and Additional Information
[illegible]

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: BARBARA TOM — Signature: Barbara Tom — Date (Month Day Year): 06 03 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA — Signature: Tim Baltierra — Date (Month Day Year): 06 06 86

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: STEVEN S. [illegible] — Signature: [illegible] — Date (Month Day Year): 06 06 86

DHS 8022 A (11/84)
EPA 8700-22)

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[illegible] P.O. Box 3000, Sacramento, CA 95812

84 89 4

04/27/2000 "ORIGINAL MANIFEST COPY"

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Form Approved OMB No. 2050-0039 (Expires 9-30-00)
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P.O. P-4

Department of Health Services or Substance Control Division

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. CAD 009561602 — Manifest Document No. 87024338

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

3. Generator's Name and Mailing Address: LA COUNTY-USC MEDICAL CENTER, 1200 North STATE ST. LA. CA. 90033
4. Generator's Phone (213) 226-6088

A. State Generator's ID: 87024338
B. State Generator's ID: 1-810-951-6027
C. State Transporter's ID: 7-7-76
D. Transporter's Phone: 1-546-914-96
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility ID: CAD042445091
H. Facility's Phone:

5. Transporter 1 Company Name: NASH SALVAGE INC. — 6. US EPA ID Number: CAD 009080993
7. Transporter 2 Company Name: — 8. US EPA ID Number:

9. Designated Facility Name and Site Address: OMEGA RECOVERY SERVICE, P.O. BOX 152, WHITTIER, CA. 90608 — 10. US EPA ID Number: CAD042445091

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. HCHZ DOT-E 7476 WASTE FLAMMABLE LIQUID NOS UN1993 RQ	001	DT	1350	GAL	State / EPA / State / EPA
b.					State / EPA / State / EPA
c.					State / EPA / State / EPA
d.					State / EPA / State / EPA

15. Additional Descriptions for Materials Listed Above: XYLENE ETHYLBENZENE TOLUENE WATER UN1307 UN1170 UN1294
16. Handling Codes for Wastes Listed Above: a. 01 b. c. d.

17. Special Handling Instructions and Additional Information: WEAR RUBBER GLOVES, FACE SHIELD AND IF SKIN IS EXPOSED FLUSH WITH WATER FOR AT LEAST 15 MINUTES.

18. 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.

If I am a small quantity generator (1 or 2) 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 (3) 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: JACK FAIRMAN — Signature: Jack Fairman — Month Day Year: 11 18 1997

19. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: FRED E. OSBORN — Signature: F E Osborn — Month Day Year: 11 21 97

20. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year:

21. Discrepancy Indication Space

22. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 23.
Printed/Typed Name: JIM BALLESTEROS — Signature: J Ballesteros — Month Day Year: 11 21 97

DHS 8560 (11/87) — OMB Form 39 (Rev. 9-80) Previous editions obsolete.

USA - ISDS SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 2000, Sacramento, CA 95817

INSTRUCTIONS ON THE BACK

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

87024338

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))

G-2336

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD093085794 Manifest Document No: 000001

2. Page 1 of

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

3. Generator's Name and Mailing Address: RANCHO LOS AMIGOS HOSPITAL, 7601 EMPERIAL HWY, DOWNEY, CA 90242

4. Generator's Phone: (213) 940-7291

A. State Manifest Document Number: 87273282

B. State Generator's ID: 14-A11938-1000GVGS

5. Transporter 1 Company Name: CROSBY & OVERTON EMC

6. US EPA ID Number: CAD981461064

C. State Transporter's ID: 808020

D. Transporter's Phone: 714/893-2469

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 90202

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. UN1993	008	DM	004000	G	State 212 / EPA/Other D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
#1 60% ACETONE 35% HEXANE
#2 95% ALCOHOL
#3 90% ACETONITRILE
#4 90% ACETONITRILE
#5 60% ACETONE 35% HEXANE
#6 55% ETHER
#7 PAINT THINNER METHYLENE CHLORIDE
#10 ALCOHOL 25% FORMALDEHYDE 12% XYLENE 12% WATER 50%

K. Handling Codes for Wastes Listed Above
a. 01
b.
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: Frank Cervantes for DOHT — Signature — Month Day Year: 10 31 1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JESSE HERNANDEZ — Signature — Month Day Year: 10 31 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: JUAN E SANCHEZ — Signature — Month Day Year: 10 31 88

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: Gilbert Solomon — Signature — Month Day Year: 11 3 88

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

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INSTRUCTIONS ON THE BACK

8801 08 0001 2

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P.O. # P-44005

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD095615027 — 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
LA County USC Medical Center
1200 N. State Street.
Los Angeles, Ca. 90033

4. Generator's Phone (213 226-6088

A. State Manifest Document Number: 87504408

B. State Generator's ID: CAD095615027

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICE

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: [illegible]

D. Transporter's Phone: (213) 698-0981

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 SERVICE
P.O. BOX 152
WHITTIER, CA 90608

10. US EPA ID Number: CAD042245001

G. State Facility's ID

H. Facility's Phone

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 PAINT SLUDGE UN-1263-ORM-E	004	DM	00220	7.2	State 461 / 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. D-1 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR RUBBER GLOVES - FACE SHIELD - AND IF SKIN IS EXPOSED FLUSH WITH WATER FOR AT LEAST 15 MINUTES.

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: JACK FAIMAN — Signature — Month Day Year: 01 15 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAI [illegible] — Signature — Month Day Year: 01/15/88

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 — Signature — Month Day Year

DHS 8022A (1-87)
EPA 8700-22
(Rev. 9-80) Previous editions are obsolete.

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

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: CAD982052003 Manifest Document No: 000011

2. Page 1 of

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

3. Generator's Name and Mailing Address: KING/DREW MEDICAL CENTER, 12021 S. WILLMINGTON, LOS ANGELES, CA 90053

4. Generator's Phone: (213) 603 4001

A. State Manifest Document Number: 87854546

B. State Generator's ID: EXEMPT

5. Transporter 1 Company Name: ENVIRONMENTAL TRANSLOADING

6. US EPA ID Number: CAD020763751

C. State Transporter's ID: 905744

D. Transporter's Phone: 213 627 8131 213 620 8131

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID: 905744

F. Transporter's Phone:

9. Designated Facility Name and Site Address: OMEGA RECYCLING, 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. FLAMMABLE LIQUID UN 1993	011	DM	00055	G	State 812/213 EPA/Other F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above: VARIOUS ALCOHOLS, XYLENE, TOLUENE, & PETROLIUM ETHER

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

15. Special Handling Instructions and Additional Information: USE GLOVES, GOGGLES, & RESPIRATOR*

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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GENERATOR

Printed/Typed Name: Frank Cervantes/oc — Signature: Frank Cervantes — Month Day Year: 11 02 15 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DEAN BUSCH — Signature: [signature] — Month Day Year: 11 02 15 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: [signature] — Month Day Year: 11 02 15 88

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

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06/04/2001 "ORIGINAL MANIFEST COPY"

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).

0329-ZZ

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. CA0072781032 Manifest Document No. 991992
2. Page 1 of

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

3. Generator's Name and Mailing Address
LOS ANGELES SHERIFFS DEPARTMENT
11515 SOUTH COLIMA ROAD, WHITTIER, CA 90604
4. Generator's Phone (213) 946-7125

A. State Manifest Document Number 88253496
B. State Generator's ID EXEMPT
C. State Transporter's ID 009282
D. Transporter's Phone 213-622-8131

5. Transporter 1 Company Name ENVIRONMENTAL TRANSLOADING
6. US EPA ID Number CAD020963751
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 SYSTEMS
12504 EAST 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, NOS UN1993	001	DM	000025	Y	State / EPA/Other D001/F002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a.1 SEE ATTACHED

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

15. Special Handling Instructions and Additional Information
NO SMOKING

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: Pamela Green-Pecharich
Signature: 1/3/11 2
Month Day Year: 04 03 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: HA JOHN Q
Signature
Month Day Year: 04 03 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: Bill Haney
Signature: Bill Haney
Month Day Year: 04 17 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

88253496

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
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08-09-89 SHIPPER 15369

State of California—Health and Welfare Agency
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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: CAD009156150277
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
L.A.CO. USC MEDICAL CENTER
1200 N. STATE ST , LOS ANGELES, CA 90033

A. State Manifest Document Number: 88614706

4. Generator's Phone (213) 266-0688

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 016-189
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 PAINT RELATED MATERIAL N.O.S FLAMMABLE LIQUID (PAINT THINNER) NA 1263	009	DM	00495	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.

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Printed/Typed Name: X CHARLES W. FOX
Signature: X Charles W Fox
Month Day Year: 08 17 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 08 17 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: 08 17 89

GENERATOR — TRANSPORTER — FACILITY

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

00014706

8022 A (1/88)
8/00—22
(8-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2060—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. C A D 0 9 5 6 1 5 0 2 7
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
USC MEDICAL CENTER
1635 Marengo Ave., Los Angeles, CA 90086-
4. Generator's Phone (213) 226-3069

A. State Manifest Document Number 88614875
B. State Generator's ID
C. State Transporter's ID 2241
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID CAD 042 245 001
H. Facility's Phone (562) 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 Number: CAD 042 245 001

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. NA 9189 Toxic liquid	~~01~~ 011	DM	00000	P	State 2 DL 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. D1 b. c. d.

15. Special Handling Instructions and Additional Information
A) Empty refrigerant drums.

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: LEO ALONZO
Signature: [signature]
Month Day Year: 1 0 1 6 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert V CIRINGERA
Signature: [signature]
Month Day Year: 1 0 1 6 8 9

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: [signature]
Month Day Year: 1 0 1 6 8 9

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

88614875

GENERATOR

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

Do Not Write Below This Line

White: TSOF SENDS THIS COPY TO DOHS W
To: P O Box 3000, Sacramen , CA

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 Service
Toxic Substances
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA4097463780
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
CENTRAL HEATING PLANT
301 NORTH BROADWAY, LOS ANGELES, CA
4. Generator's Phone (818) 915-1940

A. State Manifest Document Number: C 88676077
B. State Generator's ID: PATH 436099 7/43
C. State Transporter's ID: 0712455
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: 1237 698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
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: CAD042245001

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

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	State	EPA/Other
a. WASTE CORROSIVE LIQUID N.O.S. NA 1760 (LITHIUM BROMIDE)	089	DM	026000	G		5002
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: a. D1 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-14668

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: NORB RIVERS
Signature: N Rivers
Month Day Year: 12/14/89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 12/14/89

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: 12/14/89

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

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

State of California—Health and Welfare Agency
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See Instructions on Back of Page 9 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 095 615 027
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
U.S.C MEDICAL CENTER/~~SHELL CANYON LANDFILL~~
7721 N. FIGUEROA.., LOS ANGELES, CA 90041
4. Generator's Phone (213 699-7315

A. State Manifest Document Number 88676150
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 01038
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	Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (PHENOL BASED DISENFECTANT) TOXIC LIQ.	001	DM	610055	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
~~EXXXXXX~~ PROFILE NUMBER A-15071

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: Natalie Moreano for USC Med Ctr
Signature: Natalie Moreano
Month Day Year: 10/1/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T. CIRINEONI
Signature: Robert T. Cirineoni
Month Day Year: 10/1/90

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: 10/1/90

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

88676150

GENERATOR

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

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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 09 5 6 15 027
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
U.S.C. MEDICAL CENTER
1635 Marengo Ave., Los Angeles, Calif.
4. Generator's Phone: 218 226-3069

A. State Manifest Document Number: 8867616 2
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: 01037
D. Transporter's Phone: 213/686-0991

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: CAD041121501
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 liquid N.O.S. (R-11) NA 9189 Toxic liquid	01	DM	00330	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. D1 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.

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GENERATOR

Printed/Typed Name: MICHAEL S BUCHER
Signature: [signature]
Month Day Year: 01/11/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T CIBINCEOLI
Signature: [signature]
Month Day Year: 01/11/90

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

FACILITY

19. Discrepancy Indication Space
-) DRUMS RECEIVED WERE EMPTY (FF)

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18.
Printed/Typed Name: FRANK FORD
Signature: [signature]
Month Day Year: 01/11/90

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

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05-22-89 SHIPPER 20803

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 2-30-91)
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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. CLAD095615027 — 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
U.S.C. MEDICAL CENTER ATTN: STOCKROOM
1635 MARENGO AVE., LOS ANGELES, CA 90033

4. Generator's Phone ( )

A. State Manifest Document Number: 88677451

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 010-[illegible]

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	Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (FREON R-11)	01	02	DM 00060	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.

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Printed/Typed Name: JOE DOLITTLE — Signature: Joe Dolittle — Month Day Year: 06/1/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ROBERT J CIRINGER — Signature: Robert J Ciringer — Month Day Year: 06/1/89

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: 06/1/89

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

88677451

DHS 8022 A (1/88)
STA 9700—32
(Rev. 9-88) Previous editions are obsolete

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[illegible] THIS COPY TO DOHS WITHIN 30 DAYS.
[illegible] Sacramento CA 95812

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-91)
Please print or type. (Form design 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

(2)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD079665366 Manifest Document No. 4139132

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Harbor UCLA Med Center
1000 W. Carson Torrance, Ca. 90502

4. Generator's Phone (213) 533 2456

A. State Manifest Document Number 89643932

B. State Generator's ID HOH036-252201

5. Transporter 1 Company Name: LT CORP

6. US EPA ID Number: CAD009057760

C. State Transporter's ID 109538

D. Transporter's Phone (213) 830 1781

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 SYSTEMS
12512 E. WHITTIER BL.
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. Non-RCRA, Hazardous Waste Liquid	006	DM	0030	G	State 135 / EPA/Other NTR
b. Waste ORM-A, N.O.S. ORM-A NA1993	001	DM	0030	G	State 211 / EPA/Other NTR
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
11a) 10% IODINE solution pH6 B/00771 D.D.
11b) "Freon" 1,1,2-Trichloro-1,1,2-Trifluoroethane B/00772
LT S/n 210653

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

15. Special Handling Instructions and Additional Information: In case of spill or accident, do not breathe vapors. Do not wash into sewer or waterway. If unable to deliver, return to generator.

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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GENERATOR

Printed/Typed Name: Dennis Lemmi — Signature: Dennis Lemmi — Month Day Year: 10/01/90

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name: Gene Smith / JOHNNY FRANK — Signature: Gene Smith — Month Day Year: 10 19 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Randy Anderson — Signature: Randy Anderson — Month Day Year: 10/23/90

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 19.

Printed/Typed Name: Robert J. Cirinegoni — Signature: Robert J. Cirinegoni — Month Day Year: 10/23/90

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

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

89643932

03/29/2000 "ORIGINAL MANIFEST COPY"

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. CAD097716317810 — 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
L.A.COUNTY CENTRAL HEATING PLANT
301 N. Broadway* , Los Angeles, Calif.

4. Generator's Phone (213) 974-9503

A. State Manifest Document Number: 86544239

B. State Generator's ID: CAD097463780

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

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: 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 NOS ORM-E NA 9189 (Refrigerant R-500)	003	CY	6,000	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
R500 - WATER + LUB. OIL

K. Handling Codes for Wastes Listed Above

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.

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.

Printed/Typed Name: R THOMPSON — Signature: R Thompson — Month Day Year: 10/12/1987

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 10/12/1987

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 10.

Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10/12/1987

FACILITY

86544239

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
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83197922

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Rancho Los Amigos HOspital
7601 E. Imperial Highway, Downey, CA 90242

AREA CODE/PHONE NUMBER (213) 922-7908

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD030851794 83017

TRANSPORTER NO 1
CHANCELOR AND OGDEN
800 W. 15TH ST.
LONG BEACH, CA. 90813

VEH./CONTAINER NO: 45164
EPA ID NUMBER: CAD980880538

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemicals
12504 E. Whittier
Whittier, CA 90602
AREA CODE/PHONE NUMBER Janet Kronwall 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
MIXED SOLVENTS (XYLENE + ETHYL AL	1993	330	G[illegible]	16	DM	2130	7
* TOLUENE MIXED (FLAMMABLE)							

COMPONENTS		CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
ETHYL ALCOHOL UN 1170	15%	85	70	✓	
XYLENE UN 1307	50%	90	70	✓	
TOLUENE UN 1294	35%	70	50	✓	

SPECIAL HANDLING INSTRUCTIONS
Avoid breathing vapors, wear gloves, wear goggles, wear protective clothing.

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 JOHN MEBANE John M. Mebane ~~Mike Evans~~ — MO 06 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 DENNIS YERKE Dennis Yerke
DATE REC'D & ACCEPTED — MO 06 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
~~12 DRUMS TOTAL~~ SEE MANIFEST #'S ~~83197975 & 83196631~~

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 John Hyde

EPA ID NUMBER: CAD014212245001

DATE RECEIVED & ACCEPTED — MO 06 DAY 07 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83197927

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. COUNTY USC MEDICAL CENTER
1200 N STATE ST.
L.A 90033
AREA CODE/PHONE NUMBER (213) 226 6867

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD095615927

TRANSPORTER NO 1
WHITTIER DRUM VACUUM
13314 IMPERIAL HWY.
WHITTIER CA 90605-213-944 6934

VEH CONTAINER NO 4693
EPA ID NUMBER CAD006212181

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
WASHINGTON BL.
WHITTIER CA
AREA CODE/PHONE NUMBER

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
HAZARDOUS LABORATORY WASTE	NA9189	003510	GAL	001	TC	5511	07
FLAMABLE LIQ NOS.							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
XYLENE, ETHYL ALCOHOL	12/15	10/12	✓	
TOLUENE CHLOROFORM	10	5	✓	
FORMALIN - FLAMABLE LIQUID NOS. -	10	5	✓	

SPECIAL HANDLING INSTRUCTIONS
IF EXPOSED FLUSH WITH WATER

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
LOU SNAER
213-226-6867
Printed or typed full name and signature Lou Snaer
MO 10 DAY 04 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 W/JA 2674
Printed or typed full name and signature Anthony Bernhardt
DATE REC'D & ACCEPTED MO 10 DAY 04 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
Jay Solomon. Jay Solomon.
Printed or typed full name and signature

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 10 DAY 04 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California – Health and Welfare Agency — Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83197975

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. County-USC Medical Center
1200 N. State St.
Los Angeles, CA 90033
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD009516127

TRANSPORTER NO. CHANCE LLOR FOGDEN
800 W 15 ST
LONG BEACH
(213) 432 8461

VEH./CONTAINER NO. 1451614 EPA ID NUMBER CAD088080528

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
~~BKK Landfill~~ OMEGA CHEMICAL
~~2210 S. Azusa Ave.~~ 12504 E. WHITTIER BLVD.
~~W. Covina, CA 91722~~ WHITTIER (213) 698 0991
AREA CODE/PHONE NUMBER

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-hazardous waste liquid, N.O.S.	9189						
ORM-E	~~NA 9189~~	0030	G	001	CT	551	04

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
xylene, ethyl alcohol	15/15	10/10	%	
chloroform	10	5	%	
formalin	10	5	%	

SPECIAL HANDLING INSTRUCTIONS
Avoid skin contact; use eye goggles and protective clothing

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: LOUIS L. SNAER — MO 06 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: DENNIS VERKE — DATE REC'D & ACCEPTED MO 06 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
~~12 Drums Total See manifest # 83196131 & 83197972~~

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: John Hale — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 06 DAY 07 YR 84

FORM NO. DHS-8022A (11/83)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

August 31, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #Q-17360-472
Q-17360-467

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

STATE ID NUMBER 83212330

DELIVER call Chief Eng. x3034 or x3035 for USS Hamza

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. COUNTY USC MEDICAL CENTER
1635 Marengo Ave., Stock Room 155
Los Angeles, Ca. 90033
AREA CODE/PHONE NUMBER 226-3034 or 226-3035

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA DD 055615027

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
HAZARDOUS WASTE, LIQUID N.O.S (R-11)		1,600	G	18	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane				
Oil				
Water				

SPECIAL HANDLING INSTRUCTIONS
Bill To: L.A. County USC Medical Center
P.O. Box 1122, Los Angeles, Ca. 90033

yield 1334 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 LINWOOD T. CASEY Linwood T. Casey MO 09 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
Printed or typed full name and signature Henry Lilman DATE REC'D & ACCEPTED MO 09 DAY 06 YR 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions

Printed or typed full name and signature STEVE SIMPSON
EPA ID NUMBER CA DD 042245001
DATE RECEIVED & ACCEPTED MO 09 DAY 27 YR 83

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83484856

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. County-USC Medical Center
1200 N. State St.
Los Angeles, CA 90033
AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD095615027

TRANSPORTER NO. 1
CHEM-RAN PUMPING SERVICES INC -
3761 STOCKER ST. #109
LOS ANGELES CALIF 90008

VEH CONTAINER NO. EPA ID NUMBER
CAD981027342

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO. EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL TSD FACILITY
OMEGA
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
AREA CODE PHONE NUMBER

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 flammable liquid	UN1993	00241	gal	001	TC	5510	7

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
xylene, ethyl alcohol	65	50	%	
toluene	35	20	%	
formalin	1.5	1.0	%	

SPECIAL HANDLING INSTRUCTIONS

If exposed flush with water.

This is to certify that the above named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

BELINDA GALLIP — Printed or typed full name and signature — MO 05 DAY 15 YR 85

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
RUDY GILLIAM — Printed or typed full name and signature — DATE REC'D & ACCEPTED MO 05 DAY 15 YR 85

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.

Henry Solomon — Printed or typed full name and signature — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 05 DAY 15 YR 85

FORM NO. DHS-8022A 11/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

California—Health and Welfare Agency
SUBSTANCES CONTROL DIVISION
2144-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO DHS-8022A 3-84

STATE ID NUMBER 83711987

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
L.A. COUNTY USC MEDICAL CENTER
1200 N. State St.
L.A. 90033
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD0 95 61702 7

TRANSPORTER NO 1 NAME AND MAILING ADDRESS
CHEMICAL WASTE & DISPOSAL
800 W. 15TH ST
LONG BEACH
PH. (213) 432 [illegible]
VEH CONTAINER NO [illegible]
EPA ID NUMBER CAD[illegible]

TRANSPORTER NO 2 ALTERNATE TSD FACILITY
VEH CONTAINER NO
EPA ID NUMBER
AREA CODE/PHONE NUMBER

TREATMENT STORAGE OR DISPOSAL TSD FACILITY
OMEGA CHEMICAL
12504 E. Whittier, Whittier, CA
AREA CODE PHONE NUMBER
EPA ID NUMBER CAD[illegible]

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 flammable liquid	UN 1993	00350	GAL	[illegible]	TC	551	[illegible]

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
xylene, ethyl alcohol	65	50	%	
toluene	35	20	%	
formalin flammable liquid	1.5%	[illegible]	%	

SPECIAL HANDLING INSTRUCTIONS
If exposed flush with water.

This is to certify that the above named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature [illegible] MO 12 DAY 21 YR 85

☐ Check if continuation sheet & enter 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 [illegible]
DATE REC'D & ACCEPTED MO 12 DAY 21 YR 85

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. TSDF must complete waste number. See instructions.
Printed or typed full name and signature [illegible]
EPA ID NUMBER CAD[illegible]
DATE RECEIVED & ACCEPTED MO 02 DAY 01 YR 85

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency

R.O. NO. T-40219

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. CAD 095615027 — 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
L.A. COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. L.A. CA 90033

4. Generator's Phone (213) 226-6176

5. Transporter 1 Company Name: OMEGA CHEMICALY CO — 6. US EPA ID Number: CAD042245001

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

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CO
12504 EAST WHITTIER BLVD.
WHITTIER, CA 90602

10. US EPA ID Number: CAD042245001

A. State Manifest Document Number: 8402939
B. State Generator's ID:
C. State Transporter's ID: 7017216
D. Transporter's Phone: 213-698-0991
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

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	Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S UN-1993 HC#2	001	TC	0400	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Xylene, Ethyl Alcohol, Toluene
UN-1307 UN-1170 UN-1294

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WEAR GLOVES, IF SKIN EXPOSED FLUSH WITH WATER.

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: JACK FAIMAN — Signature: Jack Faiman — Date (Month Day Year): 11 17 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods — Date (Month Day Year): 11 10 1986

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: FRANK FORD — Signature: Frank Ford — Date (Month Day Year): 11 17 86

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 80541

State of California—Health and Welfare Agency

P.O. NO. S-51229

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. C A D 095615027 — 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
L.A.COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. LA. CA. 90033

A. State Manifest Document Number 84029292
B. State Generator's ID

4. Generator's Phone (213) 226-6176

5. Transporter 1 Company Name: OMEGA CHEMICAL CO.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID 7017736
D. Transporter's Phone 213 697-0991

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 CO.
12504 EAST WHITTIER BLVD.
WHITIER, CA. 90602
10. US EPA ID Number: C A D 042245001
G. State Facility's ID
H. Facility's Phone

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 FLAMMABLE LIQUID UN-1993 HC#2	001	TC	450	GAL	551
b. XYLENE, ETHYL ALCOHOL, TOLUENE UN-1307 UN-1170 UN-1294					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
D99

15. Special Handling Instructions and Additional Information
WEAR GLOVES, IF SKIN EXPOSED FLUSH WITH WATER.

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: JACK FAIMAN — Signature: Jack Faiman — Date: Month 6 Day 3 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date: Month 06 Day 03 Year 86

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 18.

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month 06 Day 03 Year 86

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

DHS 6022 A (7/84)
(EPA 8700-22)

84 28541

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. CAD030851744 — Manifest Document No.

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

A. State Manifest Document Number: 84074948

B. State Generator's ID:

C. State Transporter's ID: 701735

D. Transporter's Phone: 213 698 0541

E. State Transporter's ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone:

3. Generator's Name and Mailing Address
RANCHO LOS AMIGOS HOSPITAL
7601 IMPERIAL DOWNEY CA, 90242

4. Generator's Phone (213) 922 7928

5. Transporter 1 Company Name: OMEGA CHEMICAL LLC

6. US EPA ID Number: CAD 042245001

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address
OMEGA CHEMICALS
12504 E. WHITTIER
WHITTIER CA. 90602

10. US EPA ID Number: CAD042245001

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. FORMALDEHYDE + XYLENE CRMA UN 1198 DRUMS 12, 13, 14	003	DM	165	G	551
b. FLAMMABLE WASTE SOLVENTS UN 1993 15, 16	002	DM	110	G	551
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a) FORMALDEHYDE 75% XYLENE 25%
b) HEXANE, ACETONE, METHANOL MIXED SOLVENTS - LABORATORY WASTE

K. Handling Codes for Wastes Listed Above
a) d99
b) d99

15. Special Handling Instructions and Additional Information
use gloves if exposed wash well

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: BALDWIN TOM — Signature: Baldwin Tom — Date: Month 6 Day 3 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA — Signature: Tim Baltierra — Date: Month 06 Day 06 Year 86

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: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month 06 Day 06 Year 86

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 89641

04/27/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

PO. NO. T 17111-3081

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 095615027
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
L.A. COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. LA. CA. 90033
4. Generator's Phone (213) 226-6088

A. State Manifest Document Number: 84291381
B. State Generator's ID: CAD 095615027 803795
C. State Transporter's ID
D. Transporter's Phone: 213-698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: (213) 694 0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICE, INC.
6. US EPA ID Number: CAD 042245001
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICE, INC,
PO BOX 152
WHITTIER, CA. 90608
10. US EPA ID Number: CAD 042245001

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 FLAMMABLE LIQUID N.O.S, UN 1198	3	DM	150	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
FORMALIN SOLUTION — DOT GUIDE # 29 FOR INCINERATION (T03)

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WEAR GLOVES, IF SKIN EXPOSED FLUSH WITH WATER. DO NOT INHALE VAPORS WEAR A RESPIRATOR.

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: JACK FAIMAN
Signature: Jack Faiman
Date: Month 4 Day 20 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM BATTERRA
Signature: Jim Batterra
Date: Month 04 Day 30 Year 87

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: FRANK FORD
Signature: Frank Ford
Date: Month 04 Day 30 Year 87

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)

State of California—Health and Welfare Agency

PO # P-40343

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.: CAD 095615027
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
L.A. COUNTY U.S.C. MEDICAL CENTER
1200 NORTH STATE ST. LA.,CA. 90033

4. Generator's Phone (213) 226-6088

A. State Manifest Document Number: 84291383
B. State Generator's ID: CAD 095615027
C. State Transporter's ID:
D. Transporter's Phone: 213-946-8431
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD042245001
H. Facility's Phone:

5. Transporter 1 Company Name: NASH SALAVAGE INC.
6. US EPA ID Number: CAD 990802993
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICE
PO BOX 152
WHITTIER, CA. 90608
10. US EPA ID Number: CAD 042245001

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. DOT-E-7476 WASTE FLAMMABLE LIQUID NOS UN1993 HC#2	001	TC	400	GAL	551
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
XYLENE UN1307
ETHYL ALCOHOL UN1170
TOLUENE UN1294

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
WEAR RUBBER GLOVES,FACE SHIELD AND IF SKIN IS EXPOSED FLUSH WITH WATER FOR AT LEAST 15 MINUTES

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.

GENERATOR — Printed/Typed Name: JACK FAIMAN — Signature: Jack Faiman — Date (Month Day Year): 08 12 89

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: FRED E. OSBURN — Signature: F.E. Osburn — Date (Month Day Year): 08 12 89

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

9962

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: Gilbert Solomon — Signature: Gilbert Solomon — Date (Month Day Year): 8 28 89

White: TSOF 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 86541

State of California—Health and Welfare Agency

P.O.# R-46441-901617 7908

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD030851794 — 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
RANCHO LOS AMIGOS HOSPITAL
7601 E. Imperial Hy., Downey, Ca. 90242 Mike Evans

4. Generator's Phone (213) 922-7908

A. State Manifest Document Number: 84341499

B. State Generator's ID: CAD030851794

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

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: 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	Waste Flammable Liquid N.O.S/ Flammable Liquid UN 1993	04	DM		G	
b	Waste Flammable Liquid N.O.S/ Flammable Liquid UN 1993	02	DM		G	
c	Waste Flammable Liquid N.O.S / Flammable Liquid UN 1993	02	DM		G	
d.	Waste Flammable Liquid N.O. S/ Flammable Liquid UN 1993	02	DM		G	

J. Additional Descriptions for Materials Listed Above
a. Lacquer Thinner w/paint
b. Xylene & Water
c. Xylene & Formalin
d. Isopropyl Alcohol & Water

K. Handling Codes for Wastes Listed Above
a) d99
b) d99
c) d99
d) d99

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: Michael E Evans — Signature: Michael E Evans — Date: Month 4 Day 9 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods Jr — Date: Month 4 Day 9 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 09 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)

04 89541

State of California—Health and Welfare Agency

P.O.# R-46441-901d7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD030851794 — 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
RANCHO LOS AMIGOS HOSPITAL
7601 E. Imperial Hy., Downey, Ca. 90242

4. Generator's Phone (213) 922-7908

A. State Manifest Document Number: 84341500

B. State Generator's ID: CAD030851794

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572.

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: 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. Waste Flammable Liquid N.O.S/ Flammable Liquid UN 1993	03	DM	150	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Hexane
Acetone
Petroleum Ether
Chloroform (trace)
Ammonium Hydroxide (trace)

K. Handling Codes for Wastes Listed Above: d99

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: Michael E Evans — Signature: Michael E Evans — Date: Month 4 Day 9 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods Jr. — Date: Month 4 Day 9 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 09 Year 85

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

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

84 89541

State of California—Health and Welfare Agency

3/7/86 C

Shipper 15921

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD095615027
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
L.A. County-USC MED CENTER
1635 Marengo Ave., Los Angeles, Ca 90033

A. Shipper's Manifest Document Number 84345231

4. Generator's Phone (213) 226-6011

B. State Generator's ID CAD095615027

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001

C. State Transporter's ID 62-5104

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

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)	006	DM	1200	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
RO1

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: Clarence Hamilton
Signature: Clarence Hamilton
Date: Month 03 Day 11 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LIM KALUELKA
Signature: [illegible]
Date: Month 03 Day 11 Year 86

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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 03 Day 11 Year 86

DHS 6022 (8/78)
(693-8736-221)

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

3A 28541

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 09 56 16 0 0 3 1 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
L.A. COUNTY, USC MEDICAL CENTER
1635 Marengo Ave., Los Angeles, Ca. 90033
Don Mitchell or Pete Hampton

4. Generator's Phone (213) 226-6477

5. Transporter 1 Company Name or 6011
OMEGA RECOVERY SERVICES

6. US EPA ID Number
CAD042245001

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
CAD042245001

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID N.O.S, NA 9189 ORM-E	1	DM	200	P
b.				
c.				
d.				

GENERATOR

15. Special Handling Instructions and Additional Information
To Be Recycled

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: Clarence Hampton — Signature: Clarence Hampton — Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date: Month Day Year 02 24 86

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: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month Day Year 02 24 86

DHS 8022 A (11/84)
(EPA 8700-22)

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18007248

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD030851794
Manifest Document No.
2. Page 1 of 2
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RANCHO LOS AMIGOS HOSPITAL
7601 IMPERIAL, DOWNEY, CA. 90242

A. State Manifest Document Number: 84932820

4. Generator's Phone (213) 922 7908

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 701735 25442

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 WHITTIER BLVD. WHITTIER 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID

H. Facility's Phone

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 FLAMMABLE LIQUID NOS DRUMS 6 & 7 FLAMMABLE LIQUID NOS	002	DM	110	G	213
b. WASTE FLAMMABLE LIQUID NOS #1, 2 FLAMMABLE LIQUID NOS	002	DM	110	G	551
c. WASTE FLAMMABLE LIQUID NOS DRUMS 3, 4, 5 FLAMMABLE LIQUID NOS	003	DM	165	G	551
d. WASTE FLAMMABLE LIQUID NOS DRUMS 8, 9, 10, 11 FLAMMABLE LIQUID NOS	004	DM	220	G	551

J. Additional Descriptions for Materials Listed Above
a. USED PAINT SOLVENT W/PAINT
b. XYLENE + WATER 5%
c. ETHYL ALCOHOL 90%
d. HEXANE 6.6% ACETONE 30% AMMONIUM HYDROXIDE 1.5%

K. Handling Codes for Wastes Listed Above
a) d99 d) d99
b) d99
c) d99

15. Special Handling Instructions and Additional Information
USE GLOVES, WASH WITH IF EXPOSED

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: BALDWIN TOM
Signature: Baldwin Tom
Date: Month Day Year 06 03 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM BALTIERRA
Signature: Jim Baltierra
Date: Month Day Year 06 06 86

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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month Day Year 06 06 86

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(EPA 8700-22)

84 89641

04/27/2000 "ORIGINAL MANIFEST COPY"

P.O. P-42000

State of California Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-00)
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD009561150
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: LA COUNTY-USC MEDICAL CENTER, 1200 NORTH STATE ST. L.A. CA. 90033
4. Generator's Phone: (213) 226-6588
State Generator's ID: 87024338

5. Transporter 1 Company Name: NASH SALVAGE INC.
6. US EPA ID Number: CAD008022983
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: OMEGA RECOVERY SERVICE, P.O. BOX 152, WHITTIER, CA. 90608
10. US EPA ID Number: CAD042445001

11. U.S. 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. HCHZ DOT-E-7476 WASTE FLAMMABLE LIQUID NOS UN1993 RQ	001	TT	1350	GAL	State
b.					State
c.					State
d.					State

15. Special Handling Instructions and Additional Information: WEAR RUBBER GLOVES, FACE SHIELD AND IF SKIN IS EXPOSED FLUSH WITH WATER FOR AT LEAST 15 MINUTES

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 small 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: JACK FAIRMAN
Signature: Jack Fairman
Month Day Year: 11 18 1997

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: FRED E. OSBORN
Signature: F. E. Osborn
Month Day Year: 11 20 97
TRF 9713

18. Transporter 2 Acknowledgment 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: JIM BALTEREN
Signature: Jim Balteren
Month Day Year: 11 21 97

DHS 8022 A (1/91)
Copy 9 (Rev. 9-88) Previous editions are obsolete.

USA: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95817

INSTRUCTIONS ON THE BACK

TO ARRIVE

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

87024338

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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G-2336

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA0030851794 Manifest Document No: 0000
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: RANCHO LOS AMIGOS HOSPITAL, 7601 EMPERIAL HWY, DOWNEY, CA 90242
4. Generator's Phone: (213) 940-7291

A. State Manifest Document Number: 87273282
B. State Generator's ID: 14-A1H036-1000695
C. State Transporter's ID: H08020
D. Transporter's Phone: 714/863-2468

5. Transporter 1 Company Name: CROSBY & OVERTON EMES
6. US EPA ID Number: CAD981461064
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 90202
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. UN1993	008	DM	004000	G	State 212; EPA/Other D001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
#1 60% ACETONE, 35% HEXANE
#2 95% ALCOHOL
#3 90% ACETONITRILE
#4 90% ACETONITRILE
#5 60% ACETONE, 35% HEXANE
#6 50% ETHER
#7 PAINT THINNER, METHYLENE CHLORIDE
#16 ALCOHOL 25%, FORMALDEHYDE 12%, XYLENE 12%, WATER 50%

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

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: Frank Cervantes for DOHT — Signature: [signature] — Month Day Year: 10 31 1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JESSE HERNANDEZ — Signature: [signature] — Month Day Year: 10 31 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: WILLIAM E SANCHEZ — Signature: [signature] — Month Day Year: 10 31 88

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: Gilbert Solomon — Signature: [signature] — Month Day Year: 11 7 88

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.

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

INSTRUCTIONS ON THE BACK

8804 08 0097 2

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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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: CAD982052003 Manifest Document No: 000011

2. Page 1 of

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

3. Generator's Name and Mailing Address
KING/DREW MEDICAL CENTER
12021 S. WILLMINGTON, LOS ANGELES, CA 90053

4. Generator's Phone (213) 603 4001

A. State Manifest Document Number: 87854546

B. State Generator's ID: EXEMPT

5. Transporter 1 Company Name: ENVIRONMENTAL TRANSLOADING

6. US EPA ID Number: CAD020763751

C. State Transporter's ID: 904744

D. Transporter's Phone: 213 622 8131 213 622 8131

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID: 905744

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECYCLING
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. FLAMMABLE LIQUID UN 1993	011	DM	00055	G	State 812/213; EPA/Other F003
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
VARIOUS ALCOHOLS, XYLENE, TOLUENE, & PETROLIUM ETHER

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

15. Special Handling Instructions and Additional Information
USE GLOVES, GOGGLES, & RESPIRATOR*

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: Frank Cervantes/OC
Signature: Frank Cervantes
Month Day Year: 1 10 25 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DEAN BUSCH
Signature
Month Day Year: 1 10 25 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
Month Day Year: 1 10 25 88

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

GENERATOR

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

06/04/2001 "ORIGINAL MANIFEST COPY"

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).

0329-ZZ

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. CAD0972781032 Manifest Document No. 99992

2. Page 1 of

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

A. State Manifest Document Number 88253496

3. Generator's Name and Mailing Address
LOS ANGELES SHERIFF'S DEPARTMENT
11515 SOUTH COLIMA ROAD, WHITTIER, CA 90604

4. Generator's Phone (213) 946-7125

B. State Generator's ID EXEMPT

5. Transporter 1 Company Name ENVIRONMENTAL TRANSLOADING 6. US EPA ID Number CAD020963751

C. State Transporter's ID 009282

D. Transporter's Phone 213-622-8131

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 SYSTEMS
12504 EAST 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, NOS UN1993	001	DM	000025	Y	State / EPA/Other D001/F002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a.1 SEE ATTACHED

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

15. Special Handling Instructions and Additional Information
NO SMOKING

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: Pamela Green-Pecharich Signature: Pamela Green-Pecharich Month Day Year 04 03 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: HA, JOHN Q Signature: Month Day Year 04 03 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: Bill Honey Signature: Bill Honey Month Day Year 04 17 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

88253496

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EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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08-09-89 SHIPPER 15369

State of California—Health and Wastes Agency
Form Approved OMB No. 2050—0039 (Expires 8-30-91)
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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: CAD095615027
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
L.A.CO. USC MEDICAL CENTER
1200 N. STATE ST , LOS ANGELES, CA 90033

4. Generator's Phone (213)266-0688

A. State Manifest Document Number: 88614706
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 016384
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 PAINT RELATED MATERIAL N.O.S FLAMMABLE LIQUID (PAINT THINNER) NA 1263	009	DM	00495	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: X CHARLES W. FOX
Signature: X Charles W Fox
Month Day Year: 08 17 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 08 17 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: 08 17 89

GENERATOR — TRANSPORTER — FACILITY

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

00014100

8822 A (1/88)
700—22
(9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-91)

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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. C A D 0 9 5 6 1 5 0 2 7 — 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
USC MEDICAL CENTER
1635 Marengo Ave., Los Angeles, CA 90086-

4. Generator's Phone (213 226-3069

A. State Manifest Document Number 88614875

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID CAD0 [illegible]

H. Facility's Phone 213/98-[illegible]

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

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 Toxic liquid	~~015~~ 01	DM	00000	P	State / EPA / State / EPA / State / EPA
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. D1 b. c. d.

15. Special Handling Instructions and Additional Information
A) Empty refrigerant drums.

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: LEO ALONZO — Signature: [signature] — Month Day Year: 1 0 1 6 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert V CIRINGERY — Signature: [signature] — Month Day Year: 1 0 1 6 8 9

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: [signature] — Month Day Year: 1 0 1 6 8 9

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

88614875

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

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State of California—Health and Welfare Agency
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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 409 749 637 780
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:
CENTRAL HEATING PLANT
301 NORTH BROADWAY, LOS ANGELES, CA
4. Generator's Phone: (818) 915-1940

A. State Manifest Document Number: 886760777
B. State Generator's ID: HANSEN 69 5/45
C. State Transporter's ID: 6018455
D. Transporter's Phone: (213) 698-0991
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CADO12245001
H. Facility's Phone: (213) 698-0995

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

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. WASTE CORROSIVE LIQUID N.O.S. NA 1760 (LITHIUM BROMIDE)	089	DM	066010	G	State EPA/Other 9002
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. D1 b. c. d.

15. Special Handling Instructions and Additional Information:
PROFILE NUMBER A-14668

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: NORB RIVERS
Signature: N Rivers
Month Day Year: 1/20/1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1/20/1989

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: 1/20/1989

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

886760777

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

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10/17/1995 "ORIGINAL MANIFEST COPY"

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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. CAD 095 615 027 — 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
U.S.C MEDICAL CENTER/SHOLL CANYON LANDFILL
7721 N. FIGUEROA.., LOS ANGELES, CA 90041

4. Generator's Phone (213 699-7315

A. State Manifest Document Number: 88676150

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: 01235

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	Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (PHENOL BASED DISENFECTANT) TOXIC LIQ.	001	DM	600055	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
PROFILE NUMBER A-15071

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: Natalie Moreano for USC Med Ctr — Signature: Natalie Moreano — Month Day Year: 01 11 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert T. CIRINGION — Signature: Robert T. Ciringion — Month Day Year: 01 11 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: 01 11 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

88676150

DHS 8022 A (1/88)
EPA 8700—22
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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 009 5 6 15 027
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:
U.S.C. MEDICAL CENTER
1635 Marengo Ave., Los Angeles, Calif.
4. Generator's Phone: 213 226-3069

A. State Manifest Document Number: 88676182
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: 01637
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: CAD 042245001
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 liquid N.O.S. NA 9189 (R-11) Toxic liquid	011	DM	00330	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.

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GENERATOR

Printed/Typed Name: MICHAEL S BUCHLER
Signature: [signature]
Month Day Year: 01/11/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T CIARINCELLI
Signature: [signature]
Month Day Year: 01/11/90

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

FACILITY

19. Discrepancy Indication Space
-) DRUMS RECEIVED WERE EMPTY (FF)

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: [signature]
Month Day Year: 01/11/90

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

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05-22-89 SHIPPER 20803

State of California—Health and Welfare Agency
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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. CAD015615027 — 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
U.S.C. MEDICAL CENTER ATTN: STOCKROOM
1635 MARENGO AVE., LOS ANGELES, CA 90033

4. Generator's Phone ( )

A. State Manifest Document Number: 88677451

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES — 6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 010224

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 (FREON R-11)	01	02	DM 00260	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: JOE DOLITTLE — Signature: Joe Dolittle — Month Day Year: 06/1/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ROBERT J. CIRINGER — Signature: Robert J. Ciringer — Month Day Year: 06/1/89

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: 06/1/89

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

88677451

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 8-88) Previous editions are obsolete

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[illegible] THIS COPY TO DOHS WITHIN 30 DAYS
[illegible] 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

(2)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD079665366 Manifest Document No. 4131TSP
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Harbor UCLA Med Center
1000 W. Carson Torrance, ca. 90502
4. Generator's Phone (213) 533 2456

A. State Manifest Document Number 89643932
B. State Generator's ID H0H036-252201

5. Transporter 1 Company Name IT CORP
6. US EPA ID Number CAD009057760
C. State Transporter's ID 109538
D. Transporter's Phone (213) 830 1781

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 SYSTEMS
12512 E. WHITTIER BL.
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. Non-RCRA, Hazardous Waste Liquid	006	DM	0030	G	State 135 / EPA/Other NTR
b. Waste ORM-A, N.O.S. ORM-A NA1993	001	DM	0030	G	State 211 / EPA/Other NTR
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
(1a) 10% IODINE Solution pH6 B/00771 DD.
(1b) "Freon" 1,1,2-Trichloro-1,1,2-Trifluoroethane B/00772
IT J/n 210653

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

15. Special Handling Instructions and Additional Information IN case of spill or accident, do not breathe vapors. Do not wash into sewer or waterway. If unable to deliver, return to generator

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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GENERATOR

Printed/Typed Name: Dennis Lemmi — Signature: Dennis Lemmi — Month Day Year: 11/01/1990

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gene Smith / JOHN D FRANK — Signature: [illegible] — Month Day Year: 10 19 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy ANDERSON — Signature: Randy Anderson — Month Day Year: 11/02/90

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: Robert J. CIRINGEONI — Signature: [illegible] — Month Day Year: 11/02/90

Do Not Write Below This Line

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

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

8 9643932

0080 .0050

03/29/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

RANCHO LOS AMIGOS MEDICAL CENTER
COUNTY OF LOS ANGELES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		84074948		2293.5	LBS		CMP		
		84932820		5045.7	LBS		CMP		
06/07/1984		83197922		2752.2	LBS		CMP		
04/09/1985		84341499		4587	LBS		CMP		
04/09/1985		84341500		1251	LBS		CMP		
03/15/1988		87273282		3336	LBS		CMP		

Total Records: 6 Default Volume: 0 Total Waste Volume: 9.6327

Revised Manifest Summary Report

HARBOR UCLA MED CENTER
COUNTY OF LOS ANGELES HARBOR UCLA MEDICAL CENTER

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
03/30/1990		89631269		166.8	LBS		CMP		
10/15/1990		89643932		2752.2	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 1.4595

Revised Manifest Summary Report

L A CO DEPT OF PUBLIC WORKS
COUNTY OF LOS ANGELES PUBLIC WORKS

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/10/1989		88253596		443.6	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .2218

Revised Manifest Summary Report

LA HEALTH SERVICES HARBOR/UCLA MED CTR
COUNTY OF LOS ANGELES HARBOR UCLA MEDICAL CENTER

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
06/21/1984		83564052		12843.6	LBS		CMP		
06/22/1984		83494054		4587	LBS		CMP		
06/22/1984		83494055		458.7	LBS		CMP		
03/05/1985		84318070		20641.5	LBS		CMP		
08/08/1985		84341741		12093	LBS		CMP		
08/19/1986		86534492		16263	LBS		CMP		

Total Records: 6 Default Volume: 0 Total Waste Volume: 33.4434

Revised Manifest Summary Report

LA HEALTH SERVICES MARTIN L KING HOSP
COUNTY OF LOS ANGELES MARTIN LUTHER KING HOSPITAL

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
02/22/1985		83197923		6421.8	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 3.2109

Revised Manifest Summary Report

LA HEALTH SERVICES-OLIVE VIEW HOSPITAL
COUNTY OF LOS ANGELES OLIVE VIEW HOSPITAL

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
06/24/1988		87110452		8340	LBS		CMP		
12/06/1988		87854574		9174	LBS		CMP		
09/10/1990		89868343		5504	LBS		CMP		
12/26/1990		89868422		4170	LBS		CMP		

Total Records: 4 Default Volume: 0 Total Waste Volume: 13.5942

Revised Manifest Summary Report

LOS ANGELES CO/INTERNAL SERVICES DEPT
COUNTY OF LOS ANGELES INTERNAL SERVICES DEPARTMENT

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
04/18/1986		84345299		7089	LBS		CMP		
06/03/1986		86534435		1800	LBS		CMP		
04/21/1987		86544239		6000	LBS		CMP		

Total Records: 3 Default Volume: 0 Total Waste Volume: 7.4445

Revised Manifest Summary Report

LOS ANGELES COUNTY MUSEUM OF ART
COUNTY OF LOS ANGELES ART MUSEUM

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/31/1991		88684881		2251.8	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 1.1259

Revised Manifest Summary Report

LOS ANGELES COUNTY/EMERG RESPONSE ONLY
COUNTY OF LOS ANGELES EMERGENCY RESPONSE

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
11/21/1989		89677815		2700	LBS		CMP		
12/04/1989		89787586		8757	LBS		CMP		
01/02/1990		89630963		209	LBS		CMP		
02/06/1990		89631093		950	LBS		CMP		
02/15/1990		89631059		450	LBS		CMP		
02/15/1990		89631085		950	LBS		CMP		
03/16/1990		89631203		83.4	LBS		CMP		
08/17/1990		89643838		800	LBS		CMP		
09/24/1990		89643011		83.4	LBS		CMP		
10/30/1990		89643852		60	LBS		CMP		
11/21/1990		89643925		2500	LBS		CMP		
11/27/1990		89644018		125	LBS		CMP		
03/01/1991		90378905		360	LBS		CMP		
03/15/1991		90378924		100	LBS		CMP		
04/27/1991		89643867		1350	LBS		CMP		
06/12/1991		90379027		500	LBS		CMP		
06/21/1991		90379057		1001	LBS		CMP		
07/04/1991		90379012		1200	LBS		CMP		
07/05/1991		90378811		40	LBS		CMP		
07/18/1991		90685472		8000	LBS		CMP		
07/26/1991		90684668		200	LBS		CMP		
08/13/1991		90379112		1800	LBS		CMP		
08/15/1991		90379113		1500	LBS		CMP		

Total Records: 23 Default Volume: 0 Total Waste Volume: 16.8591

Revised Manifest Summary Report

LOS ANGELES COUNTY/MD 4
COUNTY OF LOS ANGELES MD 4

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
07/31/1989		88253537		3934.8	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 1.9674

Revised Manifest Summary Report

LOS ANGELES COUNTY/MECHANICAL DEPT
COUNTY OF LOS ANGELES MECHANICAL DEPARTMENT

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
03/28/1984		83494161		3300	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 1.65

Revised Manifest Summary Report

LOS ANGELES COUNTY/PUBLIC LIBRARY
COUNTY OF LOS ANGELES PUBLIC LIBRARY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
11/28/1989		89660093		658.86	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .3294

Revised Manifest Summary Report

LOS ANGELES COUNTY/ROAD DEPT
COUNTY OF LOS ANGELES ROAD DEPARTMENT

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
02/03/1989		88176618		25.02	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: .0125

Revised Manifest Summary Report

COUNTY OF LOS ANGELES
COUNTY OF LOS ANGELES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		87118962		6400	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 3.2

Revised Manifest Summary Report

COUNTY OF LOS ANGELES SANITATION DIST
COUNTY OF LOS ANGELES SANITATION DISTRICT

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/09/1983		83168666		417	LBS		CMP		
03/19/1985		84492406		917.4	LBS		CMP		
04/04/1985		84492460		917.4	LBS		CMP		

Total Records: 3 Default Volume: 0 Total Waste Volume: 1.1259

Revised Manifest Summary Report

KING/DREW MEDICAL CENTER
COUNTY OF LOS ANGELES KING DREW MEDICAL CENTER

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
10/25/1988		87854546		4587	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 2.2935

Revised Manifest Summary Report

LOS ANGELES COUNTY SHERIFF'S DEPT
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
10/01/1988		87854540		25.02	LBS		CMP		
11/19/1988		87854530		8.34	LBS		CMP		
04/03/1989		88253496		458.7	LBS		CMP		
04/14/1989		88176616		175.1	LBS		CMP		
05/11/1989		88253605		10	LBS		CMP		
08/20/1991		88346542		625.5	LBS		CMP		

Total Records: 6 Default Volume: 0 Total Waste Volume: .6514

Revised Manifest Summary Report

CENTRAL HEATING PLANT
COUNTY OF LOS ANGELES CENTRAL HEATING PLANT

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
12/14/1989		88676077		21684	LBS		CMP		

Total Records: 1 Default Volume: 0 Total Waste Volume: 10.842

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.: CAL009746378
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: CENTRAL HEATING PLANT, 301 NORTH BROADWAY, LOS ANGELES, CA
4. Generator's Phone: (818) 915-1940

A. State Manifest Document Number: 886760177
B. State Generator's ID: HA1183G99SU18
C. State Transporter's ID: 7078HSS
D. Transporter'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:
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: 1237 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. WASTE CORROSIVE LIQUID N.O.S. NA 1760 (LITHIUM BROMIDE)	089	DM	02600	G	State: 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. 81 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A-14668

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: NORB RIVERS
Signature: N Rivers
Month Day Year: 1/12/1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1/12/1989

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:
Month Day Year: 1/12/1989

GENERATOR — TRANSPORTER — FACILITY

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886760177

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EPA 8700-22
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