generator_name	DERINGER MANUFACTURING CO
lc_name:	Deringer Mfg. Company 1041
lc_calc_volume:	5.7338 tons

manifest_number	manifest_quantity_ton
83067447	0.9174 tons
83138765	0.68805 tons
83138799	0.9174 tons
83212089	0.4587 tons
83212133	0.68805 tons
83332642	1.3761 tons
83332672	0.68805 tons

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

MAR 2 2 1984

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

STATE ID NUMBER 83067447

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DERINGER MANUFACTURING
22625 S. Normandie
Torrance, CA 90501
AREA CODE/PHONE NUMBER (714)542-8747

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
~~Small Generator~~
CAX000011525

TRANSPORTER NO. 1
CONTAINERIZED CHEMICAL DISPOSAL, INC

VEH./CONTAINER NO. 0001/1/14

EPA ID NUMBER CAT 000611483

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
Omega Chemical
12504 E. Whittier Blvd
Whittier, CA 90602
(213)698-0991

VEH./CONTAINER NO.

EPA ID NUMBER CAD 042245001

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKKLANDFILL
2210 S. Azusa Ave.
West Covina, CA 91792
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD 067786749

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.
1. 1,1,1, Tirchloroethane ORM-A	UN 2831	0001615	G	0103	DM	211	01
2. Methylene ~~Chloride~~ Chloride ORM-A	UN 1593	000515	G	0001	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1.1 1,1,1, Trichloroethane	50		X	
1.2 Water	50		X	
2.1 Methylene Chloride				

SPECIAL HANDLING INSTRUCTIONS
1.1.1 yield 117.8 gals. waste 33.7 gals.
MC yield 37.7 gals.

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 Richard L. TEMPLIN Richard L. Templin

MO. 3 DAY 17 YR. 83

☒ Check if continuation sheet is used. Number of continuation sheets 1

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature MARK Crodely Mark Crodely
DATE REC'D & ACCEPTED MO. 03 DAY 17 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 TIM BALTIERRA Tim Baltierra

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 03 DAY 17 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

UNIFORM HAZARDOUS WASTE MANIFEST

JUN 03 1983

5

STATE ID NUMBER 8313878

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DERINGER MANUFACTURING
22625 S. Normandie
Torrance, CA 90501
AREA CODE/PHONE NUMBER (213)320-1552

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX 000041525

TRANSPORTER NO. 1
CONTAINERIZED CHEMICAL DISPOSAL, INC.
VEH./CONTAINER NO.
EPA ID NUMBER CAT 000611483

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 S Azusa Ave
West Covina, CA 91792 (213)965-0916
VEH./CONTAINER NO.
EPA ID NUMBER CAD 067786749

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER (213)698-0991
EPA ID NUMBER CAD 042245001

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
111 Trichloroethane ORM-A	UN 2831	1165	G	003	DM	21

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	%
111 Trichloroethane	50		X
Water	50		X

SPECIAL HANDLING INSTRUCTIONS
gals 127.6 gals waste 30.6 gals

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.

Richard L. Templin Richard L. Templin
Printed or typed full name and signature
MO. 04 DAY 29

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
PATRICK J WARD
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 04 DAY 29

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

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 (3) 4-29-83

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 04 DAY 29

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

JUL 6 1983

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

STATE ID NUMBER 83138799

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DERINGER MANUFACTURING
22625 S. Normandie
Torrance, CA 90501
AREA CODE/PHONE NUMBER (213)320-1552

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000041525

TRANSPORTER NO. 1
CONTAINERIZED CHEMICAL DISPOSAL, INC.
VEH./CONTAINER NO.
EPA ID NUMBER CAT 000611483

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 S Azusa Ave
West Covina, CA 91792
(213)965-0916
VEH./CONTAINER NO.
EPA ID NUMBER CAD 067786749

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER (213)698-0991
EPA ID NUMBER CAD 042245001

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 1,1,1, Trichloroethane ORM-A	UN2831	220	G	004	DM	214	C1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
111 Trichloroethane				
Water				

SPECIAL HANDLING INSTRUCTIONS
yield 100.1 gals. waste 13.5 gals.

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: For Deringer — MO 05 DAY 24 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: PATRICK J. WARD
DATE REC'D & ACCEPTED MO 05 DAY 24 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: OMEGA CHEMICAL TIM BALTIEVER
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 05 DAY 24 YR 83

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83212089

GENERATOR NAME AND MAILING ADDRESS
DERINOR MANUFACTURING
22625 S. Normandie
Torrance, CA 90501
AREA CODE PHONE NUMBER (213)320-1552

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX 000041525

TRANSPORTER NO. 1
CONTAMINIZED CHEMICAL DISPOSAL, INC.
VEH. CONTAINER NO.
EPA ID NUMBER CAT 000611483

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY
OMEGA CHEMICAL
12504 E. Whittier
Whittier, CA 90602
(213)698-0591
VEH. CONTAINER NO.
EPA ID NUMBER CAD 042245001

TREATMENT, STORAGE OR DISPOSAL TSD FACILITY
BKK LANDFILL
2210 S Azusa Ave
West Covina, CA 91792
AREA CODE PHONE NUMBER (213)965-0916
EPA ID NUMBER CAD 067786740

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.	DIS ME
Waste 111 trichloroethane	CID-A UN 2831	00110	G	002	DM	2	24

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
1,1,1, Trichloroethane	50		X	
Water		50	X	

SPECIAL HANDLING INSTRUCTIONS

TO BE FILLED IN BY GENERATOR

I hereby certify that the above-named wastes are properly described, classified, 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

MO 06 DAY 21 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
PATRICK J. WARD
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 06 DAY 21 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
EPA ID NUMBER CAD 067786740
DATE RECEIVED & ACCEPTED MO 06 DAY 21 YR 83

FORM NO. DHS 8022A (3-82)

HAULER RETAINS

42-150

State of California—Health and Welfare
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 83212133

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DERINGER MANUFACTURING
22623 S. Normandie
Torrance, CA 90501
AREA CODE/PHONE NUMBER (213) 326-5270

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX 000041525

TRANSPORTER NO. 1
COMPAINERIZED CHEMICAL DISPOSAL, INC.
VEH./CONTAINER NO
EPA ID NUMBER CAT 000611483

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
OMEGA CHEMICAL
12504 E. Whittier,
Whittier, CA 90602
(213) 699-0991
VEH./CONTAINER NO
EPA ID NUMBER CAD 0[illegible]

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 S Azusa Ave
West Covina, CA 91792
AREA CODE/PHONE NUMBER (213) 965-0916
EPA ID NUMBER CAD 0[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	DISMET
Waste 1,1,1 Trichloroethane ORM-A	UN 2831	165	G	003	DM	211	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1,1,1 Trichloroethane	50		X	
Water	50		X	

SPECIAL HANDLING INSTRUCTIONS

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

FRANK MANCULICH
Printed or typed full name and signature

MO 7 DAY 25 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
PATRICK J WARD
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 07 DAY 25 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.
BATTERA
Printed or typed full name and signature

EPA ID NUMBER CAD0A2275091

DATE RECEIVED & ACCEPTED MO 07 DAY 25 YR 83

FORM NO. DHS 8022A 11/82

HAULER RETAINS

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

Raw Material

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

STATE ID NUMBER 83332642

GENERATOR NAME AND MAILING ADDRESS
DERINGER MANUFACTURING
22625 S. Normandie
Torrance, CA 90501
AREA CODE/PHONE NUMBER (2 3)32[illegible]-5271

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX 000041525

TRANSPORTER NO. 1
CONTAINERIZED CHEMICAL DISPOSAL INC
VEH./CONTAINER NO.
EPA ID NUMBER CAT 000611403

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
OMEGA CHEMICAL
12504 E. Whittier,
Whittier, CA 90602
(213)698-0991
V.EH./CONTAINER NO
EPA ID NUMBER CAD 042245001

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CHEMICAL WASTE MANAGEMENT
Kettleman City, CA 93239
AREA CODE/PHONE NUMBER (408)980-9900
EPA ID NUMBER CAT 000646117

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.
1. Waste 1,1,1, Trichloroethane, ORM-A	UN2831	002275	G	005	DM	211	A
2. Waste Methylene Chloride, ORM-A	UN1593	000155	G	001	DM	211	A

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1.1 1,1,1, Trichloroethane				
1.2 Water				
2.1 Methylene chloride				
2.2 Water				

SPECIAL HANDLING INSTRUCTIONS
1,1,1 yield 221.9 gals MC yield 35.3 gals waste 10.4 gals

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

Richard L. Templin Richard L. Templin
Printed or typed full name and signature

MO. 11 DAY 17 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
Mark Crosby Mark Crosby
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 11 DAY 17 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.

Jim Balthorp J. Balthorp
Printed or typed full name and signature

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 11 DAY 21 YR 83

FORM NO. DHS-8022A 11/82

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State of California—Health and Welfare
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 **83332672**

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DERINGER MANUFACTURING
22625 S. Normandie
Torrance, CA 90501
AREA CODE/PHONE NUMBER (213) 328-8278

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX 000041523

TRANSPORTER NO. 1
CONTAINERIZED CHEMICAL DISPOSAL, INC
VEH./CONTAINER NO 000142567
EPA ID NUMBER CAT 000611433

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
OMEGA CHEMICAL
12504 E.WhittierBlvd
Whittier, CA 90602
VEH./CONTAINER NO
EPA ID NUMBER CAD 042245001

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CHEMICAL WASTE MANAGEMENT
Kettleman City, CA 93239
AREA CODE/PHONE NUMBER (714) 632-7340
EPA ID NUMBER CAT 000646117

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 1,1,1, Trichloroethane ORM-A	UN 2831	1000/615	G	003	DM	105	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
1,1,1, Trichloroethane	50		X	
Water	50		X	

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO 11 DAY 10 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
Mark Crosby Mark Crosby
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 09 DAY 20 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

EPA ID NUMBER CIAD041212950001

DATE RECEIVED & ACCEPTED MO 09 DAY 21 YR 83

FORM NO. DHS-8022A 11/82

HAULER RETAINS

generator_name	DIGMORE, INC.
lc_name:	I Corp. dba Digmor California 1068
lc_calc_volume:	7.3869 tons

manifest_number	manifest_quantity_ton
88293594	0.85485 tons
88293652	0.22935 tons
88614709	0.22 tons
88677449	1.14675 tons
88681605	3.5109 tons
88683242	1.425 tons

02/28/89 Shipper 19108

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.: CAD 981376486
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
Digmor, Inc.
1898 E. Colton Ave., Redlands, CA 92374
4. Generator's Phone (714 794-1131

A. State Manifest Document Number: 88293594
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042245 001
C. State Transporter's ID: 904878
D. Transporter's Phone: 213/698-0991

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

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD004122245001
H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous waste Solid N.O.S. ORM-E (Paint Sludge) NA 9189	4 010	DM	010205	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 No. 13794

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: ROBERT D. BALLARD
Signature: Robert D. Ballard
Month Day Year: 03 02 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 03 02 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: 03 02 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

88293594

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

Do Not Write Below This Line

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

07/28/2003 A

03/13/89 Shipper 19203

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. CAD981376106 | 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
Digmor, Inc.
1898 E. Colton, Redlands, CA
4. Generator's Phone ( ) 714 794-1131

A. State Manifest Document Number 8 8293652
B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001
C. State Transporter's ID 905880
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 ~~XXXXXXXXXXX~~ Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID CAD042245001
H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~WASTE~~ Flammable liquid NOS UN 1993 Flammable Liquid	001	DM	010055	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
A) Paint sludge.

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: ROBERT BALLARD | Signature: Robert Ballard | Month Day Year: 03 28 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cringean | Signature: Robert J Cringean | Month Day Year: 03 28 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: 03 28 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

8 8293652

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8953 24 0078 26

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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. CAD98137648 6 — 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
Digmor, Inc.
1898 E. Colton Ave., Redlands, CA 92374

4. Generator's Phone (714) 794-1131

A. State Manifest Document Number: 88614709

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: 010389

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address.
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Paint solid NA 1263 (Paint sludge) Flammable solid	007	DM	[illegible]	P	State / EPA/Other
b. Hazardous waste solid N.O.S. ORM-E (Oil, dirt, vermiculite) NA 9189	0 01	DM	00055	P	State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: JAMES GOODRICK — Signature: James Goodrick — Month Day Year: 10 8 0 9 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J CIBINGEON — Signature: Robert J. Cibingeon — Month Day Year: 10 8 0 9 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: Frank Ford — Month Day Year: 10 8 0 9 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

88614709

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05-18-89 SHIPPER 20774

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Department of Health Services
Toxic Substances Control Division
Sacramento, Calif. 95814

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981376486
Manifest Document No.: 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
DIGMOR, INC.
1898 E. COLTON AVE., REDLANDS, CA 92374
4. Generator's Phone (714) 794-1131

A. State Manifest Document Number: 88677449
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010384
D. Transporter's Phone: (213) 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 SOLID N.O.S ORM-E NA 9189 (PAINT SLUDGE)	005	DM	010	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: JAMES GOODRICK
Signature: James Goodrick
Month Day Year: 05 24 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 05 24 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 05 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

88677449

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8906 30 0115 0741

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8906 30 0115

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 9 8 1 3 7 6 4 8 6
Manifest Document No.
2. Page 6 of 7
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
DIGMORE INC.
1898 E. COLTON, REDLANDS, CA 92374
4. Generator's Phone (714 356-2970 or 4036

A. State Manifest Document Number 88681605
B. State Generator's ID

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES
6. US EPA ID Number C A D 0 4 2 2 4 5 0 0 1
C. State Transporter's ID 110236
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 EAST WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number C A D 0 4 2 2 4 5 0 0 1
G. State Facility's ID CAD042245001
H. Facility's Phone 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE HAZARDOUS LIQUID, ORM-E, NA9189 (WATER 50%, OIL 50%)	01	10 DM	005100	G	State 222 EPA/Other D001
b. WASTE PAINT RELATED MATERIAL, COMBUSTIBLE LIQUID, NA1263 (TURPENTINE 30%, ALPHA PETROLEUM DISTRILLER 50%)	01	04 DM	001180	G	State 213 EPA/Other D001
c. HAZARDOUS WASTE SOLID N.O.S., ORM-E NA9189 (VERMICULITE 50%, OIL 50%)	00	12 DM	001090	G	State 221 EPA/Other D001
d. WASTE OIL N.O.S., COMBUSTIBLE LIQUID, NA1277 (EMPTY DRUMS)	01	5 DM	000600	P	State 222 EPA/Other D001

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBERS (B)10618, B10619, B10621, B10624

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: Curtis Schulz — Signature — Month Day Year: 01 10 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature — Month Day Year: 01 10 91

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON — Signature — Month Day Year: 01 10 91

GENERATOR — TRANSPORTER — FACILITY

88681605

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

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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. CAD 981 876 486
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
DIGMOR INC.
1898 E. COLTON AVE., REDLANDS CA 92374

4. Generator's Phone (714-794-1131

A. State Manifest Document Number 88683242

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 012455

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	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S ORM-E (PAINT SLUDGE) NA 9189	004	DM	024100	P	State D001 EPA/Other
b. HAZARDOUS WASTE SOLID N.O.S ORM-E (WASTE FLOOR SWEEPS) NA 9189	002	DM	004500	P	State EPA/Other D001
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
TOTAL 6 DRUMS

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A13795

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 James Goodrick
Signature: X James Goodrick
Month Day Year: 10 20 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 20 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: 10 20 90

GENERATOR — TRANSPORTER — FACILITY

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