lc_group_name	Sears, Roebuck and Co.
grp_calc_volume:	6.092 tons

generator_name	SEARS ROEBUCK & CO
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83493941	0.4 tons
83494000	0.4 tons
83494117	0.35 tons
83494133	0.4 tons
83494146	0.2 tons
83564113	0.2 tons
83564126	0.8 tons
83564135	0.4 tons
84341438	0.7 tons
84345242	0.15 tons
87114023	0.5 tons
87119288	0.7 tons
88355908	0.417 tons
88676152	0.075 tons

generator_name	SEARS STORE #1298
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83564166	0.4 tons

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

UNIFORM HAZARDOUS WASTE MANIFEST

June25, 1984

Department of Health Services
P.O.# 697123
Shipper 12827

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

STATE ID NUMBER 83493941

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO.
3333 Bristol St.
Costa Mesa, CA 92626
AREA CODE/PHONE NUMBER 714/540-3333

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CIAIX0 0 01 08 7B 11

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

VEH./CONTAINER NO.
EPA ID NUMBER
CAD 0 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
CADO 4 2 245 0 01

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 NOS. - ORM-E	NA 9 189	800	P	4	DM	2 11	D
(R-11)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
OIL				
WATER				
R-11				

Hazardous Waste Management Branch
AUG 1 1984
California Department of Health Services
SACRAMENTO

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.

X CHARLES TRACY
Printed or typed full name and signature

MO. 06 DAY 28 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
TIM BATTIERRA
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 06 DAY 28 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.
STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CIAD 0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO. 06 DAY 28 YR 84

FORM NO. DHS 8072 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87937

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 16, 1984

Department of Health Services
P.O.# S-132678

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

STATE ID NUMBER 83494000

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (R.W. TAYLOR)
2650 E. Olympic Blvd., Dept. 208
Los Angeles, CA 90051
AREA CODE/PHONE NUMBER 213/265 5400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAV000080586

TRANSPORTER NO. 1
Sears Roebuck & Co.
2650 E. Olympic BLVD.
L.A. Calif.

VEH./CONTAINER NO.
EPA ID NUMBER CAV000080586

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER CA D042245001

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.-ORM-E (R-11)	NA 9189	800	P	04	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS

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

Phillip G. Smith
Printed or typed full name and signature

MO. 05 DAY 16 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
Phillip G. Smith
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 05 DAY 16 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Lin Bettiere
Printed or typed full name and signature

EPA ID NUMBER CA D042245001

DATE RECEIVED & ACCEPTED MO. 05 DAY 16 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

UNIFORM HAZARDOUS WASTE MANIFEST
APRIL 18, 1984

Department of Health Service
SHIPPER 1259
P.O. 325234

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

STATE ID NUMBER 83494117

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (MIKE CRIBBINS)
Puente Hills Store
City of Industry, CA
AREA CODE/PHONE NUMBER 213/965-7411

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000071610911

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602
VEH./CONTAINER NO. 00042507
EPA ID NUMBER CAD042245001

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

TREATMENT/STORAGE/DISPOSAL FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602
(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
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9189	7010	P	6	DM	2113

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

SPECIAL HANDLING INSTRUCTIONS
yeled 182 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 [signature] MD 04 DAY 4 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 Henry Salazar [signature]
DATE REC'D & ACCEPTED MO 04 DAY 20 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.
STEVE SIMPSON [signature]
Printed or typed full name and signature
CAD042245001
DATE RECEIVED & ACCEPTED MO. 05 DAY 01 YR 8

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87

DRIVER: PLS ASK FOR LINDY IN BLDG. MAINTENANCE.

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Shipper 12515
P.O.# 246096

April 19, 1984

Called in by Dick Warfield

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

STATE ID NUMBER 83494133

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK CO. (LINDY)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX 236 No. Central Ave.
Glendale, CA 91203

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000076315

AREA CODE/PHONE NUMBER

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH./CONTAINER NO: D0082507
EPA ID NUMBER: CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

EPA ID NUMBER: CAD042245001

AREA CODE/PHONE NUMBER (213) 698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S. ORM-E (R-11)	NA9189	800	P	5	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 661 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: LINDEY DEL AGUILA Lindey Del Aguila

MO: 04 DAY: [illegible] 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: Henry Solomon Henry Solomon

DATE REC'D & ACCEPTED — MO: 04 DAY: 23 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.

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED — MO: 05 DAY: 01 YR: 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

3/16/84

PO# 611463
Shipper # 287874

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83494146

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears
1414 N. Azusa
Covina, CA.
AREA CODE/PHONE NUMBER 966-0611 ED INIOW

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000083329

TRANSPORTER NO 1
Sears
1414 N. Azusa
W. Covina, CA

VEH./CONTAINER NO. | EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO | EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD042245000

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	D M
Hazardous Waste, Liquid N.O.S. (R-11)	NA9189	400	P	02	DM	211	C

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PP

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

SPECIAL HANDLING INSTRUCTIONS
yield 291 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 Philip Johnson

MO. 03 DAY 16 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
DATE REC'D & ACCEPTED MO DAY YR

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 03 DAY 16 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8796

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

SEPT. 7, 1984

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Ser
Shipper 70497
P.O.# 179643

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

STATE ID NUMBER 8356411

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (Al Gonzales)
1414 Azusa Ave.
Covina, CA 91722

AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER C A X0 0 00 8 3 329

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

VEH./CONTAINER NO 4 2 507

EPA ID NUMBER C AD 0 4 2 245 0

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 213/698-0991

C AD 0 4 2 245 0

PROPER U S DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	TYPE	WASTE CAT NO
Hazardous Waste, Liquid NOS -ORM-E (R-11)	N A 9 1 89	400	P	2	DM	211

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS P
Trichlorotrifluoromethane				
oil				
Water				

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 Wayne Giddings — MO 09 DAY 10 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 Henry Solomon — DATE REC'D & ACCEPTED MO 9 DAY 10 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

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER C A D0 4 2 245 0 0 0 — DATE RECEIVED & ACCEPTED MO 09 DAY 10 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8796

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

SEPT. 13, 1984
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 6
R179647
Shipper 13004

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

STATE ID NUMBER 83564126

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS, ROEBUCK & CO. (Greg)
1414 No. Azusa
Covina, CA 91722
AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X0 00 018 33 29

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Bld.
Whittier CA 90602

VEH./CONTAINER NO: 4 2 507
EPA ID NUMBER: C A D0 4 2 245 0

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH. CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
CA DD 04 2 245 0 0

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT./VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT. NO.	D M
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9189	1600	P	09	DM	211	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
Refrigerant				
Oil				
Water				

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

X SUE LUSHER
Printed or typed full name and signature

MO 09 DAY 14 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
X SUE LUSHER
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 09 DAY 14 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Tim Baltierra
Printed or typed full name and signature TIM BALTIERRA

EPA ID NUMBER C AD 0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO 09 DAY 14 YR 84

FORM NO. DHS 8022A (11/82)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-879

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

Department of Health Ser

UNIFORM HAZARDOUS WASTE MANIFEST

9-17-84

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

STATE ID NUMBER 8356413

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears Store # 1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE/PHONE NUMBER Neil Crampton 714/688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000113159

TRANSPORTER NO 1
G.I. Trucking
Whittier, CA
213/ 944-6402
VEH/CONTAINER NO
EPA ID NUMBER CAD009171742

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER 213/ 698-0991
EPA ID NUMBER CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO
HAZARDOUS WASTE, LIQUID N.O.S.	NA9189	00800	P	004	DM	211
(R-11) (ORM-E)						

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNIT

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

NEIL RANDALL CRAMPTON
Printed or typed full name and signature Neil Crampton

MO 09 DAY 24

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES*
Don Gustafson G.I. Trucking
Printed or typed full name and signature 9-27-84
DATE REC'D & ACCEPTED MO DAY

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPT MO 09 DAY 24

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-

State of California—Health and Welfare Agency

3-18-85

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.: CAX000076315
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
SEARS-GLENDALE
236 No. Central Ave., Glendale, CA 91203
4. Generator's Phone (818) 507-1131 Lindy

A. State Manifest Document Number: 84341438
B. State Generator's ID: CAX000076315

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 52319
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	Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA9189 (R-11)	007	DM	01400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
7-200 POUND DRUMS OF TRICHLOROFLUOROMETHANE (R-11)

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DAN T ERWIN
Signature:
Date (Month Day Year): 3 20 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date (Month Day Year): 3 20 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 Day Year): 03 20 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 69541

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. CAX000080580 — 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
SEARS
2650 E. Olympic, Los Angeles, Ca. 90051

4. Generator's Phone (213) 265-6208

A. State Manifest Document Number: 84345242

B. State Generator's ID: CAX000080580

5. Transporter 1 Company Name: SEARS — 6. US EPA ID Number: CAX000080580

C. State Transporter's ID

D. Transporter's Phone: 213/265-6208

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 ORM-E (R-11)	02	DM	300	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Phillip G. Smith — Signature: Phillip G. Smith — Date (Month Day Year): 10 31 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Phillip G. Smith — Signature: Phillip G. Smith — Date (Month Day Year): 10 31 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year):

19. Discrepancy Indication Space
RECEIVED 209 lbs

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

Printed/Typed Name: ISAAC Woods JR — Signature: Isaac Woods — Date (Month Day Year): 10 31 86

GENERATOR — TRANSPORTER — FACILITY

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

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).

05/12/87

17366
Department of Health Services
Toxic Substances Control Division
Sacramento, California

Shipper

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 12 0 4 2 0 039 | 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
Sears
236 No. Central, Glendale, CA 91203
4. Generator's Phone 818) 507-1131

A. State Manifest Document Number 87114023
B. State Generator's ID C A D 1 20 42 00 3 9
C. State Transporter's ID 803784
D. Transporter's Phone 213/698-0991

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: C A D 04 2 2 45 0 01
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: C A D 04 2 2 45 00 1
G. State Facility's ID C A D 0 4 2 245 00 1
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 (R-11)	5	DM	1/1000	P	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Freon R-11
oil
water

K. Handling Codes for Wastes Listed Above
a. 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: LINDEY DEL AGUILA | Signature: Lindey del Aguila | Month Day Year: 05/14/87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr | Month Day Year: 05/14/87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 05/14/87

GENERATOR — TRANSPORTER — FACILITY

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

DHS 1122 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

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).

SHIPPER#18602 10/25/88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 004 854
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
SEARS STORE
565 BROADWAY AVENUE, CHULA VISTA, CA 92010
4. Generator's Phone: 619 427-2100

A. State Manifest Document Number: 87119283
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: 904378
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: CAD014224501
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 (R-11)	0018	DM	14010	P	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 J E DAVIS
Signature: J E Davis
Month Day Year: 10 28 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 28 88

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 28 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

8811 19 0018 1914

07/28/2003 A

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

88355908

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

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD020161667 Manifest Document No. 00001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
SEARS ROEBUCK MD CO.
200 TOWN CENTER EAST, SANTA MARIA, CA 93454

4. Generator's Phone ( ) 805-922-6911

A. State Manifest Document Number 88355908

B. State Generator's ID HAHO861-081897

5. Transporter 1 Company Name: NG CHEMICAL, INC.

6. US EPA ID Number: CAD982067596

C. State Transporter's ID 006302

D. Transporter's Phone 805-925-8391

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
12512 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213-698-8991

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.
WASTE PAINT, COMBUSTIBLE LIQUID UN 1263	002	DM	99/100	G	State 331 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
UNUSED LIQUID PAINT 100%
SEE ATTACHED MSDS

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

15. Special Handling Instructions and Additional Information
PLEASE BILL: N G CHEMICAL, INC., SANTA MARIA, CA. 93455
*WEAR APPROPRIATE SAFETY GEAR NCP# 88-00485

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: Allan Mahan — Signature: [signature] — Month Day Year: 06 27 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS VESTER — Signature: Chris Vester — Month Day Year: 06 27 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON — Signature: N. Jay Solomon — Month Day Year: 06 28 89

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.: CAD 057 780 512
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:
RXEX SEARS ROEBUCK 1298
5261 ARLINGTON AVE. LOADING DOCK
4. Generator's Phone (714 688-9400 RIVERSIDE, CA 92504

A. State Manifest Document Number: 88676152
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 845 001
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 042 845 001
G. State Facility's ID: CAD042245991
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 (R-11) ORM-E	007	DM	010/150	P	State 341 EPA/Other F002
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

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: William L. McCoy
Signature: William L. McCoy
Month Day Year: 01 11 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [illegible]
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

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: [illegible]
Month Day Year: 01 11 1990

GENERATOR

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

88676152

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

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for P.O. Box 3000, Sacramento, CA 95812

07/29/2003 A

of California - Health and Welfare Agency
ARDOUS WASTE MANAGEMENT BRANCH
44 P Street
ramento CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10-3-84

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

STATE ID NUMBER 83564166

GENERATOR NAME AND MAILING ADDRESS
Sears Store #1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE PHONE NUMBER Neil Crampton (714)688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000112159

TRANSPORTER NO 1
G. I. Trucking
Riverside, CA
(714)425-4040

VEH /CONTAINER NO 5314
EPA ID NUMBER CAD009121742

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE PHONE NUMBER (213) 698-0991

EPA ID NUMBER CAX042245001

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. ORM-E	NA9189	00800	P	0004	DM	211	01
(R-11)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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

NEIL RAMPAL CRAMPTON
Printed or typed full name and signature Neil Crampton

(collect)

MO 10 DAY 06 YR 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature MR. WHAKER

DATE REC'D & ACCEPTED MO 10 DAY 8 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Printed or typed full name and signature Jim Bathiere

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 10 YR 84

SEND THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

of California – Health and Wellare Agency
ARDOUS WASTE MANAGEMENT BRANCH
44 P Street
mento CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10-3-84

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

STATE ID NUMBER 83564166

GENERATOR NAME AND MAILING ADDRESS
Sears Store #1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE PHONE NUMBER Neil Crampton (714)688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000112159

TRANSPORTER NO 1
G. I. Trucking
Riverside, CA
(714)425-4040

VEH CONTAINER NO 53714
EPA ID NUMBER CAD009174217

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE PHONE NUMBER (213) 698-0991

EPA ID NUMBER CAX042245001

PROPER U S DOT 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. ORM-E	NA9189	00800	P	004	DM	211	01
(R-11)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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

NEIL RAMPAL Crampton Neil Crampton (collect)
Printed or typed full name and signature

MO 10 DAY 06 YR 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Whitten 318 10-8-84
Printed or typed full name and signature M. WHITAKER

DATE REC'D & ACCEPTED MO 10 DAY 8 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

DISCREPANCY INDICATION SPACE

IN BY TSDF

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Tim DaTIERRA T. DaTierra
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 10 YR 84

SEND THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

lc_group_name	Sears, Roebuck and Co.
grp_calc_volume:	6.092 tons

generator_name	SEARS ROEBUCK & CO
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83493941	0.4 tons
83494000	0.4 tons
83494117	0.35 tons
83494133	0.4 tons
83494146	0.2 tons
83564113	0.2 tons
83564126	0.8 tons
83564135	0.4 tons
84341438	0.7 tons
84345242	0.15 tons
87114023	0.5 tons
87119288	0.7 tons
88355908	0.417 tons
88676152	0.075 tons

generator_name	SEARS STORE #1298
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83564166	0.4 tons

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

UNIFORM HAZARDOUS WASTE MANIFEST

June25, 1984

Department of Health Services
P.O.# 697123
Shipper 12827

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

STATE ID NUMBER 83493941

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO.
3333 Bristol St.
Costa Mesa, CA 92626
AREA CODE/PHONE NUMBER 714/540-3333

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CIAIXIOIOI 08178117

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

VEH./CONTAINER NO.
EPA ID NUMBER
CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
CADOA2245001

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 NOS. - ORM-E	NA 9 189	800	P	[illegible]	DM	2 11	0
(R-11)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
OIL				
WATER				
R-11				

Hazardous Waste Management Branch
AUG 1 1984
California Department of Health Services
SACRAMENTO

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

X CHARLES TRACY
Printed or typed full name and signature

MO. 06 DAY 28 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
TIM BATTIERRA
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 06 DAY 28 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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CIAD 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO. 06 DAY 28 YR 84

FORM NO. DHS-8072A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

63-87937

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 16, 1984

Department of Health Services
P.O. # S-182678

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

STATE ID NUMBER 83494000

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (R.W. TAYLOR)
2650 E. Olympic Blvd., Dept. 208
Los Angeles, CA 90051
AREA CODE/PHONE NUMBER 213/265 5400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAY000080588

TRANSPORTER NO. 1
Sears Roebuck + Co.
2650 E. Olympic BLVD.
L.A. Calif.

VEH./CONTAINER NO.
EPA ID NUMBER CAY000080588

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER CA D042245001

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.-ORM-E (R-11)	NA 9189	800	P	04	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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

Phillip G. Smith
Printed or typed full name and signature

MO 05 DAY 16 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
Phillip G. Smith
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 05 DAY 16 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number See instructions. omega chemical
Tim Bateman
Printed or typed full name and signature

EPA ID NUMBER C A D0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO 05 DAY 16 YR 84

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

Department of Health Services
SHIPPER 125 P.O. 325237

UNIFORM HAZARDOUS WASTE MANIFEST
APRIL 18, 1984

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

STATE ID NUMBER 83494117

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (MIKE CRIBBINS)
Puente Hills Store
City of Industry, CA
AREA CODE/PHONE NUMBER 213/965-7411

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000071601911

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH./CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

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

TREATMENT/DISPOSAL FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602
(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	DI ME
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9189	7010	P	1	DM	211	0

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

SPECIAL HANDLING INSTRUCTIONS
yeled 182 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 [signature] MO 04 DAY [illegible] 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 Henry Solomon [signature] DATE REC'D & ACCEPTED MO 04 DAY 20 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.
STEVE SIMPSON [signature]
Printed or typed full name and signature
CAD042245001

DATE RECEIVED & ACCEPTED MO 05 DAY 01 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8796

DRIVER: PLS ASK FOR LINDY IN BLDG. MAINTENANCE.

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Shipper 12515
P.O.# 246096

Called in by Dick Warfield

April 19, 1984

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

STATE ID NUMBER 83494133

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK CO. (LINDY)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX 236 No. Central Ave.
Glendale, CA 91203

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000076315

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH/CONTAINER NO: D0082507
EPA ID NUMBER: CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

AREA CODE/PHONE NUMBER (213) 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
Hazardous Waste, Liquid N.O.S._ORM-E (R-11)	NA9189	800	P	5	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 661 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: LINDEY DEL AGUILA — MO 04 DAY 1 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: Henry Solomon — DATE REC'D & ACCEPTED MO 04 DAY 23 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

Printed or typed full name and signature: STEVE SIMPSON

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO 05 DAY 01 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

5/16/84

PO# 601463
Shipper # 287874

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83494146

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears
1414 N. Azusa
Covina, CA.
AREA CODE/PHONE NUMBER 966-0611 ED Inlow

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000083329

TRANSPORTER NO 1
Sears
1414 N. Azusa
W. Covina, CA

VEH./CONTAINER NO. | EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO | EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
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	DIS MET
Hazardous Waste, Liquid N.O.S. (R-11)	NA9189	400	P	02	DM	2110	

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

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

SPECIAL HANDLING INSTRUCTIONS
yield 291 lbs.

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

Printed or typed full name and signature — MO 03 DAY 16 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 — DATE REC'D & ACCEPTED MO DAY YR

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.
Printed or typed full name and signature

EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 03 DAY 16 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

SEPT. 7, 1984

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Servic
Shipper 70497
P.O.# 179643

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

STATE ID NUMBER 83564113

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (Al Gonzales)
1414 Azusa Ave.
Covina, CA 91722

AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER C A X0 0 00 8 3 329

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

VEH/CONTAINER NO 4 2 507

EPA ID NUMBER C AD 0 4 2 245 0

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO

EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER C AD 0 4 2 245 0

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U S D O T SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	D M
Hazardous Waste, Liquid NOS -ORM-E (R-11)	N A 9 1 89	400	P	2	DM	211	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PP
Trichlorotrifluoromethane				
Oil				
Water				

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 Wayne Giddings — MO 09 DAY 10 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 Henry Solomon — DATE REC'D & ACCEPTED MO 09 DAY 10 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

STEVE SIMPSON Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER C A D0 4 2 245 0 0 0

DATE RECEIVED & ACCEPTED MO 09 DAY 10 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87987

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

SEPT. 13, 1984
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 0
R179647
Shipper 13004

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

STATE ID NUMBER 83564126

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS, ROEBUCK & CO. (Greg)
1414 No. Azusa
Covina, CA 91722
AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X0 00 0183 3 2 9

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Bld.
Whittier CA 90602

VEH./CONTAINER NO: 4 2 507
EPA ID NUMBER: C A D0 4 2 245 0 0

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 D0 4 2 245 0 0

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT. NO.	DESCRIPTION
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9189	1600	P	09	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Refrigerant				
Oil				
Water				

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.

X SUE LUSHER — Printed or typed full name and signature — MO 09 DAY 14 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
X Sue Lusher — SUE LUSHER — Printed or typed full name and signature
DATE REC'D & ACCEPTED: MO 09 DAY 14 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Tim Ballierra — TIM BALLIERRA — Printed or typed full name and signature

EPA ID NUMBER: C AD 0 4 2 245 0 0 1

DATE RECEIVED & ACCEPTED: MO 09 DAY 14 YR 84

FORM NO. DHS 8022A (11/82)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8796

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

Department of Health Servi

UNIFORM HAZARDOUS WASTE MANIFEST

9-17-84

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

STATE ID NUMBER 83564135

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears Store # 1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE/PHONE NUMBER Neil Crampton 714/688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000113159

TRANSPORTER NO 1
G.I. Trucking
Whittier, CA
213/ 944-6402
VEH/CONTAINER NO
EPA ID NUMBER CAD009717421

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER 213/ 698-0991
EPA ID NUMBER CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO
HAZARDOUS WASTE, LIQUID N.O.S.	NA9189	00800	P	004	DM	211
(R-11) (ORM-E)						

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS

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

NEIL RANDALL CRAMPTON
Printed or typed full name and signature

MO 09 DAY 24 Y 8

☐ 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
DATE REC'D & ACCEPTED MO DAY Y

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

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTE MO 09 DAY 24

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8

State of California—Health and Welfare Agency

3-18-85

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.: CAX000076315
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
SEARS-GLENDALE
236 No. Central Ave., Glendale, CA 91203
4. Generator's Phone (818) 507-1131 Lindy

A. State Manifest Document Number: 84341438
B. State Generator's ID: CAX000076315

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 52319
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	Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA9189 (R-11)	007	DM	01400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
7-200 POUND DRUMS of TRICHLOROFLUOROMETHANE (R-11)

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DAN T ERWIN
Signature: [signature]
Date (Month Day Year): 3 20 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr
Signature: Isaac Woods Jr.
Date (Month Day Year): 3 20 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: [signature]
Date (Month Day Year): 03 20 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 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

C

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000080580
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
SEARS
2650 E. Olympic, Los Angeles, Ca. 90051
4. Generator's Phone (213) 265-6208

A. Manifest Document Number: 8434524 2
B. State Generator's ID: CAX000080580

5. Transporter 1 Company Name: SEARS
6. US EPA ID Number: CAX000080580
C. State Transporter's ID
D. Transporter's Phone: 213/265-6208

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, NA 9189 ORM-E (R-11)	02	DM	300	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Phillip G. Smith
Signature: Phillip G. Smith
Date: Month Day Year 03 13 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Phillip G. Smith
Signature: Phillip G. Smith
Date: Month Day Year 03 13 86

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

FACILITY

19. Discrepancy Indication Space
RECEIVED 209 lbs

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

Printed/Typed Name: ISAAC Woods JR
Signature: Isaac Woods
Date: Month Day Year 03 13 86

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

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).

05/12/87

17366
Shipper
Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 12 0 4 2 0 039
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
Sears
236 No. Central, Glendale, CA 91203
4. Generator's Phone (818) 507-1131

A. State Manifest Document Number 87114023
B. State Generator's ID C A D 1 20 42 00 3 9
C. State Transporter's ID 83784
D. Transporter's Phone 213/698-0991

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: C A D 04 2 2 45 0 01
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: C A D 04 2 2 45 00 1

G. State Facility's ID C A D 0 4 2 245 00 1
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 (R-11)	5	DM	1000	P	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Freon R-11
Oil
Water

K. Handling Codes for Wastes Listed Above
a. 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: LINDEY DEL AGUILA
Signature: Lindey Del Aguila
Month Day Year: 05/14/87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Month Day Year: 05/14/87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 05/14/87

GENERATOR
TRANSPORTER
FACILITY

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

DHS 1122 A (1/87)
EPA 8700—22
(Rev. 2-88) 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

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).

SHIPPER#18602 10/25/88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 004 854
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
SEARS STORE
565 BROADWAY AVENUE, CHULA VISTA, CA 92010
4. Generator's Phone (619 427-2100

A. State Manifest Document Number: 87119283
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: 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: 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 (R-11)	018	DM	114010	P	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 J E DAVIS
Signature: J E Davis
Month Day Year: 10 28 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 28 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10 28 88

GENERATOR

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

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

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

INSTRUCTIONS ON THE BACK

8811 29 00 18 1914

07/28/2003 A

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

88355908

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. CAD020161667 Manifest Document No. 00001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
SEARS ROEBUCK MD CO.
200 TOWN CENTER EAST, SANTA MARIA, CA 93454

4. Generator's Phone ( ) 805-922-6911

A. State Manifest Document Number: 88355908

B. State Generator's ID: HAH086+081897

5. Transporter 1 Company Name: NG CHEMICAL, INC.

6. US EPA ID Number: CAD982067596

C. State Transporter's ID: 006302

D. Transporter's Phone: 805-925-8391

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
12512 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213-698-8991

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.
WASTE PAINT, COMBUSTIBLE LIQUID UN 1263	002	DM	99100	G	State 331 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
UNUSED LIQUID PAINT 100%
SEE ATTACHED MSDS

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

15. Special Handling Instructions and Additional Information
PLEASE BILL: N G CHEMICAL, INC., SANTA MARIA, CA. 93455
*WEAR APPROPRIATE SAFETY GEAR NCR# 88-00405

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: Allan Mahan — Signature: [signature] — Month Day Year: 06 27 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS VESTER — Signature: Chris Vester — Month Day Year: 06 27 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY Solomon — Signature: N. Jay Solomon — Month Day Year: 06 28 89

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

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 057 780 512
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
RTEX SEARS ROEBUCK 1298
5261 ARLINGTON AVE LOADING DOCK
4. Generator's Phone (714 688-9400 RIVERSIDE, CA 92504

A. State Manifest Document Number 88676152
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 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 (R-11) ORM-E	007 065	DM	010/150	P	State 341 / EPA/Other F002
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

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: William L. McCoy
Signature: William L. McCoy
Month Day Year: 01 11 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
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
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

88676152

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

07/29/2003 A

of California – Health and Welfare Agency
ARDOUS WASTE MANAGEMENT BRANCH
44 P Street
ramento CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10-3-84

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

STATE ID NUMBER 83564166

GENERATOR NAME AND MAILING ADDRESS
Sears Store #1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE PHONE NUMBER Neil Crampton (714)688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000112159

TRANSPORTER NO 1
G. I. Trucking
Riverside, CA
(714)425-4040

VEH /CONTAINER NO 53V/14
EPA ID NUMBER CAD009174421

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE PHONE NUMBER (213) 698-0991

EPA ID NUMBER CAX042245001

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. ORM-E	NA9189	00800	P	004	DM	211	01
(R-11)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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

NEIL RAMPAL Crampton (collect)
Printed or typed full name and signature Neil Crampton — MO 10 DAY 06 YR 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature M. WHITAKER — DATE REC'D & ACCEPTED MO 10 DAY 8 YR 84

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

IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Printed or typed full name and signature TIM BATTIERRA — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 10 DAY 10 YR 84

SEND THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

lc_group_name	Sears, Roebuck and Co.
grp_calc_volume:	6.092 tons

generator_name	SEARS ROEBUCK & CO
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83493941	0.4 tons
83494000	0.4 tons
83494117	0.35 tons
83494133	0.4 tons
83494146	0.2 tons
83564113	0.2 tons
83564126	0.8 tons
83564135	0.4 tons
84341438	0.7 tons
84345242	0.15 tons
87114023	0.5 tons
87119288	0.7 tons
88355908	0.417 tons
88676152	0.075 tons

generator_name	SEARS STORE #1298
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83564166	0.4 tons

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

UNIFORM HAZARDOUS WASTE MANIFEST

June25, 1984

Department of Health Services
P.O.# 697123
Shipper 12827

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

STATE ID NUMBER 83493941

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO.
3333 Bristol St.
Costa Mesa, CA 92626
AREA CODE/PHONE NUMBER 714/540-3333

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CIAIXO 0 0 08 7B 11

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

VEH./CONTAINER NO.
EPA ID NUMBER
CAD 0 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
CAD0 4 2 245 0 01

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 NOS. - ORM-E	NA 9 189	800	P	4	DM	2 11	0
(R-11)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
OIL				
WATER				
R-11				

Hazardous Waste Management Branch
AUG 1 1984
California Department of Health Services
SACRAMENTO

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.

X CHARLES TRACY
Printed or typed full name and signature

MO. 06 DAY 28 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
TIM BATTERRA
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 06 DAY 28 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.
STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CIAD 0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO. 06 DAY 28 YR 84

FORM NO. DHS 8072A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87937

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 16, 1984

Department of Health Services
P.O.# S-182678

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

STATE ID NUMBER 83494000

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (R.W. TAYLOR)
2650 E. Olympic Blvd., Dept. 208
Los Angeles, CA 90051
AREA CODE/PHONE NUMBER 213/265 5400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAV000080580

TRANSPORTER NO. 1
Sears Roebuck & Co.
2650 E. Olympic BLVD.
L.A. Calif.

VEH./CONTAINER NO.
EPA ID NUMBER CAV000080580

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER CA D042245001

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.-ORM-E (R-11)	NA 9189	800	P	04	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS

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

Phillip G. Smith
Printed or typed full name and signature

MO 05 DAY 16 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
Phillip G. Smith
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 05 DAY 16 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number See instructions.
Omega Chemical
Tim Bagshaw
Printed or typed full name and signature

EPA ID NUMBER CA D042245001

DATE RECEIVED & ACCEPTED MO 05 DAY 16 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

UNIFORM HAZARDOUS WASTE MANIFEST
APRIL 18, 1984

Department of Health Servic
SHIPPER 125
P.O. 525234

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

STATE ID NUMBER 83494117

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (MIKE CRIBBINS)
Puente Hills Store
City of Industry, CA
AREA CODE/PHONE NUMBER 213/965-7411

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX010001610911

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH./CONTAINER NO. 00042507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, DISPOSAL FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602
(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
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9111 89	7010	P	6	DM	21 11

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

SPECIAL HANDLING INSTRUCTIONS
yeled 182 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 [signature] MO 04 DAY 4 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 Henry Solano [signature] DATE REC'D & ACCEPTED MO 04 DAY 20 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.

CAD042245001

STEVE SIMPSON [signature]
Printed or typed full name and signature

DATE RECEIVED & ACCEPTED MO 05 DAY 01 YR 8

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87

DRIVER: PLS ASK FOR LINDY IN BLDG. MAINTENANCE.

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Shipper 12515
P.O.# 246096

April 19, 1984

Called in by Dick Warfield

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

STATE ID NUMBER 83494133

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK CO. (LINDY)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX 236 No. Central Ave.
Glendale, CA 91203

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000076315

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH/CONTAINER NO: D0082507
EPA ID NUMBER: CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

AREA CODE/PHONE NUMBER (213) 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
Hazardous Waste, Liquid N.O.S. ORM-E (R-11)	NA9189	800	P	5	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 661 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: LINDEY DEL AGUILA Lindy Del Aguila — MO 04, DAY, 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: Henry Solomon — DATE REC'D & ACCEPTED: MO 04, DAY 23, 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.

STEVE SIMPSON Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO 05, DAY 01, YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

3/16/84

PO# 601463
Shipper # 287874

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83494146

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears
1414 N. Azusa
Covina, CA.
AREA CODE/PHONE NUMBER 966-0611 ED INIOW

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAXQ990833129

TRANSPORTER NO 1
Sears
1414 N. Azusa
W. Covina, CA

VEH./CONTAINER NO. | EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO | EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
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	D M
Hazardous Waste, Liquid N.O.S. (R-11)	NA9189	400	P	02	DM	211	C

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PP

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

SPECIAL HANDLING INSTRUCTIONS
yield 291 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 Philip Johnson

MO 03 DAY 16 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
DATE REC'D & ACCEPTED MO DAY YR

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 03 DAY 16 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8796

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

SEPT. 7, 1984

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Ser
Shipper 70497
P.O.# 179643

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

STATE ID NUMBER 8356411

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (Al Gonzales)
1414 Azusa Ave.
Covina, CA 91722

AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A X0 0 00 8 3 329

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

VEH/CONTAINER NO 4 2 507
EPA ID NUMBER C AD 0 4 2 245 0

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
C AD 0 4 2 245 0

AREA CODE/PHONE NUMBER 213/698-0991

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO
Hazardous Waste, Liquid NOS -ORM-E (R-11)	N A 9 1 89	400	P	2	DM	211

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS
Trichlorotrifluoromethane			
oil			
Water			

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 Wayne Eddings — MO 09 DAY 10 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 Henry Solomon — DATE REC'D & ACCEPTED MO 9 DAY 10 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)

STEVE SIMPSON — EPA ID NUMBER C A D0 4 2 245 0 0 0 — DATE RECEIVED & ACCEPTED MO 09 DAY 10 YR 84

Printed or typed full name and signature

FORM NO DHS 8022A 11 82 — TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS — 83-879E

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

SEPT. 13, 1984
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 6
R179647
Shipper 13004

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

STATE ID NUMBER 83564126

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS, ROEBUCK & CO. (Greg)
1414 No. Azusa
Covina, CA 91722
AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X0 00 10 83 31 29

TRANSPORTER NO 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Bld.
Whittier CA 90602

VEH/CONTAINER NO: 4 2 507
EPA ID NUMBER: CA D0 4 2 245 0

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER: CA DD 04 2 245 0 00

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	D M
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9189	1600	P	09	DM	211	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PP
REFRIGERANT				
OIL				
WATER				

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

X SUE LUSHER — Printed or typed full name and signature — MO 09 DAY 14 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: SUE LUSHER
DATE REC'D & ACCEPTED: MO 09 DAY 14 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Printed or typed full name and signature: TIM BALTIERRA

EPA ID NUMBER: CA D0 4 2 245 0 01
DATE RECEIVED & ACCEPTED: MO 09 DAY 14 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-871

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

Department of Health Ser

UNIFORM HAZARDOUS WASTE MANIFEST

9-17-84

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

STATE ID NUMBER 8356413

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears Store # 1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE/PHONE NUMBER Neil Crampton 714/688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000113159

TRANSPORTER NO 1
G.I. Trucking
Whittier, CA
213/ 944-6402

VEH/CONTAINER NO
EPA ID NUMBER CAD009171742

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO
HAZARDOUS WASTE, LIQUID N.O.S.	NA9189	00800	P	004	DM	211
(R-11) (ORM-E)						

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNIT

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

NEIL RANDALL CRAMPTON

Printed or typed full name and signature Neil Crampton

MO 09 DAY 24

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES*
Don Gus G.I. Trucking
Printed or typed full name and signature 9-27-84

DATE REC'D & ACCEPTED MO DAY

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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

STEVE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEP MO 09 DAY 24

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83

State of California—Health and Welfare Agency

3-18-85

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. CAX000076315 — 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
SEARS-GLENDALE
236 No. Central Ave., Glendale, CA 91203

A. State Manifest Document Number 84341438

B. State Generator's ID CAX000076315

4. Generator's Phone (818) 507-1131 Lindy

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

C. State Transporter's ID 52319

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	Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA9189 (R-11)	007	DM	01400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
7-200 POUND DRUMS OF TRICHLOROFLUOROMETHANE (R-11)

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DAN T ERWIN — Signature: [signature] — Date (Month Day Year): 3 20 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date (Month Day Year): 3 20 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 Day Year): 03 20 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 89541

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. CAX000080580 — 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
SEARS
2650 E. Olympic, Los Angeles, Ca. 90051

4. Generator's Phone (213) 265-6208

A. State Manifest Document Number: 84345242

B. State Generator's ID: CAX000080580

5. Transporter 1 Company Name: SEARS — 6. US EPA ID Number: CAX000080580

C. State Transporter's ID

D. Transporter's Phone: 213/265-6208

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 ORM-E (R-11)	02	DM	300	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Phillip G. Smith — Signature: Phillip G Smith — Date (Month Day Year): 10 31 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Phillip G. Smith — Signature: Phillip G Smith — Date (Month Day Year): 10 31 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year):

19. Discrepancy Indication Space
RECEIVED 209 lbs

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

Printed/Typed Name: ISAAC Woods JR — Signature: Isaac Woods — Date (Month Day Year): 10 31 86

GENERATOR — TRANSPORTER — FACILITY

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-86)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

05/12/87

17366
Shipper

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. CA D 12 0 4 2 0 039 — Manifest Document No.

2. Page 1 of 1

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

GENERATOR

3. Generator's Name and Mailing Address
Sears
236 No. Central, Glendale, CA 91203

4. Generator's Phone (818) 507-1131

A. State Manifest Document Number 87114023

B. State Generator's ID C A D 1 20 42 00 3 9

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: C A D 04 2 2 45 0 01

C. State Transporter's ID 83789

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: C A D 04 2 2 45 00 1

G. State Facility's ID C A D 0 4 2 245 00 1

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 (R-11)	5	DM	1/1000	P	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Freon R-11
Oil
Water

K. Handling Codes for Wastes Listed Above
a. 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: LINDEY DEL AGUILA — Signature: Lindey del Aguila — Month Day Year: 05/14/87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 05/14/87

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 05/14/87

DHS 122 A (1/87)
EPA 8700—22
(Rev. 2-86) 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

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).

SHIPPER#18602 10/25/88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 004 854
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
SEARS STORE
565 BROADWAY AVENUE, CHULA VISTA, CA 92010
4. Generator's Phone: 619 427-2100

A. State Manifest Document Number: 87119283
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: 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: CAD014224501
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 (R-11)	008	DM	1400	P	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: J E DAVIS
Signature: [signature]
Month Day Year: 10/28/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 10/28/88

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: 10/28/88

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

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

INSTRUCTIONS ON THE BACK

8811 28 0018 1914

07/28/2003 A

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

88355908

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

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD020161667 Manifest Document No. 00001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
SEARS ROEBUCK MD CO.
200 TOWN CENTER EAST, SANTA MARIA, CA 93454

4. Generator's Phone ( ) 805-922-6911

A. State Manifest Document Number 88355908

B. State Generator's ID HAH086-081897

5. Transporter 1 Company Name: NG CHEMICAL, INC.

6. US EPA ID Number: CAD982067596

C. State Transporter's ID 006302

D. Transporter's Phone 805-925-8391

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
12512 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213-698-8991

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.
WASTE PAINT, COMBUSTIBLE LIQUID UN 1263	0102	DM	99/100	G	State 331 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
UNUSED LIQUID PAINT 100%
SEE ATTACHED MSDS

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

15. Special Handling Instructions and Additional Information
PLEASE BILL: N G CHEMICAL, INC., SANTA MARIA, CA. 93455
*WEAR APPROPRIATE SAFETY GEAR NCD# 88-00405

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: Allan Mahan — Signature: Allan Mahan — Month Day Year: 06 27 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS VESTER — Signature: Chris Vester — Month Day Year: 06 27 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY Solomon — Signature: N. Jay Solomon — Month Day Year: 06 28 89

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

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 057 780 512
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
RTEX SEARS ROEBUCK 1298
5261 ARLINGTON AVE., LOADING DOCK
4. Generator's Phone (714 688-9400 RIVERSIDE, CA 92504

A. State Manifest Document Number: 88676152
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: 01245
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: CAD042245091
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 (R-11) ORM-E	007	DM	010/150	P	State 341 / EPA/Other F002
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 _____

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: William L. McCoy
Signature: William L. McCoy
Month Day Year: 10/1/90

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

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: 10/1/1990

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

88676152

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

07/29/2003 A

of California - Health and Welfare Agency
ARDOUS WASTE MANAGEMENT BRANCH
44 P Street
mento CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10-3-84

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

STATE ID NUMBER 83564166

GENERATOR NAME AND MAILING ADDRESS
Sears Store #1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE/PHONE NUMBER Neil Crampton (714)688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000112159

TRANSPORTER NO. 1
G. I. Trucking
Riverside, CA
(714)425-4040

VEH./CONTAINER NO. 5371/4
EPA ID NUMBER CAD009172421

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH. CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER CAX042245001

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. ORM-E	NA9189	00800	P	004	DM	211	01
(R-11)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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

NEIL RAMPAL CRAMPTON (collect)
Printed or typed full name and signature Neil Crampton
MO 10 DAY 06 YR 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
H. Whitt 318 10-8-84
Printed or typed full name and signature MR. WHITAKER
DATE REC'D & ACCEPTED MO 10 DAY 8 YR 84

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

IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
TIM BATTIERRA
Printed or typed full name and signature
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 10 DAY 10 YR 84

SEARS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "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)*

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88355908

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

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD020161667 — Manifest Document No. 00001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
SEARS ROEBUCK MD CO.
200 TOWN CENTER EAST, SANTA MARIA, CA 93454

4. Generator's Phone ( ) 805-922-6911

A. State Manifest Document Number: 88355908

B. State Generator's ID: HAHOB6+0B1R97

5. Transporter 1 Company Name: NG CHEMICAL, INC.

6. US EPA ID Number: CAD982067596

C. State Transporter's ID: 006302

D. Transporter's Phone: 805-925-0391

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
12512 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.
WASTE PAINT, COMBUSTIBLE LIQUID UN 1263	002	DM	0001	00G	State 331 EPA/Other
b					State EPA/Other
c					State EPA/Other
d					State EPA/Other

J. Additional Descriptions for Materials Listed Above
UNUSED LIQUID PAINT 100%
SEE ATTACHED MSDS

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

15. Special Handling Instructions and Additional Information
PLEASE BILL: N G CHEMICAL, INC., SANTA MARIA, CA. 93455
*WEAR APPROPRIATE SAFETY GEAR NCP# 88-00405

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: Allan Mahan — Signature: Allan Mahan — Month Day Year: 06 27 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS VESTER — Signature: Chris Vester — Month Day Year: 06 27 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON — Signature: N. Jay Solomon — Month Day Year: 06 29 89

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

06/04/2001 "ORIGINAL MANIFEST COPY"

lc_group_name	Sears, Roebuck and Co. 10425
grp_calc_volume:	6.092 tons

generator_name	SEARS ROEBUCK & CO
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83493941	0.4 tons
83494000	0.4 tons
83494117	0.35 tons
83494133	0.4 tons
83494146	0.2 tons
83564113	0.2 tons
83564126	0.8 tons
83564135	0.4 tons
84341438	0.7 tons
84345242	0.15 tons
87114023	0.5 tons
87119288	0.7 tons
88355908	0.417 tons
88676152	0.075 tons

generator_name	SEARS STORE #1298
lc_name:	Sears, Roebuck and Co.

manifest_number	manifest_quantity_ton
83564166	0.4 tons

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

UNIFORM HAZARDOUS WASTE MANIFEST

June25, 1984

Department of Health Services
P.O. # 697123
Shipper 12827

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

STATE ID NUMBER 83493941

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO.
3333 Bristol St.
Costa Mesa, CA 92626
AREA CODE/PHONE NUMBER 714/540-3333

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CIAIXD 0 0 08 7B 11

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

VEH./CONTAINER NO.
EPA ID NUMBER
C AD 0 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
C AD0 4 2 245 0 01

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 NOS. - ORM-E	NA 9 189	800	P	4	DM	2 11	0
(R-11)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
OIL				
WATER				
R-11				

Hazardous Waste Management Branch
AUG 1 1984
California Department of Health Services
SACRAMENTO

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

X CHARLES TRACY
Printed or typed full name and signature

MO. 06 DAY 28 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
TIM BATTERRA
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 06 DAY 28 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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER C AD 0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO. 06 DAY 28 YR 84

FORM NO DHS-8072A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87937

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 16, 1984

Department of Health Services
P.O. 7 S-182678

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

STATE ID NUMBER 83494000

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (R.W. TAYLOR)
2650 E. Olympic Blvd., Dept. 208
Los Angeles, CA 90051
AREA CODE/PHONE NUMBER 213/265 5400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAV000080586

TRANSPORTER NO. 1
Sears Roebuck & Co.
2650 E. Olympic Blvd.
L.A. Calif.

VEH./CONTAINER NO.
EPA ID NUMBER CAV000080586

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER CA D042245001

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.-ORM-E (R-11)	NA 9189	800	P	04	DM	211	01

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature: Phillip G. Smith

MO. 05 DAY 16 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: Phillip G. Smith
DATE REC'D & ACCEPTED MO. 05 DAY 16 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number See instructions. omega chemical
Printed or typed full name and signature: Tim Bateman

EPA ID NUMBER C A D0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO. 05 DAY 16 YR 84

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

UNIFORM HAZARDOUS WASTE MANIFEST
APRIL 18, 1984

Department of Health Service
SHIPPER 125
P.O. 25234

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

STATE ID NUMBER 83494117

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (MIKE CRIBBINS)
Puente Hills Store
City of Industry, CA
AREA CODE/PHONE NUMBER 213/965-7411

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000071610911

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH./CONTAINER NO. 00042507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT/STORAGE/DISPOSAL FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER , CALIF. 90602
(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
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA 9189	7010	P	6	DM	2111

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

SPECIAL HANDLING INSTRUCTIONS
yield 182 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 [signature] MO 04 DAY 20 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 Henry Salazar [signature]
DATE REC'D & ACCEPTED MO 04 DAY 20 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.

CAD042245001

STEVE SIMPSON [signature]
Printed or typed full name and signature

DATE RECEIVED & ACCEPTED MO 05 DAY 01 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87

DRIVER: PLS ASK FOR LINDY IN BLDG MAINTENANCE.

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Shipper 12515
P.O.# 246096

Called in by Dick Warfield
April 19, 1984

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

STATE ID NUMBER 83494133

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK CO. (LINDY)
236 No. Central Ave.
Glendale, CA 91203

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000076315

AREA CODE/PHONE NUMBER

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

VEH/CONTAINER NO D0082507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602

EPA ID NUMBER CAD042245001

AREA CODE/PHONE NUMBER (213) 698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S. ORM-E (R-11)	NA 9189	800	P	5	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 661 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 LINDEY DEL AGUILA Lindey Del Aguila

MO 04 DAY 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 Henry Solomon Henry Solomon

DATE REC'D & ACCEPTED MO 04 DAY 23 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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 05 DAY 01 YR 84

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-67967

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

5/16/84

PO# 601463
Shipper # 287874

Department of Health Service

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83494146

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears
1414 N. Azusa
Covina, CA.
AREA CODE/PHONE NUMBER 966-0611 ED INIOW

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAXQ990833129

TRANSPORTER NO 1
Sears
1414 N. Azusa
W. Covina, CA

VEH./CONTAINER NO | EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO | EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD042245000

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.	D M
Hazardous Waste, Liquid N.O.S. (R-11)	NA9189	400	P	02	DM	211	C

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PP

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

SPECIAL HANDLING INSTRUCTIONS
yield 291 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 Philip Johnson

MO. 03 DAY 16 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
DATE REC'D & ACCEPTED MO DAY YR

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
Printed or typed full name and signature

EPA ID NUMBER CAD042245091

DATE RECEIVED & ACCEPTED MO 03 DAY 16 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-8798

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

SEPT. 7, 1984

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Ser
Shipper 70497
P.O.# 179643

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

STATE ID NUMBER 8356411

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS ROEBUCK & CO. (Al Gonzales)
1414 Azusa Ave.
Covina, CA 91722

AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A X0 0 00 8 3 329

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

VEH./CONTAINER NO 4 2 507
EPA ID NUMBER C AD 0 4 2 245 0

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
C AD 0 4 2 245 0

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U S DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	TYPE	WASTE CAT NO
Hazardous Waste, Liquid NOS -ORM-E (R-11)	N A 9 1 89	400	P	2	DM	211

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS
Trichlorotrifluoromethane			
Oil			
Water			

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 Wayne Giddings MO 09 DAY 10 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 Henry Solomon DATE REC'D & ACCEPTED MO 09 DAY 10 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

STEVE SIMPSON Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER C A D 0 4 2 245 0 0 0

DATE RECEIVED & ACCEPTED MO 09 DAY 10 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-879

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

SEPT. 13, 1984
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 6
R179647
Shipper 13004

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

STATE ID NUMBER 83564126

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SEARS, ROEBUCK & CO. (Greg)
1414 No. Azusa
Covina, CA 91722
AREA CODE/PHONE NUMBER 213/966-0611

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX001001833129

TRANSPORTER NO 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Bld.
Whittier CA 90602

VEH/CONTAINER NO: 42507
EPA ID NUMBER: CAD042245 0

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER: CAD041245 0 0

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	D M
Hazardous Waste, Liquid NOS - ORM-E (R-11)	NA9189	1600	P	09	DM	211	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PP
REFRIGERANT				
OIL				
WATER				

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

X SUE LUSHER — Printed or typed full name and signature — MO 09 DAY 14 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
X SUE LUSHER — Printed or typed full name and signature
DATE REC'D & ACCEPTED: MO 09 DAY 14 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Omega Chemical
Tim Ballierra — Printed or typed full name and signature — TIM BALLIERRA

EPA ID NUMBER: CAD042245001
DATE RECEIVED & ACCEPTED: MO 09 DAY 14 YR 84

FORM NO. HS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-879

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

Department of Health Ser

UNIFORM HAZARDOUS WASTE MANIFEST

9-17-84

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

STATE ID NUMBER 8356413

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Sears Store # 1298
5261 Arlington Ave.
Riverside, CA 92504
AREA CODE/PHONE NUMBER Neil Crampton 714/688-9400

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000113159

TRANSPORTER NO 1
G.I. Trucking
Whittier, CA
213/ 944-6402

VEH/CONTAINER NO ✓
EPA ID NUMBER ✓ CAD009171742

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO
HAZARDOUS WASTE, LIQUID N.O.S.	NA9189	00800	P	004	DM	211
(R-11) (ORM-E)						

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNIT

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

NEIL RANDALL CRAMPTON
Printed or typed full name and signature Neil Crampton

MO 09 DAY 24

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES*
Don Gus GI TRUCKING
Printed or typed full name and signature 9-27-84

DATE REC'D & ACCEPTED MO DAY

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEP MO 09 DAY 24

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

3-18-85

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000076315
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
SEARS-GLENDALE
236 No. Central Ave., Glendale, CA 91203
4. Generator's Phone (818) 507-1131 Lindy

A. State Manifest Document Number: 84341438
B. State Generator's ID: CAX000076315

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 52319
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	Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA9189 (R-11)	007	DM	01400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
7-200 POUND DRUMS of TRICHLOROFLUOROMETHANE (R-11)

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DAN T ERWIN
Signature:
Date (Month Day Year): 3 18 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date (Month Day Year): 3 18 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 Day Year): 03 20 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 89541

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.: CAX000080580
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
SEARS
2650 E. Olympic, Los Angeles, Ca. 90051

4. Generator's Phone (213) 265-6208

A. State Manifest Document Number: 84345242
B. State Generator's ID: CAX000080580

5. Transporter 1 Company Name: SEARS
6. US EPA ID Number: CAX000080580
C. State Transporter's ID:
D. Transporter's Phone: 213/265-6208

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	Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S, NA 9189 ORM-E (R-11)	02	DM	300	P	211
b.					
c.					
d.					

I. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Phillip G. Smith
Signature: Phillip G. Smith
Date (Month Day Year): 03 13 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Phillip G. Smith
Signature: Phillip G. Smith
Date (Month Day Year): 03 13 86

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

FACILITY

19. Discrepancy Indication Space
RECEIVED 209 lbs

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

Printed/Typed Name: ISAAC Woods JR
Signature: Isaac Woods
Date (Month Day Year): 03 13 86

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

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).

05/12/87

17366
Department of Health Services
Shipper Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 12 0 4 2 0 039 | 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
Sears
236 No. Central, Glendale, CA 91203
4. Generator's Phone (818) 507-1131

A. State Manifest Document Number 87114023
B. State Generator's ID CAD120420039
C. State Transporter's ID 803784
D. Transporter's Phone 213/698-0991

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

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

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 (R-11)	5	DM	1000	P	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Freon R-11
Oil
Water

K. Handling Codes for Wastes Listed Above
a. 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: LINDEY DEL AGUILA
Signature: Lindey del Aguila
Month Day Year: 05/14/87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Month Day Year: 05/14/87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 05/14/87

GENERATOR — TRANSPORTER — FACILITY

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

DHS 1122 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

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).

SHIPPER#18602 10/25/88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 004 854
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
SEARS STORE
565 BROADWAY AVENUE, CHULA VISTA, CA 92010
4. Generator's Phone: 619 427-2100

A. State Manifest Document Number: 87119288
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: 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: CAD014224501
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 (R-11)	018	DM	114010	P	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 J E DAVIS
Signature: [signature]
Month Day Year: 10 28 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 10 28 88

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: 10 28 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

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

INSTRUCTIONS ON THE BACK

8811 29 0018 1914

07/28/2003 A

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

88355908

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. CAD020161667 — Manifest Document No. 00001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
SEARS ROEBUCK MD CO.
200 TOWN CENTER EAST, SANTA MARIA, CA 93454

4. Generator's Phone ( ) 805-922-6911

A. State Manifest Document Number: 88355908

B. State Generator's ID: HAHOB6-081897

5. Transporter 1 Company Name: NG CHEMICAL, INC.

6. US EPA ID Number: CAD982067596

C. State Transporter's ID: 006302

D. Transporter's Phone: 805-925-0391

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
12512 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.
WASTE PAINT, COMBUSTIBLE LIQUID UN 1263	002	DM	99/100	G	State 331 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
UNUSED LIQUID PAINT 100%
SEE ATTACHED MSDS

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

15. Special Handling Instructions and Additional Information
PLEASE BILL: N G CHEMICAL, INC., SANTA MARIA, CA. 93455
*WEAR APPROPRIATE SAFETY GEAR NCP# 88-00485

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.

GENERATOR

Printed/Typed Name: Allan Mahan — Signature: Allan Mahan — Month Day Year: 06 27 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS VESTER — Signature: Chris Vester — Month Day Year: 06 27 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name: N. JAY Solomon — Signature: N. Jay Solomon — Month Day Year: 16 28 89

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

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 057 780 512 | 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
RTEX SEARS ROEBUCK 1298
5261 ARLINGTON AVE., LOADING DOCK

4. Generator's Phone (714 688-9400 RIVERSIDE, CA 92504

A. State Manifest Document Number 88676152

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 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 (R-11) ORM-E	007	DM	010/150	P	State 341 / EPA/Other F002
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 _____

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: William L. McCoy | Signature: William L. McCoy | Month Day Year 01/11/90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | 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

88676152

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

07/29/2003 A

of California—Health and Welfare Agency
ARDOUS WASTE MANAGEMENT BRANCH
44 P Street
ramento CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10-3-84

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

STATE ID NUMBER 83564166

GENERATOR NAME AND MAILING ADDRESS
Sears Store #1298
5261 Arlington Ave.
Riverside, CA 92504

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE PHONE NUMBER Neil Crampton (714)688-9400 CAX000112159

TRANSPORTER NO 1
G. I. Trucking
Riverside, CA
(714)425-4040

VEH/CONTAINER NO 53114

EPA ID NUMBER CAD009127421

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602

EPA ID NUMBER

AREA CODE PHONE NUMBER (213) 698-0991 CAX042245001

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. ORM-E	NA9189	00800	P	0104	DM	211	01
(R-11)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS	UNITS PPM

SPECIAL HANDLING INSTRUCTIONS

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

NEIL RAMPAL Crampton
Printed or typed full name and signature Neil Crampton

(collect)

MO 10 DAY 06 YR 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature M. WHITAKER

DATE REC'D & ACCEPTED MO 10 DAY 8 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Omega Chemical
Tim DATIERRA
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 10 YR 84

SEND THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"