SDMS DOCID# 1118157

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

NOV. 13, 1984

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Shipper 13254
P.O.# 2310

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

STATE ID NUMBER 83410821

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
ANZON COMPANY (NEL)
12326 Denholm Drive
W1 Monte, CA 91734
AREA CODE PHONE NUMBER 818/443-8861

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA0C09534231

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

VEH. CONTAINER NO
EPA ID NUMBER
CA D042245001

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 D042245001

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
WASTE 1,1,1 TRICHLOROETHANE - ORM-A	UN 2831	1108	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichloroethane				
oil				

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 MARGOT JEXEN, Margot Jexen — MO 11 DAY 15 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
ISAAC Woods Jr, Isaac Woods Jr.
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO 11 DAY 15 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 CA D042245001

DATE RECEIVED & ACCEPTED — MO 11 DAY 15 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87987

06/13/2001 "ORIGINAL MANIFEST COPY"

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. CAD009534231 — 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
Anzon
12326 Denholm
El Monte, CA 91732

4. Generator's Phone 818-443-8861

A. State Manifest Document Number 84281677

B. State Generator's ID CAD009534231

5. Transporter 1 Company Name: Acto-Kleen Co.

6. US EPA ID Number: CAD095631719

C. State Transporter's ID 70147

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone 213-723-5111

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: 213-698-0991 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. WASTE EA-1-1-1 TRICHLORETHANE-ORM-A UN 2831	05	DM	385	G	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: WILLIAM R. ACUARDA — Signature: William R. Acuarda — Date (Month Day Year): 06 02 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Richard Lipton — Signature: Richard Lipton — Date (Month Day Year): 06 02 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space
RECEIVED 280.5 GALS.

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

Printed/Typed Name: SCOTT SELAR — Signature — Date (Month Day Year): 6 12 86

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

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

B4 50641

04/29/87

Shipper 17321

State of California—Health and Welfare Agency

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 0 0 8 5 3 4 2 3 1 — 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
Anzon Co.
12326 B[illegible]lm Drive, El Monte, CA 91732

4. Generator's Phone (818) 443-8861

A. State Manifest Document Number 86544270

B. State Generator's ID CAD009534231

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1

C. State Transporter's ID [illegible]

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1

G. State Facility's ID: CAD042245001

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste 1.1.1 Trichloroethane ORM-A UN2831	013	DM	1650	G	211
b. Hazardous waste Liquid NOS ORM-E NA 9189 (Fluorosolv TMS)	001	DM	50	G	211
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Omega to use yield.
b. Reclaim back to customer.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

If I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: WILLIAM R. ALMADA — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIM BALTIERRA — Signature: [signature] — Month Day Year 04 30 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: [signature] — Month Day Year 04 30 87

GENERATOR — TRANSPORTER — FACILITY

86544270

DHS 8022 A (11/85)
(EPA 8700—22)

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