SDMS DOCID# 1118173

PICK UP FOR HCI, INC.

MATERIAL TO BE RECLAIMED BACK TO CUSTOMER

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

Department of Health Services
Shipper 11571

UNIFORM HAZARDOUS WASTE MANIFEST
July 20, 1983

STATE ID NUMBER 83212266

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
NU WAY LINEN SUPPLY

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X0 0 0 03 8 50 5

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

VEH./CONTAINER NO.
EPA ID NUMBER
CA D0 4 2 24 5 0 01

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 42 24 50 01

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.
PERCHLOROETHYLENE -ORM-A	UN 1897	100	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	3	0		
SLUDGE MUD	100	97		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

Waste H.S. [illegible]

PO [illegible]

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

Printed or typed full name and signature GEORGE G HEUHT George Heuht

MO 12 DAY 06 YR 83

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

TO BE FILLED IN BY TRANSPORTER

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

Printed or typed full name and signature TIM BALTHERRA Tim Balthar

EPA ID NUMBER C AD 0 4 2 24 5 0 01

DATE RECEIVED & ACCEPTED MO 07 DAY 28 YR 83

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"

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

01/06/83
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Bill HCI

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

STATE ID NUMBER 83410626

GENERATOR NAME AND MAILING ADDRESS
Nu Way Linen & Uniform
3001 E. Anaheim St.
Long Beach, Ca. 90804
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000138815

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

VEH/CONTAINER NO: 90042507
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 US DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP. METH.
Waste Perchloroethylene		[redacted]	G	06	DM	111	d1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Oil Sludge Perk	100	97		
Perk	3	0		

SPECIAL HANDLING INSTRUCTIONS
Gloves waste 318 gals.

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

Printed or typed full name and signature GEORGE HALIT — MO 11 DAY 13 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 11 DAY 13 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: CAD042245001

DATE RECEIVED & ACCEPTED: MO 01 DAY 19 YR 84

FORM NO DHS-8022A 11/82

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83-87967

06/01/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814 H.C.I (#106)

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410764

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Nu-Way Linen & Uniform
3001 E. Anaheim St.
Long Beach, Ca. 90804
AREA CODE/PHONE NUMBER 438-1126

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000036505

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

VEH. CONTAINER NO 0004250 7
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.
EPA ID NUMBER CAD042245001
AREA CODE/PHONE NUMBER

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 Perchloroethylene	UN1897	~~120~~ 275	G	5	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Oil sludge	100%	97	✓	
Perk	3	0	✓	

SPECIAL HANDLING INSTRUCTIONS
Gloves Waste 287.1 gals.

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

Printed or typed full name and signature GEORGE HECHT George Hecht — MO 03 DAY 21 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 03 DAY 21 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 03 DAY 22 YR 84

FORM NO. DHS-8022A 11/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-87967

PICK-UP FOR HCI, INC.

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.

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
NU WAY LINEN & SUPPLY
3001 E. Anaheim, Street, Long Beach, CA 90804

4. Generator's Phone ( )

A. State Manifest Document Number: 84341201

B. State Generator's ID: CAX000 31505

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CA ADO 4 22 45 0 01

C. State Transporter's ID

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: C ADO 4 2 245 0 01

G. State Facility's ID: C ADO 4 2 245 0 01

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 PERCHLOROETHYLENE ORM-A UN 1897	7	DM	350	G	451
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
MUD 10iL

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
GLOVES

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: GEORGE HECHT
Signature: [signature]
Date: Month 11 Day 29 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr.
Signature: [signature]
Date: Month 11 Day 29 Year 84

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name
Signature
Date: Month Day Year

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95802

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

84 80641

04/26/2000 "ORIGINAL MANIFEST COPY"

PICK UP FOR HCI, INC. ADVISE RON.

State of California—Health and Welfare Agency

May 23, 1985

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

See Shipper 13842

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000036305 — 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
Nu-Way Linen and Supply
3001 E. Anaheim St., Long Beach, CA 90804

4. Generator's Phone (213) 4381126

A. State Manifest Document Number 84341683

B. State Generator's ID CAX000036305

5. Transporter 1 Company Name: Omega Chemical Corp.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID 62573

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Perchloroethylene ORM-A UN 1897	~~DM~~ 7	DM	350	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE / MUD OIL SLUDGE

K. Handling Codes for Wastes Listed Above
d(99)

15. Special Handling Instructions and Additional Information
CLOSED

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: George Hearn — Signature: George Hearn — Date: Month 5 Day 30 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods Jr — Date: Month 5 Day 30 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month 05 Day 30 Year 85

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

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

84 89541

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