SDMS DOCID# 1118180

RECLAIM MATERIAL BACK TO CUSTOMER(ASTRO). P/U FOR ORBITAL CHEMICAL CO.

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

UNIFORM HAZARDOUS WASTE MANIFEST
Jan. 3, 1984

Department of Health Services
P.O.# 5066

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

STATE ID NUMBER 83410621

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
ASTRO ALUMINUM TREATING CO.
11040 Palmer Ave.
South Gate, CA
AREA CODE PHONE NUMBER 213/

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX0004580

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF. 90602
VEH. CONTAINER NO. 10042507
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) 696-0991
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
Waste 1,1,1 Trichloroethane -ORM-A	UN 2831	540	G	10	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
TRICHLOROETHANE 1 1 1	70	60		
OIL	40	30		

SPECIAL HANDLING INSTRUCTIONS
gold 416.5 gals. waste 85.8 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 Alejandro Jimenez 1-5-84 MO 01 DAY 05 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
DATE REC'D & ACCEPTED MO 1 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.

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 06 YR 84

FORM NO. DHS-8022A 11/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-67987

06/13/2001 "ORIGINAL MANIFEST COPY"

RECLAIM BACK TO CUSTOMER.

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

Pick up for Orbital Chemical
Department of Health Services
P.O.# 5073
Hold for Shipper 12457

UNIFORM HAZARDOUS WASTE MANIFEST
February 9, 1984

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

STATE ID NUMBER 83410670

ORBITAL 498-7182

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
ASTRO ALUMINUM TREATING CO.
11040 Palmer Ave.
South Gate, CA

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000040880

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

VEH./CONTAINER NO. 990447587

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.
Waste 1,1,1 Trichloroethane - ORM-A	UN2831	486	G	09	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloroethane 1,1,1			95%	
Oil NEW MATERIAL NO OIL			0	
WATER			5%	

SPECIAL HANDLING INSTRUCTIONS
spilled 398.6 gals. waste 50.0 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 Mark McJohnson

MO 02 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 Henry Solomon

DATE REC'D & ACCEPTED MO 02 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.

Printed or typed full name and signature Steve Simpson STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 02 DAY 14 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87567

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

9-17-84

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

STATE ID NUMBER 83564134

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
ASTRO ALUMINUM
11040 Palmer
South Gate, CA 90280
AREA CODE/PHONE NUMBER Mark Dickson 213/773-7800

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000005880

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

VEH./CONTAINER NO. 4215 97
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 CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO	DISP METH
WASTE 1,1,1-TRICHLOROETHANE ORM-A	UN2831	05100	P	009	DM	211	0 1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
1,1,1-TRICHLOROETHANE	70		X	
OIL	30		X	

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature Mark Dickson MARK R. DICKSON MO 9 DAY 18 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 18 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 09 DAY YR 84

Printed or typed full name and signature

FORM NO. DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

8:00 - 4:00 (Receiving Hours)

P.O.# 2913

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

RECLAIM MATERIAL BACK TO CUSTOMER.

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX00045880
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
ASTRO ALUMINUM (MARK DICKSON)
11040 Palmer Ave., Southgate, Calif.

A. State Manifest Document Number: 84341765

B. State Generator's ID: CAX00045880

4. Generator's Phone (213) 773-7800

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

C. State Transporter's ID: 625569

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 1,1,1 TRICHLOROETHANE -ORM-A UN 2831	06 5	DM	320	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
1.1.1 yield — 246 gal.
Waste — 49.6 gal.

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: X RICHARD RICHARDSON
Signature: Richard Richardson
Date (Month Day Year): 8 7 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: Tim Baltierra
Date (Month Day Year): 08 07 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 Day Year): 08 07 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 80541

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).*

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. CIAID918113791043 | Manifest Document No. 001002

2. Page 1 of 1

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

A. State Manifest Document Number: 87136188

B. State Generator's ID: CIAD918113791043

C. State Transporter's ID: 904878

D. Transporter's Phone: 213 6980991

E. State Transporter's ID:

F. Transporter's Phone:

G. State Facility's ID: CIAD042245001

H. Facility's Phone:

GENERATOR

3. Generator's Name and Mailing Address
ASTRO ALUMINUM TREATING CO., INC.
11040 PALMER AVE. SOUTHGATE, CA. 90280

4. Generator's Phone (213) 923-4344

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES, INC.
6. US EPA ID Number: CIAD014123245101

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY
13504 E. WHITTIER
WHITTIER CA 90602
10. US EPA ID Number: CIAD042245101

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. ORME-E, NA 9189 1.1.1	008	DR	004440	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: VIVIAN MICHAL | Signature: Vivian Michal | Month Day Year: 1/1/88

TRANSPORTER

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

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: 1/1/88

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

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

INSTRUCTIONS ON THE BACK

06/06/2001 "ORIGINAL MANIFEST COPY"