SDMS DOCID# 1118238

MAIL: California Department of Health Services
HAZARDOUS WASTE MANAGEMENT BRANCH
P.O. Box 942732
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Se

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

STATE ID NUMBER 83079222

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PETROSOLVE CORPORATION DBA
CROWN CHEMICAL CORP.
1888 NIRVANA AVE
CHULA VISTA, CA. 92011
AREA CODE/PHONE NUMBER 619-421-6601

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAT080011 1 BDR

TRANSPORTER NO. 1
PETROSOLVE CORPORATION DBA
CROWN CHEMICAL CORP.
1888 NIRVANA AVE
CHULA VISTA, CA. 92011

VEH./CONTAINER NO. | EPA ID NUMBER
1 1 HHAHB CAT080011 1 BR

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
PETROSOLVE CORP. DBA
CROWN CHEMICAL CORP.
1888 NIRVANA AVE
CHULA VISTA, CA
92011

VEH./CONTAINER NO. | EPA ID NUMBER
CAT080011 1 BR

TREATMENT, STORAGE, OR DISPOSAL (TSDF) FACILITY
OMEGA CHEMICAL
12504 E WHITTIER BLVD.
WHITTIER, CA. 90602
AREA CODE PHONE NUMBER 213-698-0991

EPA ID NUMBER
CAD042245150

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.
WASTE 111 TRICHLOROETHANE	UN2831	1 V 65	G	3	DM	211 11
WASTE DICHLOROMETHANE (METHYLENE CHLORIDE)	UN1593					

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PP
WASTE 111 TRICHLOROETHANE	63%			
WASTE DICHLOROMETHANE (METHYLENE CHLORIDE)	37%			
(DRUMS #55, #56, #57)				

SPECIAL HANDLING INSTRUCTIONS
AVOID CONTACT WITH SKIN. AVOID BREATHING VAPORS. VENT VAPORS OUTDOORS. VAPORS ARE HEAVIER THAN AIR AND WILL SETTLE IN LOW LYING AREAS. STORE IN COOL WELL VENTILATED AREAS.
Waste 139.3 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 ANDY HILDEBRAND | MO. 01 | DAY 11 | 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. Received 3 drums.
Jay Solomon. 2-8-84
Printed or typed full name and signature

EPA ID NUMBER CAD042245150 | DATE RECEIVED & ACCEPTED MO. 02 | DAY 08 | YR. 84

FORM NO. DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS

OCT-22-2002 10:47 DISC HW GENERATOR UNIT 916 255 4705 P.06/19

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

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

STATE ID NUMBER 83428699

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PETROSOLVE CORP. DBA
CROWN CHEMICAL CORP.
1888 NIRVANA AVE
CHULA VISTA, CA.

AREA CODE/PHONE NUMBER 619-421-6601

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAT080011180 2

TRANSPORTER NO 1
PETROSOLVE CORP. DBA.
CROWN CHEMICAL CORP.
1888 NIRVANA AVE
CHULA VISTA, CA.

VEH./CONTAINER NO 29 61

EPA ID NUMBER CAT080011180

TRANSPORTER NO 2/ALTERNATE TSD FACILITY
PETROSOLVE CORP. DBA
CROWN CHEMICAL CORP.
1888 NIRVANA AVE
CHULA VISTA, CA.

VEH./CONTAINER NO

EPA ID NUMBER CAT080011180

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

AREA CODE/PHONE NUMBER 213-698-0991

EPA ID NUMBER CAD042245010

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO	DIS ME
WASTE 111 TRICHLOROETHANE	UN2831	11110	G	002	DM	2111	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
WASTE 111 TRICHLOROETHANE				
(YIELD 61.8 GALS				
WASTE 32.8 GALS.)				

SPECIAL HANDLING INSTRUCTIONS
AVOID CONTACT WITH SKIN. AVOID BREATHING VAPORS VENT VAPORS OUTDOORS. VAPORS ARE HEAVIER THAN AIR AND WILL SETTLE IN LOW LYING AREAS. STORE IN COOL WELL VENTILATED AREA.

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 ANDY HILDERRAND [signature] — MO. 03 DAY 26 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
THOMAS J. BAJEMA [signature]
Printed or typed full name and signature

DATE REC'D & ACCEPTED — MO 03 DAY 26 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 BATTIERET [signature]
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED — MO. 03 DAY 28 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

June 28, 1985

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: CAT000612333
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
SERVICE CHEMICAL CO.
1341 Maywood, Santa Ana, CA 92706

4. Generator's Phone (714 646-5890

A. State Manifest Document Number: 84341554
B. State Generator's ID: CAT000612333

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
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: 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 MC	~~020~~ 01	DM	~~1100~~ BLANK	G	~~211~~ BLANK
b.					
c.					
d.					

VOID

J. Additional Descriptions for Materials Listed Above

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 governmental regulations.

Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

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 | Signature | Date Month Day Year

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)

X

State of California—Health and Welfare Agency

DRUM # 237 & 238

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. CAT080011802 — Manifest Document No. 29569
2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
CROWN CHEMICAL
1888 NIRVANA AVE
CHULA VISTA, CA. 92011

4. Generator's Phone (619) 421-6601

A. State Manifest Document Number: 84529569
B. State Generator's ID: CAT080011802

5. Transporter 1 Company Name: CROWN CHEMICAL
6. US EPA ID Number: CAT080011802
C. State Transporter's ID:
D. Transporter's Phone: 619-421-6601

7. Transporter 2 Company Name: CROWN CHEMICAL
8. US EPA ID Number: CAT080011802
E. State Transporter's ID:
F. Transporter's Phone: 619-421-6601

9. Designated Facility Name and Site Address
OMEGA CHEMICAL
12504 WHITTIER BLVD.
WHITTIER, CA.
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 1-213-698-0991

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 UN 1897 ORM A	002	DM	00110		241
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Pure Waste - 54.79 gallons; Water - 49.71 gallons

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information
AVOID CONTACT WITH SKIN AND CLOTHING. VAPORS ARE HEAVIER THAN AIR AND WILL SETTLE IN LOW LYING AREAS. STORE IN COOL WELL VENTILATED AREA.

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: ANDY HILDEBRAND — Signature: [signature] — Date (Month Day Year): 05 20 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE McELWAIN — Signature: [signature] — Date (Month Day Year): 05 24 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: J. Brent Oliver — Signature: J. Brent Oliver — Date (Month Day Year): 5 2 1 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 88641

Form Approved OMB No. 2050—0039 (Expires 9-90-...)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

451

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAT080011802
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
CROWN CHEMICAL CORPORATION 1855 NIRVANA AV. CHULA VISTA CA. 92011
4. Generator's Phone (619) 421-6601

A. State Manifest Document Number 87113561
B. State Generator's ID
C. State Transporter's ID 705017
D. Transporter's Phone 421-6601
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name CROWN CHEMICAL
6. US EPA ID Number CAT080011802
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
OMEGA CHEMICAL
12604 E. WHITTIER BLVD.
WHITTIER CALIF. 90605
10. US EPA ID Number CAD042245091

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.	15. Waste No.
a. PERCHLOREthylene WASTE ORMA UN 1897	1	DM	55	GL	State 21 EPA/Other 01
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. D1 b.
c. d.

15. Special Handling Instructions and Additional Information
AVOID CONTACT WITH SKIN AND CLOTHING, AVOID BREATHING VAPORS, THEY ARE HEAVIER THAN AIR, AND WILL SETTLE IN LOW LYING AREAS.

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 HARRY R EUSTACE
Signature Harry R Eustace
Month Day Year 10 29 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name CALVIN RODRIGUEZ
Signature Calvin Rodriguez
Month Day Year 10 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 JAVIER HERNANDEZ
Signature Javier Hernandez
Month Day Year 10 30 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 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