SDMS DOCID# 1118245

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1414 744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

4.C.I

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

STATE ID NUMBER 83410767

GENERATOR NAME AND MAILING ADDRESS
WESLOCK
13344 S. Main St.
Los Angeles, Ca. 90061
AREA CODE PHONE NUMBER 327-2770 Al Rivera

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD009686879

TRANSPORTER NO. 1
Omega Chemical Corp
12504 E. Whittier Blvd.
Whittier, CA. 90602

VEH. CONTAINER NO. | EPA ID NUMBER
0004250 7 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 213/698-0991

TO BE FILLED IN BY GENERATOR

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	UN2831	1100	G	23	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1,1,1 Trichloroethane	80	70	✓	
Oil	20	30	✓	

SPECIAL HANDLING INSTRUCTIONS
1,1,1 yield 330.7 gals. pure yield 145.9 gals. waste 476 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 Agustin Nieves — 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 Henry Solorzano — DATE REC'D & ACCEPTED MO 03 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.

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 03 DAY 19 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

(HCI)

Department of Health Services

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

STATE ID NUMBER 83494148

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
WESLOCK
13.14 S. Main St.
Los Angeles, Ca. 90061

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAD009686879

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

AREA CODE/PHONE NUMBER 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	UN2831	700	G	14	DM	211	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
1,1,1 Trichloroethane	80	70		
Oil	20	30		

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

SPECIAL HANDLING INSTRUCTIONS
1,1,1 yield 147.3 gals. Perc. yield 132.3 gals. Waste 188.4 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: Agustin Nieves

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: Henry Salomon

DATE REC'D & ACCEPTED MO 03 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

STEVE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 19 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

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.: CAD009686829
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
W&S LOCK
13445 MAIN ST L.A.

A. State Manifest Document Number: 8446712
B. State Generator's ID:

4. Generator's Phone (213) 327-2770

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 625-72
D. Transporter's Phone: (310) 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 BL
WHITTIER CA 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID:
H. Facility's Phone:

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. ~~[illegible] ORM-A [illegible] NOS [illegible]~~					
b. WASTE 1-1-1 TRICHLOROETHANE ORM-A ORM-A UN 2831	55	DM	2750	G	211
c.					
d.					

J. Additional Descriptions for Materials Listed Above: OIL, DIRT, WATER

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information
ADEQUATE VENTILATION REQUIRED

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: MIKE PRUETT
Signature: Mike Pruett
Date (Month Day Year): 8 1 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date (Month Day Year): 8 4 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): 08 14 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)

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

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD009686874
Manifest Document No: 011317

2 Page 1 of 1

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

3 Generator's Name and Mailing Address
T.R.E./WESLOCK
13344 SO. MAIN ST.
LOS ANGELES, CA. 90061

4 Generator's Phone (213) 327-2770

A. State Manifest Document Number: 87065144

B. State Generator's ID

5 Transporter 1 Company Name: VAN WATERS & ROGERS

6 US EPA ID Number: CAD009123044

C. State Transporter's ID

D. Transporter's Phone: 213/269-9531

7 Transporter 2 Company Name

8 US EPA ID Number

E. State Transporter's ID: CAD009123044

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. WASTE 1,1,1, TRICHLOROETHANE MIXTURE ORM-A UN 2831	15 ~~01317~~	DM	825 ~~01510~~	G	State / EPA/Other 211
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WASTE TRICHLOROETHANE MIXTURE
1,1,1, TRICHLOROETHANE 89%
OIL 6%
WATER 5%

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

15 Special Handling Instructions and Additional Information
WEAR GLOVES, GOGGLES, ORGANIC RESPIRATOR, PROTECTIVE OVERGARMENT & AVOID SKIN CONTACT.

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: BILL CRIST
Signature: Bill Crist
Month Day Year: 10 22 87

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY COOPER
Signature: Jerry Cooper
Month Day Year: 10 28 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: Fred Mittwer
Signature: Fred Mittwer
Month Day Year: 10 26 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

87065144

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

White copy 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))

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009668674 — Manifest Document No. 00113

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.E. /WESLOCK
13344 SO. MAIN ST.
LOS ANGELES, CA. 90061

4. Generator's Phone 213/327-2770

A. State Manifest Document Number 87170780

B. State Generator's ID

5. Transporter 1 Company Name: VAN WATERS & ROGERS

6. US EPA ID Number: CAD009232444

C. State Transporter's ID

D. Transporter's Phone 213/269-9531

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: CAD042245011

G. State Facility's ID

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 1,1,1, TRICHLOROETHANE MIXTURE ORM-A UN 2831	008	DM	00400	G	State / EPA/Other 211
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WASTE TRICHLOROETHANE MIXTURE
1,1,1, TRICHLOROETHANE 89%
OIL 6%
WATER 5%

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

15. Special Handling Instructions and Additional Information
WEAR GLOVES, GOGGLES, ORGANIC RESPIRATOR, PROTECTIVE OVERGARMENT & AVOID SKIN CONTACT.

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: BILL CRIST — Signature — Month Day Year: 08/12/87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Zube — Signature — Month Day Year: 08/12/87

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: Henry R. Schumann — Signature — Month Day Year: 8/12/87

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

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

INSTRUCTIONS ON THE BACK

Please print or type. (Form approved OMB No. 2050-0039; Expires 8-30-91) NOV 02 '94 12:25 use only after (12-pitch typewriter). Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 982 480 295 | 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
ALCOA ELECTRONIC PACKAGING INC.
16750 VIA DEL CAMPO COURT.., SAN DIEGO CA 92127

4. Generator's Phone ( ) 619 451-7100

A. State Manifest Document Number 88683534
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
H. Facility's Phone 213 698-0991

RECEIVED NOV 20 2002

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 FLAMMABLE LIQUID N.O.S UN 1170 (ETHYL ALCOHOL)	026	DM	01875	G	State 212; EPA/Other F003
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE AND RETURN

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 16192

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: KEN MEHOLIC | Signature | Month Day Year 10 15 08 10

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ | Signature | Month Day Year 10 15 08 10

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 10 15 08 10

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

88683534

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-84) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS