SDMS DOCID# 1118302

17 F6 LABELS Regulated

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

10-22-1984

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

STATE ID NUMBER 83410773

GENERATOR NAME AND MAILING ADDRESS
ITT GENERAL CONTROLS
801 Allen Ave.
Glendale, CA 91201
AREA CODE/PHONE NUMBER Harold Richardson 818/842-6131

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD028247351
[redacted]

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL COPR.
AREA CODE/PHONE NUMBER 213/698-0811
EPA ID NUMBER CAD042245001

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	UN 2831	4500	LBS	07	DM2	1	10 1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichloethane		90		
Water		5		
oil		5		

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

Harold Richardson — MO 10 DAY 25 YR 84

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
TIM BALTIERRA — DATE REC'D & ACCEPTED MO 10 DAY 25 YR 84
Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED MO DAY YR
Printed or typed full name and signature

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 10 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

05/31/2001 "ORIGINAL MANIFEST COPY"

I. ACCOUNT

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. CAD02824735 | 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
ITT GENERAL CONTROLS
801 Allen Ave., Glendale, CA 95101

4. Generator's Phone (818) 842-6131 Sue Mackey

A. State Manifest Document Number: 84341302

B. State Generator's ID: CAD02824935

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 55909

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

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 ORM-A UN2831 1,1,1-TRICHLOROETHANE	7	DM	330	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Trichloroethane oil + Dirt

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
1.1.1 yield — 252.8 gals.
Waste 99.7 gals.

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: JOHN J. RUBINO | Signature: John J. Rubino | Date (Month Day Year)

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr. | Date (Month Day Year): 1 12 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date (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: STEVE SIMPSON | Signature: Steve Simpson | Date (Month Day Year): 1 12 85

05/17/2000 "ORIGINAL MANIFEST COPY"

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. CAD 028 247 935 — 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
ITT GENERAL CONTROLS
801 Allen Ave., Glendale, CA 95101

4. Generator's Phone (818) 842-6131

A. State Manifest Document Number: 84341468

B. State Generator's ID: CAD028247935

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 62569

D. Transporter's Phone: 213/698-0891

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: CAD 042 245 001

G. State Facility's ID: CAD 042 245 001

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	03	DM	155	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Trichloroethane 1.1.1 + oil

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: Harold V Richardson — Signature: [signature] — Date (Month Day Year): 04 12 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date (Month Day Year): 4 12 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: [signature] — Date (Month Day Year): 04 12 85

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

HS 8022 A (7/84)
PA 8700-22)

04 80641

05/17/2000 "ORIGINAL MANIFEST COPY"

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. CAD044403376 Manifest Document No. 00 9466

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ITT BARTON INSTRUMENTS CO.
900 S. TURNBULL CANYON RD.
CITY OF INDUSTRY CA. 91749

4. Generator's Phone (818) 961-2547

A. State Manifest Document Number: 86133032

B. State Generator's ID: CAD044403376

5. Transporter 1 Company Name: VAN WATERS + ROGERS

6. US EPA ID Number: CAD009230244

C. State Transporter's ID: 708332

D. Transporter's Phone: 213-265-8123

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.
BACHELOR CHEMICAL PROCESSING DIV.
12504 E. WHITTIER BLVD.
WHITTIER CALIF. 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.
GENERATOR a. WASTE 1,1,1 TRICHLOROETHANE ORM-A UN 2831	009	DM	00470	G	211
b. SPENT FREON TMC ORM-E UN 9139	002	DM	00110	G	211
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HA HQ 36-007481

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information
WEAR GOGGLES + GLOVES VW+R S.O. # 9466

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.

Unless 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: ROBERT E. RILEY Signature: [signature] Month Day Year: 11 10 5 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY COOPER Signature: [signature] Month Day Year: 11 11 5 86

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: Gilbert Salomon Signature: [signature] Month Day Year: 11 15 86

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

06/14/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA D 9 9 0 1 6 1 5 5 5 5 6 | Manifest Document No.: 0 0 0 0 1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address: ITT GILFILLAN 7821 ORION VAN NUYS CA 91409

4. Generator's Phone (818) ~~881-8504~~ 988-2600

A. State Manifest Document Number: 89413957

B. State Generator's ID: HIY HQ 361-100181 4219

5. Transporter 1 Company Name: MARTIN INDUSTRIAL PUMPING

6. US EPA ID Number: CAD 9 9 0 1 6 2 8 1 6 3 6

C. State Transporter's ID: 110761

D. Transporter's Phone: 805-257-3737

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 12504 E. WHITTIER BLVD WHITTIER CA 90602

10. US EPA ID Number: CAD 0 4 2 2 4 5 9 9 1

G. State Facility's ID: CAD 0 4 2 2 4 5 9 9 1

H. Facility's Phone

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 NOS (CHLORINATED) (METHYLENE CHLORIDE) ORM-E NA 9189	0 1 0 1 4	DM	0 0 2 0 1 0	G	State 214 EPA/Other F002, F001
b. WASTE METHYLENE CHLORIDE MIXTURE ORM-A UN 1593	0 1 0 1 1	DM	0 0 1 0 5 1 0	G	State 211 EPA/Other F001
c. WASTE ETHYLENE GLYCOL MONOETHYL ETHER COMBUSTIBLE LIQUID UN 1171	0 1 0 1 2	DM	0 0 1 0 9 1 0	G	State 343 EPA/Other D001
d. 111 TRICHLOROETHANE, SPENT ORM-A UN 2831	0 0 1 2	DM	0 0 1 0 1 9 5	G	State 211 EPA/Other F001

J. Additional Descriptions for Materials Listed Above
a. WATER, METHYLENE CHLORIDE, CARBONATE
b.
c. ETHYLENE GLYCOL + WATER
d. 111 TRICHLOROETHANE, WATER

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

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE GUIDE # 31, 74, 26, 74 EMERGENCY CONTACT # 818-988-2600

APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR

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: J. W. HILLNER | Signature | Month Day Year: 10 8 0 3 9 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ~~MARK REYES~~ ARMANDO RIVERA | Signature | Month Day Year: 0 8 1 0 3 9 0

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. Solomon | Signature | Month Day Year: 0 8 1 0 3 9 0

Do Not Write Below This Line

DHS 8022 A (1/89)
EPA 8700—22
(Rev. 11-88) Previous editions are obsolete.

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

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

89413957

06/12/2001 "ORIGINAL MANIFEST COPY"