SDMS # 1149704

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

UNIFORM HAZARDOUS WASTE MANIFEST
July 4, 1984

P.O. 214213
Reference:
Shipper 12843

STATE ID NUMBER 83493811

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
EASTMAN KODAK (LOU STEIGER)
12100 Rivera Rd.
Whittier CA 90706
AREA CODE/PHONE NUMBER 213/945-1255

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
C AD 054 854377 0 0 0 03

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER C AD 0 4 2 245 0 01

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 CAD 04 2 245 0 01

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
Hazardous Waste, Liquid NOS. - ORM-E (R-11)	NA 9 1 89	600	P	03	DM	2 11	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichorotrifluoromethane				
Oil				
Water				

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 [signature] MO. 07 DAY 06 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 [signature]
DATE REC'D & ACCEPTED MO. 7 DAY 6 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 [signature]
Printed or typed full name and signature

EPA ID NUMBER C AD 042 245 0 0 1

DATE RECEIVED & ACCEPTED MO. 07 DAY 06 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

63-67967

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

06/21/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83493930

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
EASTMAN KODAK COMPANY
12100 RIVERA RD.
WHITTIER, CA. 90602

AREA CODE/PHONE NUMBER 213/945-1255

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD054854377

TRANSPORTER NO. 1
OMEGA CHEMCIAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH./CONTAINER NO. 00042507

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 XXXXXXXXXXXX 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
HAZARDOUS WASTE, LIQUID N.O.S - ORM-E R-11	NA9189	1200	P	07	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluoromethane				
Oil				
Water				

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 Lou Steiger Lou Steiger

MO 06 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 Henry Solomon

DATE REC'D & ACCEPTED MO. 6 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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 06 DAY 21 YR 84

FORM NO DHS-8022A 11/82

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83-87967

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD054854377
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
Eastman Kodak
12100 Rivera Rd., Whittier, CA. 90706

A. State Manifest Document Number: 84341232
B. State Generator's ID: CAD054854377

4. Generator's Phone ( )

5. Transporter 1 Company Name: Omega Chemical Corp.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 42507
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. Hazardous Waste, Liquid N.O.S ORM-E NA9189 (R-11)	12	DM	1800	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: CJ Trichloro Fluoromethane + oil

K. Handling Codes for Wastes Listed Above: a

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: LEWIS STEIGER
Signature: Lewis Steiger
Date (Month Day Year): 12 10 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date (Month Day Year): 12 10 84

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: STEVE SIMPSON
Signature: Steve Simpson
Date (Month Day Year): 12 10 84

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 80641

State of California—Health and Welfare Agency

5-8-85

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. CAD 054 854 377 — 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
EASTMAN KODAK
12100 Rivera Rd., Whittier, CA 90606

4. Generator's Phone (213) 945-1255, X 1582 Lou Steiger

A. State Manifest Document Number: 84341640

B. State Generator's ID: CAD 054 854 377

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: 213/698-0991

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 90601

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. HAZARDOUS WASTE, LIQUID N.O.S. ORM-E NA9189 (R-11)	~~[illegible]~~ 005	DM	650	P	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Trichlorofluoromethane O.C. (4x200# 1x100#)

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: LEWIS STEIGER — Signature: Lewis Steiger — Date (Month Day Year): 5 9 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date (Month Day Year): 05 09 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: STEVE SIMPSON — Signature: Steve Simpson — Date (Month Day Year): 05 09 85

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

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.: CAD 054 854 377
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
EASTMAN KODAK COMPANY
12100 RIVERA RD.,,WHITTIER, CA 90606
4. Generator's Phone 213) 945-1255 X1580

A. State Manifest Document Number: 88681511
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: 110237
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: 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 REFRIGERANT GAS, N.O.S NON FLAMMABLE GAS UN 1078 (R-11)	005	DM	0/1000	lbs	State: EPA/Other: D019
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
PROFILE NUMBER B 10433

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: R BRENNAN
Signature: [signature]
Month Day Year: 12 04 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T. Iringer
Signature: [signature]
Month Day Year: 12 04 90

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: John Halte
Signature: [signature]
Month Day Year: 12 5 90

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

88681511

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

Do Not Write Below This Line

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