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

May 23, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER B 3029854

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

19

GENERATOR NAME AND MAILING ADDRESS
KEY MECHANICAL
1905 Laurel Ave.
Santa Fe Springs, Ca. 90670
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO.: 42507
EPA ID NUMBER: CA DD 142245001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER: CA DD 142245001
AREA CODE/PHONE NUMBER 213/698-0991

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.
(R-113) TRICHLOROTRIFLUOROETHANE		800	P	14	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluoroethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
yield 774 lbs.
Recorded

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
MO. DAY YR.

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

TO BE FILLED IN BY GENERATOR

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. 5 DAY 23 YR. 83

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
Jay Solomon 5-23-83 JAY SOLOMON
EPA ID NUMBER CAD DA 122 45 001
DATE RECEIVED & ACCEPTED MO. 05 DAY 23 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"

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

9/29/83

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83376118

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
KEY MECHANICAL SERVICE
10905 Laurel Ave.
Santa Fe Springs, Ca. 90670
AREA CODE/PHONE NUMBER 944-0226

19

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO. 1
KEY MECHANICAL SERVICE

VEH./CONTAINER NO. | EPA ID NUMBER

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, CA. 90602
AREA CODE/PHONE NUMBER 698-0991

EPA ID NUMBER
CA DO 42245001

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 (R-11) None trichlorofluoromethane		500	P	01	DM	211	07

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane	90	80	X	
Oil	10	5	X	
Water	10	5	X	

SPECIAL HANDLING INSTRUCTIONS
yield 448 lbs.

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.

MO. 9 DAY 29 YR. 83

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
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 09 DAY 29 YR. 83

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

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 09 DAY 29 YR. 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

15.48

03/29/2000 "ORIGINAL MANIFEST COPY"

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 83376180

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
KEY MECHANICAL
10905 Laurel Ave.
Santa Fe Springs, Ca. 90670

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X 0 0 0 0 9 1 5 9 1 6

TRANSPORTER NO 1
KEY MECHANICAL

VEH./CONTAINER NO. | EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
~~OMEGA CHEMICAL CORP.~~
~~12504 E. Whittier Blvd.~~
~~Whittier, Ca. 90602~~

VEH./CONTAINER NO: 00042507
EPA ID NUMBER: CA DO 42245001

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca 90602 698-0991

AREA CODE/PHONE NUMBER

EPA ID NUMBER: CA DO 42245001

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.
1. Hazardous Waste, Liquid N.O.S. (R-11)	None	1400	P	02	DM	211	01
2. Hazardous Waste, Liquid N.O.S. (R-113)	None	400	P	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
a				

SPECIAL HANDLING INSTRUCTIONS
a. R-11 yield 576 lbs. R-113 yield 818 lbs

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.

X A. Lopez
Printed or typed full name and signature: A. LOPEZ

MO. 10 DAY 25 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

X A. Lopez
Printed or typed full name and signature: A. LOPEZ

DATE REC'D & ACCEPTED: MO. 10 DAY 25 YR 83

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: CA D0A 2245091

DATE RECEIVED & ACCEPTED: MO. 10 DAY 25 YR 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

06/15/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83493917

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
KEY MECHANICAL SERVICE
10905 LAUREL AVE.
SANTA FE SPRINGS, CA. 90670
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000015016

TRANSPORTER NO. 1
KEY MECHANICAL SERVICE
VEH./CONTAINER NO.
EPA ID NUMBER
CAX000015011

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, CA. 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
HAZARDOUS WASTE LIQUID N.O.S- ORM-E (R-113)	NA9189	1800	P	004	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM

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

A. Lopez
Printed or typed full name and signature

MO 06 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
A. Lopez D. LOPEZ
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 6 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.
Omega Chemical
Jim Baltimore J. Baltimore
Printed or typed full name and signature
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 06 DAY 14 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 1-28-85

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. CAX000015016 — 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
KEY MECHANICAL SERVICE
10905 Laurel Ave. Santa Fe Springs, CA 90670

4. Generator's Phone ( )

A. State Manifest Document Number 84341318
B. State Generator's ID CAX000015016

5. Transporter 1 Company Name: KEY MECHANICAL SERVICE
6. US EPA ID Number: CAX000015016
C. State Transporter's ID
D. Transporter's Phone 9421 6226

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. HAZARDOUS WASTE, LIQUID N.O.S. NA9189 R_11	003	DM	600	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

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: A. Lopez — Signature: ANGEL LOPEZ — Date (Month Day Year): 1 12 8 1 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: A. Lopez — Signature: ANGEL LOPEZ — Date (Month Day Year): 1 12 8 1 8 5

18. Transporter 2 Acknowledgement or 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: N. Jay Solomon — Signature: N. Jay Solomon — Date (Month Day Year): 10 12 8 1 8 5

GENERATOR — TRANSPORTER — FACILITY

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 68641

State of California—Health and Welfare Agency

3-22-85

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: CAX000015016

Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number: 84341471

3. Generator's Name and Mailing Address
KEY MECHANICAL SERVICE
10905 Laurel A e., Santa Fe Springs, CA 90670

4. Generator's Phone ( ) ART RIVERA

B. State Generator's ID: CAX000015016

5. Transporter 1 Company Name: Key Mechanical Service

6. US EPA ID Number: CAX000015016

C. State Transporter's ID

D. Transporter's Phone

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. HAZARDOUS WASTE, LIQUID N.O.S. ORM-E NA9189 (R-11)	003	DM		P	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

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):

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X Angel Lopez | Signature: Angel Lopez | Date (Month Day Year): 3 22 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: X Angel Lopez | Signature: Angel Lopez | Date (Month Day Year): 3 22 85

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: N. JAY Solomon | Signature: N. Jay Solomon | Date (Month Day Year): 03 22 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

05/31/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

P.O # 5909

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: CAX000015016
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:
KEY MECHANICAL
10905 Laurel Ave., Santa Fe Springs, Ca. 90670

4. Generator's Phone: (213) 944-0226

5. Transporter 1 Company Name: KEY MECHANICAL
6. US EPA ID Number: CAX000015016

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

9. Designated Facility Name and Site Address:
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001

A. State Manifest Document Number: 84341565
B. State Generator's ID: CAX000015016
C. State Transporter's ID:
D. Transporter's Phone: 213/944-0226
E. State Transporter's ID:
F. Transporter's Phone:
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. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189 (R-111)	7	DM	1400	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~(a) [illegible]~~
~~(b) [illegible]~~

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: [illegible] Signature: [illegible] Date: Month 2 Day 2 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 2 Day 2 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
(1) [illegible]

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name: David [illegible] Signature: [illegible] Date: Month 07 Day 02 Year 85

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

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

06/13/2001 "ORIGINAL MANIFEST COPY"

KEY MECHANICAL WILL BRING MATERIAL IN

State of California—Health and Welfare Agency

July 16, 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: CAX000015016
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
KEY MECHANICAL CO.
10905 Laurel Ave., Santa Fe Springs, CA 90670

4. Generator's Phone (213) 944-0226

A. State Manifest Document Number: 84341585
B. State Generator's ID: CAX000015016

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. Hazardous Waste, Liquid N.O.S. NA 9189 (R-11)	2	DM	300	P	211
b.					
c.					
d.					

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: x Angel Lopez ANGEL LOPEZ
Signature:
Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: x Angel Lopez ANGEL LOPEZ
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: David O'Brien
Signature: David O'Brien
Date: Month Day Year 7/16/85

DHS 8022 A (7/84)
(EPA 8700-22)

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

84 89541

State of California—Health and Welfare Agency

C

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. CAX000015016 — 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
KEY MECHANICAL SERVICE
10905 Laurel Ave., Santa Fe Springs, Ca.

4. Generator's Phone (213) 944-0226

A. State Manifest Document Number: 84341818

B. State Generator's ID: CAX000015016

5. Transporter 1 Company Name: KEY MECHANICAL SERVICE

6. US EPA ID Number: CAX000015016

C. State Transporter's ID: CAX000015016

D. Transporter's Phone

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 NA 9189 R-11 ORM-E	6	DM	1200	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a) 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 — Signature — Date (Month Day Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X RALPH GONZALEZ — Signature: X. Ralph E. Gonzalez — Date: 9 7 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: N. JAY Solomon — Signature: N. Jay Solomon — Date: 09 04 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 89541

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. CAL 000 033 880 — Manifest Document No. 40935
2. Page 1 of — Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
KEY MECHANICAL SERVICES
10905 LAUREL AVE.,SANTA FE SPRINGS,CA.
4. Generator's Phone (213) 944-0226

A. State Manifest Document Number 88346635
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 208451
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 OIL N.O.S.,COMBUSTIBLE LIQUID NA 1270	11	DM	00590	G	State 341; EPA/Other D001F002
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
a.-Material for disposal

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

15. Special Handling Instructions and Additional Information
Profile#B11051 *Emergency#213/944-0226

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.

GENERATOR — Printed/Typed Name: GEORGE S HOFFMAN — Signature: George S Hoffman — Month Day Year: 09/19/91

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: [signature] — Month Day Year: 09/19/91

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: N. JAY SOLOMON — Signature: N. Jay Solomon — Month Day Year: 09/19/91

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

88346635

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EPA 8700—22
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TO P.O. Box 3000 Sacramento, CA 95812

State of California—Health and Wellare 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.
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
KEY MECHANICAL
10905 Laurel, Santa Fe Springs, CA
4. Generator's Phone (213 944-0226

A. State Manifest Document Number 88683264
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
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 RecoveryServices
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD014212451011
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. Hazardous waste liquid N.O.S. NA 9189 (R-11)	005	DM	01000	P	State 211 / 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

A) For recycle back to Key Mechanical

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.

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Printed/Typed Name | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space
2-13-90

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
George S Hoffman
Printed/Typed Name: Isaac Woods Jr | Signature | Month Day Year: 12/13/90

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

88683264

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9005 25 0114 06

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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. CAL 000 033 880
Manifest Document No. 84740
2. Page 1 of

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

3. Generator's Name and Mailing Address
KEY MECHANICAL SERVICE COMPANY
10905 LAUREL AVE..,SANTA FE SPRINGS, CA 90670
4. Generator's Phone (213) 944-0226

A. State Manifest Document Number 88684740
B. State Generator's ID
C. State Transporter's ID 440236
D. Transporter's Phone 213 698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
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 OIL, N.O.S NA 1270 (REFRIGERANT OIL) TRICHLOROTRIFLUOROETHANE	01/12	DM	0005	G	State 341 / EPA/Other F002, D001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR DISPOSAL

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 11051
EMERGENCY RESPOND PHONE # 213 944-0226

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Printed/Typed Name: GEORGE S HOFFMAN — Signature: [signature] — Month Day Year: 04/10/91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: [signature] — Month Day Year: 04/10/91

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: N. JAY SOLOMON — Signature: [signature] — Month Day Year: 04/10/91

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAL 000 033 880
Manifest Document No.: 84895

2. Page 1 of

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

3. Generator's Name and Mailing Address
KEY MECHANICAL SERVICE
10905 LAUREL AVE.,SANTA FE SPRINGS, CA. 90670

4. Generator's Phone (213) 944-0226

A. State Manifest Document Number: 88684895

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: CAD 042 245 001

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 CORROSIVE LIQUID, N.O.S, CORROSIVE LIQUID (Lithium Bromide, Water) NA 1760	01	05 DM	902165	G	State 131 / EPA/Other D002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a. Material to be disposed

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

15. Special Handling Instructions and Additional Information
Profile# B11224
*Emergency#(213) 944-0226

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Printed/Typed Name: Don L. Wright — Signature: [signature] — Month Day Year: 06 03 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cirincione — Signature: [signature] — Month Day Year: 06 03 91

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: John Hatte — Signature: [signature] — Month Day Year: 16 14 91

GENERATOR

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

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0012 .0097

generator_name	KEY MECHANICAL
lc_name:	KEY MECHANICAL SERVICE COMPANY
lc_calc_volume:	10.8303 tons

manifest_number	manifest_quantity_ton
83029854	0.4 tons
83376118	0.25 tons
83376180	0.9 tons
83493917	0.4 tons
84341318	0.3 tons
84341471	0.68805 tons
84341565	0.7 tons
84341585	0.15 tons
84341818	0.6 tons
88346635	2.4603 tons
88683264	0.5 tons
88684740	2.3769 tons
88684895	1.10505 tons