ate of California—Health and Welfare Agency

XIC SUBSTANCES CONTROL DIVISION

Street
o, CA 95814

Department of Health Servic

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

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

STATE ID NUMBER **83678175**

City of Santa Fe Springs
Headquarters Fire Station - 24 & 25 June 2002

TO BE FILLED IN BY GENERAT

GENERATOR NAME AND MAILING ADDRESS

Co Inc.
11940 E. Washington Blvd.
Whittier, CA 90606

AREA CODE/PHONE NUMBER

OmegaII Doc# 279 d/itls: 10/30/02
Data extracted?d/itls:
RS?___
Enviro data? ___d/itls:

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD980815294

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS

Acto Kleen Co Inc.
7899 Paramount Blvd.
Pico Rivera, CA 90660

VEH./CONTAINER NO. 051202

EPA ID NUMBER CAD095631717

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

same as transporter #1 213 723-5111

EPA ID NUMBER CAD095631717

AREA CODE/PHONE NUMBER

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.	D M
WASTE EA-PERCHLORETHYLENE-ORM-A	UN1897	000055	G	001	DM	211	

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

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: Ilene Mincher

MO. 09 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

Richard Lipton

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 9 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.

Dolores Decker

Printed or typed full name and signature

EPA ID NUMBER CAD095631719

DATE RECEIVED & ACCEPTED MO. 09 DAY 10 YR 84

GENERATOR RETAINS

#2394 S.W. JM

S.T.

PLANT SURVEY TELEPHONE REQUEST

PUBLIC HEALTH PROGRAMS - OCCUPATIONAL HEALTH
COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

DATE: 10/3/85

RECEIVED BY: EM

NAME OF PLANT: GO Inc.

PERSON TO CONTACT:

ADDRESS OF PLANT: 11940 Washington, Whittier

TELEPHONE NO.:

NATURE OF REQUEST: Twice a mo. 4 gal of PCE (PERCHLOROETHYLENE) and TCE (TRICHLOROETHYL) dump to the dirt at back of bldg - #

EXACT SITE IN PLANT INVOLVED:

SERVICE REQUESTED BY: ~~Kell Jensen~~ KELL JENSEN

ADDRESS: L.A. Co. Sanitation - 685-5217 Ext. 273

TELEPHONE NO.:

REFERRED TO:

DISPOSITION: 10-9-85 UPON INSPECTION WITH T. MILES, OBSERVED POSSIBLE AREA OF CONTAMINATION, SAMPLE SECURED AND W/N ISSUED WITH SEVERAL VIOLATIONS. 10-10-85 T/C TO JENSEN LEFT MESSAGE. GPM.

12-19-85 LAB RESULTS RETURNED. PH 3.2, N-D FOR CHLORINATED. CALL ROY CALLAGAN FOR RESULTS AND UPDATE ON NOTICE. WILL MAIL COPY OF MANIFEST AND HAS SUBMITTED PLANS TO OTHER AGENCIES. GPM.

H-433 (REV. 5-82) 76T230

INVESTIGATION DATE: 10-9-85

INVESTIGATOR'S INITIALS: GPM.

explain) _____

County of Los Angeles
Department of Health Services
Occupational Health Division
Hazardous Waste Control Program
2513 S. Grand Ave., 8th Floor
Los Angeles, CA 90007
(213) 744-3221

DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LABORATORIES

HAZARDOUS WASTE SAMPLE ANALYSIS REQUEST

PART I: FIELD SECTION

Collector G. MUNOZ, T. MILES Date Sampled 10-9-85 Time 1:30 PM Hours _____

Location of Sampling G O INC.
name of company, disposal site, etc.

Address 11940 (number) WASHINGTON (street) BL WHITTIER (city) CA (state) 90606 (zip)

Telephone (213) 945-3691 Company Contact JOHN OTTEMAN (OWNER)

FIELD NO.	10-9-GPM85-A					
SAMPLE OF	SOIL					
LOCATION OF SAMPLE	GROUND AT EAST-REAR CORNER OF LOT APPX 5 FT IN AND 2 FT FROM WALL					
ANALYZE FOR	CHLORINATED HYDROCARBONS, PH.					

REMARKS:

PART II: LABORATORY SECTION

LAB NO.	TW565-85					
FINDINGS PH	3.2					
chlorinated pesticides	ND	12/13/85 LKB				

PART III: CHAIN OF POSSESSION

	Signature	Agency/Organization	Inclusive Dates	
1.	Gerald Munoz	HAZ-WTC. LACDHS	9-OCT-85	11-OCT-8
2.	Tim Miles	Haz Waste LACDHS	10-11-85	10-16-8
3.	Lori Lemy	public Health Lab	10/16/85	
4.				
5.				

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

313 NORTH FIGUEROA STREET • LOS ANGELES, CALIFORNIA 90012

PUBLIC HEALTH PROGRAMS

Lawrence D. Roberts, Acting
Deputy Director

MARTIN D. FINN, M.D., M.P.H.
Medical Director

Reply refer to:
2615 South Grand Avenue, Room 607
Los Angeles, CA 90007
(213) 744-3223

[redacted]

DATE: 10-9-85

TO: GO INC. JOHN CHRISTENSEN PRES
ADDRESS: 11940 WASHINGTON BLVD WHITTIER 90606

SUBJECT:

In order to comply with the State Health and Safety Code / California Administrative Code, you are directed to take the following actions marked below.

X 1) ~~Discontinue~~ immediately the disposal of hazardous wastes (WASTE SOLVENTS AS and 6 Barrels) to unauthorized locations (REAR OF #2 Building).

___ 2) Discontinue immediately the transport of hazardous wastes ( ) off site except by a registered hazardous waste hauler, under manifest and to a State Health Department permitted facility.

X 3) Remove and legally dispose by 90 DAYS, all hazardous wastes / contaminated materials discharged to / stored at (REAR) OF LOT. (NOTE: All hazardous waste transported off site by vehicle must be transported under Hazardous Waste Manifest, by a State Health Department registered hauler).

___ 4) Provide this office by ___, a site assessment and decontamination plan for the above subject contaminated area.

X 5) Provide this office by 90 DAYS, a photo copy of the completed manifest receipt used to dispose of WASTE, SOLVENTS (PENT, MIX, ACETONE, ALCOHOL).

X 6) Store by FORTHWITH, all hazardous waste in a secure, contained, weather proof and well posted manner pursuant to California Administrative Code, Title 22, Section 66508, 67120.

X 7) Store by FORTHWITH, all hazardous waste in non-leaking, properly labeled and dated containers with tight fitting lids.

X 8) Discontinue the storage of hazardous waste / treatment of hazardous waste for longer than 90 DAYS without written permission from the State Department of Health Services (213) 620-2831

___ 9) Maintain copies of all hazardous waste manifests and receipts at the above subject facility for agency review. OK

X 10) Obtain an EPA Number from the State Department of Health Services (213) 620-2380 or (916) 324-1781 prior to transport of any hazardous waste off site.

___ 11) Provide this office by FORTHWITH, a copy of a hazardous materials contingency plan and employee training plan for the above subject facility pursuant to California Administrative Code, Title 22, Sections 67120 to 67145 and 67105.

___ 12) Additional Requirements: SAMPLE TAKEN FOR ANALYSIS.

RECEIVED BY: Roy C. Callahan

INSPECTOR: Gerald B. Wilson
HAZARDOUS WASTE CONTROL PROGRAM

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. CAD980815294

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
Go Inc.
11940 E. Washington Blvd.
Whittier, CA 90603 213 945-3691

4. Generator's Phone ( )

A. State Manifest Document Number 84281863

B. State Generator's ID CAD980815294

5. Transporter 1 Company Name: Acto Klean Co.

6. US EPA ID Number: CAD095631719

C. State Transporter's ID 67015

D. Transporter's Phone 213 723-8111

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: CAD042245501

G. State Facility's ID CAD042245001

H. Facility's Phone 213 6980991

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	15. Waste No.
a. WASTE EA-1-1-1 TRICHLORETHANE-ORM-A UN 2831	1	DM	55	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
14

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: Richard Lipton | Signature | Date Month Day Year: 07 26 86

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 | Signature | Date Month Day Year

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

Yellow: GENERATOR RETAINS

84 80541

SIC: 5095

HAZARDOUS WASTE CONTROL PROGRAM

DATE: 5-19-87

COMPANY NAME	STREET	CITY & ZIP	DISTRICT
GO INC	11940 E WASHINGTON BLVD	WHITTIER CA 90606	SOUTHEAST

OWNER	PERSON INTERVIEWED & TITLE	PHONE NO	NO. EMPLOYEES
PHIL VAUGHAN VEMCO CORP JOHN OTTOMAN G.M.	CHRISTOPHER J REGGS	(213) 945-3691 EMERGENCY NO.	25

L.A. CO. PHL NO.	INDUSTRIAL WASTE NO.	EPA NO.
		CAD980815294

SAFETY SHOWER _____
EATING AREA _____
TOILET & WASHING FACILITIES ADEQUATE _____
PLANT SANITATION ADEQUATE _____

TYPE OF FACILITY & DESCRIPTION OF OPERATION/PRODUCTS:
PRESSURE REGULATOR MFG

PROCESS	MATERIAL	HAZARDOUS WASTE TYPE	VOL/LBS	STORAGE METHOD	DISPOSAL METHOD	MANIFEST	CONTROL	I.H. HAZARD
MACHINE SHOP	CUTTING OIL RAPID TAP (111-TCA)	WASTE OIL & SOLVENT		55 GAL DRUM	ACCUMULATED ON SITE			
ASSEMBLY VAPOR DEGREASER	111-TRICHLORO ETHANE	WASTE SOLVENT		55 GAL DRUM				
PARTS WIPING	RAGS ACETONE			RAGS	MISSION UNIFORM SERVICE 11920 E WASHINGTON WHITTIER 90606			
PART DIP TANK	PERCHLORETHYLENE	WASTE		55 GAL DRUM	ACCUMULATED ON SITE			
BRASS + COPPER CLEANING	BRITE DIP ACETIC NITRIC + PHOSPHORIC ACID			55 GAL DRUM	ACCUMULATED ON SITE			

NUMBER OF UNDERGROUND STORAGE TANKS: NONE
VOLUME & TYPE OF WASTE IN UNDERGROUND TANK(S): N/A
PRIVATE DISPOSAL SYSTEMS ON PREMISES: YES ___ NO X

ACCESS TO STORM INLET ON PREMISES: Yes X No ___
CHLORINATED HYDROCARBON USED: YES X NO ___
SEWER CONNECTION ON PREMISES: YES ___ NO X

REMARKS: CHECK ON PHL

VIOLATIONS: NOV ISSUED TO DISPOSE OF 4 DRUMS OF WASTE LOCATED AT REAR OF LOT. CONTINGENCY PLAN, STORAGE + LABELING

REFERRAL TO:

ACTION:

SURVEY CONDUCTED BY: A. [illegible]

CLEAN ROOM MESS

HC
N_2 } PRESSURE LEAK TEST

MACHINE SHOP

LUBE - OIL CAN

RAPID TAP 1/1-TRICHLORO ETHANE

1 GAL CAN

ST/ST

30 GAL DRUM CUTTING OIL

COMPRESSOR - SOL

PARTS → VAPOR DEGREASE 1/1 TCA → ASSY → SHIPPING
↓ RECPTS
ACETONE
LEAK DETECTION

RAG SERVICE → RECPTS ?

MISSION UNIFORM SVC.
11920 E WASHINGTON BLVD
WHITTIER, CA. 90606

ISOPROPYL ALCOHOL

SECURE THE CYLINDER

MSDS

PERCHLOROETHYLENE → SERVICE RECPTS

STORM DRAIN ACCESS

BRITE DIP — RECPTS

ACIDS
NITRIC

[redacted]

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS CONTROL PROGRAM

RECD 6-2-89

Owner PHIL VAUGHAN

Business GO INC

Address 11840 E WASHINGTON BLVD.

City, Zip Code WHITTIER, CA. 90606

Date 5-19-89

Reply refer to:
2615 South Grand Avenue, Room 607
Los Angeles, CA 90007
(213) 744-7223

NOTICE OF VIOLATION AND ORDER TO COMPLY

The following conditions or practices observed at your facility are violations of the California Code of Regulations (CCR), Title 26, Division 22 or the California Health and Safety Code, Division 20, Chapter 6.5, (H&S) or both, which relate to the disposal, management, transportation, and storage of hazardous waste. YOU ARE DIRECTED TO CORRECT THE VIOLATIONS WITHIN THE TIMES SPECIFIED BELOW.

CORRECTION DATE

DISPOSAL:

_____ ☐ 1. Discontinue the disposal of hazardous waste to an unauthorized point(s). (H&S 25189.5).

_____ ☐ 2. Legally dispose of all hazardous waste and contaminated materials (H&S 25189.5)

6-2-89 ☑ 3. _____ discharged to _____ Legally dispose of all stored hazardous waste and contaminated materials located at (H&S 25___) EAST END OF LOT NEXT TO CHAIN LINK FENCE - 4 22 DRUMS

MANAGEMENT:

6-19-89 ☑ 4. Submit to this office a copy of your facility's hazardous materials contingency plan and employee training plan. (CCR 67105, 67120-67126, 67140-67145) Enclosed

TRANSPORTATION:

☐ 5. Discontinue the transport of hazardous waste until the following have been met:

_____ ☐ A. Obtain an EPA Identification Number from the State Department of Health Services at (916) 324-1781. (CCR 66472)

_____ ☐ B. Complete a uniform Hazardous Waste Manifest or obtain a receipt when applicable under State Department of Health Services variance procedures. (H&S 25160 and 25143)

_____ ☐ C. Transport all hazardous waste by a State registered hauler. (H&S 25163)

6-2-89 ☑ 6. Submit to this office a copy of the completed hazardous waste manifest(s) used to dispose of (4 EA) DRUMS OF WASTE Enclosed (CCR 66328).

5-19-89 ☑ 7. Keep copies at your facility of all completed manifests, receipts or both for a minimum of three (3) years and make documents available for agency review. (CCR 66492) ON FILE

STORAGE:

5-19-89 ☑ 8. Discontinue the storage of hazardous waste for longer than 90 days without a permit from the State Department of Health Services. (CCR 66508)

_____ ☐ 9. Store all hazardous waste in compatible containers which are closed and in good condition. (CCR 66241 - 67243)

5-19-89 ☑ 10. Properly label all containers with the following: the words, "HAZARDOUS WASTE"; name and address of generator; hazardous properties; a composition and physical state of the waste; and the accumulation date. (CCR 66508)

OTHER:

_____ ☐ 11. Provide this office with a site assessment and mitigation plan for the contamination at your facility.

_____ ☐ 12. _____

Failure to fully comply with this Notice and Order may result in further legal action.

Chris Beggs
Owner or Authorized Representative

Chris Beggs

Hazardous Materials Specialist

P 2/89

Health and Welfare Agency
OMB No. 2050—0039 (Expires 9-30-91)
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. CAD980585293 | Manifest Document No. 88594040 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
GO, Inc. 11940 E. Washington Bl., Whittier, CA. 90606

A. State Manifest Document Number 88594040

4. Generator's Phone (213) 945-3691

B. State Generator's ID

5. Transporter 1 Company Name RHO-CHEM CORP. | 6. US EPA ID Number CAD006364432

C. State Transporter's ID 91142

D. Transporter's Phone (213) 776-6233

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
RHO-CHEM CORP. 425 Isis Ave., Inglewood, CA. 90301 | 10. US EPA ID Number CAD006364452

G. State Facility's ID CAD083644452

H. Facility's Phone (213) 776-6233

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 Solution ORM-A UN2831 (F001)	003	DM	00150	G	State / EPA/Other F001
b. RQ, Waste Per chloroethylene Solution ORM-A UN2831 (F001)	001	DM	00030	G	State / EPA/Other F001
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a) 1,1,1 Trichloroethane-65%, Isopropanol-5% water-5%, oil-25%
b) Perchloroethylene-65%, oil-25%, water-5%, Isopropanol-5%

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

15. Special Handling Instructions and Additional Information
Gloves and eye protection

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: Christopher J. Beggs | Signature: Christopher J Beggs | Month Day Year: 06 01 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL FULLER #5456 | Signature: Michael Fuller | Month Day Year: 06 01 89

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

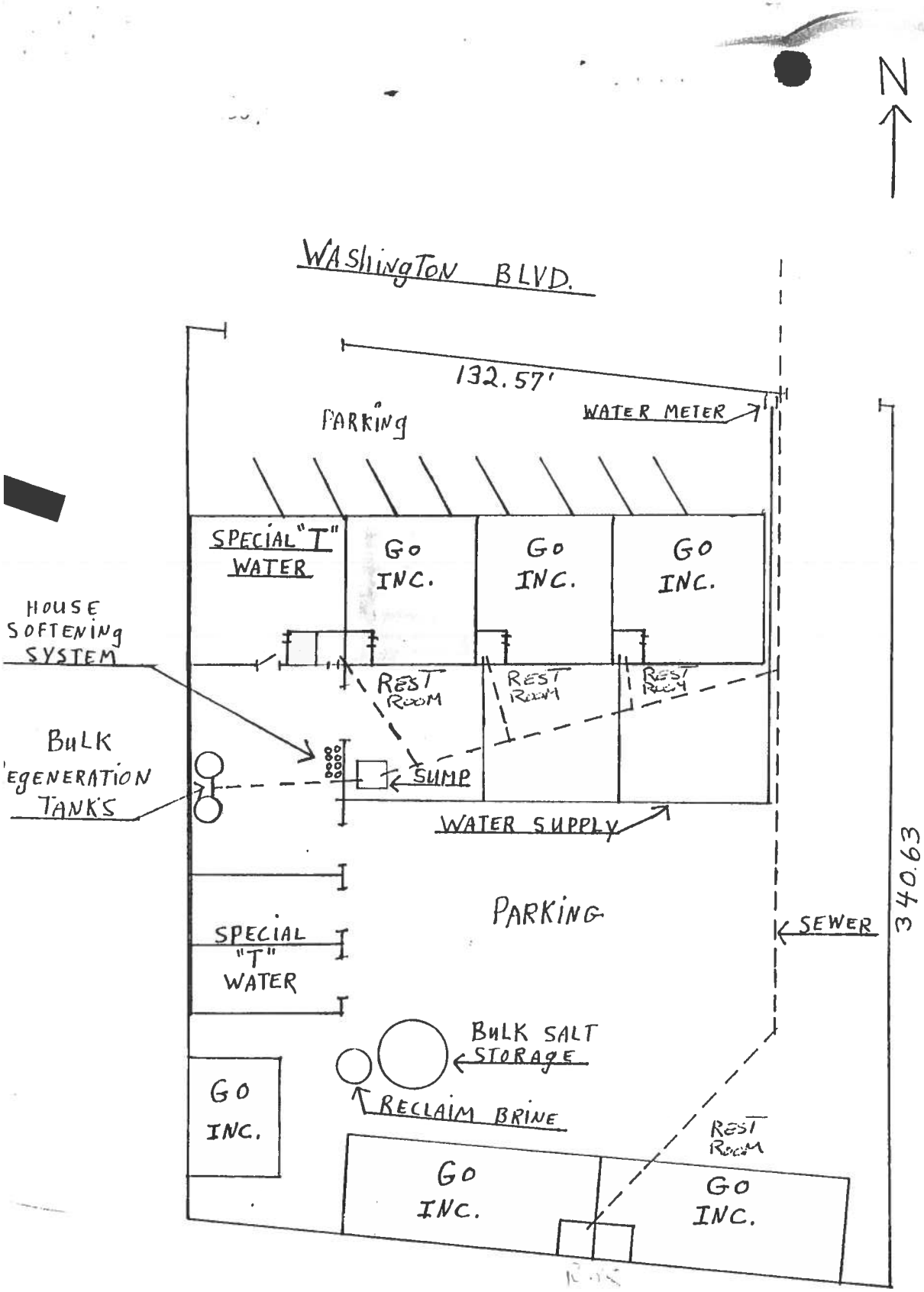
19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Month Day Year

Do Not Write Below This Line

22 A (1/88)
00—22
88) Previous editions are obsolete.

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95812-0400



Rented to Go, Inc.

Source of all water:
San Gabriel Valley Water Co.

Robert J. WALKER 10-30-89

COMPANY NAME: GO, INC.

STREET: 11940 WASHINGTON RD

CITY & ZIP: WHITTIER CA 90606

DISTRICT: 63

OWNER: JOHN OTTEMAN

PERSON INTERVIEWED & TITLE: ROY CALLAHAN MGR

PHONE NO.: 945-3691

EMERGENCY NO.:

NO. EMPLOYEE: 14

A. CO. PHIL: 175750-100

INDUSTRIAL WASTE NO.: N/A

EPA NO.: CAX.0040923

SAFETY SHOWER: NO

EATING AREA: YES

TOILET & WASHING FACILITIES ADEQUATE: OK

PERSONNEL PROTECTIVE DEVICES ADEQUATE: OK

PLANT SANITATION ADEQUATE: OK

: OF FACILITY & DESCRIPTION OF OPERATION/PRODUCTS:

YPE ASSEMBLY PRESSURE GAUGES & VALVES

PROCESS	MATERIAL	CONTROL	I.H. HAZARD	HAZARDOUS WASTE TYPE	VOL/LBS.	STORAGE METHOD	DISPOSAL METHOD	MANIFEST I
T. PRESSURE TESTING	EMULISFER (SOAP) Helium, NITROGEN GAS	PLASTIC BOTTLES TANKS	NOT SECURED			ELECTRICALCHEMICAL 751 ELM ST YOUNGSTOWN OHIO 44502 1-800-321-9050	COPPER & BRASS BRIGHT UN-1760, CODE 2007 ↓ SULFURIC ACID >1.	
T ASSEMBLY FILTER TESTING	ISOPROPYL ALCOHOL TEFLON TAPE (1 DM)	55 gal/Dm	BEATH	WASTE ALCH	55 gal	DRUM	RETURNED TO SUPPLIER AS NEEDED	
VEHICLES SERVICE								
II MACHINING VAPOR DEGREASER INDOORS	PERC (1 Dm) METHANE 1,1,1-TRICHLOR (1 Dm) COPPER & BRASS (CLEANER), BRIGHT TAP-Cooling OIL	55 gal/Dm "	BEATH SKIN EYES			SERVICE BY AUTO KLEEN 7869 PARAMOUNT PICO RIVERA ~~944-3330~~ 949-7849 PERC 1,1,1 TRICHLOR, ALCOHOL SUPPLIED BY AUTO KLEEN OBERVER MANIFEST		
VAPOR DEGREASER OUTDOORS			NO Cooling COILS	WASTE PERC WASTE 1,1,1-TRICL	55 gal 55 gal			
NO SCRAP METAL	SERVICE							

ODER OF UNDERGROUND STG TANKS: NONE

LUME & TYPE OF WASTE IN UNDERGROUND TANK: N/A

IVATE DISPOSAL SYSTEMS ON PREMISES: YES ___ NO X

ACCESS TO STORM DRAIN INLET ON PREMISES: YES ___ NO X

CHLORINATED HYDROCARBON USED: YES X NO ___

SEWER CONNECTION ON PREMISES: YES X NO ___

ARKS: A VAPOR DEGREASER USE INDOORS WAS SUPPLIED WITH 1,1,1 TRICHLORO, A VAPOR DEGREASER WITHOUT COOLING COILS WAS OUTDOORS AND SUPPLIED WITH PERC. SAMPLE TAKEN FROM REAR (EAST) END OF LOT. GROUND AREA WITH DOOR (02) REC'D.

OLATIONS: 1) DISPOSAL ON GROUND (HELD FOR SAMPLE RESULTS) 2) MANIFEST 3) 90 DAYS 4) CONTAINERS AND 5) AREA.

ADVISED ON 3RD WASTE DRUM WITH HOLES AND DETERIORATE SURFACE

FERRAL TO: ACTION: NOTICE SURVEY CONDUCTED BY: [illegible]

SIC: 3494

HAZARD[redacted] WASTE CONTROL PROGRAM

DATE: 3-20-[illegible]

COMPANY NAME: GO INC

STREET: 11940 EAST WASHINGTON BLVD

CI[illegible]

OWNER: JOHN OTTEMAN

PERSON INTERVIEWED & TITLE: JOHN OTTEMAN PRESIDENT

PH[illegible] EME[illegible]

A. CO. PHL# 157250

INDUSTRIAL WASTE NO: NONE

EPA NO.: NONE

SAFETY SHOWER: ONE

EATING AREA: NO[illegible]

TOILET & WASHING [illegible]

PERSONNEL PROTECTIVE DE[illegible]

PLANT SANITATION ADE[illegible]

: OF FACILITY & DESCRIPTION OF OPERATION/PRODUCTS: CLEANING & ASSEMBLING & SOME RESEARCH — VALVES & PRESSURE REGULATORS

GO INC.

JOHN OTTEMAN

11940 E. WASHINGTON BLVD.
WHITTIER, CALIFORNIA 90606

(213) 945-8691

PROCESS	MATERIAL	CONTROL	I.H. HAZARD	HAZARDOU[illegible] TYPE	VOL/LBS.	STORA[illegible] METHOD	DISPOSAL METHOD	MANIFEST IN[illegible]
CLEAN - METAL MACHINED BRASE - STEEL PARTS WITH & ASSEMBLE	PERCHLOROETHYLENE PCE ISO PROPYLE ALCOHOL HCl ELECTRO BRITE	ALL ACID & SOLVENT WASHING IS DONE OUTSIDE ON EAST SIDE OF FACILITY. EXCEPT BROWN DEGREASER INSIDE ROOM ON EAST SIDE	NO VAPOR MASK	PCE TCA TCE HCl	11-55GAL BARRELS OF VARIOUS SOLVENT PCE TCA TCE ACIDS HCL 100GAL	OUT SIDE ON EAST SIDE OF FACILITY NO BERMING	AS SHOWN ON MANIFEST Lost AT FILE	

BER OF UNDERGROUND STG TANKS

UME & TYPE OF WASTE IN UNDERGROUND TANK:

VATE DISPOSAL SYSTEMS ON PREMISES: YES ___ NO ✓

ACCESS TO STORM DRAIN INLET ON PREMISES: YES ___ NO ✓

CHLORINATED HYDROCARBON USED: YES ✓ NO ___

SEWER CONNECTION ON PREMISES: YES ✓ NO ___

ARKS: ① AREA ON EAST SIDE WHERE ACID & SOLVENTS ARE USED SHOULD BE BERMED TO CONTAIN
② MANIFESTING IS ILLEGAL
③ VAPOR MASK SHOULD BE USED AROUND DEGREASER

LATIONS: ~~[illegible]~~ WASTE STREAM NON ACCOUNTABLE!

ERRAL TO: INDUSTRIAL WASTE

ACTION: NO

SURVEY CONDUCTED BY: PATRICK DONNINGER

COMPANY NAME: GC INC	STREET: 11940 EAST WASHINGTON BLVD	CITY & ZIP: WHITTIER CA	DISTRICT: 05-34
OWNER: JOHN OTTEMAN	PERSON INTERVIEWED & TITLE: JOHN OTTEMAN PRES OWNER	PHONE NO. / EMERGENCY NO.	NO. EMPLOYEES

CO. PHL# 157750 | INDUSTRIAL WASTE NO: NONE | EPA NO.

NO SAFETY SHOWER / EYE SHOWER
EATING AREA
TOILET & WASHING FACILITIES ADEQUATE:
PERSONNEL PROTECTIVE DEVICES ADEQUATE: — FOW
PLANT SANITATION ADEQUATE: FAIR

DESCRIPTION OF FACILITY & DESCRIPTION OF OPERATION/PRODUCTS: PARTS ARE MACHINED AT SOME OTHER LOCATION — DELIVERED TO THIS FACILITY — VALVES - PRESSURE REGULATOR

PROCESS	MATERIAL	CONTROL	I.H. HAZARD	HAZARDOUS WASTE TYPE	VOL/LBS.	STORAGE METHOD	DISPOSAL METHOD	MANIFEST INFO
VAPOR degreaser	SOLVENTS TCE SOAPS ALCOHOL TCA PCE MATCH PROD MACHINE	LATER DEVE	tcl —	ELECTRO BRITE SPOTS			PICK UP CO WHO SELLS CHEMICAL PURCHASE INDUSTRIAL WASTE ENERGY 930 GOODRICH WILMINGTON 90744 213 518-5201	ACTO KLEEN 7969 PARAMOUNT BLVD PKO RIVER 90660 723-5111
VACUUM PROD PROJ	6 TUBS ASSEMBLY TCA	ULTRA SONIC PROCESS						Omega Chemical 12504 E WHITTIER BLVD TCA

NUMBER OF UNDERGROUND STG TANKS
CONTENTS & TYPE OF WASTE IN UNDERGROUND TANK:
PRIVATE DISPOSAL SYSTEMS ON PREMISES: YES ___ NO ✓

ACCESS TO STORM DRAIN INLET ON PREMISES: YES ___ NO ✓
CHLORINATED HYDROCARBON USED: YES ✓ NO ___
SEWER CONNECTION ON PREMISES: YES ___ NO ___

REMARKS: 11 BARRELS - OF SOLVENTS SEMI - OUTSIDE IN REAR OF FACILITY

VIOLATIONS: BERMED AREA IN REAR — MANIFESTING - NEED EPA

REFERRAL TO: ACTION: SURVEY CONDUCTED BY: PATRICK O'DONNELL

HAZARDOUS SUBSTANCES USED AT GO INC.

MATERIAL	B.P	PEL (96%)*	FLAMMABILITY	LOCATION	SAFETY EQUIPMENT
111 Trichloroethane (Methylchloroform)	74°C 165°F	350 PPM-8Hrs.	Nonflammable	Ultrasonic Degreaser	Respirator (Org. vapor) Goggles, Gloves
Perchloroethylene	121°C 250°F	100 PPM-8Hrs.	Nonflammable	Vapor Degreaser	Respirator (Org. vapor) Goggles, Gloves, Apron
Isopropyl Alcohol	81°C 178°F	400 PPM-8Hrs.	Flammable	Various	Respirator (Org. vapor) Goggles. Gloves
Acetone	56°C 133°F	1000 PPM-8Hrs.	Flammable	Outside	Respirator (Org. vapor) Goggles Gloves
Bright Dip (Mixed acids)	104°C 220°F	2 PPM	Nonflammable	Outside	Respirator (Acid vapor) Goggles, Gloves, Apron (Alt. full face shield)

*OSHA permissible exposure limit.