PICK UP FOR HCI, INC.

MATERIAL TO BE RECLAIMED BACK TO CUSTOMER

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

Department of Health Services
Shipper 11571

UNIFORM HAZARDOUS WASTE MANIFEST
July 20, 1983

STATE ID NUMBER 83212266

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
NU WAY LINEN SUPPLY

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X0 0 0 03 8 50 5

AREA CODE/PHONE NUMBER

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

VEH CONTAINER NO
EPA ID NUMBER
CA D0 4 2 24 5 0 01

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
C A D0 42 24 50 0 1

AREA CODE/PHONE NUMBER 213/698-0991

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
PERCHLOROETHYLENE -ORM-A	U N 18 97	180	G	02	DM	2 11	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	3	0		
SLUDGE MUD	100	97		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

Waste lab pick up

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 regulations of the Department of Transportation and the EPA

Printed or typed full name and signature GEORGE G HEMT George Hemt

MO 07 DAY 26 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

DATE REC'D & ACCEPTED MO DAY YR

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 C AD 0 4 2 24 5 0 01

DATE RECEIVED & ACCEPTED MO 07 DAY 28 YR 83

TIM BALTHERR Tim Balther

Printed or typed full name and signature

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"

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

01/06/83
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Bill HCI

STATE ID NUMBER 83410626

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Nu Way Linen & Uniform
3001 E. Anaheim St.
Long Beach, Ca. 90804
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD0[illegible]

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER, CALIF 90602

VEH/CONTAINER NO: 90042507
EPA ID NUMBER: CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSDI FACILITY
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER, CALIF. 90602
AREA CODE/PHONE NUMBER (213) 696-0991

EPA ID NUMBER: CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Waste Perchloroethylene		[redacted]	G	06	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
OIL SLUDGE PERK	100	97		
PERK	3	0		

SPECIAL HANDLING INSTRUCTIONS
GLOVES waste 318 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 GEORGE HECHT George Hecht

MO 11 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
Printed or typed full name and signature Henry Salomon
DATE REC'D & ACCEPTED MO 11 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.
STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 19 YR 84

FORM NO DHS 8022A 11/82

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83-87967

06/01/2001 "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

H.C.T. (H106)

Please print or type (Will fit typed 12 characters per inch)

STATE ID NUMBER: 83410764

GENERATOR NAME AND MAILING ADDRESS
Nu-Way Linen & Uniform
3001 E. Anaheim St.
Long Beach, Ca. 90804

AREA CODE/PHONE NUMBER: 438-1126

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: CAX000036503

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

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 Perchloroethylene	UN 1897	275 ~~120~~	G	5 ~~04~~	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS	UNITS PPM
DRY STOODGE	100%	97	✓	
PERK	3	0	✓	

SPECIAL HANDLING INSTRUCTIONS
GLOVES (Waste 282 1 gal.)

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: GEORGE HECHT George Hecht — MO 03 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 — DATE REC'D & ACCEPTED MO 03 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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO 03 DAY 22 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

PICK-UP FOR HCI, INC.

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.

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
NU WAY LINEN & SUPPLY
3001 E. Anaheim, Street, Long Beach, CA 90804

4. Generator's Phone ( )

A. State Manifest Document Number: 84341201

B. State Generator's ID: CAX000 31505

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: C ADO 4 22 45 0 01

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: C ADO 4 2 245 0 01

G. State Facility's ID: C ADO 4 2 245 0 01

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 PERCHLOROETHYLENE ORM-A UN 1897	7	DM	350	G	451
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: MUD / OIL

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: GLOVES

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: GEORGE HEALY — Signature: [signature] — Date: Month 11 Day 29 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC WOODS JR — Signature: [signature] — Date: Month 11 Day 29 Year 84

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

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95802

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

84 89541

04/26/2000 "ORIGINAL MANIFEST COPY"

PICK UP FOR HCI, INC. May 23, 1985 ADVISE RON.

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

See Shipper 13842

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000036305
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
Nu-Way Linen and Supply
3001 E. Anaheim St., Long Beach, CA 90804

4. Generator's Phone (213) 4381126

5. Transporter 1 Company Name: Omega Chemical Corp.
6. US EPA ID Number: CAD042245001

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: 84341683
B. State Generator's ID: CAX000036305
C. State Transporter's ID: 62572
D. Transporter's Phone: 213/698-0991
E. State Transporter's ID
F. Transporter's Phone
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. Waste Perchloroethylene ORM-A UN 1897	~~DM~~ 7	DM	350	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: PERCHLOROETHYLENE / MUD OIL SLUDGE

K. Handling Codes for Wastes Listed Above: d(99)

15. Special Handling Instructions and Additional Information: [illegible]

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: George Hewitt
Signature: George Hewitt
Date: Month 5 Day 30 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr
Signature: Isaac Woods Jr
Date: Month 5 Day 30 Year 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: Steve Simpson
Date: Month 05 Day 30 Year 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 69541

04/26/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

NU-WAY LINEN AND SUPPLY
UNITOG COMPANY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
07/26/1983		83212266		917.4	LBS		CMP		
10/21/1983		83376167		1501.2	LBS		CMP		
01/13/1984		83410626		2752.2	LBS		CMP		
03/21/1984		83410764		2293.5	LBS		CMP		
05/25/1984		83493978		3669.6	LBS		CMP		
07/25/1984		83493856		2752.2	LBS		CMP		
09/21/1984		83564121		2702.2	LBS		CMP		
11/29/1984		84341201		2919	LBS		CMP		
03/04/1985		84341393		2919	LBS		CMP		
05/30/1985		84341683		2919	LBS		CMP		

Total Records: 10 Default Volume: 0 Total Waste Volume: 12.6726

generator_name	NU-WAY LINEN AND SUPPLY
lc_name:	UNITOG COMPANY
lc_calc_volume:	12.6726 tons

manifest_number	manifest_quantity_ton
83212266	0.4587 tons
83376167	0.7506 tons
83410626	1.3761 tons
83410764	1.14675 tons
83493856	1.3761 tons
83493978	1.8348 tons
83564121	1.35108 tons
84341201	1.4595 tons
84341393	1.4595 tons
84341683	1.4595 tons

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
Sacramento, CA 95814 H.C.I

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83410764

GENERATOR NAME AND MAILING ADDRESS
Nu-Way Linen & Uniform
3001 E. Anaheim St.
Long Beach, Ca. 90804

AREA CODE/PHONE NUMBER 438-1126

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000036505

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

EPA ID NUMBER CAD042245001

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	DISP METH
Waste Perchloroethylene	UN1897	275 ~~120~~	G	5 ~~03~~	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Oil sludge	100%	97	✓	
PERK	3	0	✓	

SPECIAL HANDLING INSTRUCTIONS
Gloves Waste 282.1 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 GEORGE HECHT George Hecht — MO 03 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 — DATE REC'D & ACCEPTED MO 03 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.
STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 22 YR 84

FORM NO. DHS 8022A 11-82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-87967