generator_name	OCEAN SPECIALTIES
lc_name:	Snaeco Specialty Corporation 2355
lc_calc_volume:	5.2279 tons

manifest_number	manifest_quantity_ton
83212354	0.6255 tons
83410796	0.6255 tons
83493994	0.6255 tons
84341809	0.6255 tons
84720069	1.6 tons
87114075	0 tons
87119308	0.6255 tons
88684805	0.5004 tons

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

September 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.#Verbal-Tom
Shipper #11848

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

STATE ID NUMBER 83212354

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE/PHONE NUMBER 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000028697

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DO 42245001

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 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
Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene			✓	
N-Butyl Alcohol			✓	
Photo Polymer Resin			✓	

SPECIAL HANDLING INSTRUCTIONS
solvent 86.1 gals waste 23.0 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 Thomas Lenno — MO 09 DAY 23 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
Printed or typed full name and signature Henry Solano — DATE REC'D & ACCEPTED MO 09 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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 09 DAY 27 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. # Verbal-Tom

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

STATE ID NUMBER 83410796

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Ocean Specialties
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE PHONE NUMBER (818) 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000023697

TRANSPORTER NO. 1
Omega Chemical 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.

EPA ID NUMBER CAD042245001

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.
Hazardous Waste, Liquid N.O.S - ORM-E (flexosolvent)	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene				
Photo Polymer Resin				
N-Butyl Alcohol				

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 regulations of the Department of Transportation and the EPA.

JESSIE G. PICARK — MO 11 DAY 02 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
ISAAC Woods Jr. — DATE REC'D & ACCEPTED MO 11 DAY 02 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.

STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 11 DAY 02 YR 84
Printed or typed full name and signature

FORM NO. DHS 8022A (1-82) TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 63-8-367

Y.L. called in P.O.

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 30, 1984

Department of Health Services
P.O.# Verbal
Shipper 12703

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

STATE ID NUMBER 83493994

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES (Tom Franco)
8234 Remmet
Canoga Park, CA 91304
AREA CODE/PHONE NUMBER 213/999-4078

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD042245001

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

VEH./CONTAINER NO. 12503
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.
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 NOS -ORM-E (FLEXOSOLVENT)	NA 9 189	1510	G	015	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	15		
Photo Polymer Resin	20	10		

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packsged, 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: Miranda — MO 06 DAY 04 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: Johnson — DATE REC'D & ACCEPTED MO 6 DAY 04 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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 06 DAY 04 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

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: CAX000023697
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
OCEAN SPECIALTIES
8235 Remmet, Canoga Park, Ca. 91304

4. Generator's Phone (818) 999-4060

A. State Manifest Document Number: 84341809
B. State Generator's ID: CAX000023697

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 62572
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. WASTE ORM-A N.O.S NA 1693 (Flexosolvent)	5	DM	150	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTANOL (PHOTORESIST)

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: VESTE G. PICAPIL
Signature
Date: Month Day Year 12 30 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 30 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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month Day Year 12 30 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 86541

State of California—Health and Welfare Agency

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

(8172069)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000022697 — 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
SERVIDYNE
649 W. Colorado St., Glendale, Ca. 91204

4. Generator's Phone (213) 245-5583

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
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
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R-11) (R-113)	25	DH	3200 [redacted]	P
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Handling Codes for Wastes Listed Above
R-11, R-113, R-21

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: BERT COLITA — Signature: Bert Colita — Date: Month Day Year 2 17 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date: Month Day Year 02 11 86

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: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month Day Year 02 11 86

GENERATOR — TRANSPORTER — FACILITY

8472 0133

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

DHS 8022 A (11/84)
(EPA 8700-22)

84 69641

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

11/08/88

Shipper 1001

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000236917 — 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
Ocean Specialties
21021 Osborn St., Canoga Park, CA 91324

4. Generator's Phone ( ) 818 998-1500

A. State Manifest Document Number 87119308

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD 042245001

C. State Transporter's ID 904878

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: C AD 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 ORM-A NOS NA 1693 ORM-A (Flexosolvent)	005	DM	1510	G	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

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: Roy Felix — Signature: Roy Felix — Month Day Year 11/11/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year 11/11/1988

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: FRANK FORD — Signature: Frank Ford — Month Day Year 11/11/1988

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK

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 000 505 112
Manifest Document No.: 84805
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
OCEAN SPECIALTY
21021 ASBORNE ST ..,CANOGA PARK, CA 91304

4. Generator's Phone (818) 998-0500

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

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

A. State Manifest Document Number: 88684805
B. State Generator's ID
C. State Transporter's ID: 110237
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

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 N.O.S NA 1693 (FLEXOSOLVENT)	004	DM	00020	G	State 211,212 / EPA/Other F001,F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE
EMERGENCY PHONE NUMBER 818 998-0500

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B11130

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: Rudy Torrez
Signature
Month Day Year: 05 01 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cirinneoni
Signature
Month Day Year: 05 01 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: John Haute
Signature
Month Day Year: 5 1 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

88684805

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

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

September 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.#Verbal-Tom
Shipper #11848

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

STATE ID NUMBER 83212354

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE/PHONE NUMBER 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000023697

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DO 42245001

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 CA DO 42245001

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
Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene			✓	
N-Butyl Alcohol			✓	
Photo Polymer Resin			✓	

SPECIAL HANDLING INSTRUCTIONS
spill 86.1 gals waste 23.0 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 [signature] MO 09 DAY 23 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
Printed or typed full name and signature [signature] DATE REC'D & ACCEPTED MO 09 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.

STEVE SIMPSON
Printed or typed full name and signature [signature]

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 09 DAY 27 YR 83

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

SNAECO SPECIALTY
CORPORATION 2355

generator_name	OCEAN SPECIALTIES
lc_name:	Snaeco Specialty Corporation
lc_calc_volume:	5.2279 tons

manifest_number	manifest_quantity_ton
83212354	0.6255 tons
83410796	0.6255 tons
83493994	0.6255 tons
84341809	0.6255 tons
84720069	1.6 tons
87114075	0 tons
87119308	0.6255 tons
88684805	0.5004 tons

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

September 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O. #Verbal-Tom
Shipper #11848

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

STATE ID NUMBER 83212354

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE/PHONE NUMBER 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000023697

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DO 42245001

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 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
Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9189	150	G	05	DM	211	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene			✓	
N-Butyl Alcohol			✓	
Photo Polymer Resin			✓	

SPECIAL HANDLING INSTRUCTIONS
spill 86.1 gals waste 23.0 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 Thomas Franco — MO 09 DAY 23 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
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 09 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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 09 DAY 27 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. # Verbal-Tom

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

STATE ID NUMBER 83410796

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Ocean Specialties
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE PHONE NUMBER (818) 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000023697

TRANSPORTER NO 1
Omega Chemical 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 (TSDI FACILITY
Omega Chemical Corp.

EPA ID NUMBER
CAD042245001

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
Hazardous Waste, Liquid N.O.S - ORM-E (flexosolvent)	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS PPM
Perchloroethylene			
Photo Polymer Resin			
N-Butyl Alcohol			

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 regulations of the Department of Transportation and the EPA.

JESSIE G. PICAPK 11/2 — MO 11 DAY 02 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
ISAAC Woods Jr. Isaac Woods Jr.
Printed or typed full name and signature
DATE RECD & ACCEPTED MO 11 DAY 02 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE RECD & 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 11 DAY 02 YR 84

FORM NO DHS 8022A 11 82 — TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS — 63-87367

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 30, 1984

Department of Health Services
P.O.# Verbal
Shipper 12703

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

STATE ID NUMBER 83493994

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS (Tom Franco)
OCEAN SPECIALTIES
8234 Remmet
Canoga Park, CA 91304
AREA CODE/PHONE NUMBER 213/999-4078

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD042245001

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

VEH./CONTAINER NO. 82505
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 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 NOS -ORM-E (FLEXOSOLVENT)	NA9189	150	G	015	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	15		
Photo Polymer Resin	20	10		

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 Matt Miranda — MO 06 DAY 04 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 Jerry Johnson — DATE REC'D & ACCEPTED MO 6 DAY 04 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 — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 06 DAY 04 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

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. CAX000023697 — 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
OCEAN SPECIALTIES
8235 Remmet, Canoga Park, Ca. 91304

4. Generator's Phone (818) 999-4060

A. State Manifest Document Number: 84341809

B. State Generator's ID: CAX000023697

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

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. WASTE ORM-A N.O.S NA 1693 (Flexosolvent)	5	DM	150	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTANOL (PHOTORESIST)

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: VESTE G. PILAPIL — Signature — Date: Month Day Year 8 20 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date: Month Day Year 8 30 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: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month Day Year 8 30 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 88641

2/12/86

State of California—Health and Welfare Agency

C

California Department of Health Services
Toxic Substances Control Division
Sacramento, California

(8472 0069)

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000022697 | Manifest Document No. | 2. Page 1 of [illegible] | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SERVIDYNE
649 W. Colorado St., Glendale, Ca. 91204

4. Generator's Phone (213) 245-5583

5. Transporter 1 Company Name: OMECA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

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

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

G. State Transporter's ID
H. Transporter's Phone
I. State Facility's ID: CAD042245001
J. 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	Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R-11) (R-113)	25	DH	3200 [redacted]	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: From 113, All + one

K. Handling Codes for Wastes Listed Above: 101

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: BERT LOLITA | Signature: Bert Lolita | Date (Month Day Year): 2 11 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr | Date (Month Day Year): 02 11 86

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: STEVEN SIMPSON | Signature: Steve Simpson | Date (Month Day Year): 02 11 86

GENERATOR — TRANSPORTER — FACILITY

8472 0133

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To: P.O. Box 3000, Sacramento CA 95812

DHS 8022 A (11/84)
(EPA 8700-22)

84 89641

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

11/08/88

Shipper

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000923697
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
Ocean Specialties
21021 Osborn St., Canoga Park, CA 91324
4. Generator's Phone (818) 998-1500

A. State Manifest Document Number 87119308
B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042245001
C. State Transporter's ID: 904878
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: C AD 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 ORM-A NOS NA 1693 ORM-A (Flexosolvent)	005	DM	1510	G	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

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: ROY FELIX
Signature: Roy Felix
Month Day Year: 11/1/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 11/1/1988

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 11/1/1988

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK

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 000 505 112
Manifest Document No.: 84805
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
OCEAN SPECIALTY
21021 ASBORNE ST .., CANOGA PARK, CA 91304

4. Generator's Phone (818) 998-0500

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

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

A. State Manifest Document Number: 88684805
B. State Generator's ID
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CIAD042245001
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 N.O.S NA 1693 (FLEXOSOLVENT)	004	DM	00020	G	State 211,212 / EPA/Other F001,F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE
EMERGENCY PHONE NUMBER 818 998-0500

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B11130

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: Rudy Torrez
Signature
Month Day Year: 10/30/91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cibineoni
Signature
Month Day Year: 10/30/91

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: John HALTE
Signature
Month Day Year: 11/5/91

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

88684805

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

00025 10005

generator_name	OCEAN SPECIALTIES
lc_name:	Snaeco Specialty Corporation
lc_calc_volume:	5.2279 tons

manifest_number	manifest_quantity_ton
83212354	0.6255 tons
83410796	0.6255 tons
83493994	0.6255 tons
84341809	0.6255 tons
84720069	1.6 tons
87114075	0 tons
87119308	0.6255 tons
88684805	0.5004 tons

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

September 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.#Verbal-Tom
Shipper #11848

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

STATE ID NUMBER 83212354

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE/PHONE NUMBER 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000093697

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DO 42245001

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 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
Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene			✓	
N-Butyl Alcohol			✓	
Photo Polymer Resin			✓	

SPECIAL HANDLING INSTRUCTIONS
spill 86.1 gals waste 23.0 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 Thomas Ferrero — MO 09 DAY 23 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
Printed or typed full name and signature Henry Solano
DATE REC'D & ACCEPTED MO 09 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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 09 DAY 27 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. # Verbal-Tom

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

STATE ID NUMBER 83410796

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Ocean Specialties
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE PHONE NUMBER (818) 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000023697

TRANSPORTER NO 1
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH CONTAINER NO: 00042607
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 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
Hazardous Waste, Liquid N.O.S - ORM-E (flexosolvent)	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene				
Photo Polymer Resin				
N-Butyl Alcohol				

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 regulations of the Department of Transportation and the EPA

JESSIE G. PICARK — Printed or typed full name and signature — 11/2 — MO 11 DAY 02 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
ISAAC Woods Jr. — Printed or typed full name and signature — Isaac Woods Jr.
DATE REC'D & ACCEPTED — MO 11 DAY 02 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 — Printed or typed full name and signature — Steve Simpson

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED — MO 11 DAY 02 YR 84

FORM NO DHS 8022A 11-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87367

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

Y.C. called in P/U

UNIFORM HAZARDOUS WASTE MANIFEST

May 30, 1984

Department of Health Services
P.O.# Verbal
Shipper 12703

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

STATE ID NUMBER 83493994

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES (Tom Franco)
8234 Remmet
Canoga Park, CA 91304
AREA CODE/PHONE NUMBER 213/999-4078

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD042245001

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

VEH./CONTAINER NO. 82505
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 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 NOS -ORM-E (FLEXOSOLVENT)	NA9189	1510	G	015	DM	2111	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	15		
Photo Polymer Resin	20	10		

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: Muranda

MO 06 DAY 04 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:

DATE REC'D & ACCEPTED MO 6 DAY 04 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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 06 DAY 04 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

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. CAX000023697
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
OCEAN SPECIALTIES
8235 Remmet, Canoga Park, Ca. 91304
4. Generator's Phone (818) 999-4060

A. State Manifest Document Number: 84341809
B. State Generator's ID: CAX000023697

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 69672
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. WASTE ORM-A N.O.S NA 1693 (Flexosolvent)	5	DM	150	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTANOL (PHOTORESIN)

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: VESTE G. PICAPIL
Signature
Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month Day Year 8 30 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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month Day Year 08 30 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 86641

State of California—Health and Welfare Agency

(84720069)

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000026097 | 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
SERVIDYNE
649 W. Colorado St., Glendale, Ca. 91204

4. Generator's Phone (213) 245-5583

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES | 6. US EPA ID Number: CAD042245001

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

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

G. State Transporter's ID
H. Transporter's Phone
I. State Facility's ID: CAD042245001
J. 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
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R-11) (R-113)	25	DH	3200 [redacted]	P
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
From 7-13, 14-11 2-5-86

K. Handling Codes for Wastes Listed Above
D21

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: BERT COLETA | Signature: Bert Coleta | Date (Month Day Year): 2 11 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr | Date (Month Day Year): 02 11 86

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: STEVEN SIMPSON | Signature: Steve Simpson | Date (Month Day Year): 02 11 86

GENERATOR — TRANSPORTER — FACILITY

8472 0133

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

DHS 8022 A (11/84)
(EPA 8700-22)

84 6964

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

11/08/88 Shipper 1866

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000023697 | 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
Ocean Specialties
21021 Osborn St., Canoga Park, CA 91324

4. Generator's Phone (818) 998-1500

A. State Manifest Document Number 87119308

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services | 6. US EPA ID Number: CAD 042245001

C. State Transporter's ID 904878

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: C AD 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 ORM-A NOS NA 1693 ORM-A (Flexosolvent)	005	DM	1150	G	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

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: Roy FELIX | Signature: Roy Felix | Month Day Year: 11/1/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year: 11/1/88

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: FRANK FORD | Signature: Frank Ford | Month Day Year: 11/1/1988

GENERATOR

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK

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 000 505 112
Manifest Document No.: 88805

2. Page 1 of

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

3. Generator's Name and Mailing Address
OCEAN SPECIALTY
21021 ASBORNE ST ..,CANOGA PARK, CA 91304

4. Generator's Phone (818) 998-0500

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

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

A. State Manifest Document Number: 88684805
B. State Generator's ID
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAL000224505011
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 N.O.S NA 1693 (FLEXOSOLVENT)	004	DM	00020	G	State 211,212 / EPA/Other F001,F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE
EMERGENCY PHONE NUMBER 818 998-0500

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B11130

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: Rudy Torrez
Signature
Month Day Year: 10 30 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cubinleoni
Signature
Month Day Year: 10 30 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 HALTE
Signature
Month Day Year: 11 5 91

Do Not Write Below This Line

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

88684805

generator_name	OCEAN SPECIALTIES
lc_name:	Snaeco Specialty Corporation
lc_calc_volume:	5.2279 tons

manifest_number	manifest_quantity_ton
83212354	0.6255 tons
83410796	0.6255 tons
83493994	0.6255 tons
84341809	0.6255 tons
84720069	1.6 tons
87114075	0 tons
87119308	0.6255 tons
88684805	0.5004 tons

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

September 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O. #Verbal-Tom
Shipper #11848

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

STATE ID NUMBER 83212354

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE/PHONE NUMBER 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000023697

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DO 42245001

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 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
Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene			✓	
N-Butyl Alcohol			✓	
Photo Polymer Resin			✓	

SPECIAL HANDLING INSTRUCTIONS
spill 86.1 gals waste 23.0 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 Thomas Ferrero — MO 09 DAY 23 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
Printed or typed full name and signature Henry Solano — DATE REC'D & ACCEPTED MO 09 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.

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 09 DAY 27 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 P.O. # Verbal-Tom

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410796

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Ocean Specialties
8235 Remmet
Canoga Park, Ca. 91304
AREA CODE PHONE NUMBER (818) 999-4060

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000023697

TRANSPORTER NO 1
Omega Chemical 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 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 (flexosolvent)	NA 9189	150	G	05	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene				
Photo Polymer Resin				
N-Butyl Alcohol				

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

JESSIE G. PILARK 11/2 — MO 11 DAY 02 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
ISAAC Woods Jr. Isaac Woods Jr.
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 11 DAY 02 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 11 DAY 02 YR 84

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

06/13/2001 "ORIGINAL MANIFEST COPY"

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

Y.K. called on 7/18

UNIFORM HAZARDOUS WASTE MANIFEST

May 30, 1984

Department of Health Services
P.O.# Verbal
Shipper 12703

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

STATE ID NUMBER 83493994

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES (Tom Franco)
8234 Remmet
Canoga Park, CA 91304
AREA CODE/PHONE NUMBER 213/999-4078

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD042245001

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

VEH./CONTAINER NO. 12505
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 213/698-0991

EPA ID NUMBER
CAD042245001

PROPER U.S. DOT 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 (FLEXOSOLVENT)	NA9189	150	G	015	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	15		
Photo Polymer Resin	20	10		

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: Art Miranda — MO 06 DAY 04 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: Tony Lehman
DATE REC'D & ACCEPTED — MO 6 DAY 04 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 04 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-67967

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 30, 1984

Department of Health Services
P.O.# Verbal
Shipper 12703

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

STATE ID NUMBER 83493994

GENERATOR NAME AND MAILING ADDRESS
OCEAN SPECIALTIES (Tom Franco)
8234 Remmet
Canoga Park, CA 91304
AREA CODE/PHONE NUMBER 213/999-4078

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A D0 4 2 245 0 01

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

VEH./CONTAINER NO. 82509
EPA ID NUMBER C A D0 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.

EPA ID NUMBER C A D0 4 2 245 0 01

AREA CODE/PHONE NUMBER 213/698-0991

TO BE FILLED IN BY GENERATOR

PROPER U.S. DOT 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 (FLEXOSOLVENT)	NA 9 189	1510	G	015	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butyl Alcohol	20	15		
Photo Polymer Resin	20	10		

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. 06 DAY 04 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 [signature] DATE REC'D & ACCEPTED MO. 6 DAY 04 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 [signature]

EPA ID NUMBER C AD 0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO 06 DAY 04 YR 84

FORM NO. DHS 8022A 11/82 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS 83-67967

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. CAX000023697
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
OCEAN SPECIALTIES
8235 Remmet, Canoga Park, Ca. 91304
4. Generator's Phone 818 999-4060

A. State Manifest Document Number 84341809
B. State Generator's ID CAX000023697

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID 62572
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. WASTE ORM-A N.O.S NA 1693 (Flexosolvent)	5	DM	150	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTANOL (PHOTORESIN)

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: JESSE G. PICAPIL
Signature
Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month Day Year 8 30 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: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month Day Year 8 30 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 86641

SNAECO

2/12/86

State of California—Health and Welfare Agency

(84720069)

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000026971 — 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
SERVIDYNE
649 W. Colorado St., Glendale, Ca. 91204

4. Generator's Phone (213) 245-5583

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

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

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

Designated Facility's ID: CAD042245001
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.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R-11) (CR-113)	55	DM	3200 [redacted]	P
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above — K. Handling Codes for Wastes Listed Above
Phenol, 113, [illegible]

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: BERT COLETA — Signature: Bert Coleta — Date: Month Day Year 2 17 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date: Month Day Year 02 17 86

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: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month Day Year 02 17 86

GENERATOR — TRANSPORTER — FACILITY

84720133

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State of California—Health and Welfare Agency
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11/08/88

Shipper 1 of 1

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000236917
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
Ocean Specialties
21021 Osborn St., Canoga Park, CA 91324
4. Generator's Phone ( ) 818 998-1500

A. State Manifest Document Number 87119308
B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042245001
C. State Transporter's ID 904878
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: C AD 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 ORM-A NOS NA 1693 ORM-A (Flexosolvent)	005	DM	1/150	G	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

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: Roy FELIX
Signature: Roy Felix
Month Day Year: 11/1/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 11/1/1988

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 11/1/1988

GENERATOR

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

11/08/88

Shipped 10/07

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000023697
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
Ocean Specialties
21021 Osborn St., Canoga Park, CA 91324

4. Generator's Phone (818) 998-1500

A. State Manifest Document Number 87119308

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD 042245001

C. State Transporter's ID 904878

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: C AD 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 ORM-A NOS NA 1693 ORM-A (Flexosolvent)	005	DM	1510	G	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

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: ROY FELIX
Signature: Roy Felix
Month Day Year: 11/1/1988

TRANSPORTER

17. Transporter Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 11/1/1988

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 11/1/1988

GENERATOR

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

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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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 000 505 112
Manifest Document No.: 84805
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
OCEAN SPECIALTY
21021 ASBORNE ST .., CANOGA PARK, CA 91304

4. Generator's Phone (818) 998-0500

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

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

A. State Manifest Document Number: 88684805
B. State Generator's ID
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAL000224150101
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 N.O.S NA 1693 (FLEXOSOLVENT)	004	DM	00020	G	State 211,212 / EPA/Other F001,F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE
EMERGENCY PHONE NUMBER 818 998-0500

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B11130

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: Rudy Torrez
Signature
Month Day Year: 10/30/91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cirincioni
Signature
Month Day Year: 10/30/91

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 Haute
Signature
Month Day Year: 11 5 1991

Do Not Write Below This Line

GENERATOR

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

88684805

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

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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 000 505 112
Manifest Document No. 84805
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
OCEAN SPECIALTY
21021 ASBORNE ST ..,CANOGA PARK, CA 91304
4. Generator's Phone (818) 998-0500

A. State Manifest Document Number 88684805
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 CA000042245 STOOOI1
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	L Waste No.
a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)	004	DM	00020	G	State 211,212 EPA/Other F001,F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE
EMERGENCY PHONE NUMBER 818 998-0500

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B11130

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: Rudy Torrez
Signature: [signature]
Month Day Year: 05 01 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cibinkeoni
Signature: [signature]
Month Day Year: 05 01 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: John Halte
Signature: [signature]
Month Day Year: 5 1 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

88684805

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

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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: CAX000023697
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
OCEAN SPECIALTIES
8235 Remmet, Canoga Park, Ca. 91304
4. Generator's Phone (818) 999-4060

A. State Manifest Document Number: 84341809
B. State Generator's ID: CAX000023697

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 62572
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. WASTE ORM-A N.O.S NA 1693 (Flexosolvent)	5	DM	150	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTANOL (PHOTORESIN)

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: VESTE G. PICAPIL
Signature:
Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month 8 Day 30 Year 03

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: STEVEN SIMPSON
Signature:
Date: Month Day Year 08 30 03

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

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