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

Youell 7/25/83

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

STATE ID NUMBER 83212269

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS: Youell Trans Service, 16500 Gale Ave, City of Industry

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER: 917 [redacted] CAX000018277510

TRANSPORTER NO. 1: Y-T Service

VEH./CONTAINER NO.

EPA ID NUMBER: [redacted]

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY: OCC, 12504 E. Whittier Blvd., Whittier, Ca

EPA ID NUMBER: CAD042245001

AREA CODE/PHONE NUMBER: 213/ [redacted] 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
Refrigerant gas N.O.S. (R 11) — Non Flammable gas		700	P	6	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM

Yield recorded send copies to customer

SPECIAL HANDLING INSTRUCTIONS: yield 68916.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

MO. [redacted] DAY YR.

Printed or typed full name and signature [redacted]

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Doug David

Printed or typed full name and signature

DATE REC'D & ACCEPTED: MO 07 DAY 25 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED: MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

TIM BALTIERRA

Printed or typed full name and signature

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO. 07 DAY 25 YR. 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

EPA # to follow

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

Sept. 1, 1983

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

STATE ID NUMBER 83212336

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
YOUELL TRANE SERVICE (REGGIE)
16500 Gale Ave., Industry, CA

AREA CODE/PHONE NUMBER 213/961-7181

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA[redacted]0812750

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

VEH./CONTAINER NO.

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 CAD041229450001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO	DISP METH.
(R-11) Hazardous waste, Liquid N.O.S.-ORM-E	NA9189	800	P	04	DM	211	01
(R-113) Hazardous waste, Liquid N.O.S-ORM-E	NA9189	1800	P	04	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
R-113 gold 375 lbs. R11 gold 314 lbs

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Mark W Allen Mark W Allen
Printed or typed full name and signature

MO. [redacted] DAY 16 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
Harry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 9 DAY 6 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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 09 DAY 15 YR 83

FORM NO. DHS-8022A 11/82

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4.75

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

September 20, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 83212362

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
YOUELL TRANE SERVICE
16500 Gale
City of Industry, Ca. 91745
AREA CODE/PHONE NUMBER 961-7181

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD 000812750

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

VEH./CONTAINER NO. 12507
EPA ID NUMBER CA DD 042245001

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 698-0991

EPA ID NUMBER CA DD 042245001

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. (R-11)		900	P	08	DM	211	01

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

Hazardous Waste Management Branch
AUG 16 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
yield 642 lbs.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MARK W. Allen — Mark W. Allen
Printed or typed full name and signature

MO. DAY YR.

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Henry Solomon — Henry Solomon
Printed or typed full name and 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. 09 DAY 23 YR. 83

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. 09 DAY 30 YR. 83

FORM NO. DHS-8022A 11/82

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State of California Health and Welfare Agency

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

record yield

UNIFORM HAZARDOUS WASTE MANIFEST

May 3, 1984

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

STATE ID NUMBER 83494075

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
SOUTHERN CALIF. TRANE SERVICE (Formerly Youell-Trane)
16500 Gale Ave.
Industry, CA 91745

AREA CODE/PHONE NUMBER 213/961-7181 Chet or Reggie

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000082750

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

VEH./CONTAINER NO. 42500

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 N.O.S.- ORM-E~~ (R-11)	NA 9189	1300	P	8	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorofluoromethane				
Oil				
Water				

SPECIAL HANDLING INSTRUCTIONS
R-11 yield 770 lbs. — R-113 yield 261 lbs.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature Reginald Brown

MO 05 DAY 17 YR 84

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

TO BE FILLED BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon

DATE REC'D & ACCEPTED MO 05 DAY 17 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. 05 DAY 08 YR 84

FORM NO DHS-8022A 11/82

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83-87967

03/12/84

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

STATE ID NUMBER 83494189

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
YOUELL TRANE SERVICE
16500 Gale Ave.
City of Industry, Ca. 91745

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000082750

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

VEH./CONTAINER NO 010 10 14 12 15 10 17

EPA ID NUMBER CAD 10 14 12 12 14 15 10 10 1

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER CAD 10 14 12 12 14 15 10 0 1

AREA CODE/PHONE NUMBER 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 (R-11)	NA9189	~~1 drum~~ 800	P	4	DM	211	01

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

Hazardous Waste Management Branch
MAY 08 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
P/u 1 empty yield 691 lbs.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature Mark W Allen MARK W. ALLEN MO. 03 DAY 14 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon Henry Solomon DATE REC'D & ACCEPTED MO. 03 DAY 14 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 CAD 014 224 5001

DATE RECEIVED & ACCEPTED MO. 03 DAY 15 YR 84

FORM NO. DHS-8022A 11/82

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83-87

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).*

05/20/87

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

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000082750 — 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
Olive View Medical Center (Power Plant)**
1443 Olive View St., Sylmar, CA

4. Generator's Phone (818) 364-3091

A. State Manifest Document Number: 87114032

B. State Generator's ID: CAX000082750

5. Transporter 1 Company Name: Omega Recovery Services — 6. US EPA ID Number: CAD042245001

C. State Transporter's ID

D. Transporter's Phone: ~~213/698-0991~~

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega 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	I. Waste No.
a. Hazardous waste, Liquid NOS ORM-E NA 9189 (Lithium Bromide)	06 1	DM		G	State / 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. b. c. d.

15. Special Handling Instructions and Additional Information
**Material is for So. California Trane Service, Industry, Calif.

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 — Signature — Month Day Year

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

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

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

8707 30 0052 2302

Shipper 17528

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)

6/3/87

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. CAX000082750 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
OLIVE VIEW MEDICAL CENTER
1443 Olive View St., Sylmar, Calif.

4. Generator's Phone (818 364-3091

A. State Manifest Document Number 87114055

B. State Generator's ID CAX000082750

5. Transporter 1 Company Name: Omega Recovery Services — 6. US EPA ID Number CAD042245001

C. State Transporter's ID 003785

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 CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~Corrosive Solid NOS (Lithium Hydroxide) UN 1759 Corrosive Material~~	~~01 25 DM~~			~~P~~	State / EPA/Other
b. WASTE Corrosive Liquid N.O.S Corrosive Liquid UN1759	030		016510	G	State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Lithium Hydroxide + water

K. Handling Codes for Wastes Listed Above
a. 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.

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Printed/Typed Name: Gregory S. Braunger — Signature: Gregory S. Braunger — Month Day Year 06 09 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods — Month Day Year 06 09 87

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 06 09 87

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.

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

INSTRUCTIONS ON THE BACK

8707 30 0052 2701

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).

06/26/87

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C AX 0 00 0 82 7 50
Manifest Document No

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Olive View Medical Center
~~1443~~ 14445 Olive View St., Sylmar, CA

4. Generator's Phone (818 364-3091

A. State Manifest Document Number 87114090

B. State Generator's ID C AX 00 0 0 82 7 50

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: C A D0 4 22 45 00 1

C. State Transporter's ID 803785

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 04 22 45 0 0 1

G. State Facility's ID C AD 0 42 245 00 1

H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Corrosive Liquid NOS (Lithium Hydroxide) Corrosive Liquid UN1760	OHD	DM	011200	G	State / 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
Picked up 5x30 MT LB Drums
3x55 MT poly Drums

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: [illegible] Signature: X LEO PULDO Month-Day-Year: 06 30 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr Signature: [illegible] Month Day Year: 06 30 87

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: 06 30 87

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 9-30-88)
Please print or type (Form designed for use on elite (12 pitch typewriter)

11/17/87

Shipper 15983

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

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: C A X 000 08 2 7 50
Manifest Document No:

2 Page 1 of 1

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

3 Generator's Name and Mailing Address
Olive View Hospital
14445 Olive View Drive, Sylmar, CA 91342

4 Generator's Phone (818) 364-3091

A State Manifest Document Number: 87114435

B State Generator's ID:

5 Transporter 1 Company Name: Omega Recovery Services

6 US EPA ID Number: C A D 04 2 24 5 00 1

C State Transporter's ID: 803785

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 A D 04 2 2 45 00 1

G State Facility's ID: CAD042245091

H. Facility's Phone: 213/698-0991

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12 Containers No	Type	13 Total Quantity	14 Unit Wt/Vol	I. Waste No
a. Hazardous Waste Liquid N.O.S. ORM-E (Lithium Bromide) NA 9189	030	DM	1900	G	State / 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: RON FRENCH
Signature: Ron French
Month Day Year: 11 1 20 87

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 11 1 20 87

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 20 87

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

Shipper 17966

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)

11/20/87

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX000082750
Manifest Document No:
2 Page 1 of 1
Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
Olive View Hospital
14445 Olive View Drive, Sylmar, CA 91342
4 Generator's Phone (818) 364-3091

A State Manifest Document Number: 87119012
B State Generator's ID:

5 Transporter 1 Company Name: Omega Recovery Services
6 US EPA ID Number: CAD042245001
C State Transporter's ID: 807735
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: 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	12 Containers Type	13 Total Quantity	14 Unit Wt/Vol	I. Waste No.
a. Hazardous Waste, Liquid NOS ORM-E NA 9189 (Lithium Bromide)	030	DM	9900	G	State / 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

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Printed/Typed Name: LAWRENCE J. HOWARD
Signature: Lawrence J. Howard
Month Day Year: 11/12/87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 11/12/87

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: 11/12/87

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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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.)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA X 0 00 0 8 2 750
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
So. California Trane Service
Industry, CA
818 961-7181

A. State Manifest Document Number: 87119523
B. State Generator's ID: CA X 00 00 8 2 7 50

4. Transporter 1 Company Name: Calif. Trane Service
5. US EPA ID Number: C AX 0 00 0 8 27 5 0
C. State Transporter's ID:
D. Transporter's Phone: 818-981-7181

6. Transporter 2 Company Name:
7. US EPA ID Number:
E. State Transporter's ID:
Transporter's Phone:

8. Designated Facility Name and Site Address
Omega Recovery Service
12504 E. Whittier Blvd.
Whittier, CA
9. US EPA ID Number: C AD 0 4 22 4 50 0 1
G. State Facility's ID: CA D 0 42 34 5 00 11
H. Facility's Phone: 213-698-0991

10. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	11. Containers No.	Type	12. Total Quantity	13. Unit Wt./Vol.	I. Waste No.
a. R-11 Hazardous waste Liquid NOS NA 9189	2	DM	1000	NS	State / EPA/Other
b. R-11 Hazardous waste Liquid NOS NA9189	1 6		1200	lb	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. 01
c. d.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Rolland Lopez Jr
Signature: Rolland Lopez Jr
Month Day Year: 12 08 87

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: Rolland Lopez Jr
Signature: Rolland Lopez Jr
Month Day Year: 12 08 87

18. Transporter 2 Acknowledgment 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: Fred Mittaer
Signature: Fred Mittaer
Month Day Year: 12 08 87

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

GENERATOR

DHS 9070-1 (8-81)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete

WHITE COPY STAYS WITH THE GENERATOR UNTIL RETURNED BY DHS
To P.O. Box 806, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

04/09/2008

03-17-89

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

8 82936 75

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. CAD981136960 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOUTHERN CALIFORNIA TRANE SERVICE
16500 E. GALE AVE., CITY INDUSTRY CA 91745

4. Generator's Phone (818 961-7181

A. State Manifest Document Number: 8 82936 75

B. State Generator's ID:

5. Transporter 1 Company Name: SOUTHERN CALIF TRANE

6. US EPA ID Number: CAD981136960

C. State Transporter's ID:

D. Transporter's Phone:

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA 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	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (R-11)	16	DM	600	P	State / 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

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GENERATOR — Printed/Typed Name: ROLLAND LOPEZ JR — Signature: Rolland Lopez Jr — Month Day Year: 03 17 89

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: ROLLAND LOPEZ JR — Signature: Rolland Lopez Jr — Month Day Year: 03 17 89

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: FINLIEL TURCIOS — Signature: Angel Turcios — Month Day Year: 03 17 89

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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