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. CAD053890000 Manifest Document No. 00019
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
PHARMAVITE CORPORATION
P. O. BOX 7600
ARLETA, CA 91331-7600 (818) 983-0814

4. Generator's Phone ( )

A. State Manifest Document Number: 84368315
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP
6. US EPA ID Number: CADO 4224 5001
C. State Transporter's ID: 52121
D. Transporter's Phone: (213) 698-0991

7. Transporter 2 Company Name: Chemical Transportation
8. US EPA ID Number: CAD089 [illegible]
E. State Transporter's ID: 701760
F. Transporter's Phone: 8850151

9. Designated Facility Name and Site Address
Van Waters & Rogers
1363 So. Bonnie Beach Pl
LA, CA 90023
ALTERNATE FACILITY
10. US EPA ID Number: CADOO 9 2 3 9 2 4 4
G. State Facility's ID:
H. Facility's Phone: (213) 265-8123

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 1,1,1-Trichloroethane ORM-A, UN 2831	1	TT	1450	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
Gloves and Goggles, Pump Required
Dot E 7476 BL#21340
ALTERNATE FACILITY OMEGA RECOVERY SERVICES
12504 WHITTIER BLVD
WHITTIER CALIF 90602
CAD 042245001

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: SEE LINE #17 Signature: Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RUSSELL J. BUTCHER Signature: Russell J. Butcher Date: 12 10 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVID BONTRICHT Signature: [illegible] Date: 12 10 1986

19. Discrepancy Indication Space
RECEIVED 1650 GALLONS
LINE #5 NOT TRANSPORTER
LINE #7 IS TRANSPORTER #1
LINE #6 IS SIGNED ON #17
LINE #17 IS GENERATOR SIGNATURE

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: SOL E SOLAR Signature: [illegible] Date: Month Day Year 12 10 86

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

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

84 69541

04/27/2000 "ORIGINAL MANIFEST COPY"

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. CADO53890000 Manifest Document No. 0019
2. Page 1 of
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PHARMAVITE CORPORATION
P. O. BOX 7600, ARLETA, CA 91331-7600

A. State Manifest Document Number 84368379

4. Generator's Phone (818) 983-0814

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CADO422450011
C. State Transporter's ID 52121
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
VAN WATERS & ROGERS
1363 So. Bonnie Beach PL
LA CA 90023
10. US EPA ID Number ~~CAD009223024~~ ALTERNATE FACILITY
G. State Facility's ID
H. Facility's Phone (213) 265-8123

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 1,1,1-Trichloroethane ORM-A, UN 2831	1	TT	1,000 ~~450~~	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
ALTERNATE FACILITY: OMEGA RECOVERY SERVICE
12504 E. WHITTIER BLVD
WHITTIER CALIF. 90601
CAD042245001

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: STEVE WILKINSON
Signature: Steve Wilkinson
Date: Month Day Year 10 29 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: G. D. JONES
Signature: G. D. Jones
Date: Month Day Year 10 29 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: John HALTC
Signature: John Halt
Date: Month Day Year 10 29 86

GENERATOR / TRANSPORTER / FACILITY

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

04/27/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

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: CAD053390000 | Manifest Document No.: 0019 | 2. Page 1 of | Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PHARMAVITE CORPORATION
P. O. BOX 7600
ARLETA, CA 91331-7600

4. Generator's Phone (818) 983-0614

A. State Manifest Document Number: 84368313

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP
6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 52121
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
VAN WATERS & ROGERS
1363 So. Bonnie Beach Pl
LA, CA 90023

10. US EPA ID Number: CAD009230244

G. State Facility's ID:
H. Facility's Phone: (213) 265-8123

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 1,1,1-Trichloroethane ORM-A, UN 2831	1	TT	450	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES, PUMP REQUIRED
DOT E 7476 BL#21340

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: STEVE WILKINSON | Signature: Steve Wilkinson | Date (Month Day Year): 08 22 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Chemical Transportation | Signature: K. M. Early | Date (Month Day Year): 08 22 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: | Signature: | Date (Month Day Year):

19. Discrepancy Indication Space: Recieved 1400 Gals PO#51139 .5

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

Printed/Typed Name: SCOTT E SOLAR | Signature: Scott E Solar | Date (Month Day Year): 08 22 86

05/16/2000 "ORIGINAL MANIFEST COPY"

Revised Manifest Summary Report

PHARMAVITE CORPORATION
PHARMAVITE LLC

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		84368315		13761	LBS		CMP		
		84368379		8340	LBS		CMP		

Total Records: 2 Default Volume: 0 Total Waste Volume: 11.0505

generator_name	PHARMAVITE CORPORATION
lc_name:	PHARMAVITE LLC
lc_calc_volume:	11.0505 tons

manifest_number	manifest_quantity_ton
84368315	6.8805 tons
84368379	4.17 tons