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)

07-18-88 SHIPPER 20128

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 981 424 575
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
CARRIER AIR CONDITIONING
3635 N. ONTARIO ST., BURBANK, CA 91504
4. Generator's Phone (818) 84[illegible]-3533

A. State Manifest Document Number 87118948
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 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: CAD 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. HAZARDOUS WASTE LIQUID N.O.S NA 9189 WASTE [illegible] (R-11)	025	DM	21800	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. D1 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: Helen Munoz — Signature: Helen Munoz — Month Day Year: 07 22 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 07 22 98

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: 07 22 98

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

generator_name	CARRIER CORPORATION
lc_name:	Carrier Corporation 678
lc_calc_volume:	9.5266 tons

manifest_number	manifest_quantity_ton
83029807	1 tons
83212377	1 tons
83410623	0.85 tons
84242988	0.68805 tons
84341694	0.8 tons
86544157	0.8 tons
87118676	0.4375 tons
88293458	0.8757 tons
88614609	2.5 tons
88614874	0.2 tons
88677517	0.3753 tons

(MATERIAL TO BE RECLAIMED BACK TO UCLA.) (DRIVER: SEE WENDELL PARKER)

P/U BEFORE 3:00 p.m.

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

May 5, 1983

JUL 6 1983

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

STATE ID NUMBER 83029807

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
U.C.L.A. (MAIN STEAM PLANT)
710 Circle Drive
Los Angeles, CA 90024
AREA CODE/PHONE NUMBER 213/825-4408

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD066702689

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602
(213) 698-0991

VEH./CONTAINER NO.

EPA ID NUMBER CAD041224500 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 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.
Refrigerant Gas, N.O.S.- Non-Flammable	UN 1078	2000	P	01	DM	211	01
(R-11) Gas							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
FREON ~~H2O OIL AND WATER~~	50	50		
~~OIL~~				
WATER	50	50		

SPECIAL HANDLING INSTRUCTIONS
yield 1536 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 M. Stanforth — MO. 05 DAY 10 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. 05 DAY 10 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 CAD042245001

DATE RECEIVED & ACCEPTED — MO. 05 DAY 11 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

REPROCESS MATERIAL BACK TO CUSTOMER. WEDNESDAY P/U (9/14/83) REQUESTED.

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

JACK GASPAR ON CAMPUS NUMBER 57423

September 13, 1983

Department of Health Services

STATE ID NUMBER 83212377

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
UCLA (JACK GASPAR)
650 ~~605~~ Circle Drive South, Dock A
Los Angeles, California 90024 (#57423)
AREA CODE/PHONE NUMBER 213/825-9628

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A D0 6 67 0 26 89

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

VEH./CONTAINER NO.
EPA ID NUMBER C A D0 4 2 24 5 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER C A D0 4 2 24 5 0 01

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)	N A9 18 9	2 000	P	10	DM	2 11	D 1

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

SPECIAL HANDLING INSTRUCTIONS
yield 1369 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.

MO 09 DAY 16 YR 83

Printed or typed full name and signature Jack C. Gaspar

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED MO DAY YR

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED MO DAY YR

Printed or typed full name and signature

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

EPA ID NUMBER C A D0 4 2 24 5 0 01

DATE RECEIVED & ACCEPTED MO 09 DAY 16 YR 83

Steve Simpson

Printed or typed full name and signature

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

FORM NO DHS-8022A 11/82

Bill To:

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
January 4, 1984

Paint Material

STATE ID NUMBER 83410623

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CARRIER AIR CONDITIONING CO.
2951 Saturn, Unit C
Brea, CA 92621

AREA CODE/PHONE NUMBER 714/993-0121

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000057901

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

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							
(R-11)	N A 9 189	17 00	P	17	DM	2 11	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 897 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 Michael M Shannon

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

Printed or typed full name and signature Henry Solomon

DATE REC'D & ACCEPTED MO 11 DAY 11 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 01 DAY 12 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. C A D 0 5 1 4 6 6 1 3 4 — Manifest Document No. 8 6 0 1 0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Carrier Transicold
1100 S. Taylor Ave.
Montebello, CA 90640

4. Generator's Phone ( ) 213-722-4581

A. State Manifest Document Number: 84242988

B. State Generator's ID: C A D 0 5 1 4 6 6 1 3 4

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: C.A.D.0.4.2.2.4.5.0.0.1

C. State Transporter's ID: 701737

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 90608-0152

10. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1

G. State Facility's ID: C A D 0 4 2 2 4 5 0 0 1

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. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189	0 0 3	D M	0 0 1 6 5	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. A 10002

K. Handling Codes for Wastes Listed Above
d99

15. Special Handling Instructions and Additional Information
WEAR PROTECTIVE CLOTHING, GLOVES, GLASSES AND SHOES

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: BRADLEY BAINES — Signature: Bradley L. Baines — Date (Month Day Year): 07 20 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods — Date (Month Day Year): 07 21 86

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name — Signature — Date (Month Day Year):

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date (Month Day Year): 07 21 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 89641

State of California—Health and Welfare Agency

no charge + no payment

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.: CAX000221317
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
CARRIER BUILDING SERVICES
9450 S. La Cienga, Inglewood, Ca. 90301 mike Simpson
4. Generator's Phone (213 216-5766

A. State Manifest Document Number: 84341694
B. State Generator's ID: CAX000221317

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 62520
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. HAZARDOUS WASTE LIQUID N.O.S, NA 9189 ORM-E (R-11)	11		1600 ~~1600~~	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a) R01

15. Special Handling Instructions and Additional Information
TRICHLOROMONOFLUOROMETHANE, WATER, OILS
5x200#
6x100#.

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: FRED THIEL
Signature: [signature]
Date: Month 6 Day 12 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date: Month 6 Day 12 Year 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 06 Day 12 Year 85

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

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

84 89541

State of California—Health and Welfare Agency

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

Department of Health Se
Toxic Substances Control Di
Sacramento, Cal

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 9 8 13 7 4 2 7 5

Manifest Document No.

2. Page 1 of

Information in the shaded are is not required by Fede law.

3. Generator's Name and Mailing Address
LOCKHEED
Corner Of Ontario&Thorton, Burbank, Ca.
Bob Yeager
John Smithers

4. Generator's Phone (818) 848-3533

A. State Manifest Document Number: 86544157

B. State Generator's ID: CAD981374275

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: C A D 0 4 2 2 4 5 0 0 1

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: C A D 0 4 2 2 4 5 0 0 1

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 ORM-E (R-11)	6	DM	0 5 0 0	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Gate (Bldg. 90)
7 X 55 SAL
1 X 200 #
2 X 100 #

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.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also 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 I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR

Printed/Typed Name: GLENN RAISOR — Signature: Glenn Raisor — Month Day Year: 1 3 1 1 9 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOHN HATTE — Signature: John Hatte — Month Day Year: 1 3 1 1 9 8 7

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: 0 3 1 1 9 8 7

86544157

DHS 8022 A (11/85)
(EPA 8700—22)

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
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

3/28/88 Customer to add EPA #

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAY000224313

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
CARRIER AIR CONDITIONING
9450 LA CIENEGA BLVD., INGLEWOOD, CA 90301

4. Generator's Phone (213) 216-5766

A. State Manifest Document Number: 87118676

B. State Generator's ID

5. Transporter 1 Company Name: CARRIER

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone: 213/216-5766

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

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 NA 9189 (R-12)	007	Cyl.		P	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. b. c. d.

15. Special Handling Instructions and Additional Information
YIELD TO BE PLACED IN CUSTOMER RESERVE.
Cylinders to be returned to Carrier.

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: BRYAN HAYASHI | Signature: Bryan Hayashi | Month Day Year: 3/28/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BRYAN HAYASHI | Signature: Bryan Hayashi | Month Day Year: 3/28/88

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: Henry R. Solomon | Signature: [signature] | Month Day Year: 10/26/88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CAL. 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.: CAD 981 374 275
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
CARRIER BLDG. SUPPLIES
2951 SATURN ST., UNIT C,BREA, CA 92621
4. Generator's Phone (714) 993-0121

A. State Manifest Document Number: 88293458
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: 904879
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: CIADD042245001
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) toxic liquid	005	DM	00020	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
A) R-11

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: ANNE Allen
Signature: Anne Allen
Month Day Year: 01/26/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T CIRINGERU
Signature: Robert T. Ciringeru
Month Day Year: 01/26/89

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 01/26/89

GENERATOR

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

88293458

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

07-19-89 SHIPPER 15356

State of California — Health and Welfare Agency
Form Approved OMB No. 2060—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.: CAL000017812
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
CARRIER BLDG SERVICES
9450 SOUTH LA CIENEGA BLVD., INGLEWOOD, CA 90301

4. Generator's Phone (213) 216-5768

A. State Manifest Document Number: 88614609
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010382
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 ORM-E N.O.S NA 9189 (R-11)	025	DM	04000	LBS	State / EPA/Other
b. HAZARDOUS WASTE LIQUID ORM-E NOS R-113 NA 9189	001	DM	00800	LBS	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

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: JOHN A CANILE
Signature: [signature]
Month Day Year: 07 07 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT T CIRINGIONE
Signature: [signature]
Month Day Year: 07 07 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: [signature]
Month Day Year: 07 07 89

GENERATOR — TRANSPORTER — FACILITY

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

8022 A (1/86)
700—22
(3-88) Previous editions are obsolete.

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 8 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.: C A D 9 8 1 3 7 4 2 7 5
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
Carrier Air Conditioning
2951 Saturn, Unit C, Brea, CA
4. Generator's Phone (714) 993-0121

A. State Manifest Document Number: 88614874
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:
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 Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 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	Waste No.
a. Hazardous Waste Liquid N.O.S. NA 9189 (R-11)	01014	DM	0104000	P	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
A) Dispose.

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: BARBARA OSTERMAN
Signature: Barbara Osterman
Month Day Year: 10 05 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 09 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10 05 89

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

88614874

Do Not Write Below This Line

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

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

07-12-89 SHIPPER 15321

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 8-30-91)
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.: CAD981137425 | 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
POMONA VALLEY HOSPITAL
1798 NORTH GAREY AVE., POMONA, CA

4. Generator's Phone ( ) 623-8715

A. State Manifest Document Number: 88677517
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 0102587
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 N.O.S OFM-E NA 9189 (R-113)	01	DM	00022	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.

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Printed/Typed Name: Clark Williams | Signature: Clark Williams | Month Day Year: 07 11 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Clairmont | Signature: Robert J Clairmont | Month Day Year: 07 11 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 10 11 89

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

88677517

Do Not Write Below This Line

UHS 8022 A (1/89)
EPA 8700—22
(Rev. 9-89) Previous editions are obsolete.

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST
January 4, 1984

Paid
Material

STATE ID NUMBER 83410623

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CARRIER AIR CONDITIONING CO.
2951 Saturn, Unit C
Brea, CA 92621
AREA CODE/PHONE NUMBER 714/993-0121

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000057901

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF 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
12504 E. WHITTIER BLVD.
WHITTIER, CALIF 90602
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							
(R-11)	N A 9 189	17 00	P	17	DM	2 11	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 897 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 [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
Printed or typed full name and signature [signature]
DATE REC'D & ACCEPTED MO 11 DAY 11 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 [signature] STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 12 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967