generator_name	CENTRAL PLAZA
lc_name:	Central Plaza
lc_calc_volume:	7.538 tons

manifest_number	manifest_quantity_ton
83029767	0.8 tons
83493910	5.838 tons
84345300	0.9 tons

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

April 14, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUN 03 1983

Department of Health Services
P.O. #9478
Shipper #11189

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

STATE ID NUMBER 83029767

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
612 S. Flower
Los Angeles, CA.
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO. 42505
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.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

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
Refrigerant Gas N.O.S. (R-11) Non Flammable GAS	UN 1078	1600	P	08	DM	211	101

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloro Fluoromethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
Gold 1519 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

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

MO 04 DAY 14 YR 83

TO BE FILLED IN BY GENERATOR

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Vance Woods Jr.
DATE REC'D & ACCEPTED MO 4 DAY 14 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 TRANSPORTER

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

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 04 DAY 15 YR 83

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

JUNE 11, 1984

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

STATE ID NUMBER 83493910

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
3450 WILSHIRE BLVD.
L.A., CA 90010
AREA CODE PHONE NUMBER BOB 387-4747

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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/ 690-0991
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.		01400	G	007	DM	21101	
(R-11)							

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

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 DEKRAN S. TERZIAN [signature] MO 06 DAY 13 YR 84

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

TO BE FILLED IN BY GENERATOR

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon [signature] DATE REC'D & ACCEPTED MO 6 DAY 13 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TRANSPORTER

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

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 [signature] EPA ID NUMBER CAD042245001 DATE RECEIVED & ACCEPTED MO 06 DAY 13 YR 84
Printed or typed full name and signature

FORM NO. DHS 8022A (1/82)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

9.24

300

State of California—Health and Welfare Agency

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981455223
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
Central Plaza
3450 Wilshire Blvd., Los Angeles, CA 90010

4. Generator's Phone (213) 387-4747

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

A. [illegible] 84345300[illegible]
B. [illegible] CAD981455223
C. [illegible]
D. [illegible] 698-0991
E. [illegible]
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	[illegible]
a. Hazardous Waste, Liquid N.O.S. ORM-E NA9189 (R-11)	09 ~~010~~	DM	1800	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: RO 1

15. Special Handling Instructions and Additional Information
LABELS NEEDED.

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: ROBERT C LEWIS
Signature: Robert C Lewis
Date: Month 4 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: T. Baltierra
Date: Month 04 Day 11 Year 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 04 Day 11 Year 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)

generator_name	CENTRAL PLAZA
lc_name:	Central Plaza
lc_calc_volume:	7.538 tons

manifest_number	manifest_quantity_ton
83029767	0.8 tons
83493910	5.838 tons
84345300	0.9 tons

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

April 14, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

JUN 03 1983

Department of Health Services
P.O. #9478
Shipper #11189

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

STATE ID NUMBER 83029767

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
612 S. Flower
Los Angeles, CA.
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO. 42505
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
Refrigerant Gas N.O.S. (R-11) Non Flammable GAS	UN 1078	1600	P	08	DM	211	101

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloro Fluoromethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
gold 1519 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

MO 04 DAY 14 YR 83

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

TO BE FILLED IN BY GENERATOR

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Vance Woods Jr.
DATE REC'D & ACCEPTED MO 4 DAY 14 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 TRANSPORTER

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

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 04 DAY 15 YR 83

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

JUNE 11, 1984

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

STATE ID NUMBER 83493910

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
3450 WILSHIRE BLVD.
L.A., CA 90010
AREA CODE PHONE NUMBER Bob 387-4747

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO. 0004250 7
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE PHONE NUMBER 213/ 690-0991
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.		0140.0	G	007	DM	21101	
(R-11)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	
Trichlorofluoromethane				
&				
Water				

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 DEKRAN S. TEKZIAN — MO 06 DAY 13 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE RECD & ACCEPTED MO 6 DAY 13 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.

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 06 DAY 13 YR 84

FORM NO. DHS 8022A (1/82)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

9.24

300

State of California Health and Welfare Agency 4/7/86

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD981455223 | 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
Central Plaza
3450 Wilshire Blvd., Los Angeles, CA 90010

4. Generator's Phone (213) 387-4747

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

A. [illegible] 84345300[illegible]
B. State Generator's ID: CAD981455223
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
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	[illegible]
a. Hazardous Waste, Liquid N.O.S. ORM-E NA9189 (R-11)	09 ~~010~~	DM	1800	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: RO 1

15. Special Handling Instructions and Additional Information
LABELS NEEDED.

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: ROBERT C LEWIS | Signature: Robert C Lewis | Date: Month 4 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TIM BALTIERRA | Signature: Tim Baltierra | Date: Month 04 Day 11 Year 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 04 Day 11 Year 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)

generator_name	CENTRAL PLAZA
lc_name:	Central Plaza
lc_calc_volume:	7.538 tons

manifest_number	manifest_quantity_ton
83029767	0.8 tons
83493910	5.838 tons
84345300	0.9 tons

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

April 14, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUN 03 1983

Department of Health Services
P.O. # 9478
Shipper # 11189

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

STATE ID NUMBER 83029767

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
612 S. Flower
Los Angeles, CA.
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

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

VEH./CONTAINER NO. 42505

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.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

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
Refrigerant Gas N.O.S. (R-11) Non Flammable GAS	UN 1078	1600	P	08	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloro Fluoromethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
gold 1519 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

MO 04 DAY 14 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 Isaac Woods Jr

DATE REC'D & ACCEPTED MO 4 DAY 14 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 CA DO 42245001

DATE RECEIVED & ACCEPTED MO 04 DAY 15 YR 83

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

JUNE 11, 1984

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

STATE ID NUMBER 83493910

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
3450 WILSHIRE BLVD.
L.A., CA 90010
AREA CODE/PHONE NUMBER BOB: 387-4747

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO. 0004250 7
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/690-0991
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.		01400	G	007	DM	21101	
(R-11)							

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
Trichlorofluoromethane				
O,				
Water				

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 DEKRAN S. TERZIAN — MO 06 DAY 13 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE RECD & ACCEPTED MO 6 DAY 13 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE RECD & ACCEPTED MO DAY YR

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

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 06 DAY 13 YR 84
Printed or typed full name and signature

FORM NO. DHS 8022A (1/82) TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

0.24

300

State of California Health and Welfare Agency 4/7/86

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981455223
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
Central Plaza
3450 Wilshire Blvd., Los Angeles, CA 90010

4. Generator's Phone (213) 387-4747

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

A. [illegible] 84345300[illegible]
B. State Generator's ID: CAD981455223
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
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	[illegible]
a. Hazardous Waste, Liquid N.O.S. ORM-E NA9189 (R-11)	09 ~~010~~	DM	1800	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: RO 1

15. Special Handling Instructions and Additional Information
LABELS NEEDED.

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: ROBERT C LEWIS
Signature: Robert C Lewis
Date: Month 7 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: Tim Balterra
Date: Month 04 Day 11 Year 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 04 Day 11 Year 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)

State of California—Health and Welfare Agency 4/2/86

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. CAD981455223 — Manifest Document No.

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

A. Page 1 Manifest Document Number: 84345300

3. Generator's Name and Mailing Address
Central Plaza
3450 Wilshire Blvd., Los Angeles, CA 90010

B. State Generator's ID: CAD981455223

4. Generator's Phone (213) 387-4747

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

C. State Transporter's ID: 701735
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

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 (R-11)	09 ~~010~~	DM	1800	P	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information
LABELS NEEDED.

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: ROBERT C LEWIS — Signature: Robert C Lewis — Date: Month 4 Day 11 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA — Signature: Tim Baltierra — Date: Month 04 Day 11 Year 86

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 04 Day 11 Year 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 80541

06/13/2001 "ORIGINAL MANIFEST COPY"

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

JUNE 11, 1984

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

STATE ID NUMBER 83493910

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
3450 WILSHIRE BLVD.
L.A., CA 90010
AREA CODE PHONE NUMBER BOB 387-4747

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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

VEH./CONTAINER NO: 0042507
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/ 690-0991
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.		01400	G	007	DM	21101	
(R-11)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluoromethane				
oil				
Water				

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 DEKRAN S. TERZIAN — MO 06 DAY 13 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon — DATE REC'D & ACCEPTED MO 06 DAY 13 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 06 DAY 13 YR 84

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

03/29/2000 "ORIGINAL MANIFEST COPY"

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

April 14, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUN 03 1983

Department of Health Services
P.O.#9478
Shipper#11189

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

STATE ID NUMBER 83029767

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
612 S. Flower
Los Angeles, CA.
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

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

VEH./CONTAINER NO. 42505

EPA ID NUMBER CAL DO 142249001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER CA DD 42245001

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. (R-11) Non Flammable GAS	UN 1078	1600	P	08	DM	211	101

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Trichloro Fluoromethane				
C.L				

SPECIAL HANDLING INSTRUCTIONS
gross 1579 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

MO. 04 DAY 14 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 Vorace Woods Jr

DATE REC'D & ACCEPTED MO. 4 DAY 14 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.

Printed or typed full name and signature Steve Simpson Steve Simpson

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 04 DAY 15 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"

generator_name	CENTRAL PLAZA
lc_name:	Central Plaza 714
lc_calc_volume:	7.538 tons

manifest_number	manifest_quantity_ton
83029767	0.8 tons
83493910	5.838 tons
84345300	0.9 tons

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

April 14, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUN 03 1983

Department of Health Services
P.O. #9478
Shipper #11189

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

STATE ID NUMBER 83029767

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
612 S. Flower
Los Angeles, CA.
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

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

VEH/CONTAINER NO. 42505

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.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

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
Refrigerant Gas N.O.S. (R-11) Non Flammable GAS	UN 1078	1600	P	08	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichloro Fluoromethane				
Oil				

SPECIAL HANDLING INSTRUCTIONS
gold 1579 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

MO 04 DAY 14 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 Vance Woods Jr

DATE REC'D & ACCEPTED MO 4 DAY 14 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.

Printed or typed full name and signature Steve Simpson Steve Simpson

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 04 DAY 15 YR 83

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

JUNE 11, 1984

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

STATE ID NUMBER 83493910

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
CENTRAL PLAZA
3450 WILSHIRE BLVD.
L.A., CA 90010
AREA CODE PHONE NUMBER BOB 387-4747

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

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/ 690-0991

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.		01400	G	007	DM	21	01
(R-11)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Trichlorotrifluoromethane				
oil				
Water				

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: DEKRAN S. TERZIAN [signature] — MO 06 DAY 13 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: Henry Solomon [signature] — DATE REC'D & ACCEPTED: MO 6 DAY 13 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE REC'D & ACCEPTED: MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: STEVE SIMPSON [signature] — EPA ID NUMBER: CAD042245001 — DATE RECEIVED & ACCEPTED: MO 06 DAY 13 YR 84

FORM NO. DHS 8022A (1/82)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

9.24

300

State of California Health and Welfare Agency 4/7/86

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD981455223
Manifest Document No.:
2. Page 1 of 1
Information in the shaded area is not required by Federal law.

3. Generator's Name and Mailing Address
Central Plaza
3450 Wilshire Blvd., Los Angeles, CA 90010

4. Generator's Phone (213) 387-4747

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

A. [illegible] 843453002
B. State Generator's ID: CAD981455223
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
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	[illegible]
a. Hazardous Waste, Liquid N.O.S. ORM-E NA9189 (R-11)	09 ~~010~~	DM	1800	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: RO 1

15. Special Handling Instructions and Additional Information
LABELS NEEDED.

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: ROBERT C LEWIS
Signature: Robert C Lewis
Date: Month 4 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: T. Balterra
Date: Month 04 Day 11 Year 86

18. Transporter 2 Acknowledgement or 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 04 Day 11 Year 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)