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Allied-Signal Aerospace Company

AiResearch Los Angeles Division
2525 West 190th Street
P.O. Box 2960
Torrance, California 90509-2960
Telephone: (213) 323-9500 (213) 321-5000
Twx: 910-349-6218 Telex: 67-4490

88133113

Allied Signal

September 17, 1992

VIA CERTIFIED MAIL

Mr. Chris Stubbs
South Coast Groundwater Section H-6-4
United States Environmental Protection Agency
75 Hawthorne Street
San Francisco, California 94105

Re: Allied-Signal Aerospace Company
11600 Sherman Way
North Hollywood, California

Dear Mr. Stubbs:

The following enclosures are submitted as addenda to information originally submitted July 21, 1992, as requested in the United States Environmental Protection Agency (EPA) letter dated May 22, 1992 pursuant to Section 104(e) of CERCLA and Section 3007 of RCRA, regarding the referenced site.

As discussed in our telephone conversation September 8, the enclosed information is primarily in reference to underground storage tank operations in Question 13 of the response dated July 21, 1992. The information enclosed herein includes:

Appendix A	California Regional Water Quality Control Board - Los Angeles Region, Industrial Facility Survey Form submitted January 12, 1984
Appendix B	Underground Storage Tank (UST) Lists (3)
Appendix C	Registration Forms for UST Nos. 2-6, 8, 11-20
Appendix D	Environmental Activity List from 1984 - 1986
Appendix E	Manifests - 1980 through 1988 (EPA has 1989 through 1991 manifests from 1991 information request)

NAG92161.LTR

In addition, an effort will be made to procure information through interviews with available former employees regarding further information concerning the operations of the underground storage tanks at the referenced site (to be submitted in a second package at a date to be determined).

If you have any questions or comments, please call me at (310) 512-1310.

Sincerely,

Nancy A. Girten
Environmental Project Engineer

Enclosures

cc: Kenneth J. Berke, Esq. (w/ Appendices)
Juli Marshall, Esq. (w/ Appendices)
Debbie Moore (w/o Appendices)
Roy Nutter (w/o Appendices)

ATTACHMENT A

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
LOS ANGELES REGION

MAILED
1-12-84

INDUSTRIAL FACILITY SURVEY FORM

(Use Separate form for each facility address.)

I. Company Name: BENDIX ELECTRODYNAMICS DIVN.

II. Facility Address: 11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

Thomas Guide ref. (page & grid no.) PG. 16 GRID 4D

III. SIC Code(s): 3728 & 3731

A. EPA I.D. No. (RCRA) CADO 08325334

B. City Permit No. W-11943 & w-24221

C. County Permit No. NA

D. Others NA

IV. Firm Representative: R.J. SLATTERBECK

A. Title PLANT ENGINEER

B. Phone No. (213) 765-1010

V. Type of Industry: AIRCRAFT & SHIP HYDRAULIC COMPONENT
MANUFACTURING & TESTING

VI. Type of storage facilities located at the site.

A. Underground non-waste storage tanks

Yes X *No* _____ *Total Number* 5

B. Underground waste storage tanks

Yes X *No* _____ *Total Number* 5

VI. (Con't.)

C. Above ground non-waste storage tanks

Yes X No _____ Total Number 1

D. Above ground waste storage tanks

Yes _____ No X Total Number 0

E. Underground waste treatment tanks (Including pretreatment tanks and clarifiers for sewer discharges)

Yes X No _____ Total Number 3

VII. Please complete a Tank Information Form (one copy attached, please make additional copies as needed) for each tank in Item VI.

VIII. Piping - above ground estimated length NA underground estimated length NA

Chemical name(s) of material(s) carried: _____

Date(s) installed/ tested: _____

Gravity flow _____ Pressure flow _____ Piping material _____

Corrosion protection - Cathodic _____ Coated _____ Wrapped _____

Remarks: _____

IX. Type of storage facilities which have been removed or abandoned in place.

A. Underground non-waste storage tanks Yes _____ No X

Total number of abandoned tanks 0

Chemical names of materials which were stored in tanks NA

IX. A. *(Con't.)*

Type of abandonment - Removal NA *Date(s) Removed* _____

Abandoned in place - Filled _____ *(give material)* *Unfilled* _____

Date(s) of abandonment NA

B. *Underground waste storage tanks Yes* _____ *No* X

Total number of abandoned tanks 0

Chemical names of materials which were stored in tanks NA

Type of abandonment - Removal _____ *Date(s) Removed* _____

Abandoned in place - Filled _____ *(give material)* *Unfilled* _____

Date(s) of abandonment NA

X. *Finally, as you know spills of hazardous materials can have a deleterious impact upon the underlying groundwaters.*

A. *Do you have a spill prevention program? Yes* IN PROCESS *No* _____

Give a brief description: IN PROCESS OF BEING WRITTEN BY "RALPH STONE & CO." CIVIL & ENVIRONMENTAL ENGINEERS., 10954 SANTA MONICA BLVD., LOS ANGELES, CA. 90025

B. *Do you have procedures to be followed in the event of a spill?*

Yes X *No* _____

Give a brief description: EMERGENCY RESPONSE TEAM IS FORMED WITH LENGTHY PROCEDURES ESTABLISHED.

XI. The form shall be signed below as follows:

A. In the case of corporations, by a principal executive officer at the level of vice-president or his duly authorized representative if such representative is responsible for the overall operation of the facility where the tanks are located, or

B. In the case of a partnership, by a general partner, or

C. In the case of a sole proprietorship, by the proprietor, or

D. In the case of a municipal, State, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee.

This form has been completed under penalty of perjury and, to the best of my knowledge, is true and correct.

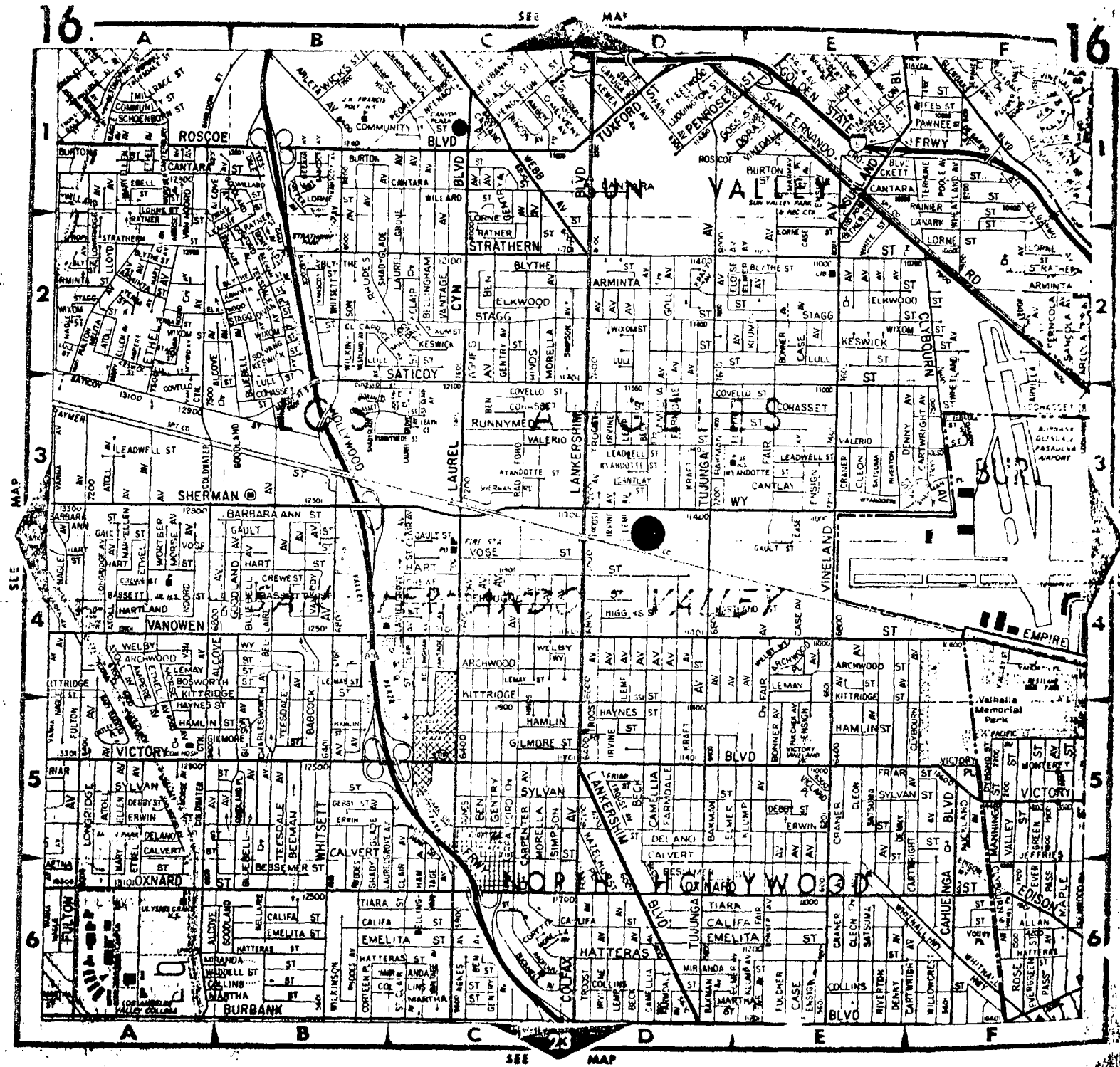
Signature: SIGNED BY JERRY BRUCKER *Date:* _____

Printed Name: _____ *Phone No.* ( )

Title: _____

Contact Name (if different from above): R.J. SLATTERBECK

Title: PLANT ENGINEER *Phone No.* (213) 765-1010


16
SEE MAP
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ROSCOE BLVD
SAN FERNANDO VALLEY
SUN VALLEY
LOS ANGELES
HOLLYWOOD
LAUREL CYN
LANKERSHIM BLVD
TUJUNGA AV
VINELAND
CLYBOURN
SUNLAND BLVD
SHERMAN
VANOWEN
VICTORY BLVD
OXNARD
BURBANK
NORTH HOLLYWOOD
EMPIRE
Valhalla Memorial Park
23

CESSPOOL @ GUARDHOUSE
(1)

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. *Underground non-waste storage tank.*
- [ ] B. *Underground waste storage tank.*
- [ ] C. *Above ground non-waste storage tank.*
- [ ] D. *Above ground waste storage tank.*
- [ ] E. *Underground waste treatment tank.*
- [X] F. Cesspool serving 1 toilet & 1 sink

1. *Date Installed* 1941 (approx) *Tank I.D. No.* _____ *Capacity* 1,000 Gal.
2. *Type of tank:* *Metal* _____ *Fiberglass* _____ *Concrete* _____ *Other* X
3. *Protection Against Corrosion (Give material if applicable):*

   Interior Lined _____

   Exterior Wrapped/Coated _____ ~~NOT REQUIRED~~

   Cathodic Protection _____

   Vaulted _____ *Non-Vaulted* _____
4. *Date(s) Inspected and Agency:* -
5. *Date(s) Tested and Method:* -
6. *Chemical Name of Material in Tank:* HUMAN WASTE
7. *Describe your Tank Integrity Program and its results:*

   NA
8. *Describe any repair made to the tank since its installation and give the date(s) of the repair:*

   NONE
9. *Please include a plot plan showing location of all tanks and relevant buildings.*

KEROSENE TANK
(2)

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [XX] A. *Underground non-waste storage tank.*
- [ ] B. *Underground waste storage tank.*
- [ ] C. *Above ground non-waste storage tank.*
- [ ] D. *Above ground waste storage tank.*
- [ ] E. *Underground waste treatment tank.*

1. *Date Installed* 4/30/42 *Tank I.D. No.* _____ *Capacity* 450 Gal.

2. *Type of tank:* *Metal* X *Fiberglass* _____ *Concrete* _____ *Other* _____

3. *Protection Against Corrosion (Give material if applicable):*

   Interior Lined _____

   Exterior Wrapped/Coated EXTERIOR COATED

   Cathodic Protection _____

   Vaulted _____ *Non-Vaulted* _____

4. *Date(s) Inspected and Agency:* _____

5. *Date(s) Tested and Method:* _____

6. *Chemical Name of Material in Tank:* KEROSENE

7. *Describe your Tank Integrity Program and its results:* MATERIAL IS CAREFULLY METERED IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.

8. *Describe any repair made to the tank since its installation and give the date(s) of the repair:* NONE REQUIRED

9. *Please include a plot plan showing location of all tanks and relevant buildings.*

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [X] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [ ] E. Underground waste treatment tank.

1. Date Installed 4/30/42 Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____
3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated EXTERIOR COATED

   Cathodic Protection _____

   Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: SOLVENT-STODDARD
7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED
9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [XX] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [ ] E. Underground waste treatment tank.

1. Date Installed 4/30/42 Tank I.D. No. _____ Capacity 450 GAL.

2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____

3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated EXTERIOR COATED

   Cathodic Protection _____

   Vaulted _____ Non-Vaulted _____

4. Date(s) Inspected and Agency: _____

5. Date(s) Tested and Method: _____

6. Chemical Name of Material in Tank: GASOLINE-REGULAR

7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED

9. Please include a plot plan showing location of all tanks and relevant buildings.

GAS TANK
(5)

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [XX] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [ ] E. Underground waste treatment tank.

1. Date Installed 4/30/42 Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____
3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated EXTERIOR COATED

   Cathodic Protection _____

   Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: GASOLINE-UNLEADED
7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED
9. Please include a plot plan showing location of all tanks and relevant buildings.

TEC COOLANT TANK
(6)

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [X] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [ ] E. Underground waste treatment tank.

1. Date Installed 1965 Tank I.D. No. _____ Capacity 3,000 GAL.

2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____

3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated X

   Cathodic Protection _____

   Vaulted BY CONCRETE WITH AIR GAP Non-Vaulted _____

4. Date(s) Inspected and Agency: NA

5. Date(s) Tested and Method: NA

6. Chemical Name of Material in Tank: "COOLCUT" BY UNION OIL

7. Describe your Tank Integrity Program and its results:
   VISUAL INSPECTION

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED

9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [XX] E. Underground waste treatment tank. -- CLARIFIER

1. Date Installed 1954 (APPROX.) Tank I.D. No. _____ Capacity 650 GAL.
2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____
3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated _____

   Cathodic Protection NOT REQUIRED

   Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: WATER ONLY
7. Describe your Tank Integrity Program and its results: VISUAL
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE
9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] *A. Underground non-waste storage tank.*
- [x] *B. Underground waste storage tank.*
- [ ] *C. Above ground non-waste storage tank.*
- [ ] *D. Above ground waste storage tank.*
- [ ] *E. Underground waste treatment tank.*

1. *Date Installed* FEB. 1957 *Tank I.D. No.* _____ *Capacity* 1,015 GAL.

2. *Type of tank: Metal* X *Fiberglass* _____ *Concrete* _____ *Other* _____

3. *Protection Against Corrosion (Give material if applicable):*

   Interior Lined _____

   Exterior Wrapped/Coated X

   Cathodic Protection _____

   Vaulted _____ *Non-Vaulted* _____

4. *Date(s) Inspected and Agency:* 9/69 --DUG UP, VISUALLY INSPECTED & RELOCATED.

5. *Date(s) Tested and Method:* VISUAL

6. *Chemical Name of Material in Tank:* HYDRAULIC OIL & WATER

7. *Describe your Tank Integrity Program and its results:*
   THIS TANK WILL BE PRESSURE TESTED THIS YEAR.

8. *Describe any repair made to the tank since its installation and give the date(s) of the repair:* NONE REQUIRED

9. *Please include a plot plan showing location of all tanks and relevant buildings.*

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [x] E. Underground waste treatment tank. --CLARIFIER

1. Date Installed 1941(APPROX.) Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____
3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated _____

   Cathodic Protection NOT REQUIRED

   Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: WATER, SMALL QUANTITIES OF OIL,DILLUTED ACIDS WITH TOTAL PH OF 7-7.3.
7. Describe your Tank Integrity Program and its results:

   VISUAL
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE
9. Please include a plot plan showing location of all tanks and relevant buildings.

CLARIFIER-PLANT 1
SOUTH SIDE
(10)

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. Underground non-waste storage tank.
- [ ] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [XX] E. Underground waste treatment tank. --CLARIFIER

1. Date Installed 1942 (APPROX.) Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____
3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated _____

   Cathodic Protection NOT REQUIRED

   Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: WATER & SMALL QUANTITIES OF OIL
7. Describe your Tank Integrity Program and its results:

   VISUAL
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE
9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. Underground non-waste storage tank.
- [x] B. Underground waste storage tank.
- [ ] C. Above ground non-waste storage tank.
- [ ] D. Above ground waste storage tank.
- [ ] E. Underground waste treatment tank.

1. Date Installed 1954 (APPROX.) Tank I.D. No. _____ Capacity 1,500 GAL.

2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____

3. Protection Against Corrosion (Give material if applicable):

   Interior Lined _____

   Exterior Wrapped/Coated _____

   Cathodic Protection _____ ~~NOT REQUIRED~~

   Vaulted _____ Non-Vaulted _____

4. Date(s) Inspected and Agency: —

5. Date(s) Tested and Method: _____

6. Chemical Name of Material in Tank: _____

7. Describe your Tank Integrity Program and its results: VISUAL — LIQUID LEVEL REMAINS CONSTANT OVER 48 HR. TEST PERIOD. INSPECTION FREQUENCY 90 DAYS.

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE

9. Please include a plot plan showing location of all tanks and relevant buildings.

HAZARDOUS WASTE SPILL
CONTAINMENT TANK

(12)

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. *Underground non-waste storage tank.*
- [X] B. *Underground waste storage tank.* (DRY)
- [ ] C. *Above ground non-waste storage tank.*
- [ ] D. *Above ground waste storage tank.*
- [ ] E. *Underground waste treatment tank.*

1. *Date Installed* 1982 *Tank I.D. No.* _____ *Capacity* 500 GAL.

2. *Type of tank:* *Metal* _____ *Fiberglass* X *Concrete* _____ *Other* _____

3. *Protection Against Corrosion (Give material if applicable):*

   Interior Lined _____

   Exterior Wrapped/Coated _____

   Cathodic Protection NONE REQUIRED

   Vaulted _____ *Non-Vaulted* _____

4. *Date(s) Inspected and Agency:* --

5. *Date(s) Tested and Method:* --

6. *Chemical Name of Material in Tank:* TANK IS DRY

7. *Describe your Tank Integrity Program and its results:* VISUAL INSPECTION OF SURROUNDING CONTAINED AREA. THIS IS USED FOR SPILL CONTROL PURPOSES ONLY.

8. *Describe any repair made to the tank since its installation and give the date(s) of the repair:* NONE REQUIRED

9. *Please include a plot plan showing location of all tanks and relevant buildings.*

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- [ ] A. *Underground non-waste storage tank.*
- [x] B. *Underground waste storage tank.*
- [ ] C. *Above ground non-waste storage tank.*
- [ ] D. *Above ground waste storage tank.*
- [ ] E. *Underground waste treatment tank.*

1. *Date Installed* 1941 (APPROX.) *Tank I.D. No.* _____ *Capacity* 3,000 GAL.
2. *Type of tank:* *Metal* _____ *Fiberglass* _____ *Concrete* X *Other* _____
3. *Protection Against Corrosion (Give material if applicable):*

   Interior Lined _____

   Exterior Wrapped/Coated _____

   Cathodic Protection NOT REQUIRED

   Vaulted _____ *Non-Vaulted* _____
4. *Date(s) Inspected and Agency:* ---
5. *Date(s) Tested and Method:* ---
6. *Chemical Name of Material in Tank:* WASTE OILS, WATER & GRINDINGS
7. *Describe your Tank Integrity Program and its results:* VISUAL--LIQUID LEVEL REMAINS CONSTANT OVER 48 HR. TEST PERIOD. INSPECTION FREQUENCY 90 DAYS.
8. *Describe any repair made to the tank since its installation and give the date(s) of the repair:* NONE
9. *Please include a plot plan showing location of all tanks and relevant buildings.*

ATTACHMENT B

REGISTRATION PROGRAM

TANK NUMBER	DESCRIPTION	CAPACITY (GALLONS)
1.	Cesspool	
2.	Kerosene Tank	450
3.	Stoddard Solvent Tank	450
4.	Gasoline (Regular)	450
5.	Gasoline (Unleaded)	450
6.	TEC Coolant Tank	3,000
7.	Clarifier	650
8.	Hydraulic Oil Waste Tank	1,015
9.	Clarifier	650
10.	Clarifier	450
11.	Waste Oil Tank-Plant 2	1,500
12.	Spill Containment Tank (Dry)	1,000
13.	Waste Oil Tank-Salvage Yard	3,000
14.	Hone Filter Fluid Pit	
15.	Waste Catch Basin-Pump Room	50
16.	Chip Residue Sump-Salvage Yard	10
17	Natco Chip Conveyor Pit	
18.	Vapor Degreaser Pit	
19.	Air Pollution Scrubber Sump-North	1,000
20.	Air Pollution Scrubber Sump-South	1,000
21.	Plating Department Pit	
22.	Heat Treat Department Pit	

TANK NUMBER	CAPACITY (GALLONS)	CONTENTS	MATERIAL OF CONSTRUCTION	INSTALL. DATE	CURRENT STATUS
1	1,000	Domestic Sewage	Bricklined	1941	* Closed
2	450	Kerosene	Metal-exterior coated	1942	* Removed
3	450	Solvent-Stoddard	Metal-exterior coated	1942	* Removed
4	450	Gasoline-regular	Metal-exterior coated	1942	* Removed
5	450	Gasoline-unleaded	Metal-exterior coated	1942	* Removed
6	3,000	"Coolcut" (coolant) by Union Oil	Metal-exterior coated, Vaulted by concrete with air gap	1965	Secondary containment
7	650	Water	Concrete	1954	Exempt
8	1,015	Hydraulic oil and Water	Metal-exterior coated	1957	*
9	450	Water, oil, diluted acids; Ph of 7-7.3	Concrete	1941	Exempt
10	450	Water and some oil	Concrete	1942	Exempt
11	1,500	Waste oil	Concrete/Metal	1954	* Removed
12	500	Tank is dry	Fiberglass	1982	Exempt
13	3,000	Waste oils, water and grindings	Concrete/Metal	1941	*

TANK REGISTRATION TANK ROSTER

(*) 1. CESSPOOL REGISTRATION NOT REQ'D
(*) 2. KEROSENE TANK 450 GAL.
(*) 3. SOLVENT STODDARD 450 GAL.
(*) 4. GASOLINE (REGULAR) 450 GAL
(*) 5. GASOLINE (UNLEADED) 450 GAL.
* 6. TEC COOLANT TANK 3000 GAL.
7. CLARIFIER 650 GAL REGISTRATION NOT REQ'D
* 8. HYDR. WASTE OIL TANK 1015 GAL.
9. CLARIFIER 650 GAL. REGISTRATION NOT REQ'D
10. CLARIFIER 450 GAL REGISTRATION NOT REQ'D.
(*) 11. WASTE OIL PIT 2
12. SPILL/CONTAINMENT TANK (DRY) REGISTRATION NOT REQ'D
* 13. WASTE OIL-SALVAGE YARD 3000 GAL
* 14. HONE FILTER FLUID TANK
* 15. WASTE CATCHBASIN 921 PUMP ROOM
* 16. SUMP-CHIP RESIDUE SALVAGE YARD.
* 17 TANK-CHIP CONVEYOR NATCO 400 GAL.
* 18 DEGREASER, VAPOR 150 GAL
* 19 AIR POLLUTION SCRUBBER SUMP-NORTH UNIT.
* 20 AIR POLLUTION SCRUBBER SUMP-SOUTH UNIT.

NOTE: CLARIFIERS DO NOT REQUIRE "REGISTRATION" PER TELECON w/ MR. BACKEROWSKI OF WATER QUALITY BOARD (213) 620-5647 ON 8/8/84.

(*) DENOTES REMOVED

Things to do ...

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Notes:

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CHECK REQUEST

Bendix Electrodynamics Division

DATE 10/23/84

PAY TO

CALIFORNIA WATER RESOURCES CONTROL BOARD

AMOUNT $ 20.00

DELIVER CHECK TO: (CHECK ONE)

[XX] REQUESTOR [ ] PAYEE

[ ] (NAME) R. Slatterbeck

[XX] CALL EXT. 345 FOR PICKUP

NEEDED BY (DATE) ASAP

EXPLANATION (ON REMITTANCE ADVICE)

Hazardous Substance Storage Statement Modification

REMARKS (NOT ON REMITTANCE ADVICE)

Fee for registration of two additional tanks.

DISTRIBUTION

DEPT.	ACCOUNT	JOB NUMBER	AMOUNT
9821	95150		

REQUESTED BY R. Slatterbeck

APPROVED BY

APPROVED BY

AUDIT BY

0130 275 (6/73)

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation Individual or Public Agency)			
SEE BELOW			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor	
Bendix- Electrodynamics Division		Ron Slatterbeck	
Street Address		Nearest Cross Street	
11600 Sherman Way		Lankershim	
City	County	ZIP	
No. Hollywood	Los Angeles	91605-5887	
Mailing Address	City	State	ZIP
11600 Sherman Way	No. Hollywood	CA	91605-5887
Phone w/area code	Type of Business		
818 765-1010	☐ 01 Motor Vehicle Fuel Station ☒ 99 Other: Manufacturing		
Number of Tanks at this Facility	Rural Areas Only:	Township	Range	Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
Slatterbeck, Ron 818 765-1010	Slatterbeck, Ron 818 906-1301

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☐ 01 Tank ☒ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ — Container Number (If there is no number assign one): 19

B. Manufacturer (if appropriate): N.A. Year of Mfg.: N.A. — C. Year Installed: 1945 ☐ Unknown

D. Container Capacity: 500 gallons ☐ Unknown — E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: 4 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☒ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 08 Unknown ☐ 09 Other: _____

F. [illegible] ning ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted		NONE
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown	NONE
C. Piping Repairs:	☐ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____		

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☒ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☒ 01	☒ 02		Low concentrations (0-1500 PPM Max) of chromic,
☐ 01	☐ 02		muriatic and hydrochloric acids in water
☐ 01	☐ 02		reservoir of fume scrubber.
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G.W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

[illegible] CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation Individual or Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor		
Street Address			Nearest Cross Street	
City		County		ZIP
Mailing Address		City	State	ZIP
Phone w/area code	Type of Business ☐ 01 Motor Vehicle Fuel Station ☐ 02 Other:			
Number of Tanks at this Facility	Rural Areas Only:	Township	Range	Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☐ 01 Tank ☒ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ Container Number (If there is no number assign one) 20

B. Manufacturer (if appropriate): N.A. Year of Mfg.: N.A. C. Year Installed: 1945 ☐ Unknown

D. Container Capacity: 500 gallons ☐ Unknown E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: 4 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☒ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted		NONE
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown	NONE
C. Piping Repairs:	☐ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____		

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☒ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
☒ 01	☒ 02		Low concentrations (0-1500 PPM Max) of chromic,
☐ 01	☐ 02		muriatic and hydrochloric acids in water
☐ 01	☐ 02		reservoir of fume scrubber.
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G.W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

CHASE MANHATTAN BANK, N.A.
SYRACUSE, NEW YORK

Bendix Electrodynamics Division

No. 020468

50-937
213

MAILED AUGUST 28, 1984

Vendor No.					Pay This Amount
17275	August 27, 1984	Pay Exactly *130*	Dollars And *00*	Cents	$130.00*

To The Order Of

California Water Resources
Control Board

The Bendix Corporation

J. R. Bergen
W. A. Leas

⑈020468⑈ ⑆021309379⑆ 601⑈2⑈91438⑈

THE BENDIX CORPORATION — ELECTRODYNAMICS DIVISION

Remittance Advice

Detach Before Cashing

Voucher No.	Invoice No.	Gross Amount	Discount Amt.	Voucher No.	Invoice No.	Gross Amount	Discount Amount
8-2101		$130.00*					
Hazardous Substance Storage Statement							

Total Gross Amount	$130.00*	Total Discount Amount		Total Net Amount	$130.00*

0132-231 REV. 1/83

near or the composition of waste from numbers or where you must register.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency)			
SEE BELOW			
Street Address	City	State	ZIP

II Facility

Facility Name	Dealer/Foreman/Supervisor		
Bendix - Electrodynamics Division	Ron Slatterbeck		
Street Address	Nearest Cross Street		
11600 Sherman Way	Lankershim		
City	County	ZIP	
N. Hollywood	Los Angeles	91605-5887	
Mailing Address	City	State	ZIP
11600 Sherman Way	N. Hollywood	CA	91605-5887
Phone w/area code	Type of Business		
(818) 765-1010	☐ 01 Motor Vehicle Fuel Station ☒ 02 Other: Manufacturing		
Number of Tanks at this Facility	Rural Areas Only:	Township	Range	Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
Slatterbeck, Ron (818) 765-1010	Slatterbeck, Ron (818) 906-1301

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ Container Number (If there is no number assign one): 2

B. Manufacturer (if appropriate): UNK Year of Mfg: 1941 C. Year Installed: 1942 ☐ Unknown

D. Container Capacity: 450 gallons ☐ Unknown E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: _____ ☐ Gauge ☐ Inches ☐ cm ☒ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☒ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☒ 04 Unknown ☐ 05 None ☐ 10 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☒ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes. Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☒ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Snift Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored In Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☒ 01	☒ 02	0 0 8 0 0 8 2 0 6	HYDROCARBON BLEND 10-16
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G.W. Brucker	Vice-President& General Manager	(818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 3

B. Manufacturer (if appropriate): UNK Year of Mfg.: 1941 | C. Year Installed: 1942 ☐ Unknown

D. Container Capacity: 450 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: _____ ☐ Gauge ☐ Inches ☐ cm ☒ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☒ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☒ 04 Unknown ☐ 05 None ☐ 06 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☒ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☐ 01 None	☐ 02 Unknown	☐ 03 Yes. Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☒ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Snill Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☒ 01	☒ 02	0 0 8 0 5 2 4 1 3	NAPTHENIC , PARAFFINIC HYDROCARBON
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G.W. BRUCKER	Title: Vice President & General Manager	Phone w/area code: (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assigned) 4

B. Manufacturer (if appropriate): UNK Year of Mfg.: 1941 | C. Year Installed: 1942 ☐ Unknown

D. Container Capacity: 450 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☒ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: _____ ☐ Gauge ☐ Inches ☐ cm ☒ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☒ 08 Unknown ☐ 09 Other: _____

F ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☒ 04 Unknown ☐ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☒ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☒ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	*previously* stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! *Read instructions before signing:*

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. BRUCKER	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 5

B. Manufacturer (if appropriate): UNK Year of Mfg.: 1941 | C. Year Installed: 1942 ☐ Unknown

D. Container Capacity: 450 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☒ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: _____ ☐ Gauge ☐ Inches ☐ cm ☒ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☒ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☒ 04 Unknown ☐ 05 None ☐ 06 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☒ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☒ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 6

B. Manufacturer (if appropriate): Unknown Year of Mfg.: 1965 | C. Year Installed: 1965 ☐ Unknown

D. Container Capacity: 3,000 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: 25 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☒ 01 Vaulted (Located in an underground Vault.) ☐ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 06 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted	
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown
C. Piping Repairs:	☐ 01 None	☐ 02 Unknown	☒ 03 Yes. Year of most recent repair: 1981	

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	*previously* stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G.E. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 8

B. Manufacturer (if appropriate): Unknown Year of Mfg.: 1957 | C. Year Installed: 1957 ☐ Unknown

D. Container Capacity: 1015 gallons ☐ Unknown | E. Container Repairs: ☐ 01 None ☐ 02 Unknown ☐ 03 Yes Year: 1969 RELOCATED

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☒ 06 Other (List): HYDRAULIC OIL&WATER

V Container Construction

A. Thickness of Primary Containment: .25 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☒ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☐ 05 None ☒ 09 Other: COATED

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted	
B. Underground Piping:	☒ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____	

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☒ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (if there is no number assign one): 11

B. Manufacturer (if appropriate): N.A. Year of Mfg.: N.A. | C. Year Installed: 1954 ☐ Unknown

D. Container Capacity: 1,500 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☒ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: 4 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☐ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☒ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☒ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☒ 08 Unknown ☐ 09 Other: _____

F ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☒ 01 Gravity	☐ 02 Pressure	☐ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☒ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored In Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: *The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency*

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G.W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☐ 01 Tank ☒ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 13

B. Manufacturer (if appropriate): N.A. Year of Mfg.: N.A. | C. Year Installed: 1941 ☐ Unknown

D. Container Capacity: 3,000 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☒ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: 4 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☒ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted	NONE
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown NONE
C. Piping Repairs:	☐ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____	

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☒ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 14

B. Manufacturer (if appropriate): UNKNOWN Year of Mfg.: _____ | C. Year Installed: 1951 ☐ Unknown

D. Container Capacity: 350 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☒ 06 Other (List): CUTTING FLUID

V Container Construction

A. Thickness of Primary Containment: .25 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☒ 01 Vaulted (Located in an underground Vault.) ☐ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted	
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____	

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☒ 01	☐ 02		HYDROCARBON BLEND
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	**Title**	**Phone w/area code**
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

SPILL CONTAINMENT

A. ☐ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☒ 04 Other: CATCH BASIN

Container Number (if there is no number assign one): 15

B. Manufacturer (if appropriate): _____ Year of Mfg: _____

C. Year Installed: 1981 ☐ Unknown

D. Container Capacity: 16.8 gallons ☐ Unknown

E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☒ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☒ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: 3 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☒ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted	NONE
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction	☐ 04 Unknown
C. Piping Repairs:	☐ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: NA	

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☒ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently or Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☐ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☒ 04 Other: CATCH BASIN

Container Number (If there is no number assign one): 16

B. Manufacturer (if appropriate): _____ Year of Mfg.: 1980

C. Year Installed: 1980 ☐ Unknown

D. Container Capacity: 0 gallons ☐ Unknown

E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☒ 01 Waste ☐ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): NO STANDING FLUIDS

V Container Construction

A. Thickness of Primary Containment: 4 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☒ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 06 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☒ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☒ 01 Gravity	☐ 02 Pressure	☐ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☒ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G.W. Brucker	Title: Vice- Presidnet General Manager	Phone w/area code: (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ Container Number (If there is no number assign one): 17

B. Manufacturer (if appropriate): NATCO Year of Mfg.: 1968 C. Year Installed: 1968 ☐ Unknown

D. Container Capacity: 400 gallons ☐ Unknown E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☒ 06 Other (List): CUTTING FLUID

V Container Construction

A. Thickness of Primary Containment: .125 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☒ 01 Vaulted (Located in an underground Vault.) ☐ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E. ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

XXXXX 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 06 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☐ 02 Underground	☒ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☒ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
☒ 01	☐ 02		HYDROCARBON BLEND
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☒ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☐ 04 Other: _____ | Container Number (If there is no number assign one): 18

B. Manufacturer (if appropriate): BARON BLAKESLEE Year of Mfg.: 1967 | C. Year Installed: 1967 ☐ Unknown

D. Container Capacity: 150 gallons ☐ Unknown | E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☒ 02 Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☒ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☐ 06 Other (List): _____

V Container Construction

A. Thickness of Primary Containment: .25 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☒ 01 Vaulted (Located in an underground Vault.) ☐ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☒ 01 Carbon Steel ☐ 02 Stainless Steel ☐ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☐ 05 Glass Lining ☐ 06 Clay Lining

☒ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 06 Other: _____

VI Piping

A. Associated Piping:	☐ 01 Above Ground	☐ 02 Underground	☒ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
☒ 01	☐ 02		CHLORINATED SOLVENT
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name: G. W. Brucker	Title: Vice-President & General Manager	Phone w/area code: (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A ☐ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☒ 04 Other: SPILL CONTAINMENT TANK (DRY)

Container Number (If there is no number assigned): 12

B. Manufacturer (if appropriate): RYAN HERCO Year of Mfg.: 1982

C. Year Installed: 1982 ☐ Unknown

D Container Capacity: 550 gallons ☐ Unknown

E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☐ 02 Product NO MATERIAL STORED

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☒ 06 Other (List): TANK IS DRY

V Container Construction

A. Thickness of Primary Containment: 25 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☒ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☒ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☒ Other: TANK HAS NEVER CONTAINED ANY MATERIAL

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. ☐ 01 Tank ☐ 02 Sump ☐ 03 Lagoon, Pit or Pond ☒ 04 Other: SPILL CONTAINMENT TANK (DRY)

Container Number (if there is no number assign one): 12

B. Manufacturer (if appropriate): RYAN HERCO Year of Mfg.: 1982

C. Year Installed: 1982 ☐ Unknown

D. Container Capacity: 550 gallons ☐ Unknown

E. Container Repairs: ☒ 01 None ☐ 02 Unknown ☐ 03 Yes Year: _____

F. Is Container currently used? ☒ 01 Yes ☐ 02 No If No, year of last use: _____ ☐ 03 Unknown

G. Does the Container Store (Check One): ☐ 01 Waste ☐ 02 Product NO MATERIAL STORED

H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ 01 Yes ☐ 02 No If Yes, Check appropriate box(es):

☐ 01 Unleaded ☐ 02 Regular ☐ 03 Premium ☐ 04 Diesel ☐ 05 Waste Oil ☒ 06 Other (List): TANK IS DRY

V Container Construction

A. Thickness of Primary Containment: 25 ☐ Gauge ☒ Inches ☐ cm ☐ Unknown

B. ☐ 01 Vaulted (Located in an underground Vault.) ☒ 02 Non-vaulted ☐ 03 Unknown

C. ☐ 01 Double Walled ☒ 02 Single Walled ☐ 03 Lined ☐ 04 Wrapped ☐ 05 Unknown ☐ 06 None

D. ☐ 01 Carbon Steel ☐ 02 Stainless Steel ☒ 03 Fiberglass ☐ 04 Polyvinyl Chloride ☐ 05 Concrete ☐ 06 Aluminum

☐ 07 Steel Clad ☐ 08 Bronze ☐ 09 Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls

☐ 12 Unknown ☐ 13 Other: _____

E ☐ 01 Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lining ☐ 04 Phenolic Lining ☒ 05 Glass Lining ☐ 06 Clay Lining

☐ 07 Unlined ☐ 08 Unknown ☐ 09 Other: _____

F. ☐ 01 Polyethlene Wrap ☐ 02 Vinyl Wrapping ☐ 03 Cathodic Protection ☐ 04 Unknown ☒ 05 None ☐ 09 Other: _____

VI Piping

A. Associated Piping:	☒ 01 Above Ground	☐ 02 Underground	☐ 03 Vaulted
B. Underground Piping:	☐ 01 Gravity	☐ 02 Pressure	☐ 03 Suction ☐ 04 Unknown
C. Piping Repairs:	☒ 01 None	☐ 02 Unknown	☐ 03 Yes, Year of most recent repair: _____

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☒ Other: TANK HAS NEVER CONTAINED ANY MATERIAL

VIII Chemical Composition of Materials *Currently* or *Previously* Stored In Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	*previously* stored	CAS # (if known)	Chemical *Do Not Use Commercial Name* (Use additional paper for more room)
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		
☐ 01	☐ 02		

Is Container located on an Agricultural Farm? ☐ 01 *Yes* ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, *ranking elected official or authorized representative of a public agency*

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

ATTACHMENT D

ALLIED

ENVIRONMENTAL ACTIVITY LAST TWO YEARS.

8/28/84 REGISTERED THIRTEEN (13) UNDERGROUND TANKS WITH STATE OF CALIFORNIA.

9/23/84 ADDED TWO (2) TANKS TO REGISTRATION PROGRAM PER. REVISED GUIDELINES.

5/24/84 HIRED CONSULTANT AND SUBMITTED BACKGROUND STUDY & PROPOSAL TO CALIF. WATER QUALITY BOARD FOR UNDERGROUND TANK LEAK DETECTION PROGRAM.

10/15/84 BORED THREE (3) MONITORING WELLS TO DEPTH OF 40 FT. AND TESTED SOILS. SUBMITTED DATA TO WATER QUALITY BOARD.

1/23/85 EXCAVATED FOUR (4) GASOLINE & SOLVENT STORAGE TANKS. TESTED SOIL; BACKFILLED COMPACTED & REPAVED WITH APPROVAL OF WATER QUALITY BOARD. TANKS 2, 3, 4 & 5.

CLOSED & FILLED CESSPOOL AT GUARDHOUSE. TANK #1. CONNECTED GUARDHOUSE TO SEWER UNDER CITY OF LOS ANGELES PERMIT.

4/30/85 EXCAVATED WASTE OIL TANK AT PLANT 2 AND VISIBLE CONTAMINATED SOIL.

6/24/85 BORED TEST HOLE AT TANK #11 LOCATION, TESTED SOILS AND SUBMITTED DATA TO WATER QUALITY BOARD.

7/31/85 EXCAVATED ADDITIONAL SOILS. BACKFILLED COMPACTED & REPAVED PER AUTHORIZATION

ALLIED

10/18/85 EXCAVATED WASTE OIL TANK IN SCRAPYARD. TANK #13. REMOVE CONTAMINATED SOIL TO DEPTH OF 15 FEET.

7/10/86 BORED TEST HOLES TO 60 FEET & WS SUBMITTED DATA TO WATER QUALITY BOARD.

12/2/86 REMOVED CHEMICALS FROM PLATING DEPT TANKS & MANIFESTED TO APPROVED DUMPSITE STORED FOR REUSE LATER.

12/20/86 REMOVED PLATING TANKS & MANIFESTED TO APPROVED DUMPSITE.

12/16/86 BROKE UP CONCRETE & REMOVED CONTAMINATED SOIL IN PLATING DEPT. TESTED SOIL. BACKFILLED & POURED NEW CONCRETE W/ SPILL CONTROL AT FLOOR LEVEL.

ATTACHMENT E

1980 MANIFESTS

NAG92161.LTR

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 6111

PRODUCER OF WASTE (Must be filled by producer)

NAME: BENDIX CORP.

PICK UP ADDRESS: 11600 Sherman Way
North Hollywood Ca
765 1010 ATT.R.Slatterbeck

TEL NO./CONTACT:

P. O. NO.: X063-058054

CODE NO.: 7777

DATE:

TYPE OF PROCESS WHICH PRODUCES WASTE: MAINTENANCE PAINTING (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) Code No.

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE

1 ☒ acid solution
2 ☒ alkaline solution
3 ☒ pesticides
4 ☒ paint sludge
5 ☒ solvent
6 ☒ tetraethyl lead sludge
7 ☒ chemical toilet wastes
8 ☒ tank bottom sediment
9 ☒ oil
10 ☒ drilling mud
11 ☒ contaminated soil and sand
12 ☒ cannery waste
13 ☒ latex waste
14 ☒ mud and water
15 ☒ brine

☒ other (specify) WATER BASE PAINT 75% OIL BASE PAINT 25% Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1	SOLVENTS			☒	☒
2				☒	☒
3				☒	☒
4				☒	☒
5				☒	☒
6				☒	☒

HAZARDOUS PROPERTIES OF WASTE

pH_____ ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: _____ ☒ gal. ☒ tons ☒ barrels (42 gal) ☒ other (specify) 27.075

CONTAINERS: _____ (NUMBER) ☒ drums ☒ cartons ☒ bags ☒ other (specify) 74 1 gal.

PHYSICAL STATE: ☒ solid ☒ liquid ☒ sludge ☒ other (specify) 7 5 gal.

SPECIAL HANDLING INSTRUCTIONS (IF ANY) None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): LIQUID WASTE MANAGEMENT Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: (Date) Time: ☒ am ☒ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: 1 Unit No.: 5

Vehicle: ☒ vacuum truck _____ barrels, ☒ flatbed, ☒ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSAL OF WASTE (Must be filled by disposal site)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

☒ recovery

☒ treatment (specify) _____ (Examples: incineration, neutralization, precipitation) code no.

☒ disposal (specify) ☒ pond ☒ spreading ☒ landfill ☒ injection well

☒ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

[redacted]

NAME: [redacted]

CODE NO.

PICK UP ADDRESS: BENDIX CORP. 11600 Sherman Way North Hollywood Ca.

DATE: 9/4/80

TEL. NO./CONTACT: 765 1010 ATT. R. [redacted]

P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE: Plating

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

Code No.

[redacted]

CHECK TYPE OF WASTE:

1. acid solution
2. alkaline solution
3. pesticides
4. paint sludge
5. solvent
6. tetraethyl lead sludge
7. chemical toilet wastes
8. tank bottom sediment
9. drilling mud
10. contaminated soil and sand
12. cannery waste
13. latex waste
14. mud and water
15. brine

other (specify) _____ Code No.

[redacted] (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	upper	%	ppm
1	NITRIC ACID	20		✓	
2					
3					
4					
5					
6					

[redacted]

pH 1 none toxic flammable corrosive explosive

BULK VOLUME: 100 gal. tons barrels (42 gal) other (specify)

CONTAINERS: (NUMBER) drums cartons bags other (specify)

PHYSICAL STATE: solid liquid sludge other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[redacted]

3636203

Name (print or type): LIQUID WASTE MANAGEMENT Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: 9/11/80 (Date) Time: am pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 9

Vehicle: vacuum truck barrels, flatbed, other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

[redacted]

Name (print or type): TRK Corp. Code No.

Site Address: 22102 Arwa, WC

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): See to it State use (if any): 0012

HANDLING METHOD(S):

recovery

treatment (specify) _____ code no.

(Examples: incineration, neutralization, precipitation)

disposal (specify) pond spreading landfill injection well

other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9-4-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

09 03 80

363-6708

GENERATOR OF WASTE (Must be filled by generator)

NAME:

PICK UP ADDRESS:

CODE NO.

DATE: 9/3/80

BENDIX CORP.
TEL. NO. CONTACT: 11600 Sherman Way
P. O. NO. North Hollywood Ca.
TYPE OF PROCESS WHICH PRODUCES WASTE: 765-1010 Attn. Sister

Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

WASTE DESCRIPTION

CHECK TYPE OF WASTE

1	acid solution	8	tank bottom sediment
2	alkaline solution	9	oil
3	pesticides	10	drilling mud
4	paint sludge	11	contaminated soil and sand
5	solvent	12	cannery waste
6	tetraethyl lead sludge	13	latex waste
7	chemical toilet wastes	14	mud and water
		15	brine

other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1	Tetraethyl lead	20			
2					
3					
4					
5					
6					

HAZARDOUS PROPERTIES OF WASTE

pH ____ none toxic flammable corrosive explosive

BULK VOLUME: 2 gal. tons barrels (42 gal) other (specify) _____

CONTAINERS: _____ (NUMBER) drums cartons bags other (specify) _____

PHYSICAL STATE: solid liquid sludge other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my knowledge and has been delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): LIQUID WASTE MANAGEMENT — Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: 9/3/80 (Date) Time: _____ am pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: 1 Unit No.: 9

Vehicle: vacuum truck _____ barrels, flatbed, other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSAL SITE

Name (print or type): BKK Corp. — Code No.

Site Address: 210 Azusa

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 5 gal State fee (if any): 5 gal

HANDLING METHOD(S):

recovery

treatment (specify) T7 (Examples: incineration, neutralization, precipitation) — code no

disposal (specify) pond spreading landfill injection well

other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 7133

GENERATOR OF WASTE (Must be filled by producer)

CODE NO.

NAME: BENDIX CORP.

PICK UP ADDRESS: 11600 Sherman Way
North Hollywood Ca.

DATE: 10/20/80

TEL. NO./CONTACT: 765 1010 ATT.R.Slattenback

P. O. NO. 4063 - 151154

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE

1	☒ acid solution	8	☐ tank bottom sediment
2	☐ alkaline solution	9	☐ oil
3	☐ pesticides	10	☐ drilling mud
4	☐ paint sludge	11	☐ contaminated soil and sand
5	☐ solvent	12	☐ cannery waste
6	☐ tetraethyl lead sludge	13	☐ latex waste
7	☐ chemical toilet wastes	14	☐ mud and water
		15	☐ brine

☐ other (specify) Rinse WATER — Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

HAZARDOUS PROPERTIES OF WASTE

pH 7 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: Nil ☐ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____

CONTAINERS: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): LIQUID WASTE MANAGEMENT — Code No.

Business Address: P. O. BOX 1082, SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number (213) 767-4424 Pick Up: 10/20/80 (Date) Time: _____ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 4

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSAL OF WASTE (Must be filled by disposer)

Name (print or type): N/A — Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 712 State fee (if any) _____

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify) _____ code no.
(Examples: incineration, neutralization, precipitation)

☒ disposal (specify) ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 10 30 80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363-42

GENERATOR OF WASTE (Must be filled out by generator)

CODE NO.

NAME: BENDIX CORP

PICK UP ADDRESS: 11600 SHERMAN NORTH HOLLYWOOD, CALIF 91690

DATE: 11-12-80

TEL. NO./CONTACT: (213) 765 1010 EXT 492

P.O. NO. 8063-062 36

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled out)

CHECK TYPE OF WASTE

- 1 [X] acid solution
- 2 [ ] alkaline solution
- 3 [ ] pesticides
- 4 [ ] paint sludge
- 5 [ ] solvent
- 6 [ ] tetraethyl lead sludge
- 7 [ ] chemical toilet wastes
- [ ] other (specify) _____ Code No.
- 14 [ ] tank bottom sediment
- [ ] oil
- [ ] [illegible]
- [ ] [illegible] oil and sand
- [ ] [illegible] waste
- [ ] tank waste
- 14 [ ] mud and water
- 15 [ ] brine

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1	CHROMIC ACID	93	329	[ ]	[X]
2				[ ]	[ ]
3				[ ]	[ ]
4				[ ]	[ ]
5				[ ]	[ ]
6				[ ]	[ ]

HAZARDOUS PROPERTIES OF WASTE

pH 6.8 [ ] none [ ] toxic [ ] flammable [ ] corrosive [ ] explosive

BULK VOLUME: 2500 [X] gal. [ ] tons [ ] barrels (42 gal) [ ] other (specify) _____

CONTAINERS: _____ (NUMBER) [ ] drums [ ] cartons [ ] bags [ ] other (specify) _____

PHYSICAL STATE: [ ] solid [X] liquid [ ] sludge [ ] other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

PLT ENG'R

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): LIQUID WASTE MANAGEMENT Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: 11/12/80 (Date) Time: [ ] am [ ] pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 4 No. of Loads or Trips: 1 Unit No.: 3

Vehicle: [X] vacuum truck _____ barrels, [ ] flatbed, [ ] other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

PLT ENG'R

Signature of authorized agent and title

[redacted]

Name (print or type): BKK Code No.

Site Address: 210 [illegible]

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable) _____ State fee (if any) _____

SEE CHT 7145

HANDLING METHOD(S):

- [ ] recovery
- [ ] treatment (specify) _____ (Examples: incineration, neutralization, precipitation) code no.
- [ ] disposal (specify) [ ] pond [ ] spreading [ ] landfill [ ] injection well
- [ ] other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 11-13-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

(2)

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 7137

[redacted]

NAME: [redacted]IX CORP.

PICK UP ADDRESS: 11600 Sherman Way
North Hollywood Ca.
765 1010 ATT.R.Slatter[redacted]

TEL. NO./CONTACT:

P. O. NO. CAD 008 325 334

CODE NO.

DATE: 11/10/90

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

[redacted]

CHECK TYPE OF WASTE

- 1 ■ acid solution
- 2 ■ alkaline solution
- 3 ■ pesticides
- 4 ■ paint sludge
- 5 ■ solvent
- 6 ■ tetraethyl lead sludge
- 7 ■ chemical toilet wastes
- ■ other (specify) _____ Code No.
- 9 ■ tank bottom sediment
- 10 ■ oil
- 11 ■ drilling mud
- 12 ■ contaminated soil and sand
- 13 ■ cannery waste
- 14 ■ latex waste
- 15 ■ mud and water
- 16 ■ brine

[redacted]

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	upper	%	ppm
1	Chrome		900	■	■
2	Cyanide Nickel			■	■
3				■	■
4				■	■
5				■	■
6				■	■

[redacted]

pH 5.6 ■ none ■ toxic ■ flammable ■ corrosive ■ explosive

BULK VOLUME: 2500 ■ gal. ■ tons ■ barrels (42 gal) ■ other (specify) _____

CONTAINERS: _____ (NUMBER) ■ drums ■ cartons ■ bags ■ other (specify) _____

PHYSICAL STATE: ■ solid ■ liquid ■ sludge ■ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) None

The waste [illegible] the best of my ability and it was delivered to a licensed liquid waste hauler (h[illegible]

I certify (or declare) under [illegible] that the foregoing is true and corr[illegible]

[redacted]

[redacted] ADC000072843

Name (print or type): LIQUID WASTE MANAGEMENT — Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number (213) 767-4424 Pick Up: _____ (Date) Time: _____ ■ am ■ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 4

Vehicle: ■ vacuum truck _____ barrels, ■ flatbed, ■ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Buttaglia

Signature of authorized agent and title

[redacted]

Name (print or type): BKI — Code No.

Site Address: 2210 Auto WC

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 13.59 State fee (if any) 13.59

HANDLING METHOD(S):

- ■ recovery
- ■ treatment (specify) _____ code no.
  (Examples: incineration, neutralization, precipitation)
- ■ disposal (specify) ■ pond ■ spreading ■ landfill ■ injection well
- ■ other (specify) _____ code no.

CAD-067786745

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 12-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R Sales 2

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) [illegible]

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 8451

[redacted]

CODE NO.

NAME:

PICK UP ADDRESS: BENDIX CORP.
11600 Sherman Way
North Hollywood Ca.

DATE: 11-13-80

TEL. NO./CONTACT: 765 1010 ATT.R.Slatterback

P. O. NO. 1063-062368

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

[redacted]

CHECK TYPE OF WASTE

1	☑ acid solution	8	☐ tank bottom sediment
2	☐ alkaline solution	9	☐ oil
3	☐ pesticides	10	☐ drilling mud
4	☐ paint sludge	11	☐ contaminated soil and sand
5	☐ solvent	12	☐ refinery waste
6	☐ tetraethyl lead sludge	13	☐ latex waste
7	☐ chemical toilet wastes	14	☐ mud and water
		15	☐ brine

☐ other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides, etc.)

		concentration lower	concentration upper	%	ppm
1	CHROMIC ACID	33	33	☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

HAZARDOUS PROPERTIES OF WASTE

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 3500 ☐ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____

CONTAINERS _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled in by Hauler)

Name (print or type): LIQUID WASTE MANAGEMENT _____ Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number (213) 767-4424 Pick Up: 11/13/80 (Date) Time: _____ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 3 No. of Loads or Trips: 1 Unit No.: 3

Vehicle: ☑ vacuum truck _____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

[redacted]

Name (print or type): BKK _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify) _____ code no.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify) ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 4[illegible]

04500

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638285

PRODUCER OF WASTE (Must be filled by producer)

CODE NO.

NAME: BENDIX CORP.

PICK UP ADDRESS: 11600 Sherman Way
North Hollywood Ca.

TEL. NO./CONTACT: 765 1010 ATT.R.Slatterbeck

DATE: 12-18-80

P.O. NO. XXX EPA# CAD 008 325334

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE

1 ☒ acid solution
2 ☒ alkaline solution
3 ☒ pesticides
4 ☒ paint sludge
5 ☒ solvent
6 ☒ tetraethyl lead sludge
7 ☒ chemical toilet wastes
8 ☒ tank bottom sediment
9 ☒ oil
10 ☒ drilling mud
11 ☒ contaminated soil and sand
12 ☒ cannery waste
13 ☒ latex waste
14 ☒ mud and water
15 ☒ brine

☐ other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

HAZARDOUS PROPERTIES OF WASTE

pH 8 ☐ none ☒ toxic ☒ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 4500 ☐ gal. ☒ tons ☐ barrels (42 gal) ☐ other (specify) _____

CONTAINERS: _____ (NUMBER) ☐ drums ☒ cartons ☒ bags ☐ other (specify) _____

PHYSICAL STATE: ☐ solid ☒ liquid ☒ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): LIQUID WASTE MANAGEMENT — Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: 12-18-80 (Date) Time: _____ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☒ vacuum truck 120 barrels, ☒ flatbed, ☒ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

EPA#CAD000072843

DISPOSAL SITE (Must be filled by disposal)

Name (print or type): BKK — Code No.

Site Address: 2210 Pier Avenue

EPA# CAD-067786745

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 20-03 State fee (if any): 2003

HANDLING METHOD(S):

☒ recovery

☒ treatment (specify) _____ (Examples: incineration, neutralization, precipitation) code no.

☒ disposal (specify) ☐ pond ☒ spreading ☒ landfill ☒ injection well

☒ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location _____

Disposal Date: 12-19-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

CODE NO.

NAME: P.O.# W8047-013581

PICK UP ADDRESS: BENDIX CORP.
11600 Sherman Way
North Hollywood Ca.

DATE: 12/5/80

TEL. NO./CONTACT: 765 1010 ATT.R.Slatterbeck

XXXX EPA # CAD008325334

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE

1 ☐ acid solution
2 ☐ alkaline solution
3 ☐ pesticides
4 ☐ paint sludge
5 ☐ solvent
6 ☐ tetraethyl lead sludge
7 ☐ chemical toilet wastes
8 ☐ tank bottom sediment
9 ☐ oil + WATER
10 ☐ drilling mud
11 ☐ contaminated soil and sand
12 ☐ cannery waste
13 ☐ latex waste
14 ☐ mud and water
15 ☐ brine

☐ other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

HAZARDOUS PROPERTIES OF WASTE

pH _____ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 3500 ☒ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____

CONTAINERS: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

PHYSICAL STATE: ☐ solid ☒ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

3638500

Name (print or type): LIQUID WASTE MANAGEMENT — Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352
(Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: 12/5/80 (Date) Time: 10 ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 2 No. of Loads or Trips: 1 Unit No.: 3

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

EPA # CAD00072843

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK CORPORATION — Code No.

Site Address: 2210 AZUSA WEST COVINA

EPA # CAD067786749

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1392 State fee (if any): 0

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify) _____ code no.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify) ☐ pond ☒ spreading ☐ landfill ☒ injection well

☐ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 12-05-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

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Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

Waste Oil

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 8402

GENERATOR OF WASTE (MUST BE FILLED BY GENERATOR)

CODE NO.

NAME: BENDIX CORP.

PICKUP ADDRESS: 11600 Sherman Way
North Hollywood Ca.

TEL. NO. CONTACT: 369 1010 ATT. A. Slatterback
FOR N3047-013581

DATE: 11/21/

P. O. NO.

XXX EPA # CAD 00225224

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (MUST BE FILLED BY GENERATOR)

CHECK TYPE OF WASTE

1 ☐ acid solution
2 ☐ alkaline solution
3 ☐ pesticides
4 ☐ paint sludge
5 ☐ solvent
6 ☐ tetraethyl lead sludge
7 ☐ chemical toilet wastes
8 ☐ tank bottom sediment
9 ☐ oil
10 ☐ drilling mud
11 ☐ contaminated soil and sand
12 ☐ cannery waste
13 ☐ latex waste
14 ☐ mud and water
15 ☐ brine

☐ other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

PHYSICAL PROPERTIES OF WASTE

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 100 ☐ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____

CONTAINERS: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (MUST BE FILLED BY HAULER)

Name (print or type): LIQUID WASTE MANAGEMENT Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352
(Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: 11/21/ (Date) Time: _____ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

EPA # CAD00072843

DISPOSAL SITE (MUST BE FILLED BY OPERATOR)

Name (print or type): BKK Corporation Code No.

Site Address: West Covina

EPA # CAD 097786749

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify) _____ code no.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify) ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

WASTE OIL

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

(P)

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 7094

PRODUCER OF WASTE (Must be filled by producer)

CODE NO.

NAME: BENDIX CORP.

PICK UP ADDRESS: 11600 Sherman Way
North Hollywood Ca.

DATE: 10/23/80

TEL. NO./CONTACT: 765 1010 ATT.R.Slatterbeck

P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE

1	acid solution	8	tank bottom sediment
2	alkaline solution	9	oil
3	pesticides	10	drilling mud
4	paint sludge	11	contaminated soil and sand
5	solvent	12	cannery waste
6	tetraethyl lead sludge	13	latex waste
7	chemical toilet wastes	14	mud and water
		15	brine

other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1					
2					
3					
4					
5					
6					

HAZARDOUS PROPERTIES OF WASTE

pH _____ none toxic flammable corrosive explosive

BULK VOLUME: 9700 gal. tons barrels (42 gal) other (specify) _____

CONTAINERS: _____ (NUMBER) drums cartons bags other (specify) _____

PHYSICAL STATE: solid liquid sludge other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

H. E. Hudson
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): LIQUID WASTE MANAGEMENT Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352
(Number) (Street) (City)

Telephone Number: (213) 767-4424 Pick Up: _____ (Date) Time: _____ am pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 4

Vehicle: vacuum truck _____ barrels, flatbed, other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Battaglia
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): B.K.K Code No.

Site Address: 2210 S. Azusa, W.C.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 14.75 State fee (if any): _____

HANDLING METHOD(S):

recovery

treatment (specify) _____ code no.
(Examples: incineration, neutralization, precipitation)

disposal (specify) pond spreading landfill injection well

other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 10-23-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

D. Olin
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Ⓟ M

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

[redacted]

CODE NO.

NAME: P.O# 80-151 TP

PICK UP ADDRESS: BENDIX CORP.
11600 Sherman Way
North Hollywood Ca.

DATE: 12/9/80

TEL. NO./CONTACT: 765 1010 ATT. A. Bletterbeck

XXXX EPA# CAD 008 325 334

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

[redacted]

CHECK TYPE OF WASTE

1. acid solution
2. alkaline solution
3. pesticides
4. paint sludge
5. solvent
6. tetraethyl lead sludge
7. chemical toilet wastes
8. tank bottom sediment
9. oil
10. drilling mud
11. contaminated soil and sand
12. cannery waste
13. latex waste
14. mud and water
15. brine

other (specify) _____ Code No.

COMPONENTS (Examples: Hydrochloric acid, lime, caustic soda; phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration lower	concentration upper	%	ppm
1	CHROMIC ACID				
2					
3					
4					
5					
6					

HAZARDOUS PROPERTIES OF WASTE

pH 6 none toxic flammable corrosive explosive

BULK VOLUME: 5000 gal. tons barrels (42 gal) other (specify)

CONTAINERS: _____ (NUMBER) drums cartons bags other (specify)

PHYSICAL STATE: solid liquid sludge other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

[redacted]

3638217

Name (print or type): LIQUID WASTE MANAGEMENT Code No.

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 (Number) (Street) (City)

Telephone Number (213) 767-4424 Pick Up: 12/10/80 (Date) Time: 5 am pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: _____ Unit No.: 3

Vehicle: vacuum truck _____ barrels, flatbed, other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

EPA#CAD000072843

[redacted]

Name (print or type): BUK Code No.

Site Address: 2210 E. Hunter W.C.

CAD000772843

EPA#

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1907 State fee (if any): 19.07

HANDLING METHOD(S):

recovery

treatment (specify) _____ code no.
(Examples: Incineration, neutralization, precipitation)

disposal (specify) pond spreading landfill injection well

other (specify) _____ code no.

If waste is held for disposal elsewhere specify, final location: _____

Disposal Date: 12/11/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

_____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

1984 MANIFESTS

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 0 3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352603

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO.

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID 53156

D. Transporter's Phone (818) 334-5117

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
OIL AND SOLVENT PROCESS CO.
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID CAD008302903

H. Facility's Phone (818) 334-5117

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID UN 1993	005	DM	00250	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a-1 Skydrol-80% Heptain-20%
a-2 MEK 30% Paint thinner 70%
a-3 Heptain 70% oil 30%
a-4 Kerosene 95% water 5%
a-5 Varnish 100%

K. Handling Codes for Wastes Listed Above: 99

15. Special Handling Instructions and Additional Information

MAKE SURE ALL BUNGS ARE TIGHT. WEAR GOGGLES AND GLOVES.

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: R. SLATTERBECK — Signature — Date (Month Day Year): 12 11 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD NEDWARDS — Signature — Date (Month Day Year): 12 11 84

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

RECEIVED SEP 20 1984 Plant Engineering

FACILITY

19. Discrepancy Indication Space
N/A

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 — Date (Month Day Year): 12 11 84

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

84 89641

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. CAD008325334 — Manifest Document No. 000002

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352502

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO

6. US EPA ID Number: CAD008302903

C. State Transporter's ID: 53156

D. Transporter's Phone: (818) 334-5117

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
OIL & SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: CAD008302903

G. State Facility's ID: CAD008302903

H. Facility's Phone: (818) 334-5117

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 TRICHLOROETHANE ORM A UN 2831	005	DM	0025.0	G	~~F001~~ 211
b. WASTE HAZARDOUS LIQUID ORM E UN 9189	001	DM	000-50	G	~~F001~~ 211
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A 1-5 Tri 85% Oil and Grease 15%
B 6 Freon 100%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
MAKE SURE ALL BUNGS ARE TIGHT. WEAR GOGGLES AND GLOVES.

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: R. Slatterbeck — Signature: [signature] — Date (Month Day Year): 12 20 84

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD NEDWARDS — Signature: Donald Nedwards — Date (Month Day Year): 12 20 84

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

RECEIVED DEC 20 1984 Plant Engineering

19. Discrepancy Indication Space
N/A

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

GENERATOR — TRANSPORTER — FACILITY

17767-17767

DHS 8022 A (7/84)

84 89641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 0 1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way, No. Hollywood, CA. 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352601

B. State Generator's ID

5. Transporter 1 Company Name
VAN WATERS & ROGERS

6. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4

C. State Transporter's ID 52 689

D. Transporter's Phone (213) 265-8123

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 S. Bonnie Beach Pl.
Los Angeles, CA., 90023

10. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4

G. State Facility's ID

H. Facility's Phone (213) 265-8123

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE TRICHLOROETHANE III ORM-A UN 2831	0 0 4	D M	0 0 2 0 0	G	F 0 0 1
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TRI - 80%
Water - 10%
Oil - 10%

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Goggles and gloves

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: R. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 1 2 1 0 8 4

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bob Martinez — Signature: [signature] — Date (Month Day Year): 1 2 1 0 8 4

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

RECEIVED DEC 10 1984 Plant Engineering

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: Robert Wood — Signature: [signature] — Date (Month Day Year): 12 10 84

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

84 89541

e of California—Health and Welfare Agency
'ARDOUS WASTE MANAGEMENT BRANCH
744 P Street
amento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

se print or type with ELITE type (12 characters per inch) PO 8067-458863

STATE ID NUMBER 83211409

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. Hollywood, CA 91605-5887 (818) 765-1010

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

OIL & SOLVENT PROCESS CO
1704 First St.
Azusa, CA91702
(818) 334-5117

VEH./CONTAINER NO. 5156

EPA ID NUMBER CAD008302903

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OIL & SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702
AREA CODE/PHONE NUMBER (818) 334-5117

EPA ID NUMBER CAD008302903

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
1.WASTE FLAMMABLE LIQUID N.O.S.	UN1993	00350	G	008	DM	2120	1
2.HAZARDOUS WASTE LIQUID ORM-E	NA9189	00100	G	002	DM	2110	1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1.1 ALIPHATICS	10	50	%	
1.2 AROMATICS	30	20	%	
1.3 ALCOHOLS	25	15	%	
2.1 TRICHLOROTRIFLUORETHANE	90	80	%	

RECEIVED OCT 1 1984 Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES MAKE SURE BUNGS ARE TIGHT & DRUMS NOT LEAKING

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 R.J. Slatterbeck — MO. 08 DAY 31 YR. 84

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED — MO. DAY 31 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

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 — DATE RECEIVED & ACCEPTED — MO. DAY YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

O. DHS-8022A 11/82

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
acramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83211408

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
VAN WATERS & ROGERS
1363 S. BONNIE BEACH PL.
LOS ANGELES, CA., 90023 (213)265-8123
VEH./CONTAINER NO. 0005268 9
EPA ID NUMBER CAD009230224

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
(VAN WATERS & ROGERS)
SAME AS TRANSPORTER #1
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD009230224

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.	DI ME
1.1.1. TRICHLOROETHANE ORM-E	UN2831	00150	G	003	DM	2110	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
(SAME AS ABOVE)				
OIL				
DIRT				

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 R.J.SLATTERBECK MO. 08 DAY 27 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 BOB MARTINEZ
DATE REC'D & ACCEPTED MO. 08 DAY 27 YR. 84

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

RECEIVED
AUG 30 1984
Plant Engineering

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
Printed or typed full name and signature
DATE RECEIVED & ACCEPTED MO. DAY YR.

te of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRAN
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83211401

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

OIL & SOLVENT PROCESS CO
1704 FIRST ST.
AZUSA, CA., 91702 (818)334-5117

VEH./CONTAINER NO.

EPA ID NUMBER CAD008302900

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OIL & SOLVENT PROCESS CO
1704 FIRST ST
AZUSA, CA., 91702

AREA CODE/PHONE NUMBER (818)334-5117

EPA ID NUMBER CAD008302900

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.	DIS MET
1. WASTE FLAMMABLE LIQUID N.O.S.	UN1993	00325	G	007	DM	211	
2. HAZARDOUS WASTE LIQUID ORM-E	NA9189	00055	G	001	DM	211	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1.1 KETONES	32	28	%	
1.2 ALIPHATICS	27	23	%	
1.3 ALCOHOLS	12	8	%	
1.4 AROMATICS	17	13	%	
1.5 NON-VOLATIVE MATERIAL	22	18	%	
2.1 TRICHLOROTRIFLUORETHANE	100	95	%	

SPECIAL HANDLING INSTRUCTIONS

MAKE SURE BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING

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 R.J.SLATTERBECK

MO. 05 DAY 17 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 JIM HARTMAN

DATE REC'D & ACCEPTED MO. 05 DAY 17 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

tate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRA
14-744 P Street
acramento, CA 95814

Department of Health Service

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83211400

P.O.#7067-354552

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD083253316

TRANSPORTER NO. 1

VAN WATERS & ROGERS
1363 S. BONNIE BEACH PL
LOS ANGELES, CA., 90023

(213)265-8123

VEH./CONTAINER NO. 0005268 9

EPA ID NUMBER CAD009230246

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

(VAN WATERS & ROGERS)
SAME AS TRANSPORTER #1

EPA ID NUMBER CAD009230246

AREA CODE/PHONE NUMBER

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.	DIS ME
1,1,1. TRICHLOROETHANE ORMEA	UN2831	00385	G	007	DM	2110	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
TRICHLORETHANE				
DIRT				
OIL				

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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 W.J.SPECK

MO. 05 DAY 09 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 BOB MARTINEZ

DATE REC'D & ACCEPTED MO. 05 DAY 09 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

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

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

TO BE FILLED IN BY TSDF

DHS-8022A 11-82

tate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

ease print or type with ELITE type (12 characters per inch). PO 8067-460024

STATE ID NUMBER 83211413

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way
N. Hollywood, CA 91605-5887
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325634

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA 91786 (800) 824-3345

VEH./CONTAINER NO. 27476 0005610 3
EPA ID NUMBER CAT080034 18

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA. 93429 *(805) 937-8449
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD020748125

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.	DI ME
ACID NOS -CORROSIVE	UN1760	0050	G	001	TC	112	
NITRIC	UN2031	0000	G	001	TC	112	

COMPONENTS		CONC. RANGE UPPER	LOWER	UNITS %	PPM
HYDROFLUORIC ACID	less than	2		%	
NITRIC ACID PH - 1	less than	1		%	
NEUTRALIZED WITH 2,000 G. water		98		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES AND GOGGLES

LX# 3-C245

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 WALTER SPECK — MO. 10 DAY 08 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 MIKE McMANAMA
DATE REC'D & ACCEPTED — MO. 10 DAY 08 YR. 84

RECEIVED OCT 19 1984 Plant Engineering

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.
Casmalia Resources #29729-
Alice Griest
Printed or typed full name and signature

EPA ID NUMBER CAD020748125
DATE RECEIVED & ACCEPTED — MO. 10 DAY 08 YR. 84

FORM NO. DHS-8022A 11/82

California—Health and Welfare Agency
SUBSTANCES CONTROL DIVISION
4 P Street
mento, CA 95814

Department of Health Services

FORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS 8022A 3-84

P.O. #8067-462245

PERMIT #3-4742
STATE ID NUMBER

83723795

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325534

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
DISPOSAL CONTROL SERVICES
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO.: E-74-76
EPA ID NUMBER: 00056141 CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
AREA CODE/PHONE NUMBER

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER: CAS020748125

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.	DIS MET
SODIUM CYANIDE- POISON B	UN1689	00520	G	001	TC	121	9

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CYANIDE ~~XXXXXXXX~~ SOLUTION	3%			
WATER 900 GALS				

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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: WALTER SPECK *Walter Speck* — MO. 11 DAY 16 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: JULIO OCHOA *Julio Ochoa* — DATE REC'D & ACCEPTED MO. 11 DAY 16 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: Plant Engineering — 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. Casmalia Resources #32404-5320 lbs
Carol Johnston
Printed or typed full name and signature

EPA ID NUMBER: CAD020748125

DATE RECEIVED & ACCEPTED: MO. 11 DAY 19 YR 84

Health and Welfare Agency
WASTE MANAGEMENT BRANCH
CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Servic

P.O.#8067-459035

STATE ID NUMBER 83211410

Print or type with ELITE type (12 characters per inch)

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. Hollywood, CA 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325534

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA 91786 (800) 824-3345

VEH./CONTAINER NO. 00044785
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA. 93429
AREA CODE/PHONE NUMBER (805) 937-8449

EPA ID NUMBER CAD020748112

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.	DI ME
CHROMIC ACID CORROSIVE	UN1750	2500 XXXXXXX	G	001	BT	112	

COMPONENTS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC ACID					185
WATER	95%	95		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES AND GOGGLES

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 WALTER J. SPECK - R. J. SLATTERBECK

MO. 09 DAY 11 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 TOM CASTANEDA
DATE REC'D & ACCEPTED MO. 09 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

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

W.O.#1548
P.O.#8067-457988

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

STATE ID NUMBER 83211405

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIV
11600 SHERMAN WAY
NO.HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND. CA., 91786 (800)824-3345

VEH./CONTAINER NO. 00044785
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER CAD020748121

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.	DIS MET
CHROMIC ACID	CORROSIVE	UN1755	00268	G	001	CT	112	
NITRIC ACID	CORROSIVE	UN2031	00030	G	001	CT	112	

COMPONENTS					CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC	(2 TANKS) WATER 90%	(#1)	125 G	XXXX	10		%	
"	WATER 80%	(#2)	143 G		20		%	
NITRIC ACID	WATER 85%		30 G		15		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALT J. SPECK — MO. 08 DAY 15 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 JULIO OCHOA — DATE REC'D ACCEPTED MO. 08 DAY 15 YR. 84

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

RECEIVED AUG 29 1984 Plant Engineering

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 — DATE RECEIVED & ACCEPTED MO. DAY YR

Printed or typed full name and signature

ite of Ca Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#0743
P.O.#8067-455840

LAND COPY
Return to Gener

STATE ID NUMBER 83211399

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

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA., 91786
(800) 824-3345
VEH./CONTAINER NO. 00044788
EPA ID NUMBER CAT080034138

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449
EPA ID NUMBER CAS020748125

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.	DISI MET
CORROSIVE LIQUIDS N.O.S. MIXED ACIDS	UN 1826	1300	G	001	CT	111	

COMPONENTS			CONC. RANGE UPPER	LOWER	UNITS %	PPM
CHROMIC ACID	268 G	WATER 70%	30		%	
OAKITE 90	180 G	WATER 88%	12		%	
HYDROCHLORIC ACID	100 G	WATER 28%	72		%	
BLUE DYE	140 G	WATER 99%	1.0		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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.

rinted or typed full name and signature WALT J. SPECK — MO. 07 DAY 02 YR. 84

Check if continuation sheet is used. Number of continuation sheets

ANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
d or typed full name and signature JAMES LAWRENCE — DATE REC'D & ACCEPTED MO. 07 DAY 02 YR. 84

SPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
r typed full name and signature — DATE REC'D & ACCEPTED MO. DAY YR.

ANCY INDICATION SPACE

or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the dication space above. Note: TSDF must complete waste number.
s. 23123-
ia Resources Alice Griest
full name and signature
EPA ID NUMBER CAD020748125
DATE RECEIVED & ACCEPTED MO. 7 DAY 2 YR. 84

TO BE FILLED IN BY GENERATOR

TO BE FILLED

TO BE FILLED IN BY TSDF

NO. DH

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
icramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

P.O. #8067-452573

STATE ID NUMBER 83211396

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD,CA ,. 91605-5448 5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA0003253334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA, 91786 (800) 824-3345
VEH./CONTAINER NO. 00044735
EPA ID NUMBER CAT080034138

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA.,93429
AREA CODE/PHONE NUMBER (805)937-8449
EPA ID NUMBER CAD020748122

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.	DIS ME
NITRIC ACID CORROSIVE	UN2031	00100	G	001	TC	112	
CHROMIC ACID CORROSIVE	UN1755	00265	G	001	TC	112	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
NITRIC (2-TANKS) #2) 60 G. #2) 40 G.	#1) 1 #2) 3		%	
CHROMIC	12		%	
WATER 99%				

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 R.J.SLATTERBECK
MO. 03 DAY 23 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 JULIO OCHOA
DATE REC'D & ACCEPTED MO. 03 DAY 23 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.
Casmalia Resources #18400-
Alice Criest
Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

ate of California--Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. 38067-451492 P.O. #4725

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

STATE ID NUMBER 83211394

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA000832533 4

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W.9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00044785
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
[illegible]
[illegible]
[illegible] (805)[illegible]

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93419
AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER CAD020748112

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.	DIS ME
CHROMIC ACID	CORROSIVE	UN1755	00136	G	001	CT	112	0
SULFURIC ACID	CORROSIVE	UN1832	00090	G	001	CT	112	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1.1 CHROMIC	12.5		%	
2.1 SULFURIC	12.5		%	

RECEIVED
FEB 28 1984
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 R.J.SLATTERBECK — MO. 02 DAY 21 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 JULIO OCHOA
DATE REC'D & ACCEPTED — MO. 02 DAY 21 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature 08/P
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.

CASMALIA RESOURCES #17095
Paulette Hopkins
Printed or typed full name and signature

EPA ID NUMBER CAD020748126

DATE RECEIVED & ACCEPTED — MO. 02 DAY 21 YR. 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

OR COPY

XXXXXX P.O.#8067-430844

W.O.#4551

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

STATE ID NUMBER 83211392

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-0837
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W. 9th ST
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00044788
EPA ID NUMBER CAT080034139

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER CAD020748122

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.	DI ME
MURATIC ACID N.O.S. CORROSIVE	UN1789	400 0MKXXX	G	001	TC	112	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
MURATIC		2	X	
WATER 75% XXXXX 300 GALS		8	X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 01 DAY 31 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 JIM LAWRENCE
DATE REC'D & ACCEPTED — MO. 01 DAY 31 YR. 84

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

TSDF

DISCREPANCY INDICATION SPACE

08/P

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. 16163-
Casmalia Resources Renee George
Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED — MO. DAY YR.

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
acramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

78

3585

Department of Health Services

ease print or type with ELITE type (12 characters per inch). P.O.# 8067-450300 W.O.#4402 STATE ID NUMBER 83199567

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786
(800-824-3345

VEH./CONTAINER NO. 0000144784
EPA ID NUMBER CAD008004118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AMUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER
CAD067786674

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.	DI ME
CHROMIC ACID CORROSIVE	UN1755	05000	G	001	CT	112	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC ACID				86

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK

MO. 01 DAY 05 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 RANDY L. ALLEN
DATE REC'D & ACCEPTED MO. 01 DAY 05 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 DIANE

EPA ID NUMBER CAD067786749

DATE RECEIVED & ACCEPTED MO. 01 DAY 05 YR. 84

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.#8067-450300 3585 (120) 4/30/84

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

STATE ID NUMBER 83317233

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMIS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD006325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICES
1369 W.9th STREET
UPLAND, CA., 91786 (800)824-3345

VEH./CONTAINER NO. 00044784

EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD006778674

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.	DI ME
CHROMIC ACID	UN1755	05000	G	001	CT	112	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC ACID				86

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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 WALTER J. SPECK MO. 01 DAY 05 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 RANDY L. ALLEN

DATE REC'D & ACCEPTED MO. 01 DAY 05 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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

GENERATOR COPY

W.O.#4440

ease print or type with ELITE type (12 characters per inch). P.O.#0067-450334 Generator

STATE ID NUMBER 83211389

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th St.
UPLAND, CA., 91786
(800)824-3345
VEH./CONTAINER NO. 000447785
EPA ID NUMBER CAD008003418

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449
EPA ID NUMBER CAD020748125

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.	DI ME
CHROMIC ACID CORROSIVE	UN1755	00480	G	001	CT	112	
MURATIC ACID CORROSIVE	UN1789	00040	G	001	CT	112	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC ACID			10%	
MURATIC ACID			10%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK MO. 01 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 JULIO OCHOA
DATE REC'D & ACCEPTED MO. 01 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.

Casmalia Resources #15278-
Alice Griest
Printed or typed full name and signature

EPA ID NUMBER CAD020748125

DATE RECEIVED & ACCEPTED MO. 01 DAY 13 YR. 84

M NO. DHS-8022A 11/82

tate of California—Health and Welfare Agency
IAZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Service

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#4402

P.O.#8067-450300 13

STATE ID NUMBER 83199566

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

3585

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00044784
EPA ID NUMBER CAT080034138

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067773574

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	D M
CHROMIC ACID CORROSIVE	UN1755	05000	6	001	CT	112	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
CHROMIC ACID				8

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 01 DAY 04 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature RANDY L ALLEN
DATE REC'D & ACCEPTED MO. 01 DAY 04 YR. 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
BKK ph6

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

EPA ID NUMBER CAD016172116

DATE RECEIVED & ACCEPTED MO. 01 DAY 05 YR. 85

M NO. DHS 8022A 11/82

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-450300

W.O.#4402

STATE ID NUMBER 83199565

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

03585

AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W. 9th ST.
UPLAND, CA., 91786
800-824-3345

VEH./CONTAINER NO. 004478 4

EPA ID NUMBER RXBXEX CAT080034 18

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786749

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.	DI MI
CHROMIC ACID CORROSIVE	UN1755	05000	G	001	CT	112	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPI
CHROMIC ACID				8

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK

MO. 01 DAY 04 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature RANDY L ALLEN

DATE REC'D & ACCEPTED MO. 01 DAY 04 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature RON SAGER

EPA ID NUMBER CAD067786749

DATE RECEIVED & ACCEPTED MO. 01 DAY 04 YR. 84

RM NO. DHS-3022A 11-82

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

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

RXXXX P.O. #8067-450300

W.O.#4402
STATE ID NUMBER 83199564

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO.HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

03585

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W. 9th ST
UPLAND, CA., 91786
XXXXX 800-824-3345

VEH./CONTAINER NO. 00044784
EPA ID NUMBER CAT000034118

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786744

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.	DI MI
CHROMIC ACID CORROSIVE	UN1755	05000	G	001	CT	112	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC ACID				85

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 01 DAY 04 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature RANDY L. ALLEN
DATE REC'D & ACCEPTED — MO. 01 DAY 04 YR. 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
BKK FILE

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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED — MO. DAY YR.

FORM NO. DHS-8022A 11/82

tate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#4442

P.O.#8067-450300 3585

STATE ID NUMBER 83211388

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/EEECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA? 91786
(800)824-3345

VEH./CONTAINER NO. 00004478
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786749

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.	DIS ME
CHROMIC ACID CORROSIVE	UN1755	05000	G	001	CT	112	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CHROMIC ACID				86

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 01 DAY 03 YR. 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Jim Lawrence
DATE REC'D & ACCEPTED — MO. 01 DAY 03 YR. 84

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

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
EPA ID NUMBER
DATE RECEIVED & ACCEPTED — MO. DAY YR.

DHS-8022A 11/82

State of California—Health and Welfare Agency

P.O. 8067- 463254

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. CAD008325334 Manifest Document No. 0001

2. Page 1 of 1

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

A. State Manifest Document Number: 84352605

B. State Generator's ID: CAD008325334

3. Generator's Name and Mailing Address
BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone ( )

5. Transporter 1 Company Name: OIL PROCESS CO.

6. US EPA ID Number: CAD050806850

C. State Transporter's ID: [illegible]

D. Transporter's Phone: (213) 585-5963

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
DEMENNO/KERDOON
2100 No. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352

H. Facility's Phone: (213) 537-7100

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	State No.
a. UN 1270 Petroleum Waste Oil & Water N.O.S. Combustible Liquid	001	CT	04500	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water soluble oils 5%
Oils 5%
Water 90%

RECEIVED JAN 31 1985 Plant Engineering

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
Keep away from heat and open flame

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: R.J. Slatterbeck — Signature: [signature] — Date (Month Day Year): 1 2 2 1 8 4

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ABBEY POURHASS — Signature: [signature] — Date (Month Day Year): 1 2 2 1 8 4

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: Jerome B. Hyde — Signature: [signature] — Date (Month Day Year): 1 2 2 1 8 4

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

7/19 [illegible] THIS FORM TO GENERATOR WITHIN 30 DAYS

84 89641

California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

P.O. 8067-463201

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00004

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Bendix Electrodynamics Division
11600 Sherman Way, NO. Hollywood, CA. 91605

4. Generator's Phone (818) 765- 1010

A. State Manifest Document Number 84352604

B. State Generator's ID

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080074184

C. State Transporter's ID: E-7476

D. Transporter's Phone: 800 -824-3345

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
DEMENNO/KERDOON
02100 No. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAD980613352

H. Facility's Phone: 213 - 537-7100

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	Waste No.
a. PETROLEUM WASTE OIL & WATER N.O.S. CORROSIVE LIQUID RQ. UN 1270	001	CT	03500	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water soluble oils 5%
Oils 5%
Water 90%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
Keep away from heat and open flame.

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: R. J. Slatterbeck — Signature — Date Month Day Year: 12 11 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy L. Allen — Signature — Date Month Day Year: 12 11 84

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

RECEIVED DEC 18 1984 Plant Engineering

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: Jerome R Hyde — Signature — Date Month Day Year: 12 11 84

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

Mail TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89541

State of California—Health and Welfare Agency
TOXIC SERVICES CONTROL DIVISION
Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

STATE ID NUMBER 83723796

Print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS
BENDIX/ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. Hollywood, CA. 91605
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, Ca. 91786 (800) 824-3345

VEH./CONTAINER NO. DOT-E 7476
EPA ID NUMBER CAT080034158

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
AREA CODE/PHONE NUMBER

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
DEMENNO/KERDOON
2100 No. Alameda St.
Compton, CA 90222
AREA CODE/PHONE NUMBER (213) 537-7100

EPA ID NUMBER CAT080013335

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISPOSAL METHOD
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	5		%	
OILS	5		%	
WATER	90		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

RECEIVED 1984 Plant Engineering

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 WALTER J. SPECK — Walter Speck — MO. 11 DAY 26 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 11 DAY 26 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.

EPA ID NUMBER — DATE RECEIVED & ACCEPTED MO. DAY YR

Printed or typed full name and signature — CAT080013335 — 11 26 84

State of California—Health and Welfare Agency
TOXIC SUBSTANCES CONTROL DIVISION
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

Department of Health Services

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

P.O. #8067-462201

STATE ID NUMBER 83723794

GENERATOR NAME AND MAILING ADDRESS
BENDIX/ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA. 91786
(800)82483345

VEH./CONTAINER NO. DOT-E 7476
EPA ID NUMBER CAT080013418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
AREA CODE/PHONE NUMBER

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
DEMENNO/KERDOON
2100 NO. ALAMEDA ST.
COMPTON, CA. 90222
AREA CODE/PHONE NUMBER (213)537-7100

EPA ID NUMBER CAT080013335

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.	DIS METH
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	3500	G	001	CT	224	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	5		X	
OILS	5		X	
WATER	90		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 11 DAY 08 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 TOM SITEK — DATE REC'D & ACCEPTED MO. 11 DAY 08 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

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

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

TO BE FILLED IN BY TSDF

State of California—Health and Welfare Agency
TOXIC SUBSTANCES CONTROL DIVISION
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

Department of Health Service

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

STATE ID NUMBER **83641241**

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS P.O. # 8067-461426

BENDIX CORP/ ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. HOLLYWOOD, CA. 91605-5887

AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA0008325334

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS

DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA., 91786

(800) 824-3345

VEH./CONTAINER NO. E-7-76

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. 0005498 CAT080011318

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

DeMenno/Kerdoon
2100 No. Alameda St.
Compton, CA 90222

(213) 537-7100

AREA CODE/PHONE NUMBER

EPA ID NUMBER CAT080013339

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.	DIS MET
WASTE OIL AND WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	C

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
WATER SOLUBLE OILS	5		%	
OILS	5		%	
WATER	90		%	

RECEIVED
NOV 1984
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVES AND GOGGLES

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 WALTER J. SPECK — MO. 10 DAY 24 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 TOM C. SITEK — DATE REC'D & ACCEPTED MO. 10 DAY 24 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.

EPA ID NUMBER — DATE RECEIVED & ACCEPTED MO. DAY YR

Printed or typed full name and signature

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

ease print or type with ELITE type (12 characters per inch). P.O.#8067-460048

STATE ID NUMBER 83211412

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ ELECTRODYNAMICS
11600 SHERMAN WAY
NO.HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th.St.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 0 0 0 5 1 0 2
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
DEMENNO KERDOON
2100 N.ALAMITOS ST."
COMPTON, CA.,
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAT080013355

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.	DIS ME
PETROLIUM WASTE OIL & WATER N.O.S.	UN1270	3700	G	001	CT	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	10		%	
OILS	10		%	
WATER	80		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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.

RECEIVED OCT 1 1984
OCT 12 1984
Plant Engineering

Printed or typed full name and signature R.J.SLATTERBECK — MO. 10 DAY 01 YR. 84

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

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature KEN HUDSON
DATE REC'D & ACCEPTED — MO. 10 DAY 01 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED — MO. DAY YR.

Printed or typed full name and signature

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

of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
ramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

ase print or type with ELITE type (12 characters per inch). P.O.#8067-459036

STATE ID NUMBER 83211411

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way
North Hollywood, CA 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA 91786 (800) 824-3345
VEH./CONTAINER NO. 00056102 EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
CASHALIA DISPOSAL
STH ROAD
CASHALIA, CA. 93458 (805) 937-8449
VEH./CONTAINER NO. EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
ENVIRONMENTAL PROTECTION CORP.
Highway 33
Fellows, CA.
AREA CODE/PHONE NUMBER (805) 399-8087
EPA ID NUMBER CAT080028372

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DISPOSAL METHOD
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	O

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	5		%	
OILS	5		%	
WATER	90		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES AND GOGGLES

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 WALTER J. SPECK — MO. 09 DAY 11 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 09 DAY 11 YR. 84

RECEIVED SEP 27 1984 Plant Engineering

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 — EPA ID NUMBER — DATE RECEIVED & ACCEPTED MO. DAY YR.

RM NO. DHS-8022A 11/82 TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

te of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
-744 P Street
ramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

ase print or type with ELITE type (12 characters per inch). P.O.#8067-458829

STATE ID NUMBER 83211407

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345
VEH./CONTAINER NO. 000 4791
EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,
(818) 965-0916
VEH./CONTAINER NO.
EPA ID NUMBER CAD067786674

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
ENVIRONMENTAL PROTECTION CORP
HIGHWAY 33
FELLOWS, CA.,
AREA CODE/PHONE NUMBER (805)399-8087
EPA ID NUMBER CAT080008

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.	DIS MET
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
WATER SOLUBLE OILS	5		%	
OILS	5		%	
WATER	90		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 8 DAY 27 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
RANDY ALLEN
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 8 DAY 27 YR. 84

RECEIVED
SEP 13 1984
Plant Engineering

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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

tate of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Rec'd 8/29

STATE ID NUMBER 83211406

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS
11600 Sherman Way
No. Hollywood, CA 91605-5887

AREA CODE/PHONE NUMBER (818) 7659 1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA0008325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA., 91786
(800) 824-3345

VEH./CONTAINER NO. 00044791

EPA ID NUMBER CAT080034198

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

ENVIRONMENTAL PROTECTION CORP
HIGHWAY 33
Fellows, CA.
(805) 399-8087

V.EH./CONTAINER NO. EXEMPTX

EPA ID NUMBER CAT080010028

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. Covina, CA

AREA CODE/PHONE NUMBER (818) 965-0916

EPA ID NUMBER CAD067786744

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.	DI ME
WASTE OIL & WATER N. O. S FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	5			
OILS	5			
WATER	90			

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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 WALTER J. SPECK

MO. 8 DAY 9 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

JOHN R. RAMALEY
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 8 DAY 9 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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

BM NO. 2HS 0202 11-82

te of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

REL.#1424
P.O.#8067-257109

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

STATE ID NUMBER 83211403

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

RECD-PURCH-BENDIX
FEB 20 PM 3:45

AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W.9TH ST
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00045472

EPA ID NUMBER CAT080034184

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

ENVIRONMENTAL PROTECTION CORP
HIWAY 33
FELLOWS, CA.,
(805) 399-8087

VEH./CONTAINER NO.

EPA ID NUMBER CAT080010288

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,

AREA CODE/PHONE NUMBER XXXXX (818)965-0916

EPA ID NUMBER CAD067786749

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
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	5		%	
OILS	5		%	
WATER	90		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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 WALTER J. SPECK

MO. 07 DAY 18 YR. 84

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature JAMES AXEL

DATE REC'D & ACCEPTED MO. 07 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.

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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY GENERATOR

BY TRANSPORTER

IN BY TSDF

DHS 8022A 11/82

Welfare Agency
MANAGEMENT BRANCH
CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

W.O.# 0650
P.O.#8067-257109

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

STATE ID NUMBER 83211402

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/EEECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786
(800) 824-3345

VEH./CONTAINER NO. 00044784

EPA ID NUMBER CAT000800341 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

ENVIRONMENTAL PROTECTION CORP.
HIWAY 33
FELLOWS, CA
805-768-4806 (805)399-8087

V.EH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,

AREA CODE/PHONE NUMBER (818 965-0916

EPA ID NUMBER CAT080011028

EPA ID NUMBER CAD067786 74

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.	DIS ME
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1279	03500	G	001	CT	222	O

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
WATER SOLUBLE OILS	5		%	
OILS	5		%	
WATER	90		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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 WALTER J. SPECK

MO. 06 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 KEN HUDSON

DATE REC'D & ACCEPTED MO. 06 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

1 NO. DHS 50224 11-83

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

9 3/23/84

P.O.#8067-257109- 3585

W.O.# 0367

STATE ID NUMBER 83211398

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA., 91786
(800) 824-3345
VEH./CONTAINER NO. 000447815
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 Azusa
W.Covina, CA., (818) 965-0916
V.EH./CONTAINER NO.
EPA ID NUMBER CAD066777867 4

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805) 937-8449
EPA ID NUMBER CAS020748 12

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.	DIS ME
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	O

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK Walter Speck — MO. 05 DAY 08 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 JULIO OCHOA Julio Ochoa
DATE REC'D & ACCEPTED — MO. 05 DAY 08 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 KAY SIMPSON Kay Simpson
EPA ID NUMBER CAD066777867 4
DATE RECEIVED & ACCEPTED — MO. 05 DAY 09 YR. 84

FORM NO. DHS-8022A 11/82

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

3585 0130

P.O. #8067-257109

STATE ID NUMBER 83211397

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

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00045472
EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA., 91790
(818)965-0916

V.EH./CONTAINER NO.
EPA ID NUMBER CAD057786714

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER CAS020748122

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.	DISPOSAL METHOD
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	0

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 03 DAY 31 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 RANDY L. ALLEN
DATE REC'D & ACCEPTED MO. 03 DAY 31 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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. 03 DAY 31 YR. 84

TO BE FILLED IN BY GENERATOR

DPM 1 DHS 1 1 82

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1414-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

4

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

P.O. #8067-257109 3585

STATE ID NUMBER **83211395**

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER (818)765-1010)

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA, 91786
(800) 824-3345

VEH./CONTAINER NO. 00044781

EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,
(818) 965-0916

V.EH./CONTAINER NO.

EPA ID NUMBER CAD067786714

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429

AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER CAS020748122

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DIS ME
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WWATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES, KEEP AWAY FROM HEAT & OPEN FLAMES

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 WALTER J. SPECK Walter J. Speck — MO. 03 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 JEFF REY W. JONES Jeffrey W. Jones — DATE REC'D & ACCEPTED MO. 03 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

10.70

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

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. 03 DAY 13 YR. 84

FORM NO. DHS-8022A 11/82

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-257109

W.O.#4646

STATE ID NUMBER 83211393

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th ST
UPLAND, CA., 91786
(800)824-3345
VEH./CONTAINER NO. 00044791
EPA ID NUMBER CAT080034184

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
XXXX (818) 965-0916
V.EH./CONTAINER NO.
EPA ID NUMBER CAD067786744

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA. 93429
AREA CODE/PHONE NUMBER (805) 937-8449
EPA ID NUMBER CAS020748126

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
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN1270	03500	G	001	CT	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 01 DAY 09 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 01 DAY 09 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

te of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-257109 53 W.O.# 03580 STATE ID NUMBER 83211390

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

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91606-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00044791
EPA ID NUMBER CAT080034184

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (818)965-0916

EPA ID NUMBER CAD067786749

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISI MET
WASTE OIL & WATER N.O.S.FLAMMABLE LIQUID	UN1270	3600	G	001	CT	222	01

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGGES

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 WALTER J. SPECK Walter J. Speck — MO. 01 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 RANDY ALLEN
DATE REC'D & ACCEPTED — MO. 01 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
BKK PH-8
NO REACH AT REC

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
EPA ID NUMBER CAD067786749
DATE RECEIVED & ACCEPTED — MO. 01 DAY 13 YR. 84

M NO DHS-8022A 11/82

1981 MANIFESTS

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

04500

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00331
7304

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: HEIDIX CORP
EPA NO.: [illegible]
ADDRESS: 1400 VERMONT WAY
CITY, STATE, ZIP CODE: HOLLYWOOD, CAL 91605
PHONE NO: 765-1010
ORDER PLACED BY: U.S. SPECIALTY ORDER DATE: 5-1
P.O./CONTRACT NO.: N 5017-106472

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: O-D-K-K
EPA NO.: CAD067786774
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 565-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil + Water	none		3,500	gals	[ ] DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK
WASTE					[X] TANK-TRUCK [ ] OTHER

⑥ WASTE CATEGORY: Oil + Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: machine shop

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 [ ] TOXIC [ ] FLAMMABLE [ ] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [ ] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 5-5-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 7304
UNIT NO.: 3

⑮ PICK-UP DATE: 5/5/81
TIME: 2:30 [ ] AM [X] PM

⑯ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BITR
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): 1361
⑲ STATE FEE (IF ANY): $ 12.61

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [✓] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:

㉓ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED: 5/11

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00158

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX
EPA NO.: CA[illegible]
ADDRESS: 11600 [illegible] Way
CITY, STATE, ZIP CODE: [illegible] County
PHONE NO.: 765-4040
ORDER PLACED BY: [illegible] ORDER DATE: 1-8-91
P.O./CONTRACT NO.:

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BFI [illegible]
EPA NO.: CAD062788744
ADDRESS: 2210 [illegible]
CITY, STATE, ZIP CODE: [illegible]
PHONE NO.: 765-0916

④ ALTERNATE TSD FACILITY
NAME: [illegible]
EPA NO.: CAD[illegible]
ADDRESS: [illegible] Road
CITY, STATE, ZIP CODE: [illegible]
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE [illegible]	None		3,150 [illegible]		☐ DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☒ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: [illegible]
⑦ EX. HAZ. WASTE PERMIT NO.: None
⑧ GENERATING PROCESS:

⑨ LIST COMPONENTS:

	CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A					E				
B					F				
C					G				
D									

NONHAZARDOUS MATERIAL: ____ %

⑩ WASTE PROPERTIES: PH ____ ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 1-9-91

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1
UNIT NO.: 9

⑮ PICK-UP DATE: 1/9/91
TIME: 1:[illegible] ☐ AM ☒ PM

⑯ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME:
EPA NO.:
⑱ QUANTITY (IF MEASURED):
⑲ STATE FEE (IF ANY): $
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:
㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

Ed 11/80

INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00330

7956

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD008325988
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF 91605
PHONE NO.: 768-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 1-29
P.O./CONTRACT NO.:

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKM LANDFILL
EPA NO.: CAD067786749
ADDRESS: 8210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CALIF
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME: CASMALIA DISP
EPA NO.: CAD020748111
ADDRESS: INTY ROAD
CITY, STATE, ZIP CODE: CASMARA 734
PHONE NO.: 805-927-8449

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE COOLANT + OIL			2 cogal		DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [ ] TANK TRUCK [X] OTHER
WASTE					

⑥ WASTE CATEGORY: COOLANT & OIL
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: MACHINE WORK

⑨ LIST COMPONENTS

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS	
A	COOLANT + OIL			% PPM		E			%	PPM
B				% PPM		F			%	PPM
C				% PPM		G			%	PPM
D				% PPM		NONHAZARDOUS MATERIAL			%	

⑩ WASTE PROPERTIES: PH 8 [ ] TOXIC [ ] FLAMMABLE [ ] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W.J. SPECK SUPERVISOR SKILLED TRADES — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 1-30-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1
UNIT NO.: 2

⑮ PICK UP DATE: 1-30-81
TIME: 7:30 [X] AM [ ] PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKM
EPA NO.: CAD067786749

⑱ QUANTITY (IF MEASURED): see TR# 00226
⑲ STATE FEE (IF ANY): $

⑳ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [X] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE RECEIVED: 1/30/81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00495

8040

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF 91605
PHONE NO.: 765-1010
ORDER PLACED BY: W.J. SPECK
ORDER DATE: 2-11-81
P.O./CONTRACT NO.: 8047-013581

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LAND FILL
EPA NO.: CAD062746749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CALIF
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME: CASMALIA DISP
EPA NO.: CAD020748121
ADDRESS: NTY ROAD
CITY, STATE, ZIP CODE: CASMARA 734
PHONE NO.: 805-937-8449

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE: COOLANT & OIL			3,750		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: COOLANT & OIL
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: MACHINE WORK

⑨ LIST COMPONENTS

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A	COOLANT & OIL			% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER 330

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W.J. SPECK SUPERVISOR SKILLED TRADES — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 2-13-8

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 2
UNIT NO.: 2

⑮ PICK-UP DATE: 2-13-81
TIME: 825 ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD062746749

⑱ QUANTITY (IF MEASURED): see tie #00467
⑲ STATE FEE (IF ANY): $ 0

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 2/13/81

REVISED 11/80

INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00686

8307

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP
EPA NO.: CAD008259314
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL 91605
PHONE NO.: 765-9100
ORDER PLACED BY: W. Speck
ORDER DATE: 3-2-81
P.O. / CONTRACT NO.: 806-5-01358-1

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: OPERATING IND
EPA NO.: CAT080012024
ADDRESS: 2425 S. GARFIELD AVE
CITY, STATE, ZIP CODE: MONTEREY PARK, CAL
PHONE NO.:

④ ALTERNATE TSD FACILITY
NAME: BKK LANDFILL
EPA NO.: CAD067786749
ADDRESS: 9210 AZUSA
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 565-0916

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE: Oil	none		3700	GAL	DRUMS ___ BAGS ___ CARTONS ___ DUMP TRUCK ___ X TANK TRUCK ___ OTHER ___
WASTE:					

⑥ WASTE CATEGORY: Oil
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES: PH 8 ___ TOXIC ___ FLAMMABLE ___ CORROSIVE/IRRITANT ___ REACTIVE ___ SENSITIZER ___ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ___ SOLID X LIQUID ___ SLUDGE ___ SLURRY ___ GAS ___ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ___ GLOVES ___ GOGGLES ___ RESPIRATOR ___ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Trades — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 3-4-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3
UNIT NO.: 3

⑮ PICK-UP DATE: 3-4-81
TIME: 9:35 X AM ___ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: OPERATING IND
EPA NO.: CAT080012024

⑱ QUANTITY (IF MEASURED): 3700
⑲ STATE FEE (IF ANY): $ 15.25

㉑ HANDLING OR DISPOSAL METHOD:
___ SURFACE IMPOUNDMENT
___ INJECTION WELL
___ TREATMENT (SPECIFY)
___ RECOVERY OR REUSE
X LANDFILL
___ LAND TREATMENT
___ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 3-4-81

REVISED 11/80

USE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00742
8426

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP
EPA NO.: CAD008325
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL 91605
PHONE NO.: 765-1010
ORDER PLACED BY: W.J. SPECK
ORDER DATE: 3-18
P.O. / CONTRACT NO.: 8047-0133 8/106472

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: OPERATING IND.
EPA NO.: CAT080010204
ADDRESS: 2425 S. GARFIELD AVE
CITY, STATE, ZIP CODE: MONTERREY PARK, CAL
PHONE NO.:

④ ALTERNATE TSD FACILITY
NAME: BKK LANDFILL
EPA NO.: CAD067286744
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 565-0916

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER
WASTE Oil	none		3700		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					X TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: Oils
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Work

⑨ LIST COMPONENTS: CONC. RANGE UNITS

A ☐ % ☐ PPM
B ☐ % ☐ PPM
C ☐ % ☐ PPM
D ☐ % ☐ PPM

CONC. RANGE (UPPER / LOWER) UNITS

E ☐ % ☐ PPM
F ☐ % ☐ PPM
G ☐ % ☐ PPM

NONHAZARDOUS MATERIAL ☐ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. J. Speck Supervisor Shelf Trade
SIGNATURE OF AUTHORIZED AGENT & TITLE

3-18-81
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 2
UNIT NO.: 2

⑮ PICK-UP DATE: 3-18-81
TIME: ☒ AM ☐ PM

⑯ Paul Lowry
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: OPERATING TSD Inc
EPA NO.: CAT080010204

⑱ QUANTITY (IF MEASURED): 3700
⑲ STATE FEE (IF ANY): $ 1575

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE
☒ LANDFILL
☐ LAND TREATMENT
☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ J. Hamilton
SIGNATURE OF AUTHORIZED AGENT & TITLE

3-18-81
DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

Rec'd 4/23/81

363 – 00849

849 2

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD008253344
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF 91605
PHONE NO.: 765-1410
ORDER PLACED BY: W.J. SPECK
ORDER DATE: 4-2
P.O./CONTRACT NO.: 8047-012581

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BKK LANDFILL
EPA NO.: CAD067786749
ADDRESS: 2210 ATLASH AVE
CITY, STATE, ZIP CODE: W. COVINA CA
PHONE NO.: 565-0916

④ ALTERNATE TSD FACILITY

NAME: CHAMPION DISP.
EPA NO.: CAD009078151
ADDRESS: 4TH & ROAD
CITY, STATE, ZIP CODE: CHINO, CALIF
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil + Water	none		3500 gal		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					X TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: OIL + WATER
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A						E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W.J. Speck Environmental Coordinator — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 4-2-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1
UNIT NO.: 2

⑮ PICK-UP DATE: 4-2-81
TIME: 7:34 ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067786749

⑱ QUANTITY (IF MEASURED): (48) See Tic #
⑲ STATE FEE (IF ANY): $ 347

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 4/3/81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00905

8186

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: No. Hollywood Calif 91605
PHONE NO: 765-1010
ORDER PLACED BY: H. Hudson
ORDER DATE: 4-16-81
P.O./CONTRACT NO.: 8047- [redacted] 106472

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK
EPA NO.: CAD062786749
ADDRESS: 2210 Azusa St
CITY, STATE, ZIP CODE: W Covina Cal

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil	none		3000	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: Oil + Water
⑦ EX. HAZ. WASTE PERMIT NO.: None
⑧ GENERATING PROCESS: Machine Works

⑨ LIST COMPONENTS: Oil Water

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A	Oil				
B	Water				
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: %

⑩ WASTE PROPERTIES: PH 6 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 4-16-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 8186
UNIT NO.:

⑮ PICK-UP DATE: 4/16/81
TIME: ☐ AM ☒ PM

⑯ [signature] Driver SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

Sum# 00508

⑰ NAME: BKK Corp
EPA NO.: CAD062786749

⑱ QUANTITY (IF MEASURED):
⑲ STATE FEE (IF ANY) $:

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☒ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 4/17/8

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

04500

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00128

105

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: DENDIX CORP
EPA NO.:
ADDRESS: [illegible] WAY
CITY, STATE, ZIP CODE: [illegible] CAL 91605
PHONE NO.: 765-[illegible]
ORDER PLACED BY: U.S. CPEC
ORDER DATE: 5-26
P.O./CONTRACT NO.: 3047-106472

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK
EPA NO.:
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL 91791
PHONE NO.: 967-0916

④ ALTERNATE TSD FACILITY
NAME: [illegible]
EPA NO.:
ADDRESS: KTV ROAD
CITY, STATE, ZIP CODE: [illegible]
PHONE NO.: 805-927-8447

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE: Oil Filter	none		3500	gal	DRUMS / BAGS / CARTONS / DUMP TRUCK / TANK TRUCK / OTHER
WASTE					

⑥ WASTE CATEGORY: Oil Filter
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: machine work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 5-25

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 105
UNIT NO.: 3

⑮ PICK-UP DATE: 5/28/81
TIME: 8:30 ☒ AM ☐ PM

⑯ D. Kellar Driver SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: [illegible]
EPA NO.:

⑱ QUANTITY (IF MEASURED): 48
⑲ STATE FEE (IF ANY): $

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 100

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01226

4500

GENERATOR (GENERATOR MUST COMPLETE)

② NAME [illegible]
EPA NO. [illegible]
ADDRESS 11600 [illegible] WAY
CITY, STATE, ZIP CODE No Hollywood, CA 91605
PHONE NO 765-1010
ORDER PLACED BY R. SLATTERBECK ORDER DATE 6-11-81
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME TKK
EPA NO. CAD067726749
ADDRESS 2210 AZUSA ST
CITY, STATE, ZIP CODE W Covina, Calif.
PHONE NO.

④ ALTERNATE TSD FACILITY

NAME [illegible]
EPA NO. [illegible]
ADDRESS NTV ROAD
CITY, STATE, ZIP CODE CASMALIA 7342
PHONE NO. (805) 977-5447

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL	NONE		3500		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY WATER & OIL ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS MACHINE WORKS

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A						E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL %

⑩ WASTE PROPERTIES: PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 5
UNIT NO. 2

⑮ PICK-UP DATE 6-11-81
TIME ☐ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME TKK
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) 13.37
⑲ STATE FEE (IF ANY) $ 13.37 60

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 6/12/81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

4500

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01164
444

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BENDIX CORP.
EPA NO. CAD 0 9 3 3 2 5 3 3 4
ADDRESS 11600 SHERMAN WAY BLVD.
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO (213) 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 6-30
P.O./CONTRACT NO. 2047-106472

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME UPK
EPA NO. CAD 0 6 7 9 5 6 7 9 4
ADDRESS 2210 A 2054 AVE
CITY, STATE, ZIP CODE W. COVINA CAL
PHONE NO. 564 0916

④ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none		3,500	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER ☐
WASTE					

⑥ WASTE CATEGORY Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	%	PPM			CONC. RANGE UPPER	LOWER	%	PPM
A				☐	☐	E				☐	☐
B				☐	☐	F				☐	☐
C				☐	☐	G				☐	☐
D				☐	☐	NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Keith Sherman, Supervisor — SIGNATURE OF AUTHORIZED AGENT & TITLE
7-1-81 — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 41
UNIT NO. 22

⑮ PICK-UP DATE 7-1-81
TIME 2:20 ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED) 14416
⑲ STATE FEE (IF ANY) $ 14416

12.50

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE
7/2/81 — DATE ACCEPTED

TD 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

4500

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0197

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD008253134
ADDRESS: 11 CROSSHERMAN WAY
CITY, STATE, ZIP CODE: MONROVIA CAL 91605
PHONE NO.: 715-1010
ORDER PLACED BY: W. SPECK ORDER DATE: 7-17-81
P.O./CONTRACT NO.: 8047-C1472

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: PKK
EPA NO.: CAD067786749
ADDRESS: 7310 ALVISA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 564-0916

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil + Water	none		3,500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☐ OTHER
WASTE					

⑥ WASTE CATEGORY: Oil + Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine/Mfg

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Subcontract Trans — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 7-20-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 2
UNIT NO.: 2

⑮ PICK-UP DATE: 7-20-81
TIME: 1:00 ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME:
EPA NO.:

⑱ QUANTITY (IF MEASURED): 12.55
⑲ STATE FEE (IF ANY): $ 12.55

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0372

4500

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: C A D 0 0 0 0 5 3 3 4
ADDRESS: 11600 SHERMAN WAY BLVD
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA. 91605
PHONE NO: (213) 765-1010
ORDER PLACED BY: [illegible] ORDER DATE: 8-5
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: [illegible]
EPA NO.: [illegible]
ADDRESS: [illegible]
CITY, STATE, ZIP CODE: [illegible]
PHONE NO.: 564-[illegible]

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil + Water	none		3,500	gal	DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [ ] TANK TRUCK [X] OTHER
WASTE					

⑥ WASTE CATEGORY: Oil + Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 [ ] TOXIC [ ] FLAMMABLE [ ] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [ ] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 8-6-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO: 2
UNIT NO: 2

⑮ PICK-UP DATE: 8-6-81
TIME: [illegible] [X] AM [ ] PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BFI
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): (48) 1255
⑲ STATE FEE (IF ANY) $: 1255

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [X] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

10:50

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01418
0304

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: PHOENIX CORP
EPA NO.: C 3 3 4
ADDRESS: [illegible] WAY
CITY, STATE, ZIP CODE: [illegible] CAL
PHONE NO.: 785-1010
ORDER PLACED BY: [illegible] ORDER DATE: 8-5
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: [illegible]
EPA NO.: [illegible]
ADDRESS: 7810 [illegible]
CITY, STATE, ZIP CODE: [illegible] CAL
PHONE NO.: 727-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE: cutting oil + sludge	none		50		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE:					☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: cut + sludge
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: machine work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES: PH ____ ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.:
UNIT NO.:

⑮ PICK-UP DATE: 8-8-87
TIME: ____ ☐ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: [illegible]
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): 44 # 423.26
⑲ STATE FEE (IF ANY): $ 142

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 8/8/87

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0380

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BENDIX CORPORATION
EPA NO. C A D 0 0 0 2 5 3 3 4
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CALIF., 91605
PHONE NO (213) 765-1010 x333
ORDER PLACED BY W.S. SPEER ORDER DATE 8-24
P.O./CONTRACT NO. SOW-10422

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BITT & AMES INC
EPA NO. CAD0[illegible]
ADDRESS 2310 [illegible]
CITY, STATE, ZIP CODE W. COVINA CA
PHONE NO. 564-0913

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none		3,500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☐ OTHER
WASTE					

⑥ WASTE CATEGORY Oil & Water ⑦ EX. HAZ. WASTE PERMIT NO. none ⑧ GENERATING PROCESS Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A						E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 8-[illegible]

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 4
UNIT NO. 2

⑮ PICK-UP DATE 8-25-81
TIME ____ ☐ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED)
⑲ STATE FEE (IF ANY) $

11.72

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE PRINT CLEARLY.

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 018227
0210

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME: BEND X COR
EPA NO.: CAD0[illegible]
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD CAL 91605
PHONE NO.: 765-1010
ORDER PLACED BY: WESPECK ORDER DATE: 9-19-91
PO/CONTRACT NO.: 8025-158891

③ DESIGNATED TSD FACILITY
NAME: RITK
EPA NO.: CAD0[illegible]
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 565-0716

④ ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none		3,500	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

WASTE CATEGORY: Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Work

LIST COMPONENTS:

	CONC. RANGE UPPER	LOWER	UNITS %	PPM		CONC. RANGE UPPER	LOWER	UNITS %	PPM
A					E				
B					F				
C					G				
D									

NONHAZARDOUS MATERIAL ____ %

WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 9-21-91

TRANSPORTER (HAULER MUST COMPLETE)

NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 210
UNIT NO.: 30
⑮ PICK-UP DATE: 9/21/91
TIME: 8 ☒ AM ☐ PM
⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME: RITK
EPA NO.: [illegible]
⑱ QUANTITY (IF MEASURED): (48.) 12.99
⑲ STATE FEE (IF ANY): $ 12.99
⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:
㉑ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 9-21-91

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0143

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENITA CORP.
EPA NO. C A D [illegible] 5 3 [illegible]
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA. 91605
PHONE NO. 765-1010 x[illegible]
ORDER PLACED BY W.J. Spence ORDER DATE 10-14
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME [illegible]
EPA NO. C A [illegible]
ADDRESS 2310 [illegible]
CITY, STATE, ZIP CODE W. Covina Calif.
PHONE NO. 965-0716

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	None		3,500	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY [illegible] ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS [illegible]

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	[illegible]			☐	☐	E				☐	☐
B				☐	☐	F				☐	☐
C				☐	☐	G				☐	☐
D				☐	☐	NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO.
UNIT NO.

⑮ PICK-UP DATE [illegible]
TIME ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED) 1
⑲ STATE FEE (IF ANY) $

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉙ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0691

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: C A D 0 0 0 0 2 5 3 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA., 91605
PHONE NO: 765-1010 2303
ORDER PLACED BY: W. J. SPECK ORDER DATE: 11-2
P.O./CONTRACT NO.: 9079-159991

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BFI
EPA NO.: C A D 0 9 9 1 0 6 1 9 7
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 5650716

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none		3,500	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					X TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Wash

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM			CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A						E					
B						F					
C						G					
D						NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 11-5-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 0691
UNIT NO.: 7

⑮ PICK-UP DATE: 11/5/81
TIME: 8:15 ☒ AM ☐ PM

⑯ [illegible] Driver — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: PKR
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): 1399 (48) 1316
⑲ STATE FEE (IF ANY): $ 13.99

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 11/3/81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01554
0771

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD098325
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA
PHONE NO.: 213 765-1010 x333
ORDER PLACED BY: W.S. SPECK ORDER DATE: 11-24
P.O. NO.:
CONTRACT NO.: F076-158891

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK
EPA NO.: CAD066726749
ADDRESS: 9210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 565-0716

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none	[redacted]	2500	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER ☐
WASTE					

⑥ WASTE CATEGORY: Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: machine shop

⑨ LIST COMPONENTS

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES: PH 8 ☐ CORROSIVE ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Trucks — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 11-25-8

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1092
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 771
UNIT NO.: 3

⑮ PICK-UP DATE: 11 25 81
TIME: 7:00 ☐ AM ☐ PM

⑯ D. Teller Driver — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD066726749

⑱ QUANTITY (IF MEASURED): 1565
⑲ STATE FEE (IF ANY): $ 1565

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE THAN DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉒ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉓ (60) — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 11-30-8

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 0874

GENERATOR (GENERATOR MUST COMPLETE)

② NAME [illegible] CORP.
EPA NO. CAD [illegible] 4 5 3 3 4
ADDRESS 11600 SHERMAN WAY
CITY, STATE ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO. (213) 765-1010 X333
ORDER PLACED BY [illegible] ORDER DATE 12-14
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME [illegible]
EPA NO.
ADDRESS 2210 [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. 565-[illegible]

④ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none	-	3,500	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					TANK TRUCK ☑ OTHER ☐

⑥ WASTE CATEGORY Oil & Water ⑦ EX. HAZ. WASTE PERMIT NO. none ⑧ GENERATING PROCESS Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] 12-15-[illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0874
UNIT NO. 4

⑮ PICK-UP DATE 12/15/[illegible]
TIME [illegible] ☒ AM ☐ PM

⑯ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED) (1200)
⑲ STATE FEE (IF ANY) $

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible] 12-15-[illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00504

7887

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP.
EPA NO.: C A D 0 0 8 3 2 5 9 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL. 91605
PHONE NO.: 765-7010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 1-25-81
P.O. # / CONTRACT NO.: 3063-152965

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: C A D 0 6 7 7 8 6 2 4 9
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CALIF
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME: CASMALIA DISP
EPA NO.: C A D 0 2 0 7 4 8 0 2 1
ADDRESS: NTV ROAD
CITY, STATE, ZIP CODE: CASMALIA 93429
PHONE NO.: 805 937 8449

⑥ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE: CHROMIC ACID			500 gal		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE:					

⑦ WASTE CATEGORY
⑧ LIST COMPONENTS: A. Chromic Acid
B.
C.
D.
E.
F.
G.
NONHAZARDOUS MATERIAL %

⑨ EPA HAZ. WASTE PERMIT NO.
⑩ GENERATING PROCESS

	CONC.	UNITS		CONC. RANGE UPPER	LOWER	UNITS
A	100	%	E			% PPM
B		% PPM	F			% PPM
C		% PPM	G			% PPM
D		% PPM				

⑪ WASTE PROPERTIES: PH 10 ☒ CORROSIVE ☐ IGNITABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑫ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLURRY ☐ GAS ☐ OTHER
⑬ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑭ W.J. SPECK SKILLED SUPERVISOR TRADES 1-27-81
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑮ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1/3
UNIT NO.:
⑮ PICK-UP DATE: 1/17/81
TIME: 6 ☒ AM ☐ PM
⑯ D. Kelle
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: C A D 0 6 7 7 8 6 2 4 9
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

⑳ QUANTITY (IF MEASURED): 1929
㉑ STATE FEE (IF ANY): $ 929

㉒ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☒ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 1/17/81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00309

7931

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BERMAN CORP
EPA NO.: CAD 0 9 3 5 2 5 3 7 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIFORNIA
PHONE NO.: 765-1010
ORDER PLACED BY: W.J. SPECK
ORDER DATE: 1-27-81
P.O./CONTRACT NO.:

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD 0 7 9 8 7 4 9
ADDRESS: 9210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CALIF
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME: CASMALIA DISP
EPA NO.: CAD 0 2 0 2 4 8 1 2 1
ADDRESS: ROAD
CITY, STATE, ZIP CODE: CASMALIA 73427
PHONE NO.: 805-937-8449

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE CHROMIC ACID			5000 gal		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: WASTE ACID
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS				UPPER	LOWER	UNITS	
A	CHROMIC ACID			%	☒ PPM	E				%	PPM
B	WATER			%	PPM	F				%	PPM
C				%	PPM	G				%	PPM
D				%	PPM	NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH 3.9 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W.J. SPECK SUPERVISOR SKILLED TRADES 1-28-81
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1
UNIT NO.: 2

⑮ PICK-UP DATE: 1-28-81
TIME: 8:00 ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: C A D 0 7 9 8 7 4 9

⑱ QUANTITY (IF MEASURED): 1727 (3)
⑲ STATE FEE (IF ANY): $ 1727

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ (2)
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 1-29-81

REVISED 11/80

EE REVERSE SIDES FOR NSTRUCTIONS. PLEASE TYPE R PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 8003

Rec'd BRK 3/26/81

GENERATOR (GENERATOR MUST COMPLETE)

NAME: MENDIX CORP
EPA NO.: CAD007125534
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NORTH HOLLYWOOD CAL. 91605
PHONE NO.: 765-1010
ORDER PLACED BY: W. J. SPECK
ORDER DATE: 2-25-81
P.O./CONTRACT NO.: SV2-153749

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BRK
EPA NO.: CAD067196742
ADDRESS: 2210 Cleveland Rd
CITY, STATE, ZIP CODE: Santa Paula Cal
PHONE NO.: 965-0911

④ ALTERNATE TSD FACILITY

NAME: CASMALIA DISP
EPA NO.: CAD029089425
ADDRESS: HWY 166
CITY, STATE, ZIP CODE: CASMALIA CA
PHONE NO.: 805 937-8447

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE CHROMIC ACID			3500 gal		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A	CHROMIC ACID				517
B	WATER				
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 2.9 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. J. SPECK SUPERVISOR TRADES — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 2-16-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 5
UNIT NO.: 5

⑮ PICK UP DATE: 2/16/81
TIME: ____ ☐ AM ☒ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED)
⑲ STATE FEE (IF ANY) $

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 2.0

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

㉒ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.

Please type or print clearly. Press Hard.

P.O.# 8063-153975

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 147 000071

5640

GENERATOR

(GENERATOR MUST COMPLETE)

2 Name BENDIX CORPORATION
EPA # CAD008373314
Address 11600 Sherman Way Phone 213/765-1010
City, State, Zip North Hollywood

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)
Name CASMALIA DISPOSAL
EPA # CAD020748125
Address Phone
City, State, Zip Casmalia

4 Alternate TSD Facility
Name
EPA #
Address Phone
City, State, Zip

5

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE See attached lists			55gal	6	TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER
WASTE					

6 Waste Category 49
7 Ext. Haz. Waste Permit No.
8 Generating Process Painting

LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS	LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS
9 A.			☐% ☐ppm.	E.			☐% ☐ppm.
B.			☐% ☐ppm.	F.			☐% ☐ppm.
C.			☐% ☐ppm.	G.			☐% ☐ppm.
D.			☐% ☐ppm.	Non-Hazardous Material	17		%

10 WASTE PROPERTIES: pH ____ ☐ Toxic ☒ Flammable ☐ Corrosive ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☐

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator

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

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

Authorized Agent and Title: Shop Supervisor Skilled Trades
Date Shipped: 2-19-81

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME Containerized Chemical Disposal Inc.
ADDRESS P. O. Box 1142 PHONE (213) 445-5344
CITY, STATE, ZIP Monrovia, CA 91016

15 PICK-UP DATE
EPA NO. CAT006114 83 Time 11:00 ☒ AM ☐ PM
16 Signature of Authorized Agent and Title: R Hagenbuch
Date: 2-19-81

M/WH 147-000069
49458

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

17 NAME Casmalia Disposal
EPA NO. CAD020748125
PHONE NO. 805-937-8449

18 QUANTITY (If Measured)
19 STATE FEE (If Any)

21 HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
Designated TSD Facility Name
EPA NO.

23 Signature of Authorized Agent and Title: Becky Sunderhaus
Date Accepted: 3/4/81

Copy 1—WHITE: TSD Facility Keeps
Copy 2—YELLOW: To Transporter from TSDF
Copy 3—PINK: To Generator from TSDF
Copy 4—GOLDENROD: Generator Keeps
Copy 5—GREEN: TSD Facility Sends to DOHS
Copy 6—BLUE: Generator Sends to DOHS DOHS

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00604
8252

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP
EPA NO.: CAD008325
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD CALIF
PHONE NO.: 765-1010
ORDER PLACED BY: WID. SPECK ORDER DATE: 2-20
P.O. / CONTRACT NO.: 8063-154609

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067285749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CALIF
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME: CASMALIA DIST
EPA NO.: CAD020748121
ADDRESS: MTV ROAD
CITY, STATE, ZIP CODE: CASMALIA
PHONE NO.: 805-937-8449

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER
WASTE CHROMIC ACID SOLUTION	CORROSIVE	1755	175 gal		DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑦ WASTE CATEGORY: 2
⑧ EX. HAZ. WASTE PERMIT NO.:
⑨ GENERATING PROCESS: PLATING

⑥ WASTE COMPONENTS

		CONC. RANGE LOWER	UNITS			CONC. RANGE UPPER LOWER	UNITS
A	CHROMIC ACID		% PPM	E			% PPM
B			% PPM	F			% PPM
C			% PPM	G			% PPM
D			% PPM	NONHAZARDOUS MATERIAL	WATER	90 %	

⑩ WASTE PROPERTIES: PH 1.5 ☒ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Trucks — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 2-24-8

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1
UNIT NO.: 9

⑮ PICK-UP DATE: 2/24/81
TIME: 10 11 ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067285749

⑱ QUANTITY (IF MEASURED): SEE 605
⑲ STATE FEE (IF ANY): $

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 2/24/81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00852

8247

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: PHOENIX CORP
EPA NO.: C A D 0 9 8 3 5 8 3 4
ADDRESS: 1400 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD CAL. 91605
PHONE NO.: 766-1010
ORDER PLACED BY: W. SPECK
ORDER DATE: 4-7-81
P.O./CONTRACT NO.:

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: ENVIRONMENTAL TRUST
EPA NO.: C A T 0 8 0 0 1 0 2 8 3
ADDRESS: 3040 19th ST.
CITY, STATE, ZIP CODE: BAKERSFIELD CAL
PHONE NO.: 805-768-4806

④ ALTERNATE TSD FACILITY

NAME: EKO LANDFILL
EPA NO.: C A D 0 0 6 7 9 8 6 7 9 9
ADDRESS: 2210 W. ARROW HWY
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 365-0716

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE MURATIC ACID		1789	105 gal		X DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK
WASTE	CORROSIVE			3	☐ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: 2

⑦ EX. HAZ. WASTE PERMIT NO.:

⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A	MURATIC ACID	5		X % ☐ PPM	E				☐ % ☐ PPM
B	WATER	95		X % ☐ PPM	F				☐ % ☐ PPM
C				☐ % ☐ PPM	G				☐ % ☐ PPM
D				☐ % ☐ PPM	NONHAZARDOUS MATERIAL		95 %		

⑩ WASTE PROPERTIES: PH 1 ☐ TOXIC ☐ FLAMMABLE X CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID X LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: X GLOVES X GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Industrial Spills Tech — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 4-28-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 8247
UNIT NO.: 9

⑮ PICK-UP DATE: 4/28/81
TIME: 12:50 X AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: [illegible]
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): [illegible]

⑲ STATE FEE (IF ANY): $

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL X LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

CTIONS: PLEASE TYPE
T CLEARLY
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00888

RATOR (GENERATOR MUST COMPLETE)

Boddie Corp.
CAD008325334
SS 11600 Sherman Way
TE N. Hollywood, CAL 91605
NO 765-1010
PLACED BY W.J. Speer ORDER DATE 4-8-81
ACT NO. 5063-155837

DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK
EPA NO. CAD067736749
ADDRESS 2210 Azusa Ave
CITY, STATE, ZIP CODE W. Covina CA
PHONE NO. 965-0916

ALTERNATE TSD FACILITY

NAME Casmalia Disp
EPA NO. CAD020748121
ADDRESS Nyte Road
CITY, STATE, ZIP CODE Casmalia CA 93429
PHONE NO. 805-937-3449

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
STE Nitric Acid	Corrosive	1755	85	Gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
ASTE					X TANK TRUCK ☐ OTHER

WASTE CATEGORY 2

EX. HAZ. WASTE PERMIT NO.

GENERATING PROCESS Plating

LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS			CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
Nitric Acid	20%	15%	%	PPM	E			% PPM
Water	80%		%	PPM	F			% PPM
			%	PPM	G			% PPM
			%	PPM	NONHAZARDOUS MATERIAL	80%		%

WASTE PROPERTIES: PH 1.5 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

NERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE — Plant Mgr. — DATE SHIPPED 4-13-81

RANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO CAD000072843
DDRESS P.O. BOX 1082
P STATE P CODE SUN VALLEY, CALIFORNIA 91352
HONE NO (213) 767-4424

JOB NO. 8131
UNIT NO. 11

PICK-UP DATE 4/13/81
TIME ☐ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

See 00878

NAME Acme Waste Reduction
A NO CAD000775070

QUANTITY (IF MEASURED)
STATE FEE (IF ANY) $

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☒ TREATMENT (SPECIFY) Neutralize
☐ RECOVERY OR REUSE ☒ STORAGE/TRANSFER

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME BKK
A NO. CAD067736749

4-13-81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 00768

8450

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD008325814
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL. 91605
PHONE NO.: 765-1010
ORDER PLACED BY: W.T. SPECK ORDER DATE: 3-20-81
P.O. / CONTRACT NO.: 8063-154194

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LAND FILL
EPA NO.: CAD067286749

④ ALTERNATE TSD FACILITY
NAME: CASMALIA DISP
EPA NO.: CAD020749121
ADDRESS: ALTV ROAD
CITY, STATE, ZIP CODE: CASMALIA 93429
PHONE NO.: 805-937-8449

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	
WASTE: CHROMIC ACID		1755	3,100 gal		DRUMS / BAGS / CARTONS / DUMP TRUCK	
WASTE:					X TANK TRUCK / OTHER	

⑥ WASTE CATEGORY: 2 — EPA HAZ WASTE PERMIT NO.: — ⑦ GENERATING PROCESS: PLATING

⑧ LIST COMPONENTS:

		%	PPM			CONC. RANGE UPPER – LOWER	%	PPM
A	CHROMIC ACID		185	E				
B	WATER			F				
C				G				
D								

NONHAZARDOUS MATERIAL: WATER 99 %

⑨ WASTE PROPERTIES: PH 10 ☐ FLOW ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 3-23-8

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 8450
UNIT NO.: 9

⑮ PICK-UP DATE: 3/23/81
TIME: 7:00 ☐ AM ☐ PM

⑯ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067286749

⑱ QUANTITY (IF MEASURED): 15.+5
⑲ STATE FEE (IF ANY): $ 15.+5

㉑ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 3-23-81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

04500

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
~~744 P~~ STREET, SACRAMENTO, CA 95814

363 – 7896

GENERATOR (GENERATOR MUST COMPLETE)

② NAME [illegible] CORP
EPA NO. [illegible]
ADDRESS [illegible] HIGHWAY
CITY, STATE, ZIP CODE [illegible] CAL 91605
PHONE NO. [illegible]
ORDER PLACED BY [illegible] ORDER DATE 5-1-81
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME [illegible]
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE CHROMIC ACID		1755	5000	GAL	~~DRUMS~~ BAGS CARTONS DUMP TRUCK TANK TRUCK OTHER
WASTE					

⑥ WASTE CATEGORY 2
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	CHROMIC ACID				203
B	WATER				
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 6.5 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 5-5-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 2

⑮ PICK-UP DATE 5-5-81
TIME 730 ☒ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME [illegible]
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) 21.71
⑲ STATE FEE (IF ANY) $ 21.71

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 3/5/81

REVISED 11/80

SEE REVERSE SIDES FOR TYPE INSTRUCTIONS. PLEASE PRINT CLEARLY. BUSINESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01140 115

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BIANCHI CORP
EPA NO.: C A D 0 9 4 9 5 3 3 4
ADDRESS: 1160 HERMAN WAY
CITY, STATE, ZIP CODE: MONTEBELLO, CAL 91605
PHONE NO.: 725-1010
ORDER PLACED BY: [illegible] ORDER DATE: 5-26
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BKK LANDFILL
EPA NO.: C A D 0 6 7 5 6 7 4 9
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY

NAME: [illegible]
EPA NO.: C A D 0 2 0 4 8 1 8 1
ADDRESS: PITT ROAD
CITY, STATE, ZIP CODE: CASMALIA CAL
PHONE NO.: 805-477-8349

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE SULFURIC ACID		1832	90	gal	DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [ ]
WASTE CHROMIC ACID		1755	410	gal	TANK TRUCK [X] OTHER [ ]

⑥ WASTE CATEGORY:
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: Plating

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS	
A	SULFURIC ACID			10 %	PPM
B	CHROMIC ACID			28 %	PPM
C				%	PPM
D				%	PPM
E				%	PPM
F				%	PPM
G				%	PPM

NONHAZARDOUS MATERIAL: %

⑩ WASTE PROPERTIES: PH [illegible] [X] TOXIC [ ] FLAMMABLE [X] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3
UNIT NO.: 2

⑮ PICK-UP DATE: 5-29-81
TIME: [illegible] [ ] AM [ ] PM

⑯ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK LAND
EPA NO.: [illegible] 6 7 4 9
⑱ QUANTITY (IF MEASURED): [illegible]
⑲ STATE FEE (IF ANY): $
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [X] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:

㉓ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 7330

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: ADIX CORP
EPA NO.: C A D 0 2 3 9 5 3 3 4
ADDRESS: [illegible] WAY
CITY, STATE, ZIP CODE: [illegible] CALIF. 91605
PHONE NO.: [illegible]
ORDER PLACED BY: W. T. SPECK ORDER DATE: 5-7-81
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: [illegible]
EPA NO.: C A T 0 8 0 0 1 6 8 3
ADDRESS: 2040 19th ST.
CITY, STATE, ZIP CODE: BAKERSFIELD, CAL
PHONE NO.: 805-768-4816

④ ALTERNATE TSD FACILITY

NAME: BKK LANDFILL
EPA NO.: C A D 0 6 7 2 8 6 7 4 1
ADDRESS: 2210 W. AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CALIF.
PHONE NO.: 565-0716

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE CHROMIC ACID	CORROSIVE	1755	4200	gal	[ ] DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [X] TANK TRUCK [ ] OTHER
WASTE					

⑥ WASTE CATEGORY: 2

⑦ EX. HAZ. WASTE PERMIT NO.:

⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A	CHROMIC ACID	1.53		[ ]	[X] 9
B	WATER	99		[X]	[ ]
C				[ ]	[ ]
D				[ ]	[ ]
E				[ ]	[ ]
F				[ ]	[ ]
G				[ ]	[ ]

NONHAZARDOUS MATERIAL: WATER 99 %

⑩ WASTE PROPERTIES: PH 6.5 [X] TOXIC [ ] FLAMMABLE [X] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: [ ] SOLID [ ] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 5-8-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 7330
UNIT NO.: 4

⑮ PICK-UP DATE: 5/12/81
TIME: 7:40 [X] AM [ ] PM

⑯ [illegible] Driver
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE) EPC # 14705 HHO 100 bbls F-51

⑰ NAME: [illegible]
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): [illegible]

⑲ STATE FEE (IF ANY) $

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [ ] LANDFILL
[ ] INJECTION WELL [X] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

04500

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01162
134

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: APEDIX CORP
EPA NO.: CAD 0 3 2 5 3 3 4
ADDRESS: 1400 SHERMAN WAY
CITY, STATE, ZIP CODE: WOODLAND, CAL 95605
PHONE NO: 665-1010
ORDER PLACED BY: TONY SCOTT ORDER DATE: 6-1-81
P.O./CONTRACT NO.: 6-1-1-5-34

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: PITTA LIMPE FILL
EPA NO.: CAD 0 7 9 5 0 7 7 7 2
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: WEST COVINA, CALIF 91790
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY

NAME: CASMALIA DISP
EPA NO.: CAD 0 9 8 0 7 4 3 1 2 1
ADDRESS: 11 IV ROAD
CITY, STATE, ZIP CODE: CASMALIA CALIF
PHONE NO.: 805-937-8441

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE CHROMIC ACID		1755	5000	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER ☐
WASTE					

⑥ WASTE CATEGORY: 2
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	CHROMIC ACID				98
B	WATER				
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: WATER 94 %

⑩ WASTE PROPERTIES: PH 2.77 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE: [illegible]
DATE SHIPPED:

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3
UNIT NO.: 2

⑮ PICK-UP DATE: 6-2-81
TIME: ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE: [illegible]

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.:

⑱ QUANTITY (IF MEASURED): 18.63
⑲ STATE FEE (IF ANY): $ 18.63

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉙ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: BK PH 4.2

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE: [illegible]
DATE ACCEPTED: 6/8

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01371
0198

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD CAL 91605
PHONE NO.: 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 7-1
P.O./CONTRACT NO.: 8013-158102

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BKK LANDFILL
EPA NO.: CAD006678674 9
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W COVINA CAL
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE SKYDROL OIL		1270	715	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE Solvent		1993	55	gals	☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: Paint thinner
⑦ EX. HAZ. WASTE PERMIT NO.: 110 gals
⑧ GENERATING PROCESS: Hyd. testing

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A				☐	☐	E				☐	☐
B				☐	☐	F				☐	☐
C				☐	☐	G				☐	☐
D				☐	☐	NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH ____ ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Subsurface Mgr. — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 7-21-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1
UNIT NO.: 2

⑮ PICK-UP DATE: 7-21-81
TIME: ____ ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD006678674 9

⑱ QUANTITY (IF MEASURED): Sec 153 (a) 2.0
⑲ STATE FEE (IF ANY) $

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ 60 — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 7-24-81

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0170 0436

3585

GENERATOR (GENERATOR MUST COMPLETE)

② NAME [illegible] CORP
EPA NO. [illegible] 5 3 3 7
ADDRESS [illegible] WAY
CITY, STATE, ZIP CODE [illegible], CALIF
PHONE NO. [illegible]
ORDER PLACED BY [illegible] ORDER DATE 9-3-[illegible]
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME [illegible]
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. 565-0716

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE MURIATIC ACID	8	1789	50	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE SULFURIC ACID		1898	90	gal	☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY 2 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	SULFURIC ACID			14	
B	MURIATIC ACID			31	
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL WATER 55 %

⑩ WASTE PROPERTIES: PH -1 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0436
UNIT NO. 9

⑮ PICK-UP DATE [illegible]
TIME [illegible] ☒ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME [illegible]
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) SG #1789
⑲ STATE FEE (IF ANY) $

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 9/10/8[illegible]

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01472 / 0509

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENITY CORP.
EPA NO.: C A D 0 0 1 1 2 5 3 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010 x333
ORDER PLACED BY: W.J. SPEAK ORDER DATE: 9/8
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: DRK LANDFILL
EPA NO.: C A D 0 0 7 7 6 0 7 4 9
ADDRESS: 8210 W. AZUSA AVE.
CITY, STATE, ZIP CODE: W. COVINA, CA.
PHONE NO.: 565-0716

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE NITRIC ACID	CORROSIVE	1760	115	gal	DRUMS / BAGS / CARTONS / DUMP TRUCK
WASTE [illegible]			140	[illegible]	X TANK TRUCK / OTHER

⑥ WASTE CATEGORY: U (2)
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: Pickling

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	NITRIC	25%		✓	
B	WATER	25%		✓	
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: WATER 75% %

⑩ WASTE PROPERTIES: PH [illegible] ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 0509
UNIT NO.: 9

⑮ PICK-UP DATE: 7/22/[illegible]
TIME: [illegible] ☐ AM ☒ PM

⑯ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: DRK
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): SEE H
⑲ STATE FEE (IF ANY): $ 1848

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 002004
0880

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: C A D 0 0 3 2 5 3 3 4
ADDRESS: 1400 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF.
PHONE NO.: 764-1010
ORDER PLACED BY: WHITSPECK ORDER DATE: 12-14
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BKK LANDFILL
EPA NO.: C A D 0 6 2 7 3 6 7 9 7
ADDRESS: 2210 W. HOLT BLVD
CITY, STATE, ZIP CODE: W. COVINA, CALIF.
PHONE NO.: 965-0775

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE MURATIC ACID	8	1789	55	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE SULFURIC ACID		1832	90	gal	☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: 2

⑦ EX. HAZ. WASTE PERMIT NO.:

⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	MURATIC ACID			30	
B	SULFURIC ACID			10	
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: Water 60 %

⑩ WASTE PROPERTIES: PH [illegible] ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 12-17

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 0880
UNIT NO.:

⑮ PICK-UP DATE: [illegible]
TIME: 8:30 ☐ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.:

⑱ QUANTITY (IF MEASURED): SEE #

⑲ STATE FEE (IF ANY) $: [illegible]

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse for instructions.
Please print or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 147 000326

GENERATOR (GENERATOR MUST COMPLETE)

1 Name: BENDIX CORP
EPA # CAD008525551
Address: 11600 Sherman Way Phone: 765-1010
City, State, Zip: North Hollywood 91605

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)
Name: CASMALIA DISPOSAL
EPA # CAD020748125
Address: NTU Rd Phone: 805-937-8449
City, State, Zip: Casmalia 93429

4 Alternate TSD Facility
Name
EPA #
Address Phone
City, State, Zip

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE See attached list			55	7	TYPE: X DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER
WASTE					

5 Waste Category 6 7 Ext. Haz. Waste Permit No. [redacted] 8 Generating Process Parts cleaning

LIST COMPONENTS: CONCENTRATION RANGE UPPER LOWER UNITS

A. [redacted] ☐% ☐ppm.
B. [redacted] ☐% ☐ppm.
C. [redacted] ☐% ☐ppm.
D. [redacted]
E. [redacted]
F. [redacted]
G. [redacted]
Non-Hazardous Material % [redacted]

10 WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☒ Corrosive ☐ Reactive ☐ Sensitizer ☒ Carcinogen/Mutagen

11 PHYSICAL STATE: ☒ Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ [redacted]

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator [redacted]

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL [redacted] RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

[redacted] Shop Supervisor Trades
Signature of Authorized Agent and Title

9-15-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

14 TRANSPORTER NAME Containerized Chemical Disposal Inc.
ADDRESS P. O. Box 1142 PHONE (213) 445-5344
CITY, STATE, ZIP Monrovia, CA 91016

15 PICK-UP DATE 9/15/81
EPA NO. CAT000611483 Time 1:30 ☐ AM ☒ PM

16 [redacted] Pres
Signature of Authorized Agent and Title

9/11/81
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) #57308

17 NAME Casmalia Disposal
EPA NO. CAD020748125
PHONE NO.

18 QUANTITY (If Measured)
19 STATE FEE (If Any)

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

21 HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name
EPA NO.

23 Paulette Schelstraete
Signature of Authorized Agent and Title

10-06-81
Date Accepted

Copy 1—WHITE: TSD Facility Keeps
Copy 2—YELLOW: To Transporter from TSDF
Copy 3—PINK: To Generator from TSDF
Copy 4—GOLDENROD: Generator Keeps
Copy 5—GREEN: TSD Facility Sends to DOHS
Copy 6—BLUE: Generator Sends to DOHS · DOHS

1983 MANIFESTS

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT #3-2672

W.O.#3662

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

P.O.#8067-356147

STATE ID NUMBER 8269581

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

3535

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA850083253334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352 (213)767-4424

VEH./CONTAINER NO. 000011963

EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786749

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.
POTASSIUM CYANIDE N.O.S. POISON B	UN 1680	00300	G	001	CT	121
WATER		00900				

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
CYANIDE SOLUTION	3%			
WATER 900 G. TO REACH 6800 PPM				

RECEIVED
JUN 10 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE WALTER J. SPECK — MO. 05 DAY 18 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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE ALBERT RAMIREZ — MO. 05 DAY 18 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

4.83 705 (6) 2920

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT # 3-2672

(Please print or type with ELITE type (12 characters per inch). P.O. #8067-357921 STATE ID NUMBER 8269588

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIV
11600 SHERMAN WAY
N. HOLLYWOOD, CA

AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
DISPOSAL CONTROL MANAGEMENT
1627 W. 9th ST. UPLAND, CA.,

VEH./CONTAINER NO. 0000 15748

EPA ID NUMBER CAT000034184

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352 (213) 767-4424

EPA ID NUMBER CAD000072843

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA. W. COVINA, CA., (213) 965-0916

AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD067786749

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.
POTASSIUM CYANIDE - POISON B	UN1689	04250	G	001	TC	121

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
POTASSIUM CYANIDE	999	850		X
BALANCE - WATER				

RECEIVED AUG 17 1983 Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES AND GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE W.J.SPECK MO. 07 DAY 19 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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE DARREN STANKEY MO. 07 DAY 19 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE JEFFREY W. JONES MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE EPA ID NUMBER MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

P.O. #8067-360214

PERMIT #3-4202
STATE ID NUMBER 83192633

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00001962
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067778674

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.	D M
HAZARD WASTE LIQUID-ORME(N.O.S.)	UN9189	0040	G	001	TC	112	D

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
CALCIUM FLOURIDE		20	X	
CALCIUM NITRATE		20	X	
WATER 60%				

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 09 DAY 19 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 JIM LAWRENCE — DATE REC'D & ACCEPTED MO. 09 DAY 19 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
0.22

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

EPA ID NUMBER CAD067786769 — DATE RECEIVED & ACCEPTED MO. 09 DAY 19 YR. 83

FORM NO. DHS-8022A 11/82

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

Department of Health Service

UNIFORM HAZARDOUS WASTE MANIFEST

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

P.O.#8067-360663 3585 W.O.#2099 STATE ID NUMBER 83211382

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W.9th ST.
UPLAND, CA, 91786
(800)824-3345
VEH./CONTAINER NO. 00014788
EPA ID NUMBER CAT080034118

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916
EPA ID NUMBER CAD067778674

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.	D MI
CHROMIC ACID CORROSIVE	UN1755	00136	G	001	CT	111	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPI
CHROMIC ACID	12		%	

RECEIVED
NOV 21 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 10 DAY 24 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 JIM LAWRENCE
DATE REC'D & ACCEPTED — MO. 10 DAY 24 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
.03

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
EPA ID NUMBER
DATE RECEIVED & ACCEPTED — MO. DAY YR.

FM NO DHS-8022A 11-82

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

W.O.#2251

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

P.O.#8067-361026 02585

STATE ID NUMBER 83211384

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786

(800)824-3345

VEH./CONTAINER NO. 00044785

EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER (213)965-0916

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DEC 1 1983
Plant Engineering

EPA ID NUMBER CAD067786744

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	D M
CHROMIC ACID CORROSIVE LIQUID	UN1756	00066	G	001	CT	112	C
SULFERIC ACID CORROSIVE LIQUID	UN1832	00460	G	001	CT	112	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
1.1 CHROMIC	1		%	XX
2.1 SULFERIC	8.5		%	XX

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 11 DAY 01 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 JULIO OCHOA — DATE REC'D & ACCEPTED MO. 11 DAY 01 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

3.67

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

EPA ID NUMBER — DATE RECEIVED & ACCEPTED MO. 11 DAY 01 YR 83

FORM NO. DHS-8022A 11-82

ite of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

P.O.#8067-361987 3550 W.O.#4181

STATE ID NUMBER 83211386

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213-765-1010)

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00047788 EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786744

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.	DI ME
CAUSTIC SODA	UN1760	00200	G	001	ct	112	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
CAUSTIC	6		%	

RECEIVED
JAN 5 1984
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVEW & GOGGLES

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 WALTER J. SPECK

MO. 12 DAY 13 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 JIM LAWRENCE

DATE REC'D & ACCEPTED MO. 12 DAY 13 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

EPA ID NUMBER CAD067786744

DATE RECEIVED & ACCEPTED MO. DAY YR.

FORM NO DHS-8022A 11/82

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83211391

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
VAN WATERS & ROGERS
1363 SO BONNIE BEACH PL.
LOS ANGEKES, CA., 90023
(213)265-8123

VEH./CONTAINER NO. 00042717
EPA ID NUMBER CAD009230224

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
(VAN WATERS & ROGERS)
SAME AS TRANSPORTER #1
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD009230224

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.	DIS ME
1,1,1, TRICHLOROETHANE ORM-A	UN2831	00200	G	005	DM	211	0

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

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

MO. 01 DAY 19 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 01 DAY 19 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

ate of California--Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14 P Street
acramento, CA 95814

Department of Health Servic

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83032942

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP.
11600 SHERMAN WAY N.
N. HOLLYWOOD, CA. 91605
AREA CODE/PHONE NUMBER 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
Same as TSD Facility

VEH./CONTAINER NO. 5109
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
VAN WATERS & ROGERS
1363 SO. BONNIE BEACH PL.
LOS ANGELES, CA. 90023
AREA CODE/PHONE NUMBER (213) 265-8123

EPA ID NUMBER CAD009230224

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.	DI ME
1,1,1, TRICHLOROETHANE ORM-A	UN2831	330	G	6	DM	211	0

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

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 Russell WAGAR [signature] MO. 04 DAY 03 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 Bob MARTINEZ [signature]
DATE REC'D & ACCEPTED MO. 04 DAY 03 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

tate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
44 P Street
acramento, CA 95814

Department of Health Servic

UNIFORM HAZARDOUS WASTE MANIFEST

RECEIVED
MAY 16 1983

STATE ID NUMBER 8 3027573

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Bendix Corporation Plant Engineering
11600 Sherman Way
N. Hollywood 91605
AREA CODE/PHONE NUMBER 213-765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD983253

TRANSPORTER NO. 1
Rutherford / Pacific
3020 Orange
Long Beach CA 90807
213-595-9461

VEH./CONTAINER NO. | EPA ID NUMBER CAD980737

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. | EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Facet Energy
3020 Orange
Long Beach
AREA CODE/PHONE NUMBER 213-595-7333

EPA ID NUMBER CAD991006494

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.	D ME
Oil, N.O.S. Combustible	NA1270	380	GAL	110	DM	221	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
Oil	100	100		

SPECIAL HANDLING INSTRUCTIONS
Gloves

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.

WALTER J. SPECK Walter J. Speck
Printed or typed full name and signature

MO. 05 DAY 06 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
Rutherford / Pacific
Leeroy R. Black
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 05 DAY 06 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.
Michael G. Moser
Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

FORM NO. DHS 8022A (1-82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch). P.O.# 7067-354552 STATE ID NUMBER 8269589

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605 (213) 765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1 VAN WATERS & ROGERS LOS ANGELES
SAME AS TSD FACILITY

VEH./CONTAINER NO. 00042717
EPA ID NUMBER CAD009230244

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
VAN WATERS & ROGERS
2363 SO. BONNIE BEACH PL.
LOS ANGELES CA 90023 (213) 265-8123
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD009230244

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.
(waste) TRICHLOROETHANE 1,1,1	UN2831	00165	G	003	DK	211

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm

SPECIAL HANDLING INSTRUCTIONS

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

PRINTED OR TYPED FULL NAME AND SIGNATURE Ron J. Slatterbeck MO. 07 DAY 21 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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE Bob Martinez MO. 07 DAY 21 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

PRINTED OR TYPED FULL NAME AND SIGNATURE EPA ID NUMBER MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
acramento, CA 95814

Rec'd 11/21/83

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

P.O.#7067-354552

STATE ID NUMBER 83199563

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1
VAN WATERS & ROGERS
1363 SO BONNIE BEACH PL.
LOS ANGELES, CA., 90023
(213)265-8123

VEH./CONTAINER NO. 0004271 7
EPA ID NUMBER CAD009230 24

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
VAN WATERS & ROGERS
1363 SO BONNIE BEACH PL
LOS ANGELES, CA., 90023
AREA CODE/PHONE NUMBER (213)265-8123

EPA ID NUMBER CAD009230 24

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.	DIS ME
TRICHLOROETHANE 1,1,1	UN2831	0025D	G	008	DM	211	

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

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 R. J. SLATTERBECK — MO. 10 DAY 26 YR. 83

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
inted or typed full name and signature BOB MARTINEZ
DATE REC'D & ACCEPTED MO. 10 DAY 26 YR. 83

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

EPANCY INDICATION SPACE

er or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the indication space above. Note: TSDF must complete waste number.
ns.

1 full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

THE DATE OF

tate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83199562

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-2020

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD003253340005

TRANSPORTER NO. 1
OIL & SOLVENT PROCESS CO
1704 FIRST ST.
AZUSA, CA., 91702
(213)334-5117
VEH./CONTAINER NO.
EPA ID NUMBER CAD008302900

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
GENERAL PORTLAND
P.O. BOX 1247
LEBEC, CA 93243 (805) 248-6733
V.EH./CONTAINER NO.
EPA ID NUMBER CAX000090905

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OIL & SOLVENT PROCESS CO
1704 FIRST ST
AZUSA, CA., 91702
AREA CODE/PHONE NUMBER (213)334-5117
EPA ID NUMBER CAD008302900

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.	DI ME
WASTE FLAMMABLE LIQUID N.O.S.	UN1993	00025	G	001	DM	212	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PAINT RELATED MATERIAL				

RECEIVED
NOV 21 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
MAKE SURE BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING

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 R. J. SLATTERBECK MO. 10 DAY 25 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
DATE REC'D & ACCEPTED MO. DAY YR.

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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

M NO DHS-8022A 1 /82

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

UNIFORM HAZARDOUS WASTE MANIFEST

Rec'd 11/10/83

Department of Health Servic

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

RECEIVED
NOV 10 1983
Plant Engineering

STATE ID NUMBER 83199561

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334 0001

TRANSPORTER NO. 1
OIL & SOLVENT PROCESS CO.
1704 WEST FIRST ST.
AZUSA, CA., 91702
(213)334-5117

VEH./CONTAINER NO. 00
EPA ID NUMBER CAD008302900

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OIL & SOLVENT PROCESS CO.
1704 WEST FIRST ST.
AZUSA, CA., 91702
AREA CODE/PHONE NUMBER (213)334-5117

EPA ID NUMBER CAD008302990

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.	D M
WASTE FLAMMABLE LIQUID N.O.S.	UN1993	004500	G	009	DRM	212	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
KETONES	32	28	%	
ALIPHATICS	27	23	%	
ALCOHOLS	12	8	%	
AROMATICS	17	13	%	
NON-VOLATIVE MATERIAL	22	18	%	

SPECIAL HANDLING INSTRUCTIONS
MAKE SURE THAT ~~DRMX~~ BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING

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 R. J. SLATTERBECK

MO. 10 DAY 25 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
DATE REC'D & ACCEPTED MO. 10 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.

EPA ID NUMBER
DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

ıte of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

RECEIVED
NOV 10 1983
Plant Engineering

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

STATE ID NUMBER 83199560

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA0003325334 0005

TRANSPORTER NO. 1
OIL & SOLVENT PROCESS CO.
1704 WEST FIRST ST.
AZUSA, CA., 91702
(213) 334-5117

VEH./CONTAINER NO. 00
EPA ID NUMBER CAD008302906

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OIL & SOLVENT PROCESS CO.
1704 WEST FIRST ST.
AZUSA, CA., 91702
AREA CODE/PHONE NUMBER (213) 334-5117

EPA ID NUMBER CAD008302906

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.	DIS ME
WASTE FLAMMABLE SOLID N.O.S. ORME	9A1993			001	DM	491	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
SOLID PAINT MATERIAL				

SPECIAL HANDLING INSTRUCTIONS
MAKE SURE THAT BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING.

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 R. J. SLATTERBECK — MO. 10 DAY 25 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 — DATE REC'D & ACCEPTED MO. DAY YR.

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.

EPA ID NUMBER — DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER [illegible]

TO BE FILLED IN BY THE GENERATOR

CONTINUATION SHEET

THIS IS CONTINUATION SHEET 1 OF 1.

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER [illegible]

TRANSPORTER NO. Industrial Waste Engineering

EPA ID NUMBER [illegible]

TRANSPORTER NO.

EPA ID NUMBER

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.
3. Hazardous Waste Liquids	NA9189	00055	G	001	DM	343
4. Hazardous Waste Solids	NA9189	00100	P	002	DM	512
5. Hazardous Waste Solids	NA9189	00100	P	001	DM	181

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS ppm
3.1-				
4.1- Lead Drums	100	—	X	
5.1- Lead	70	50	X	

Transferred to Master Manifest #83357116

** Empty Drums crushed and transferred to Manifest ~~#83357116 for disposal~~

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

Industrial Waste Engineering

PRINTED OR TYPED FULL NAME AND SIGNATURE [illegible] — MO. DAY YR.

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

STATE ID NUMBER

State of California—Health and Welfare Agency

Department of Health Servic

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

UNIFORM HAZARDOUS WASTE MANIFEST

W.O. 48

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

STATE ID NUMBER 83356800

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP.
11600 Sherman Way
No. Hollywood, CA. 91605
AREA CODE/PHONE NUMBER (213) 765-1010 / 877-2881

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008312533 4

TRANSPORTER NO. 1
INDUSTRIAL WASTE ENGINEERING
P.O. Box 6127
Long Beach, Ca. 90806
(213) 518-5201
VEH./CONTAINER NO. 00042933
EPA ID NUMBER CAT080029617

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK CORP.
2210 S. Azusa
West Covina, CA. 91702
(213) 965-0911
V.EH./CONTAINER NO.
EPA ID NUMBER CAD067786174

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CHEMICAL WASTE MANAGEMENT INC.
U.S. Highway 41
Kettleman City, CA. 93239
AREA CODE/PHONE NUMBER (209) 386-9711
EPA ID NUMBER CAT000646111

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.	D M
1. LAB PACKS HAZARDOUS WASTE SOLID N.O.S.	NA9111 89	024100	P	010 5	DM	551	C
2. POTASSIUM CYANIDE 1 LB/PACK	UN1680	0011010	P	0011	DM	181	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
1.1 - SEE ATTACHED LISTS				
2.1 - POTASSIUM CYANIDE (Lab Pack)	90	80	X	

SPECIAL HANDLING INSTRUCTIONS ***ALL MATERIALS TRANSFERRED TO MASTER MANIFEST #83356821
EH 3-4428
GLOVES, COVERALLS Bertha Transferred to 83356821

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.

Bendix Corp.
Printed or typed full name and signature RJ. SLATTERBECK — MO. 12 DAY 22 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
Indust. Waste Engr.
Printed or typed full name and signature PAT STORY — DATE REC'D & ACCEPTED MO. 12 DAY 22 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
**** Empty Drums crushed and transferred to Master Manifest #83357116

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.

CHEMICAL WASTE MANAGEMENT
Printed or typed full name and signature

EPA ID NUMBER CAT000646117

DATE RECEIVED & ACCEPTED MO. DAY YR.

FORM NO. DHS-8022A 11/82

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

7 34 JAN 25

(Please print or type with ELITE type (12 characters per inch) 8067-257109 3585

STATE ID NUMBER **8269571**

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS
11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT

VEH./CONTAINER NO. 00001963
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE., W. COVINA, CA.,
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786744

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.
WASTE OIL & WATER OKM-E	UN1270	04500	G	001	TC	822

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS

RECEIVED
FEB 25 1983
Plant Engineering

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

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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

X 20.83 83.32

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

RON SAGER Ron Sager 60 — EPA ID NUMBER CAD067786744 — MO. 01 DAY 25 YR. 83

PRINTED OR TYPED FULL NAME AND SIGNATURE

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

8022 (7/82)

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 –

GENERATOR (GENERATOR MUST COMPLETE)

② NAME 035585
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE 91605
PHONE NO.
ORDER PLACED BY ORDER DATE 1/31/83
P.O./CONTRACT NO.

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER				
WASTE			1,000	GAL	1	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE						TANK TRUCK	OTHER		

⑥ WASTE CATEGORY
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A		5%				E					
B		75%				F					
C						G					
D											

NONHAZARDOUS MATERIAL %

⑩ WASTE PROPERTIES: PH ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☑ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☑ GLOVES ☑ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO.
UNIT NO.

⑮ PICK UP DATE
TIME ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.
⑱ QUANTITY (IF MEASURED)
⑲ STATE FEE (IF ANY) $
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

State of California—Health and Welfare Agency

Department of Health

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

3585

(Please print or type with ELITE type (12 characters per inch). P.O.#8067-257109

STATE ID NUMBER 826957

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Bendix Electrodynamics
11600 Sherman Way
No. Hollywood, Ca., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
Liquid Waste Mangement

VEH./CONTAINER NO.

EPA ID NUMBER CAD000072

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK Landfill
2210 Azusa Ave., W.Covina, Ca.
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786

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
1. Waste oil & water	UN1270	03500	G	001	TC	222

COMPONENTS	CONC. UPPER	RANGE LOWER	%	UNIT
Water soluble oils	10		X	
Oils, other (Hydraulic)	20		X	
Water	70		X	

SPECIAL HANDLING INSTRUCTIONS

Gloves and Goggles

RECEIVED MAR 21 19

Plant Engineer

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

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACK

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACK

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

1905
7410
955

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACK

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

1516

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

STATE ID NUMBER 8269573

3585

GENERATOR NAME AND MAILING ADDRESS
Bendix Electrodynamics
11600 Sherman Way, No. Hollywood, Ca., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
Liquid Waste Management
VEH./CONTAINER NO. 0990/1451
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK Landfill
2210 Azusa Ave., W. Covina, Ca.
AREA CODE/PHONE NUMBER (213) 965-0916
EPA ID NUMBER CAD067786749

TO BE FILLED IN BY THE GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.
[illegible]	UN1230	14000	G	001	TC	[illegible]

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
[illegible]	[illegible]		X	
[illegible]	30		X	
[illegible]	70		X	

SPECIAL HANDLING INSTRUCTIONS
[illegible]

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

WALTER J. SPECK
PRINTED OR TYPED FULL NAME AND SIGNATURE [illegible] 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 MATERIALS — DATE REC'D & ACCEPTED
PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED
PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
2056
2344

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE EPA ID NUMBER MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.0.1581

(Please print or type with ELITE type (12 characters per inch). p.o. #8067-257109

STATE ID NUMBER 8269575

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP./ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO. HOLLYWOOD, CA. 91605 (213) 765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
VEH./CONTAINER NO. 000019612
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
DISPOSAL CONTROL SERVICE
1631 W 7TH ST UPLAND CALIF 91786
EPA ID NUMBER (CAT080034184)
CAT080034184

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA
AREA CODE/PHONE NUMBER (213) 965-0916
EPA ID NUMBER CAD067786749

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.
WASTE OIL & WATER	UN1270	04000	G	001	CT	222
Combustible						

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES KEEP AWAY FROM HEAT AND OPEN FLAMES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 03 DAY 22 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 MATERIALS — DATE REC'D & ACCEPTED
LARRY P. HE WANT
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 03 DAY 22 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED
JEFFREY W. JENKINS
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

EPA ID NUMBER — MO. DAY YR.

PRINTED OR TYPED FULL NAME AND SIGNATURE

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

4/20/83

2535

W.O. 1640

(Please print or type with ELITE type (12 characters per inch). P.O.#8067-257109

STATE ID NUMBER **8269577**

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605 (213)765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER: CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352
VEH./CONTAINER NO.: 00001962
EPA ID NUMBER: CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
EPC WESTSIDE DISPOSAL
HIGHWAY 33, FELLOWS, CA., 93301 (805)3998087
EPA ID NUMBER: CAT080010283

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA. (213)965-0916
AREA CODE/PHONE NUMBER
EPA ID NUMBER: CAD067786749

TO BE FILLED IN BY THE GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.
WASTE OIL & WATER	UN1270	04000	G	001	CT	222

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE R.SLATTERBECK — MO. 04 DAY 05 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 MATERIALS — DATE REC'D & ACCEPTED
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 04 DAY 05 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

1177

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

RECEIVED

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

03585

UNIFORM HAZARDOUS WASTE MANIFEST

MAY 16 1983

W.O. 1747

(Please print or type with ELITE type (12 characters per inch). #8067-257109 Plant Engineering

STATE ID NUMBER 8269578

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP./ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605 (213)765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD083253334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352

VEH./CONTAINER NO. 00001963
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
EPC WESTSIDE DISPOSAL
HIGHWAY 33, FELLOWS, CA., 93301 (805)399-8087

EPA ID NUMBER CAT080010283

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786749

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.
WASTE OIL & WATER	UN1270	04000	G	001	CT	222
MIXED SOLVENTS n.o.s. FLAMMABLE	UN1993	00600	G	001	CT	214

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER SOLUBLE OILS	10		X	
OILS, OTHER (20 %) & WATER (70%)	90		X	
~~XXXXX~~ SOLVENTS	100		X	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE WALT SPECK — MO. 04 DAY 22 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 MATERIALS — DATE REC'D & ACCEPTED

ALBERT RAMIREZ

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 04 DAY 22 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

1489 0 16.02
60 64.08

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE RON SAGER Ron Sager — EPA ID NUMBER CAD067786749 — MO. 04 DAY 23 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

1035

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

STATE ID NUMBER **8269579**

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN,
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605 (213) 765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER: CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, 91352
VEH./CONTAINER NO.
EPA ID NUMBER: CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
EPC WESTSIDE DISPOSAL
HIGHWAY 33, FELLOWS, CA., 93301 (805)399-8087
EPA ID NUMBER: CAT080010283

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE., W. COVINA, CA., (213)965-0916
AREA CODE/PHONE NUMBER
EPA ID NUMBER: CAD067786749

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.
WASTE OIL + WATER	UN1270	04000	G	001	DT	
FLAMMABLE						

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER SOLUBLE OILS	10		X	
OILS OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES + GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 05 DAY 17 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 MATERIALS — DATE REC'D & ACCEPTED
ALBERT RAMIREZ
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
0 1500
60 6032

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

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER CAD067786749 — MO. 05 DAY 24 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#

(Please print or type with ELITE type (12 characters per inch). P.O.#8067-257109

STATE ID NUMBER 8269582

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352 (213) 767-4424

VEH./CONTAINER NO. 00001762

EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE., W. COVINA, CA.,
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786749

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.
WASTE OIL & WATER	UN1270	04000	G	001	CT	222

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE WALTER J. SPECK — MO. 05 DAY 28 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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE LARRY PALMIERE — MO. 05 DAY 28 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

RECEIVED JUN 20 1983 Plant Engineering

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER **8269584**

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605 (213) 765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352 (213)767-4424

VEH./CONTAINER NO. 0000

EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE., W. COVINA, CA. (213) 965-0916
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD067786749

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.
WASTE OIL + WATER	UN/NA 1270	0.1 bbls	G	001	TC	121

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
WATER	10		%	
OIL & OTHER	90		%	
WATER	70			

RECEIVED
JUL 26 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES + GOGGLES

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

WALTER J. SPECK
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 MATERIALS — DATE REC'D & ACCEPTED

LARRY RAMIREZ
PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

11.93

22.42
29.72

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER CAD067786749 MO. 06 DAY 22 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

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

Department of Health Servic

UNIFORM HAZARDOUS WASTE MANIFEST

W.O #1666

Please print or type with ELITE type (12 characters per inch). P.O.#8067-257109

STATE ID NUMBER 83067578

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., (213) 767-4424

VEH./CONTAINER NO.

EPA ID NUMBER CAD000072884

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
DISPOSAL CONTROL SERVICE
1627 W. 9th ST.
UPLAND, CA., 91786

VEH./CONTAINER NO.

EPA ID NUMBER CAD008003418

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786744

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.	D ME
WASTE OIL & WATER	UN1270	03500	G	001	TC	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK

MO. 08 DAY 01 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
DATE REC'D & ACCEPTED MO. 08 DAY 01 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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

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

UNIFORM HAZARDOUS WASTE MANIFEST

9/19/83

Department of Health Service

04127

3585

P.O. #8067-257209

STATE ID NUMBER 83211379

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO.HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
1369 W. 9th. St.
UPLAND, CA., 91786
(800) 824-3345

VEH./CONTAINER NO. 0000728
EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786714

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.	D M
WASTE OIL & WATER	UN1270	03500	G	001	TC	222	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PP
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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.

WALTER J. SPECK Walter J. Speck
Printed or typed full name and signature

MO. 08 DAY 22

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
RANDY L ALLEN
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 08 DAY 22

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
13.85

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

DATE RECEIVED & MO. DAY

Printed or typed full name and signature

ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

P.O.#8067-257109

STATE ID NUMBER 83211580

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA8008325334

TRANSPORTER NO. 1 DISPOSAL CONTROL
~~LIQUID WASTE MANAGEMENT~~
1369 W. 9th St.
UPLAND, CA., 91786 (800)824-3345

VEH./CONTAINER NO. 00004649
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786749

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.	DI MI
WASTE OIL & WATER NOS Combustable Liquid	UN1270	03500	G	001	TC	222	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPI
WATER SOLUBLE OILS	10		X	
OILS, OTHER	20		X	
WATER	70		X	

RECEIVED
OCT 26 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK — MO. 09 DAY 22 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
RANDY L. ALLEN
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO. 09 DAY 22 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
13.61

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.
RAY THOMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD067786749

DATE RECEIVED & ACCEPTED — MO. 09 DAY 22 YR 83

e of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
:744 P Street
ramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

1993

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

P.O.# 8067-257/009

E ID NUMBER 83211381

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

3585

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 000 44649
EPA ID NUMBER CAT080034188

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

V.EH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD067786749

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DIS MET
WASTE OIL + WATER	UN1270	03500	G	001	TC	2222	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	10		X	
OILS OTHER	20		X	
WATER	70		X	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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.

WALTER J SPECK Walter Speck
Printed or typed full name and signature

MO. 10 DAY 07 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
KAREN L HILL
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 10 DAY 07 YR. 83

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

RECEIVED
NOV 14 1983
Plant Engineering

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

1339

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.

LAWRENCE DEARDORFF
Printed or typed full name and signature

EPA ID NUMBER CAD067786749

DATE RECEIVED & ACCEPTED MO. 11 DAY 10 YR. 83

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1414-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#2241

Please print or type with ELITE type (12 characters per inch). P.O.#8067-257109

STATE ID NUMBER 83211383

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

03 585

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008326334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. 00044788
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786744

TO BE FILLED IN BY GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	D MI
WASTE OIL & WATER	UN1270	03500	G	001	TC	222	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPI
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

RECEIVED
NOV 23 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK or R.J. SLATTERBECK — MO. 10 DAY 31 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 Jim Lawrence
DATE REC'D & ACCEPTED — MO. 10 DAY 31 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

14.34

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 KALPIN DEMKO
EPA ID NUMBER CAD067786744
DATE RECEIVED & ACCEPTED — MO. 10 DAY 31 YR. 83

FORM NO. DHS-8022A 11/82

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

2440

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

8067-25710.9

STATE ID NUMBER **83211385**

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA8008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345
VEH./CONTAINER NO. 00064791
EPA ID NUMBER CAT080034118

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916
EPA ID NUMBER CAD067766174

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.	DI ME
WASTE OIL & WATER / Flammable liquid	UN1270	03500	G	001	TC	222	C

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 Walter J. Speck
WALTER J. SPECK

MO. 11 DAY 26 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 KIMBY L HULEN
DATE REC'D & ACCEPTED MO. 11 DAY 26 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
EPA ID NUMBER
DATE RECEIVED & ACCEPTED MO. DAY YR.

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 8269585

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA. 91605 (213)765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD008325334

TRANSPORTER NO. 1
BENDIX ELECTRODYNAMICS
(SAME AS ABOVE)

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BENDIX OCEANICS
15825 ROXFORD ST. SYLMAR, CA., 91342
AREA CODE/PHONE NUMBER

EPA ID NUMBER

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.
ACCELERATOR 19 CORROSIVE		00030	G		DF	112
DIAZO 20 AMMONIA CORROSIVE	UN2073	00005	G		DF	122

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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

WALTER J. SPECK Walter J. Speck
PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. 06 DAY 28 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 MATERIALS

DATE REC'D & ACCEPTED

RUSSELL L. WAGAR Russell L. Wagar
PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. 06 DAY 28 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

DATE REC'D & ACCEPTED

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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

3585 STATE ID NUMBER 8269570

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT (C363)

VEH./CONTAINER NO. 00011963

EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA

AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER CAD067786749

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.
Poi[illegible] Liquid N.O.S.	UN1689	00100	G	001	TC	121

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
[illegible]	100			
[illegible]	100			
[illegible]				

RECEIVED FEB 25 1983 Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES + GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE Ronald J. Slatkowski — MO. 01 DAY 24 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 MATERIALS — DATE REC'D & ACCEPTED

ALBERT [illegible]

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 01 DAY 24 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

X

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

RECEIVED APR 12 1983
Plant Engineering

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 8269574

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Bendix Electrodynamics
11600 Sherman Way
No. Hollywood, Ca., 91605 (213) 765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
Liquid Waste Management
VEH./CONTAINER NO. 00001963
EPA ID NUMBER CAS000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
EPC WESTSIDE DISPOSAL (805)399-8087
HIGHWAY 33, FELLOWS, CA., 93301
EPA ID NUMBER CAT080010283

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK Landfill
2210 Azusa Ave.
W. Covina, Ca. (213) 965-0916
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD067786749

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.
HAZARDOUS LIQUID NOS ORM-E	UN9189	05000	G	001	CT	112

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
CHROMIC ACID	353	72		188
WATER 99%				

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 03 DAY 22 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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

DATE REC'D & ACCEPTED

EPA ID NUMBER — MO. DAY YR.

PRINTED OR TYPED FULL NAME AND SIGNATURE

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

RECEIVED APR 12 1983

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch). P.O.#8067-354593

Plant Engineering STATE ID NUMBER 8269576

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP./ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605 (213) 765-1010
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
VEH./CONTAINER NO. 00001963
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
EPC WESTSIDE DISPOSAL (805)399-8087
HIGHWAY 33, FELLOWS. CA., 93301
EPA ID NUMBER CAT080010283

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE.
W. COVINA, CA. (213) 965-0916
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD067786749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
HAZARDOUS LIQUID NOS ORM-E	UN9189	02600	G	001	CT	111

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
(85 G.) (50 G) CALCIUM NITRATE & CALCIUM CHLORIDE	15	.8	1	
CHROMIC ACID	145 ~~353~~	~~72~~		105 ~~188~~
WATER (BALANCE)			19	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 03 DAY 23 YR. 83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 03 DAY 23 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O. #3668

(Please print or type with ELITE type (12 characters per inch). P.O. #8067-356147

STATE ID NUMBER 8269580

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP
11600 SHERMAN WAY, NO HOLLYWOOD, CA
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA 91352
VEH./CONTAINER NO. 0000019613
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 AZUSA AVE., W. COVINA, CA (213)
EPA ID NUMBER CAD[illegible]

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA AVE, W. COVINA, CA. (213)965-0916
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD067786749

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.
SODIUM DICHROMATE ORM-E	UN1464	00125	G	001	CT	111
CHROMIC CORROSIVE	UN1755	00060	G	001	CT	111

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
SODIUM DICHROMATE	6		%	
CHROMIC	1		%	

RECEIVED
JUN 10 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE WALTER J. SPECK — MO. 05 DAY 12 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 MATERIALS — DATE REC'D & ACCEPTED
ALBERT KIMMEL
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. 05 DAY 11 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED
PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
.67
See 8300639

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER CAD067786749 — MO. 05 DAY 13 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

tate of California—Health and Welfare Agency
'AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

9/19/83 Rec'd

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

P.O.#8067-358696

STATE ID NUMBER 83211378

03585

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
1369 W. 9th St.
UPLAND, CA., 91786
(800) 824-3345

VEH./CONTAINER NO. 00001963
EPA ID NUMBER CAT080034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER CAD006778674

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.	DIS MET
HYDROCHLORIC ACID SOLUTION N.O.S. LIQUID ~~—CORROSIVE~~	UN1789	00075	G	001	TC	112	03

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
HYDROCHLORIC		2	X	
~~WATER 88%X 95%~~				

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

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 WALTER J. SPECK Walter J. Speck — MO. 08 DAY 24 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 LARRY RAMERIZ Larry Rameriz
DATE REC'D & ACCEPTED — MO. 08 DAY 24 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
0.30

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.

Printed or typed full name and signature
EPA ID NUMBER
DATE RECEIVED & ACCEPTED — MO. DAY YR.

NC DHS-8022A 11 82

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT #3-3054

(Please print or type with ELITE type (12 characters per inch). P.O.#8067-357921 STATE ID NUMBER 8269586

TO BE FILLED IN BY THE GENERATOR

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO. HOLLYWOOD, CA. 91605 (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD008325334

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
SUN VALLEY, CA., 91352 (213) 767-4424

VEH./CONTAINER NO. 00001962
EPA ID NUMBER CAD000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
COVINA, CA. (213) 965-0916

EPA ID NUMBER CAD067786749

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.
HYDROFLUORIC ACID -CORROSIVE	UN1790	00020	G	001	TC	112
NITRIC	UN2031	000	G	001	TC	112

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	UNITS ppm
HYDROFLUORIC ACID	25		X	
NITRIC	75		X	
MIXER NEUTRALIZED WITH CALCIUM HYDROXIDE				

RECEIVED
AUG 26 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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

PRINTED OR TYPED FULL NAME AND SIGNATURE WALTER SPECK — MO. 08 DAY 03 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 MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE ALBERT RAMEREZ — MO. 08 DAY 03 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

0.15 -

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER — MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

1982 MANIFESTS

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 02284 02528

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD009325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF 91605
PHONE NO.: 7654010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 3-2-82
P.O./CONTRACT NO.: 663-253202

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: PIKK LAND FILL
EPA NO.: CAD009101477
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CALIF
PHONE NO.: 565-0716

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL + WATER	NONE		3,500	GAL	[ ] DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [X] TANK TRUCK [ ] OTHER
WASTE					

⑥ WASTE CATEGORY: OIL + WATER
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: MACHINE WORK

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM			CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A						E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 [ ] TOXIC [ ] FLAMMABLE [ ] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [ ] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [signature] Supervisor Trucks — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 3-3-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 0528
UNIT NO.:

⑮ PICK-UP DATE: 3-3-82
TIME: [ ] AM [ ] PM

⑯ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: PIKK LAND FILL
EPA NO.: CAD009101477

⑱ QUANTITY (IF MEASURED): 1314
⑲ STATE FEE (IF ANY) $: 1314

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [X] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED: 3/4/82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

① MANIFEST NUMBER 01[illegible]

GENERATOR (GENERATOR MUST COMPLETE)

② NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.
ORDER PLACED BY ORDER DATE
P.O./CONTRACT NO.

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME Facet Energy
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO. (1992)

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE					5 DRUMS; BAGS; CARTONS; DUMP TRUCK; TANK TRUCK; OTHER
WASTE					

⑥ WASTE CATEGORY 64
⑦ EX. HAZ. WASTE PERMIT NO. N/
⑧ GENERATING PROCESS

⑨ LIST COMPONENTS: (mixed Flammable Solvents)

		CONC. RANGE UPPER	LOWER	UNITS %	PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH ____ TOXIC [X] FLAMMABLE CORROSIVE/IRRITANT REACTIVE SENSITIZER CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: SOLID [X] LIQUID SLUDGE SLURRY GAS OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES GOGGLES RESPIRATOR OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME Rutherford/Pacific Inc.
EPA NO. CAD990669400
ADDRESS P.O. Box 7485
CITY, STATE, ZIP CODE Long Beach, CA 90807
PHONE NO. (213) 595-9461 (714) 761-4611

JOB NO.
UNIT NO.

⑮ PICK-UP DATE
TIME [illegible] AM PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED)
⑲ STATE FEE (IF ANY) $

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD:
SURFACE IMPOUNDMENT
LANDFILL
INJECTION WELL
LAND TREATMENT
TREATMENT (SPECIFY)
RECOVERY OR REUSE
STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 1/88

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 002999
03229

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BLINN COPP
EPA NO.: CAD083253334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 9-10-82
P.O./CONTRACT NO.: SOC 7-55102

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067786749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE NITRIC ACID	CORROSIVE	1760	32	GAL	DRUMS / BAGS / CARTONS / DUMP TRUCK
WASTE CHROMIC ACID	CORROSIVE	1755	5000	GAL	X TANK TRUCK / OTHER

⑥ WASTE CATEGORY: 2
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	%	PPM
A	NITRIC ACID			2	
B	CHROMIC ACID				35
C	LIME 220 GAL	30		X	
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: WATER 98 %

⑩ WASTE PROPERTIES: PH ___ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 9-15-

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3229
UNIT NO.: 9

⑮ PICK-UP DATE: 9/13/82
TIME: 9:55 ☑ AM ☐ PM

⑯ [illegible] Driver SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME:
EPA NO.:

⑱ QUANTITY (IF MEASURED): 63.14
⑲ STATE FEE (IF ANY): $ 72.56

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: PH = PH =

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☑ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 001541

T# 117428 73

117481

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME: BENDIX CORP.
EPA NO.: CAD008325
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA.
PHONE NO.: (213) 765-1010 x332
ORDER PLACED BY: W.J. Speck
CONTACT NO.: 8078-13

⑨ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD062818679
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 564-0916

⑩ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

④ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE: Oil & Water	none		3500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE:					☒ TANK TRUCK ☐ OTHER

⑤ WASTE CATEGORY: Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Washrack

⑥ LIST COMPONENTS

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B	Oil			% PPM	F				% PPM
C				% PPM	G				% PPM
D	Bendix			% PPM	NONHAZARDOUS MATERIAL				

⑪ WASTE PROPERTIES: PH ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑫ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLURRY ☐ GAS ☐ OTHER
⑬ SPECIAL HANDLING INSTRUCTIONS: ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑭ W.J. Speck Supervisor Skilled Trades — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 1-12-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 0973
UNIT NO.: 22

⑮ PICK-UP DATE: 1-12-82
TIME: ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD062818679

⑱ QUANTITY (IF MEASURED): 1411
⑲ STATE FEE (IF ANY): $ 141

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 3500 + 25 + 28

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:
ADDRESS:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 1-12-82

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 0 01964

1084

must have 9 digits

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: C A D 0 9 3 5 9 2 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF
PHONE NO.: 765-4410
ORDER PLACED BY: W. SPECK ORDER DATE: 2-12
P.O./CONTRACT NO.: 9076-19891

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BFI LANDFILL
EPA NO.: C A D 0 6 7 7 8 6 2 4 9
ADDRESS: 7210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 567-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	none		3500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Lock Lutzweiler, Trans — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 2-13

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1084
UNIT NO.: 2

⑮ PICK-UP DATE: 2-13
TIME: ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BFI
EPA NO.: C A D 0 6 7 7 8 6 2 4 9

⑱ QUANTITY (IF MEASURED): 17.77
⑲ STATE FEE (IF ANY): $ 17.77

(48) 13.47

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 2-15-80

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 0888

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: PERMIX CORP.
EPA NO.: C A D 0 5 8 2 5 3 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL. 91605
PHONE NO: 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 1-22
P.O./CONTRACT NO.: 5078-158891

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: PKW LANDFILL
EPA NO.: C A D 0 7 6 2 7 1 7
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL.
PHONE NO.: 567-0916

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil + Water	none		3,500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: Oil + Water
⑦ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: Machine Works

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A						E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Skilled Trade — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 1-22

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 0888
UNIT NO.:

⑮ PICK-UP DATE: 1-22
TIME: ____ ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: PKW
EPA NO.: C A D 0 7 6 2 7 1 7

⑱ QUANTITY (IF MEASURED): 48 13.40
⑲ STATE FEE (IF ANY): $ 13.40

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 1-25-82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 002287
03157

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME: BENDIX CORP.
EPA NO.: CAD 0 8 3 2 5 3 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 8-23-82
P.O. CONTRACT NO.: 8067-257183

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD 0 6 7 7 8 6 7 7 7
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 965-0976

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE SULFURIC ACID	CORROSIVE	1832	30	GAL	DRUMS / BAGS / CARTONS / DUMP TRUCK
WASTE CHROMIC ACID	CORROSIVE	1755	140	GAL	X TANK TRUCK / OTHER

⑥ WASTE CATEGORY: CAUSTIC [illegible] ⑦ EX. HAZ. WASTE PERMIT NO.: 378 ⑧ GENERATING PROCESS: PLATING SHOP

⑨ LIST COMPONENTS

		CONC. RANGE LOWER	UNITS			CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	
A	SULFURIC ACID	13	%	PPM	E			%	PPM
B	CHROMIC ACID	7	%	PPM	F			%	PPM
C	CAUSTIC SODA	6	%	PPM	G			%	PPM
D			%	PPM	NONHAZARDOUS MATERIAL			%	

⑩ WASTE PROPERTIES: PH 3 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ W. Speck Supervisor Plating — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 8-24-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 03157
UNIT NO.: 9

⑮ PICK-UP DATE: 8/24/82
TIME: 11:30 ☒ AM ☐ PM

⑯ [illegible] Driver — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD 0 6 7 7 8 6 7 7 7

⑱ QUANTITY (WEIGHT MEASURED): See M4
⑲ STATE FEE (IF ANY): $

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 8-26-82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 D02003
03561

12.55

3585

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 8-4-82
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: RKI-LANDFILL
EPA NO.: CAD067286747
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL.
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE SODIUM CYANIDE SOLUTION	~~[illegible]~~	1935	143	GAL.	DRUMS / BAGS / CARTONS / DUMP TRUCK
WASTE WATER	NONE	NONE	1200	GAL.	X TANK TRUCK / OTHER

⑥ WASTE CATEGORY: SODIUM CYANIDE + WATER ⑦ EX. HAZ. WASTE PERMIT NO.: 3-2672 ⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS				CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	
A	SODIUM CYANIDE 143 GALS	7 oz	PH 10.1	%	PPM	E				%	PPM
B	WATER 1200 GALS			%	PPM	F				%	PPM
C				%	PPM	G				%	PPM
D				%	PPM	NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH ____ X TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID X LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: X GLOVES X GOGGLES X RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 8-11-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3561
UNIT NO.: 9

⑮ PICK-UP DATE: 8/11/82
TIME: 10:45 X AM ☐ PM

⑯ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: RKI
EPA NO.: CAD067286747

⑱ QUANTITY (IF MEASURED): 4.77
⑲ STATE FEE (IF ANY): $ 19.88

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:

㉓ [signature] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 8-11-82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3584

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 02073
02800

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: C A D 0 0 8 3 2 5 3 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA., 91605
PHONE NO.: ~~(213)~~ (213) 765-1010
ORDER PLACED BY: W. J. SPECR
ORDER DATE: 5-14-82
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: BKK LANDFILL
EPA NO.: C A D 0 6 7 2 5 6 7 4 9
ADDRESS: 2210 W. HAUSH AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 565-0716

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE MURATIC ACID	8	1789	55	gals	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: 2
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM			CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A	MURATIC ACID	50		☒	☐	E				☐	☐
B				☐	☐	F				☐	☐
C				☐	☐	G				☐	☐
D				☐	☐					☐	☐

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH -1 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 2900
UNIT NO.:

⑮ PICK-UP DATE: 02800
TIME: 10 00 ☒ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE) 2-2-2987

⑰ NAME: BKK
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED):
⑲ STATE FEE (IF ANY): $

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉑ R. [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — 60 — 6-25-82 DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

~~STATE~~ DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – [illegible]

GENERATOR (GENERATOR MUST COMPLETE)

② NAME
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible] CA.
PHONE NO. [illegible]
ORDER PLACED BY [illegible] ORDER DATE 5/12/82
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME [illegible]
EPA NO. [illegible]
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE WEST COVINA CA
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY
NAME [illegible]
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. [illegible]

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS. NUMBER
WASTE Nitric Acid	[illegible]	1832	210	Gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE [illegible]		[illegible]	[illegible]	Gal	☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY 2 + 5
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS [illegible]

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	Nitric Acid	10		✓	
B	[illegible] Acid	15		✓	
C	Caustic Soda	14		✓	
D	[illegible]	58		✓	
E					
F					
G					

NONHAZARDOUS MATERIAL WATER 55 %

⑩ WASTE PROPERTIES: PH ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO [illegible]
UNIT NO [illegible]

⑮ PICK-UP DATE [illegible]
TIME [illegible] ☐ AM ☐ PM

⑯ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME [illegible]
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) [illegible]
⑲ STATE FEE (IF ANY) $ [illegible]

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 –

GENERATOR (GENERATOR MUST COMPLETE)

② NAME
EPA NO. [illegible]
ADDRESS [illegible] WAY
CITY, STATE, ZIP CODE [illegible] CA.
PHONE NO. [illegible]
ORDER PLACED BY [illegible] ORDER DATE 5/17/82
P.O./CONTRACT NO.

③ DESIGNATED TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME [illegible]
EPA NO. CAD067255279
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CA.
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY
NAME [illegible]
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. [illegible]

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE NITRIC ACID	CORROSIVE	1760	60	GAL	DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [ ] TANK TRUCK [X] OTHER
WASTE					

⑥ WASTE CATEGORY 2
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS PICKLING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	NITRIC ACID	1		✓	
B		[illegible]		✓	
C	WATER	99		✓	
D					
E					
F					
G					

NONHAZARDOUS MATERIAL 99 %

⑩ WASTE PROPERTIES: PH 2 [ ] TOXIC [ ] FLAMMABLE [X] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. [illegible]
UNIT NO. [illegible]

⑮ PICK-UP DATE [illegible]
TIME [illegible] [ ] AM [ ] PM

⑯ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) [illegible]
⑲ STATE FEE (IF ANY) $ [illegible]

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [ ] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

REVISED

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

(1) Manifest Number 699- 014013

GENERATOR (Generator Must Complete)

(2) Name BENDIX CORP.
EPA NO. CAD008325344
Address 11600 SHERMAN WAY Phone No 877-2881
City, State, Zip N. HOLLYWOOD, CA 91605
Order Placed By ____ ORDER DATE 4/26/82
P.O./CONTRACT NO. PO #51-4-22320

(3) DESIGNATED TSD FACILITY
Name VAN WATERS & ROGERS
EPA NO. CAD009230244
Address 1363 S. BONNIE BEACH PL.
City, State, Zip LOS ANGELES, CA 90023
Phone No. 213/865-8123

(4) ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
Name ____
EPA NO. ____
Address ____
City, State, Zip ____
Phone No. ____

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE 111 TRICHLOROETHANE WASTE	ORM-A	2831	4000#	8

CONTAINERS: NUMBER 8
TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER ____

(6) WASTE CATEGORY 63 (7) EX. HAZ. WASTE PERMIT NO. ____ (8) GENERATING PROCESS VAPOR DEGREASING

(9) LIST COMPONENTS:

	CONC. RANGE UPPER	LOWER	UNITS		CONC. RANGE UPPER	LOWER	UNITS
A.			☐ % ☐ ppm.	E.			☐ % ☐ ppm.
B.			☐ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material			%

(10) WASTE PROPERTIES: pH ____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
(11) PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other ____
(12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other ____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

(13) [signature] PLANT ENGINEER — Signature of Authorized Agent and Title — 4-29-82 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME Van Waters & Rogers
EPA NO. CAD009230244
ADDRESS 1363 So Bonnie Beach Pl PHONE NO. 213/265-8123
CITY, STATE, ZIP ____
JOB NO. ____
UNIT NO. ____
(15) PICK-UP DATE 4-29-82
TIME 2:10 ☐ AM ☐ PM
(16) [signature] Truck Driver — Signature of Authorized Agent and Title — 4-29-82 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Vusl
EPA NO. CAD009230244
PHONE NO. 263-3524
(18) QUANTITY (If Measured) ____
(19) STATE FEE (If Any) $ ____
(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: ____
(21) HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) ____
☐ Recovery or Reuse ☐ Storage/Transfer

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
(22) NAME ____
EPA NO. ____
(23) [signature] — Signature of Authorized Agent and Title — 4/29/82 Date Accepted

GENERATOR'S COPY FROM TSDF

FORM 00-V015-4B (4-77) (P) 1

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – [illegible]

GENERATOR (GENERATOR MUST COMPLETE)

② NAME [illegible]
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. [illegible]
ORDER PLACED BY [illegible] ORDER DATE 4-5
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME [illegible]
EPA NO. [illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. [illegible]

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE NITRIC ACID	CORROSIVE	1760	85	gal	DRUMS / BAGS / CARTONS / DUMP TRUCK / TANK TRUCK (X) / OTHER
WASTE					

⑥ WASTE CATEGORY [illegible]
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS [illegible]

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A	NITRIC ACID	24%			
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH [illegible] ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. [illegible]
UNIT NO. [illegible]

⑮ PICK UP DATE [illegible]
TIME [illegible] ☐ AM ☐ PM

⑯ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME [illegible]
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) [illegible]
⑲ STATE FEE (IF ANY) $ [illegible]

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – [illegible]

GENERATOR (GENERATOR MUST COMPLETE)

② NAME [illegible] CORP
EPA NO. [illegible]
ADDRESS [illegible] WAY
CITY, STATE, ZIP CODE [illegible] CAL 91605
PHONE NO. [illegible]
ORDER PLACED BY [illegible] ORDER DATE [illegible]
P.O./CONTRACT NO. [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME [illegible]
EPA NO. CAD[illegible]
ADDRESS [illegible]
CITY, STATE, ZIP CODE [illegible]
PHONE NO. [illegible]

④ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER [illegible]
WASTE CHROMIC ACID	CORROSIVE	1755	5,400	gal	[ ] DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK
WASTE					[X] TANK TRUCK [ ] OTHER

⑥ WASTE CATEGORY 2 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	%	PPM
A	CHROMIC ACID				4
B	WATER				
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL [illegible] %

⑩ WASTE PROPERTIES: PH [illegible] [X] TOXIC [ ] FLAMMABLE [X] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO
UNIT NO

⑮ PICK-UP DATE
TIME [ ] AM [ ] PM

⑯ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME [illegible]
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) 2073
⑲ STATE FEE (IF ANY) $ [illegible]

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD
[ ] SURFACE IMPOUNDMENT [ ] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 –

GENERATOR (GENERATOR MUST COMPLETE)

(2) NAME CORP
EPA NO. 3 2 5 3 3 9
ADDRESS
CITY, STATE, ZIP CODE HOLLYWOOD, CALIF. 91605
PHONE NO.
ORDER PLACED BY SPECK ORDER DATE
P.O./CONTRACT NO. 4121

(3) DESIGNATED TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO. 765-

(4) ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE CHROMIC ACID	CORROSIVE	1755	54		DRUMS / BAGS / CARTONS / DUMP TRUCK / TANK TRUCK / OTHER
WASTE					

(6) WASTE CATEGORY 2
(7) EX. HAZ. WASTE PERMIT NO.
(8) GENERATING PROCESS

(9) LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM			CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	CHROMIC ACID				PPM	E					
B	WATER				PPM	F					
C					PPM	G					
D					PPM						

NONHAZARDOUS MATERIAL %

(10) WASTE PROPERTIES: PH [illegible] ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
(11) PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
(12) SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

(13) SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO
UNIT NO

(15) PICK-UP DATE
TIME ☐ AM ☐ PM

(16) SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

(17) NAME
EPA NO.

(18) QUANTITY (IF MEASURED)
(19) STATE FEE (IF ANY) $

(21) HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

(22) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

(23) SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002400
1073

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX C[illegible]
EPA NO.: CAD0083[illegible]
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF.
PHONE NO.: 765-1010
ORDER PLACED BY: W.J. SPECHT ORDER DATE: 2-8-82
P.O./CONTRACT NO.: 8063-252-[illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067786749
ADDRESS: 2210 W. ARROW HWY
CITY, STATE, ZIP CODE: W. COVINA CAL.
PHONE NO.: 965-0746

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	
WASTE CHROMIC ACID	Corrosive	1755	143	gals	DRUMS	BAGS / CARTONS / DUMP TRUCK
WASTE ~~BLUE~~ DYE CAUSTIC	Corrosives	1760	240	gals	X TANK TRUCK	OTHER

⑥ WASTE CATEGORY: 9-4-5
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS	
A	CHROMIC ACID	20		%	PPM	E			%	PPM
B	BLUE DYE	85		%	PPM	F			%	PPM
C	CAUSTIC	6		%	PPM	G			%	PPM
D				%	PPM	NONHAZARDOUS MATERIAL			%	

⑩ WASTE PROPERTIES: PH 5-6 [X] TOXIC [ ] FLAMMABLE [X] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [signature] Supervisor Shipping
SIGNATURE OF AUTHORIZED AGENT & TITLE

2-9-82
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072813
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1073
UNIT NO.: 9

⑮ PICK-UP DATE: 2/9/82
TIME: 10:15 [X] AM [ ] PM

⑯ [signature] Driver
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067786749

⑱ QUANTITY (IF MEASURED): See #2469
⑲ STATE FEE (IF ANY): $

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [ ] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

2-9
DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 003323
03450

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD083213614
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA. 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W. J. SPECK ORDER DATE: 11-2-80
P.O./CONTRACT NO.: 8067-351077

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067786779
ADDRESS: 2210 AZUSA AVE.
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER
WASTE MURATIC ACID	8	1789	35	GALS.	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE OAKITE 90	CORROSIVE	1760	100	GALS	☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY: 3 of 5
⑨ EX. HAZ. WASTE PERMIT NO.: none
⑧ GENERATING PROCESS: PLATING

⑥ LIST COMPONENTS

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS	
A	MURATIC ACID	100		☒ %	☐ PPM	E			☐ %	☐ PPM
B	OAKITE 90	11		☒ %	☐ PPM	F			☐ %	☐ PPM
C				☐ %	☐ PPM	G			☐ %	☐ PPM
D				☐ %	☐ PPM	NONHAZARDOUS MATERIAL			%	

⑮ WASTE PROPERTIES: PH -1 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑰ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑱ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑦ W. Speck Supervisor Trades — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 11-3-80

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000007237
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 913
PHONE NO.: (213) 767-4424

JOB NO.: 3550
UNIT NO.: 9

⑮ PICK-UP DATE: 11/3/80
TIME: 2:20 ☐ AM ☐

⑯ Gary Davis — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067786779

⑱ QUANTITY (IF MEASURED): SEE #3550
⑲ STATE FEE (IF ANY): $

㉑ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉓ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉔ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED: 11-4-80

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 002981
03413

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W. J. SPECK ORDER DATE: 10-22-82
P.O./CONTRACT NO.: 8067-351022

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067258749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL.
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE NITRIC ACID	CORROSIVE	1760	60	GALS.	[ ] DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [X] TANK TRUCK [ ] OTHER
WASTE					

⑥ WASTE CATEGORY: 2
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A				2	
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: WATER 98%

⑩ WASTE PROPERTIES: PH 1.70 [ ] TOXIC [ ] FLAMMABLE [X] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: [ ] SOLID [ ] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Plants — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO: 3413
UNIT NO: 9

⑮ PICK-UP DATE: 10/25/82
TIME: 7 30 [X] AM [ ] PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067258749
⑱ QUANTITY (IF MEASURED): See #3447 0.22
⑲ STATE FEE (IF ANY): $
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [ ] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉑ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED

REVISED 11/80

REVISED 11-80

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

(1) Manifest Number 699 - 014305

FORM 00-V015-4B (4-77) ®

GENERATOR (Generator Must Complete)

(2) Name BENDIX CORP.
EPA NO. CAD 008325384
Address 11600 SHERMAN WAY Phone No. 765-1010
City, State, Zip NO. HOLLYWOOD, CA. 91605
Order Placed By RON ORDER DATE 10/6/82
P.O./CONTRACT NO. 51-04-18332

(3) DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
Name VAN WATERS & ROGERS
EPA NO. CAD 009230244
Address 1363 S. BONNIE BEACH PL.
City, State, Zip LOS ANGELES, CALIF. 90023
Phone No. (213) 265-8123

(4) ALTERNATE TSD FACILITY
Name
EPA NO.
Address
City, State, Zip
Phone No.

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE: 1,1,1 TRICHLOROETHANE	ORMA	2831	1500#	3/54 GA
WASTE				

CONTAINERS: NUMBER 3
TYPE: ☐ DRUMS ☑ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER

(6) WASTE CATEGORY 63 (7) EXI HAZ WASTE PERMIT NO. (8) GENERATING PROCESS VAPOR DEGREASING

(9) LIST COMPONENTS:

	CONC. RANGE UPPER	LOWER	UNITS		CONC. RANGE UPPER	LOWER	UNITS
A.			☐ % ☐ ppm.	E.			☐ % ☐ ppm.
B.			☐ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material		%	

(10) WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
(11) PHYSICAL STATE: ☐ Solid ☑ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other
(12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☑ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

(13) [illegible] PLANT ENGINEER 10-8-82
Signature of Authorized Agent and Title — Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME Van Waters & Rogers
EPA NO. CAD009230244
ADDRESS 1363 So. Bonnie Beach Pl. PHONE NO. 265-8123
CITY, STATE, ZIP Los Angeles 90023

JOB NO. 51-04-18332
UNIT NO. 51-25-28
(15) PICK-UP DATE 10-8-82
TIME 1:00 ☐ AM ☑ PM
(16) [illegible] 10-8-82
Signature of Authorized Agent and Title — Date

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

(17) NAME Kuhl
EPA NO. CAD009230244
PHONE NO. 265-8123
(18) QUANTITY (If Measured)
(19) STATE FEE (If Any) $ 0
(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

(21) HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☑ Recovery or Reuse ☐ Storage/Transfer

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
(22) NAME
EPA NO.

(23) [illegible] 10-8-82
Signature of Authorized Agent and Title — Date Accepted

GENERATOR'S COPY FROM TSDF

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

RECEIVED JAN 14 1983 Plant Engineering

363 – 003843

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BIAPIX
EPA NO. C A D 0 0 8 7 5 3 3 4
ADDRESS 1100 SHERMAN WAY
CITY, STATE, ZIP CODE NORTH HOLLYWOOD
PHONE NO. 765-1010
ORDER PLACED BY E. BLATTNER DECK ORDER DATE 12-15-8
P.O./CONTRACT NO.

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKH [illegible]
EPA NO. C A D 0 0 [illegible]
ADDRESS 3210 AZUSA AVE
CITY, STATE, ZIP CODE WEST COVINA
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL & WATER	COMBUSTIBLE	1270	3500	GALS	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE					☒ TANK TRUCK ☐ OTHER

⑥ WASTE CATEGORY 48

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	OIL	20		☒	☐	E				☐	☐
B	COOLANT	10		☒	☐	F				☐	☐
C	WATER	70		☒	☐	G				☐	☐
D				☐	☐					☐	☐

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH X ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] PLANT ENGINEER — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 12-1

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1177
UNIT NO. T-2 TR-4

⑮ PICK-UP DATE 12-16-8
TIME 8:15 ☒ AM ☐ PM

⑯ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKH
EPA NO. [illegible]

⑱ QUANTITY (IF MEASURED) 3500

⑲ STATE FEE (IF ANY) $ 183.92

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT 182.54 DF

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: 135104
NAME
EPA NO.

㉓ [illegible] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 12-18-

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003493
1127

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP.
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 11-24-
P.O./CONTRACT NO.: 8062-257109

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067786749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL.
PHONE NO.: 565-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OILY WATER	NONE		3,500	GAL	DRUMS / BAGS / CARTONS / DUMP TRUCK / TANK TRUCK / OTHER
WASTE					

⑥ WASTE CATEGORY: OIL
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: MACHINE WORK

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM		E			% PPM
B				% PPM		F			% PPM
C				% PPM		G			% PPM
D				% PPM		NONHAZARDOUS MATERIAL			%

⑫ WASTE PROPERTIES: PH 8 TOXIC FLAMMABLE CORROSIVE/IRRITANT REACTIVE SENSITIZER CARCINOGEN/MUTAGEN
⑬ PHYSICAL STATE: SOLID LIQUID SLUDGE SLURRY GAS OTHER
⑭ SPECIAL HANDLING INSTRUCTIONS: GLOVES GOGGLES RESPIRATOR OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

W. Speck Supervisor Radio — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 11-29

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 1127
UNIT NO.:
⑮ PICK-UP DATE: 11-29-8
TIME: 8:00 AM

⑯ Leon Olsen — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD067786749

⑱ QUANTITY (IF MEASURED): 22.20
⑲ STATE FEE: $90.80

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 20 gals

㉑ HANDLING OR DISPOSAL METHOD:
SURFACE IMPOUNDMENT — LANDFILL
INJECTION WELL — LAND TREATMENT
TREATMENT (SPECIFY)
RECOVERY OR REUSE — STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [signature] (60) — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 11/29/8

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD 3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 002966
03383

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 10-19-82
P.O./CONTRACT NO.: 8067-257109

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD067253749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CAL
PHONE NO.: 365-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL + WATER	NONE		3,500	GAL	[ ] DRUMS [ ] BAGS [ ] CARTONS [ ] DUMP TRUCK [X] TANK TRUCK [ ] OTHER
WASTE					

⑥ WASTE CATEGORY: OIL + WATER
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: MACHINE WORKS

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A					
B					
C					
D					
E					
F					7
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 [ ] TOXIC [ ] FLAMMABLE [ ] CORROSIVE/IRRITANT [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ] GAS [ ] OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [ ] GOGGLES [ ] RESPIRATOR [ ] OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Trades — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 10-21-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3383
UNIT NO.: 9

⑮ PICK-UP DATE: 10/21/82
TIME: 10:15 [X] AM [ ] PM

⑯ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME:
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): 20.65
⑲ STATE FEE (IF ANY): $ 82.60

㉑ HANDLING OR DISPOSAL METHOD:
[ ] SURFACE IMPOUNDMENT [ ] LANDFILL
[ ] INJECTION WELL [ ] LAND TREATMENT
[ ] TREATMENT (SPECIFY)
[ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED: 10/21/82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD 3585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 002926
03277

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BENDIX CORP
EPA NO. CAD008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 9-15-82
P.O./CONTRACT NO. 8067-257109

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CAD067786749
ADDRESS 2210 AZUSA AVE.
CITY, STATE, ZIP CODE W. COVINA CAL
PHONE NO. 565-0916

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL + WATER	NONE		3500	GAL	☐ DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☒ TANK TRUCK ☐ OTHER
WASTE					

⑥ WASTE CATEGORY OIL + WATER ⑦ EX. HAZ. WASTE PERMIT NO. NONE ⑧ GENERATING PROCESS Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A						E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Tiara (Spills) — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 9-17

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 3247
UNIT NO. 7

⑮ PICK-UP DATE 9/17/82
TIME 10:00 ☒ AM ☐ PM

⑯ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE) 148

⑰ NAME BKK
EPA NO. CAD067786749

⑱ QUANTITY (IF MEASURED) 1844
⑲ STATE FEE (IF ANY) $ 7376

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME
EPA NO.

㉓ R. Pearson (60) — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002510
03175

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BENDIX CORP.
EPA NO. CAD108325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 8-26-8
P.O./CONTRACT NO. 8067-257109

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CAD067256750
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CAL
PHONE NO. 365-0416

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL + WATER	NONE		3500	GAL.	X DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☐ OTHER
WASTE					

⑥ WASTE CATEGORY OIL + [redacted] ⑦ EX. HAZ. WASTE PERMIT NO. none ⑧ GENERATING PROCESS Machine Work

⑨ LIST COMPONENTS: [redacted]

		CONC. RANGE UPPER	LOWER	UNITS				CONC. RANGE UPPER	LOWER	UNITS	
A				%	PPM	E				%	PPM
B				%	PPM	F				%	PPM
C				%	PPM	G				%	PPM
D				%	PPM	NONHAZARDOUS MATERIAL				%	

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W. J. Speck Supervisor Tooling — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 8-27-

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 03175
UNIT NO. 2

⑮ PICK-UP DATE 8-27
TIME ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKK
EPA NO. CAD067256750

⑱ QUANTITY (IF MEASURED) 17.43
⑲ STATE FEE (IF ANY) $ 61.72

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 8-27-82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

35852

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

(11)

363 001992

03564

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CAD008325334
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 8-4-82
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD066726749
ADDRESS: 7210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 965-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE HYDROFLUORIC ACID	CORROSIVE ~~[illegible]~~	1790	10	GAL	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
WASTE WATER	NONE	NONE	5,000	GAL	☒ TANK-TRUCK ☐ OTHER

⑥ WASTE CATEGORY:
⑦ EX. HAZ. WASTE PERMIT NO.: 3-3054
⑧ GENERATING PROCESS: PLATING

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	HYDROFLUORIC 10 GAL	11%	PH		
B	WATER 5,000 GAL	N			
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: ____ %

⑩ WASTE PROPERTIES: PH 1.5 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 8-[illegible]

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 3569
UNIT NO.: 9

⑮ PICK-UP DATE: 8/13/82
TIME: 1:30 ☐ AM ☒ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

(2)

⑰ NAME: BKK
EPA NO.: [illegible]749

⑱ QUANTITY (IF MEASURED): 1040
⑲ STATE FEE (IF ANY): $ 2760

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME:
EPA NO.:

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 8-16-82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 02001 03528

3585

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP.
EPA NO.: CA0008353334
ADDRESS: ~~11600 SHERMAN WAY~~
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 8-2-82
P.O./CONTRACT NO.: [illegible] 8067-257109

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKT LANDFILL
EPA NO.: CAD067285749
ADDRESS: 2310 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CA
PHONE NO.: 564-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL + WATER	NONE	-	4,000	GALS	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER ☐
WASTE					

⑥ WASTE CATEGORY: OIL + WATER
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: MACHINE WORK

⑨ LIST COMPONENTS:

	CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM		CONC. RANGE UPPER	LOWER	UNITS %	UNITS PPM
A					E				
B					F				
C					G				
D									

NONHAZARDOUS MATERIAL: 95% WATER %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] Supervisor
SIGNATURE OF AUTHORIZED AGENT & TITLE

8-3-82
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 03528
UNIT NO.: 2

⑮ PICK-UP DATE: 8-3-82
TIME: ☐ AM ☐ PM

⑯ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

48

⑰ NAME: BKT
EPA NO.: [illegible]

⑱ QUANTITY (IF MEASURED): 3.01
⑲ STATE FEE (IF ANY): $ 52.01

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible]
SIGNATURE OF AUTHORIZED AGENT & TITLE

8-3-82
DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 01937

3585

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BANDY CORP.
EPA NO.: C A D 0 0 0 0 5 3 3 4
ADDRESS: 11605 SHERMAN WAY
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA., 91605
PHONE NO.: (213) 765-1140
ORDER PLACED BY: [illegible] ORDER DATE: 7/13/82
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: PSK Landfill
EPA NO.: C A D 0 0 7 2 8 3 1 4 7
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA CA
PHONE NO.: 965-0911

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL WATER	NONE		3800	GALS	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: 48
⑦ EX. HAZ. WASTE PERMIT NO.:
⑧ GENERATING PROCESS: SUMP

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A	OIL WATER				
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL: 95-96 WATER %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED 7/15/82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 03071
UNIT NO.: 2

⑮ PICK-UP DATE: 7-15-82
TIME: ☐ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME:
EPA NO.:

⑱ QUANTITY (IF MEASURED): 1800
⑲ STATE FEE (IF ANY): $ [illegible]

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 1722

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED 7/15/82

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 02079
02836

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP
EPA NO.: CAD008325
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA. 91605
PHONE NO.: (213) 765-1010
ORDER PLACED BY: W.J. SPECK DEPT. 6-22
BILL TO NO.: 8063-953202

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD006786749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CALIF
PHONE NO.: 965-0716

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE Oil & Water	NONE		3,500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☐ OTHER
WASTE					

⑥ WASTE CATEGORY: Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: Machine Work

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS
A				% PPM	E				% PPM
B				% PPM	F				% PPM
C				% PPM	G				% PPM
D				% PPM	NONHAZARDOUS MATERIAL				%

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ [illegible] ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W.J. Speck Supervisor Trucks — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 6-24-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072847
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 02836
UNIT NO.: 2
⑮ PICK-UP DATE: 6-24-82
TIME: ☐ AM ☐ PM
⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK
EPA NO.: CAD006786749
⑱ QUANTITY (IF MEASURED): 13.87
⑲ STATE FEE (IF ANY): $ 13.87
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 25.00
㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.
REVISED 11/80
㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE (60)
DATE ACCEPTED: 6-24-82

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 001829

GENERATOR (GENERATOR MUST COMPLETE)

① NAME: BENDIX CORP.
EPA NO.: C A D 0 8 3 2
ADDRESS: 5000 SHERMAN WAY
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA
PHONE NO.: 765-1010 x333
ORDER PLACED BY: W. J. Speck
ORDER DATE: 6/2/82
P.O. CONTRACT NO.: 8063-253202

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: C A D 0 6 7 7 8 6 7 4 9
ADDRESS: 2210 AZUSA AVE.
CITY, STATE, ZIP CODE: W. COVINA, CA
PHONE NO.: 564-0916

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL & WATER	NONE		3,800	GALS	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER ☐
WASTE					

⑥ WASTE CATEGORY: Oil
⑦ EX. HAZ. WASTE PERMIT NO.: None
⑧ GENERATING PROCESS: Machine Works

⑨ LIST COMPONENTS:

	CONC. RANGE LOW	CONC. RANGE HIGH	UNITS %	UNITS PPM		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A					E				
B					F				
C					G				
D									

NONHAZARDOUS MATERIAL: 95% water

⑩ WASTE PROPERTIES: PH 8 FLAMMABLE ☐ CORROSIVE ☐ IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ SLUDGE ☐ POWDER ☒ LIQUID ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [signature] PLANT ENGINEER — SIGNATURE OF AUTHORIZED AGENT & TITLE — 6-2-82 DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 2754
UNIT NO.: 9

⑮ PICK-UP DATE: 6/2/82
TIME: 4:00 ☐ AM ☐ PM

⑯ [signature] [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: Oil Gathering Systems
EPA NO.: N/C
⑱ QUANTITY (IF MEASURED):
⑲ STATE FEE (IF ANY): $ 1

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☒ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ [signature] — SIGNATURE OF AUTHORIZED AGENT & TITLE — 6/2/82 DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

585

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 –

GENERATOR (GENERATOR MUST COMPLETE)

② NAME CORP.
EPA NO. 2 5 5 3 4
ADDRESS CHEVRON WAY
CITY, STATE, ZIP CODE CALIF 9160
PHONE NO.
ORDER PLACED BY ORDER DATE 4-24
P.O./CONTRACT NO.

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO. 562-0146

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL + WATER	NONE		3500	GALS.	DRUMS / BAGS / CARTONS / DUMP TRUCK / TANK TRUCK / OTHER
WASTE					

⑥ WASTE CATEGORY OIL + WATER ⑦ EX. HAZ. WASTE PERMIT NO. NONE ⑧ GENERATING PROCESS MACHINE

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH ____ ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91
PHONE NO. (213) 767-4424

JOB NO.
UNIT NO

⑮ PICK UP DATE
TIME ____ ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME
EPA NO.

⑱ QUANTITY (IF MEASURED)
⑲ STATE FEE (IF ANY) $

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 002685

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: CAD009323333
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL
PHONE NO.: 765-1010
ORDER PLACED BY: W.J. SPECK ORDER DATE: 4-13
P.O. / CONTRACT NO.: 5063-253202

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: BKK LANDFILL
EPA NO.: CAD047020477
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 565-0716

④ ALTERNATE TSD FACILITY
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OILY WATER	NONE		3500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☐ OTHER
WASTE					

⑥ WASTE CATEGORY: OILY WATER
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: Machine Wash

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM
A					
B					
C					
D					
E					
F					
G					

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH ____ ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ W.J. Speck Supervisor Radio — SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED: 4-13

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA
PHONE NO.: (213) 767-4424
JOB NO.: 2135
UNIT NO.: 3
⑮ PICK-UP DATE: 4-13-8
TIME: ____ ☐ AM ☐ PM
⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: BKK LANDFILL
EPA NO.: CAD047020477
⑱ QUANTITY (IF MEASURED): 1172
⑲ STATE FEE (IF ANY): $ 1172
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
㉑ HANDLING OR DISPOSAL METHOD: ☐ SURFACE IMPOUNDMENT ☒ LANDFILL ☐ INJECTION WELL ☐ LAND TREATMENT ☐ TREATMENT (SPECIFY) ☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:
㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED: 4-13

REVISED 11/80

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number **147 000657**

GENERATOR (GENERATOR MUST COMPLETE)

2 Name: BENDIX CORP
EPA #: CAD 008 325 334
Address: 11600 Sherman Way Phone: 765-1010
City, State, Zip: North Hollywood 91603

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)
Name: CASMALIA DISPOSAL
EPA #: CAD 020 748 125
Address: RTO Rd Phone: 805-937-8449
City, State, Zip: Casmalia 93429

4 Alternate TSD Facility
Name
EPA #
Address Phone
City, State, Zip

5

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE Cyanide solution nes	Poison B	UN1935	55gal	3	TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER
WASTE					

6 Waste Category 22 P030
7 Ext. Haz. Waste Permit No. 3-2672
8 Generating Process Plating

LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS
9 A. Sodium Cyanide	2.5	[redacted]	[redacted]
B.		[redacted]	[redacted]
C.		[redacted]	[redacted]
D.		[redacted]	[redacted]
E.			☐% ☐ppm.
F.			☐% ☐ppm.
G.			☐% ☐ppm.

Non-Hazardous Material ____ %

10 WASTE PROPERTIES: pH 12 ☒ Toxic ☐ Flammable ☐ Corrosive ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ [redacted]
12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirat[redacted]

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL [redacted] RESPONSE CENTER, U.S. COAST GUARD 1-800-424-880[redacted]

[redacted] Truck Supervisor Trades
Signature of Authorized Agent and Title

4-6-82
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

15 PICK-UP DATE 4-6-82

14 TRANSPORTER NAME Containerized Chemical Disposal Inc.
EPA NO. CAT 000 611 483 Time 9:30 ☒ AM ☐ PM
ADDRESS P. O. Box 1142 PHONE (213) 445-5344
CITY, STATE, ZIP Monrovia, CA 91016

16 L Hoggenbuck Pres
Signature of Authorized Agent and Title

4/2/82
Date

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE) #64752

17 NAME Casmalia Resources
EPA NO. CAD 020 748 125
PHONE NO.

18 QUANTITY (If Measured)
19 STATE FEE (If Any)

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

21 HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name
EPA NO.

23 Bibbette Schulstraete
Signature of Authorized Agent and Title

4-07-82
Date Accepted

Copy 1—WHITE: TSD Facility Keeps [illegible] to Transporter from TSDF Copy 3—PINK: To Generator from TSDF Copy 4—GOLDENROD: Generator Keeps
Copy 5—GREEN: TSD Facility Sends to DOHS Copy 6—BLUE: Generator Sends to DOHS DOHS

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 002917
02911

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CORP
EPA NO.: C A D 0 0 3 2 5 9 3 4
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD CAL
PHONE NO.: 765-1010
ORDER PLACED BY: W. J. SPECK ORDER DATE: 3-24
P.O./CONTRACT NO.: [illegible]

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME: [illegible]
EPA NO.: C A D 0 6 2 2 7 5 2 9 4
ADDRESS: 2210 [illegible] AVE
CITY, STATE, ZIP CODE: [illegible] CAL
PHONE NO.: 965-0912

④ ALTERNATE TSD FACILITY

NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE COOLANT + WATER			3,500	gal	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER ☐
WASTE					

⑥ WASTE CATEGORY: COOLANT + WATER ⑦ EX. HAZ. WASTE PERMIT NO.: ⑧ GENERATING PROCESS: MACHINE WORK

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	COOLANT + WATER					E					
B						F					
C						G					
D											

NONHAZARDOUS MATERIAL ____ %

⑩ WASTE PROPERTIES: PH 8 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☒ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑬ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: C A D 0 0 0 0 7 2 8 4 3
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.: 2911
UNIT NO.: 7

⑮ PICK-UP DATE: 3/28/8
TIME: 7:30 ☒ AM ☐ PM

⑯ [illegible] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME:
EPA NO.:

⑱ QUANTITY (IF MEASURED):
⑲ STATE FEE (IF ANY): $

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:
EPA NO.:

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE ACCEPTED

REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 – 002576

GENERATOR (GENERATOR MUST COMPLETE)

② NAME: BENDIX CO
EPA NO.: CAD008325397
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CALIF 91605
PHONE NO.: 765-1610
ORDER PLACED BY: W. J. SPECK ORDER DATE: 3-15-82
P.O. / CONTRACT NO.: 8063-253

③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: RKH LANDFILL
EPA NO.: CAD067286749
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CAL
PHONE NO.: 565-6916

④ ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE OIL & WATER	NONE		3500	GAL	DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☒ OTHER
WASTE					

⑥ WASTE CATEGORY: OIL
⑦ EX. HAZ. WASTE PERMIT NO.: NONE
⑧ GENERATING PROCESS: MACHINEWORK

⑨ LIST COMPONENTS

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
A		%	%	PPM
B		%	%	PPM
C		%	%	PPM
D		%	%	PPM
E		%	%	PPM
F		%	%	PPM
G		%	%	PPM

NONHAZARDOUS MATERIAL: %

⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. Speck Supervisor Trans — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 3-15-82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME: LIQUID WASTE MANAGEMENT
EPA NO.: CAD000072844
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO.
UNIT NO.: 2

⑮ PICK-UP DATE: 3-15-82
TIME: ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME: RKH
EPA NO.: CAD067286749

⑱ QUANTITY (IF MEASURED): 17.29
⑲ STATE FEE (IF ANY): $ 17.29

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED: 3-15-82

REVISED 11/80

1985 MANIFESTS

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-565892

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00039

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 84352650

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO

6. US EPA ID Number: CAD008302903

C. State Transporter's ID

D. Transporter's Phone (818) 334-5117

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
OIL & SOLVENT PROCESS CO.
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: CAD008302903

G. State Facility's ID: CADO 08302903

H. Facility's Phone: (818) 334-5117

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. 111 WASTE TRICHLOROETHANE ORM-A UN 2831	001	DM	00050	G	211
b. 7 WASTE FLAMMABLE LIQUID NOS UN 1993	001	DM	00250	G	214
c. WASTE FLAMMABLE LIQUID NOS UN 1993	002	DM	00100	G	461
d. HAZARDOUS WASTE LIQUID N.O.S. ORM-A NA-9189	001	DM	00050	G	211

J. Additional Descriptions for Materials Listed Above
a.1 Tri-95%, a.2 oil & grease-5%
b.1 oils-70% b.2 heptane-30%
c.1 paints 60% c.2 various thinners 40%
d.1 Freon-90% d.2 flux-10%

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK
Signature
Date: Month 10 Day 25 Year 85

TRANSPORTER

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

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

RECEIVED NOV 1 8 1985 Plant Engineering

FACILITY

19. Discrepancy Indication Space
N/A

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
Date: Month Day Year

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

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. CA D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 3 6

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 84352546

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: VAN WATERS & ROGERS
6. US EPA ID Number: C A D 0 0 9 2 3 0 2 4 4

C. State Transporter's ID: 63198 265-8123

D. Transporter's Phone: (213) ~~256-8123~~

7. Transporter 2 Company Name: VAN WATERS & ROGERS
8. US EPA ID Number: C A D 0 0 9 2 3 0 2 4 4

E. State Transporter's ID: 63198

F. Transporter's Phone:

9. Designated Facility Name and Site Address
VAN WATERS & ROGERS
1363 S. Bonnie Beach Pl.
Los Angels, CA 90023
10. US EPA ID Number: C A D 0 0 9 2 3 0 2 44

G. State Facility's ID: CADO 09230244

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

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE TRICHLOROETHANE III ORM-A UN 2831	0 0 3	D M	0 0 1 5 0	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TRI - 80 %
Water 5%
Oil 15%

K. Handling Codes for Wastes Listed Above
K01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES
ORMEGA CHEMICAL CORP (213) 698-0991
12504 E. WHITTIER BL.
WHITTIER, CAL. 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: R. SLATTERBECK — Signature: [signature] — Date: Month 10 Day 15 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Vincent Ponce Jr. — Signature: [signature] — Date: Month 10 Day 15 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: VINCENT PONCE JR. — Signature: [signature] — Date: Month Day Year

RECEIVED
OCT 29 1985
Plant Engineering

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: [illegible] — Signature: [illegible] — Date: Month Day Year

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-562-348

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00031

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number 84352840

B. State Generator's ID CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184

C. State Transporter's ID 54998

D. Transporter's Phone *818* 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St., Compton, CA 90222
10. US EPA ID Number: CAT080013352

G. State Facility's ID CATO 80013352

H. Facility's Phone (213) 537-7100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	CT	02600	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water Soluble Oils - 4%
OILS - 20%
Water 76%
E-7476

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: W J SPECK
Signature
Date: Month 08 Day 09 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES LAWRENCE
Signature
Date: Month 08 Day 09 Year 85

RECEIVED AUG 26 1985 Plant Engineering

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: GARY SHAW
Signature
Date: Month 8 Day 26 Year 85

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

80541

State of California—Health and Welfare Agency

8053-562319

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 3 0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352639

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID: 64-82

D. Transporter's Phone: (818)334-5117

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
OIL & SOLVENT PROCESS CO.
1704 First St
Azusa, CA 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID: CADO 08302903

H. Facility's Phone: (XIX)(818) 334-5117

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. WASTE FLAMMABLE LIQUID NOS UN 1993	0 1 1	D M	0 0 5 5 0	G	214
b. WASTE HAZARDOUS LIQUID ORME NOS. NA 9189	0 0 2	D M	0 0 1 0 0	G	211
c. WASTE COMBUSTIBLE LIQUID NOS NA 1993	0 0 1	D M	0 0 0 5 0	G	214
d. WASTE 1,1,1 TRICHLOROETHANE ORMA UN 2831	0 0 1	D M	0 0 0 5 0	G	211

J. Additional Descriptions for Materials Listed Above
a) Kerosene 65%&oil 35%, Hydraulic oil 70% & Heptane 30%
Skydrol 70% & Heptane 30%.
b) Freon 85% & Flux 15%
c) Kerosene 75% & Dye 25% d) Tri 85% & Oil 15%.

K. Handling Codes for Wastes Listed Above
A - 77
B - 01
C - 01
D - 01

15. Special Handling Instructions and Additional Information EL00564 & 00566+00565+00567

GLOVES AND GOGGLES

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: R.J. Slatterbeck — Signature — Date: Month 0 8 Day 0 7 Year 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month 0 8 Day 0 7 Year 8 5

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

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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 — Date: Month Day Year

GENERATOR — TRANSPORTER — FACILITY

DHS 8022 A (7/84)

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

P 0 8053-563890

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00017

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11800 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352623

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 54997

D. Transporter's Phone: (818)824-3345

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
DENENNO/KERDOON
2100 N. Alameda St., Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT0 80013352

H. Facility's Phone: (213) 537-7100

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	Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	CT	02500	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water Soluble Oils - 3 %
Oils - 10 %
Water - 87 %

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. Slatterbeck — Signature — Date (Month Day Year): 05 31 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RANDY ALLAN — Signature — Date (Month Day Year): 05 31 85

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

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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 — Date (Month Day Year)

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

75156

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-561300

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 2 0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way,N. Hollywood, CA 91605

4. Generator's Phone (818)765-1010

A. State Manifest Document Number 84352627

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE

6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 56102

D. Transporter's Phone 818*-824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.,Compton,CA90222

10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2

G. State Facility's ID CATO 80013352

H. Facility's Phone (213) 637-7100

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	Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270	0 0 1	C T	0 2 4 0 0	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water Soluble Oils- 3%
Oils - 30%
Water - 67%

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: RON SLATTERBECK — Signature — Date: Month 0 7 Day 1 2 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month 0 7 Day 1 2 Year 8 5

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

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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 — Date: Month Day Year

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00018

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352624

B. State Generator's ID CAD0 08325334

5. Transporter 1 Company Name: VAN WATERS & ROGERS
6. US EPA ID Number: CAD009230244
C. State Transporter's ID 63147
D. Transporter's Phone (213)256-8123

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 S. Bonnie Beach P..
Los Angeles, CA 90023
10. US EPA ID Number: CAD009230244
G. State Facility's ID CAD0 09230244
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 TRICHLOROETHANE III ORM-A UN 2831	004	DM	00200	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TRI - 80%
Water - 5%
Oil - 15%

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R. SLATTERBECK — Signature — Date: Month 06 Day 12 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bob Martinez — Signature — Date: Month 06 Day 12 Year 85

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

RECEIVED JUN 24 1985 Plant Engineering

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: Robert S. Wood — Signature — Date: Month 6 Day 17 Year 85

GENERATOR / TRANSPORTER / FACILITY

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

84 89641

State of California—Health and Welfare Agency

Department ... Services
Toxic Substances C...
Sacramento,

8053-563772

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00016
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 84352622
B. State Generator's ID: CAD008325334

4. Generator's Phone: (818)765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034188
C. State Transporter's ID: 54998
D. Transporter's Phone: (818)824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St
Compton, CA 90222
10. US EPA ID Number: CAT080013352
G. State Facility's ID: CAT080013352
H. Facility's Phone: (213) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	CT	2000	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water Soluble Oils - 4%
Oils -30%
Water -66%
Dot. E. 7476

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. Slatterbeck — Signature: [signature] — Date (Month Day Year): 05 15 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS C. SILVA — Signature: [signature] — Date (Month Day Year): 05 15 85

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

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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: Tyler William — Signature: [signature] — Date (Month Day Year): 5 15 85

GENERATOR
TRANSPORTER
FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 15

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

A. State Manifest Document Number: 84352621

B. State Generator's ID: CAD008325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID: 53155

D. Transporter's Phone: (818)334-5117

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
OIL & SOLVENT PROCESS CO.
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID: CAD008302903

H. Facility's Phone: (818) 334-5117

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 FLAMMABLE LIQUID NOS UN1993	002	DM	00100	G	214
b. WASTE TRICHLOROETHANE ORMA UN2831	001	DM	00050	G	211
c. WASTE FLAMMABLE LIQUID NOS UN1993	002	DM	00100	G	214
d. WASTE FLAMMABLE LIQUID NOS UN 1993	001	DM	00050	G	214

J. Additional Descriptions for Materials Listed Above
a-Skydrol 80%,Heptane 20%
b-Calgon 3578-80%,Oil&grease 5%
c-MEK-10%,Heptane 10%,Thinners 50%,paint 30%
d-MEK 20%,Heptane 20%, thinners 50%,paint 10%

K. Handling Codes for Wastes Listed Above
A - 99
b - 01
c - 01
D - 01

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

BL 207294 207284 20727 11085

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 05 Day 02 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAVID H SAUCEDO. — Signature: [signature] — Date: Month 05 Day 02 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

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19. Discrepancy Indication Space: N/A

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

Printed/Typed Name: PAULA M ROLAND — Signature: [signature] — Date: Month 05 Day 02 Year 85

GENERATOR — TRANSPORTER — FACILITY

20729 - 1047 G. 11085 - 49T.G 20727 - 71T.G 20728 - 54T.G

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

84 89541

State of California—Health and Welfare Agency

8067 558943

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00011

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352617

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: CROWLEY ENVIRONMENTAL SERVICES CORP.

6. US EPA ID Number: CAD082699562

C. State Transporter's ID: 84551

D. Transporter's Phone: (213) 491-4757

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: cato 080013352

H. Facility's Phone: (213) 637-7100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.OS./COMBUSTIBLE LIQUID UN 1270	001	CT	02600	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water Soluble Oils 2%
& Oils
Water 98%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information

GOGGLES AND GLOVES

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: R.J. SLATTERBECK
Signature: [signature]
Date: Month 04 Day 29 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bill A Metz
Signature: Bill A Metz
Date: Month 04 Day 29 Year 85

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

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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: Danny Machado
Signature: Danny Machado
Date: Month 04 Day 29 Year 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-563102

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00010

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352616

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 56102

D. Transporter's Phone: (818) 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352

H. Facility's Phone: (213) 537-7100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270	001	CT	02500	G	222
b.					
c.					
d.					

DOT #F7476

J. Additional Descriptions for Materials Listed Above
Water Soluble Oils -4%
Oils -40%
Water -56%

K. Handling Codes for Wastes Listed Above
G1

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. Slatterbeck
Signature: [signature]
Date (Month Day Year): 04 30 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE McMANAMA
Signature: [signature]
Date (Month Day Year): 04 30 85

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

FACILITY

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

Printed/Typed Name: Aguilar Wilson
Signature: [signature]
Date (Month Day Year): 4 29

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

84 69541

State of California—Health and Welfare Agency

P 0 8067558248

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: CAD008325334 00008

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX CORP. /ELECTRODYNAMICS DIV.
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352514

B. State Generator's ID

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 5 6 1 3

D. Transporter's Phone: (818)824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352

H. Facility's Phone: (213) 537-7100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./Combustible Liquid UN1270	001	CT	2500	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS - 2%
OILS - 20%
WATER - 78%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. Slatterbeck | Signature | Date: Month 04 Day 04 Year 85

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TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month 04 Day 04 Year 85

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: Danny Machado | Signature | Date: Month 04 Day 04 Year 85

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

P 0 8067-557629

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00006

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Bendix Corporation Electrodnyamics Div.
11600 Sherman Way
No. Hollywood, CA 91605

4. Generator's Phone (818)765-1010

A. State Manifest Document Number 84352512

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID 54996

D. Transporter's Phone (818)824-3345

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
DEMENNO/KERDOON
2100 No. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID CAT080013352

H. Facility's Phone (213) 537-7100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM ~~PETROLEUM WASTE~~ OIL N.O.S. Combustible Liquid UN1270	001	CT	2600	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water soluble oils- 2%
Oils -20%
Water -78%
DOT E 7476

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. Slatterbeck
Signature:
Date (Month Day Year): 03 15 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Thomas C. Sales
Signature:
Date (Month Day Year): 03 15 84

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

FACILITY

19. Discrepancy Indication Space
Plant Engineer

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

Printed/Typed Name: DANNY MACHADO
Signature:
Date (Month Day Year): 3 15 84

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

34 69641

State of California—Health and Welfare Agency

Department of Toxic Substances Control, Sacramento, Ca.

P.O.#8067-556938 W.O.#5680

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00005

2. Page 1 of

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

3. Generator's Name and Mailing Address
BENDIX ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO. HOLLYWOOD, CA, 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352611

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name OIL PROCESS CO

6. US EPA ID Number CAD008088850

C. State Transporter's ID 53287

D. Transporter's Phone (213) 585-5063

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
DEMINNO/KERDOON
2100 NO. ALAMEDA ST
COMPTON, CA.,,90222

10. US EPA ID Number CATO8000133 52

G. State Facility's ID CATO8001352

H. Facility's Phone

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 NA 9189	001	CT	02500	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS— 5%
OILS —20%
WATER —75%

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
[redacted] GLOVES

RECEIVED
APR 1985

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 R.J. SLATTERBECK | Signature | Date Month 02 Day 26 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name DAVID R. GAGNE 50 5680 | Signature | Date Month 02 Day 26 Year 85

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 JEROME R HYDE | Signature Jerome R. Hyde | Date Month 02 Day 28 Year 85

DHS 22 A (7/84)
(EPA 700-22)

84 89541

State of California—Health and Welfare Agency

P.O.#8067-556935

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX/ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

4. Generator's Phone (818)765-1010

A. State Manifest Document Number: 84352609

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID: 53156

D. Transporter's Phone: (818)334-5117

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
OIL & SOLVENT PROCESS CO.
1704 FIRST ST.
AZUSA, CA., 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID: CAD008302903

H. Facility's Phone: (818)334-5117

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 TRICHLOROETHANE	ORM A	UN 2831	0 0 3	DM	0 0 1 5 0	G	211
b. WASTE HAZARDOUS LIQUID	ORM E	UN 9189	0 0 1	DM	0 0 0 5 0	G	211
c. WASTE FLAMMABLE LIQUID	N.O.S	UN 1993	007 ~~0 0 8~~	DM	~~0 0 0 4 0 0~~ 00050	G	214
d.							

J. Additional Descriptions for Materials Listed Above (70%) (30%)
A-1 TRI 85% OIL & GREASE 15%
B-1 FREON 95% FLUX 5%
C-1 OIL & HEPTANE
C-2 PAINT WASTE-PAINT 80% THINNER 20%-MEK 20%
C-3 METHANOL-100%

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

15. Special Handling Instructions and Additional Information

MAKE SURE ALL BUNGS ARE TIGHT

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: R.J.SLATTERBECK — Signature — Date: Month 0 2 Day 2 6 Year 8 5

RECEIVED

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DON NEDWARDS — Signature — Date: Month 0 2 Day 2 6 Year 8 5

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

#3 310 gallons received difference of 40gal

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

Printed/Typed Name: Pat Rocha — Signature: Pat Rocha 02-26-85 — Date: Month Day Year

GENERATOR

TRANSPORTER

FACILITY

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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P O # 8067-556558

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00003

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX/ELECTRODYNAMICS DIVISION
11600 Sherman Way , No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352508

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 54997

D. Transporter's Phone: 800-824-3345

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
DEMENNO/KERDOON
2100 No. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352

H. Facility's Phone: (213) 637-7100

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. Petroleum waste oil & Water N.O.S. combustible liquid UN 1270	001	CT	03300	G	222
b.					
c.					
d.					

RECEIVED
Plant Engineering

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS 5%
OILS 5%
WATER 90%
7476

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: R.J. SLATTERBECK — Signature — Date (Month Day Year): 2 14 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RANDY L. ALLAN — Signature — Date (Month Day Year): 2 14 85

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: JOHN PEHRMAN — Signature — Date (Month Day Year): 2 14 85

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

84 89641

State of California—Health and Welfare Agency

[redacted]232

W0860[redacted]

P.O. # 8067-556083

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 0 2

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX/ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. Hollywood, CA. 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352607

B. State Generator's ID: C A D 0 0 8 3 2 5 3 3 4

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C. A. T. 0. 8. 0. 0. 3. 4. 1. 8. 4

C. State Transporter's ID: 54997

D. Transporter's Phone: (800)824-3345

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
ENVIRONMENTAL PROTECTION CORP. , Highway 33
Fellows, CA.

10. US EPA ID Number: C. A. T. 0. 8. 0. 0. 1. 0. 2. 8. 3

G. State Facility's ID: CAT080010283

H. Facility's Phone: (805) ~~399-8087~~ 768 4806

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. Petroleum Waste Oil & Water N.O.S. Combustible Liquid UN 1270	0 0 1	C T	0 3 5 0 0	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS 5%
OILS 5%
WATER 90%
E-7476

K. Handling Codes for Wastes Listed Above
OC

15. Special Handling Instructions and Additional Information
KEEP AWAY FROM HEAT AND OPEN FLAME

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: W.J. SPECK — Signature: [signature] — Date: Month 1 Day 30 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Randy L. Allen — Signature: [signature] — Date: Month 01 Day 30 Year 85

RECEIVED APR 1 1985

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature: Plant Engineering — Date: Month Day Year

FACIL

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: Susan Platzer — Signature: Susan Platzer — Date: Month 01 Day 30 Year 85

22 A (7/84)
(20-22)

[illegible]

SPC #[illegible]

[illegible]

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.)

01 Sheldbe

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No. 00006
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BENDIX/ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352606
B. State Generator's ID

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184
C. State Transporter's ID E-7476
D. Transporter's Phone (800) 824-3345

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
DEMENNO/KERDOON
2100 NO. ALAMEDA ST.
COMPTON, CA., 90222
10. US EPA ID Number: CAT080013352
G. State Facility's ID CAT080013352
H. Facility's Phone (213) 537-7100

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. PETROLEUM WASTE OIL & WATER N.O.S. COMBUSTIBLE LIQUID UN 1270	001	CT	02700	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS 5%
OILS 5%
WATER 90%
E-7476

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
KEEP AWAY FROM HEAT AND FLAME

RECEIVED

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: R. SLATTERBECK
Signature
Date: Month 01 Day 09 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RANDY L. ALLEN
Signature
Date: Month 01 Day 09 Year 85

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: DWAYNE REED
Signature: Dwayne Reed
Date: Month 1 Day 1 Year 85

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

34 83641

WO/R 4694

California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00067

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352681

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 66354

D. Transporter's Phone: (800) 824-3345

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
CASMALIA-Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: CAS020748125

G. State Facility's ID: CADO 20748125

H. Facility's Phone: (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE POISONOUS SOLID N.O.S. POISON B UN 2811	005	CM	00011	Y	512
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TANKS AND WOOD CONTAMINATED WITH CYANIDE SALTS
CALIFORNIA EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT #3-8299

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
DUST MASKS AND GLOVES

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 12 20 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Date (Month Day Year): 12 23 85

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

FACILITY

19. Discrepancy Indication Space
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 06810 - 4900 lbs

Printed/Typed Name: Casmalia Resources Susie Lowers — Signature: [signature] — Date (Month Day Year): 12 26 85

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

84 89541

WD/#4693

LAXD 74980

California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00068

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 84352682

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 46376

D. Transporter's Phone: (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CATO 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID, N.O.S. UN 9189 ORM-E	007	CM	29.6	Y	512
b. Lab Analysis					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TANKS AND WOOD CONTAMINATED WITH PLATING SOLUTION
REFER TO WASTE PROFILE # D 74980

K. Handling Codes for Wastes Listed Above: C3

15. Special Handling Instructions and Additional Information

JAN 9 1985
Plant Engineering

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: R.J. Slatterbeck
Signature:
Date: Month 12 Day 28 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph R. Tapia
Signature: Joseph R. Tapia
Date: Month 12 Day 20 Year 84

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

19. Discrepancy Indication Space
9. Improper Facility Address

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

GENERATOR

TRANSPORTER

FACILITY

DHS 8022 A (7/84)

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. CA D 0 0 8 3 2 5 3 3 4 Manifest Document No. 0 0 0 6 6

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352679

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name GT EQUIPMENT

6. US EPA ID Number CAD084678417

C. State Transporter's ID 66964

D. Transporter's Phone (213) 245-2477

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number C.A.T.0.0.0.6.4.6.1.1.7

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID , N.O.S. , ORM-E , NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 6 1986
Plant Engineering

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: R.J. SLATTERBECK
Signature:
Date: Month 1 2 Day 1 7 Year 8 5

TRANSPORTER

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

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: Ricardo S. Abellera
Signature: Ricardo S. Abellera
Date: Month 12 Day 17 Year 85

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

84 89541

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 0 8 3 2 5 3 3 4 0 0 0 6 5 — 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
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352678

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID: 45155

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: CATO 00646117

H. Facility's Phone: (209) 386-9711

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	Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S. , ORM-E, NA 9189	001	DT	1/2	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 6 1986
Engineering

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: R.J. SLATTERBECK — Signature — Date: Month 12 Day 17 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott [illegible] — Signature — Date: Month 12 Day 17 Year [illegible]

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 — Signature — Date: Month Day Year

DHS 8022 A (7/84)

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 6 4

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352677

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: M'CANTS TRUCKING

6. US EPA ID Number: CAD048604029

C. State Transporter's ID: 65110

D. Transporter's Phone: (213) 638-2584

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: CATO 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID, N.O.S., ORM-E, NA 9189	0 0 1	D T	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

JAN 6 1986
Plant Engineering

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 1 2 Day 1 7 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: KELVIN C. WHITTIKER — Signature: [signature] — Date: Month 1 2 Day 1 7 Year 8 5

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: Ricardo S Abelleira — Signature: [signature] — Date: Month 12 Day 17 Year 85

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

84 89641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 6 3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352676

B. State Generator's ID: CAD0 0825334

5. Transporter 1 Company Name: M-CANTS TRUCKING

6. US EPA ID Number: CAD048604029

C. State Transporter's ID:

D. Transporter's Phone: (213) 638-2584

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID: 65113

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C.A.T.0.0.0.6.4.6.1.1.7

G. State Facility's ID: CAT0 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID, N.O.S., ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
U3

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 6 1986

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	Signature	Date (Month Day Year)
R.J. SLATTERBECK		12 17 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
E.J. WHITTINGTON	E.J. Whittington	12 17 85

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	Signature	Date (Month Day Year)
S. Nunez		12 17 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00062

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way,NO. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352675

B. State Generator's ID CAD0 0825334

5. Transporter 1 Company Name GT EQUIPMENT

6. US EPA ID Number CAD084698497

C. State Transporter's ID 66962

D. Transporter's Phone 818 2415792

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT0 00646117

H. Facility's Phone (209) 386-9711

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 SOLID, NOS, ORM-E, NA 9189	001	DT	0016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 6 1986
Plant Engineering

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 R.J. SLATTERBECK — Signature — Date Month Day Year 12 17 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name D.R. McDonald — Signature — Date Month Day Year 12 17 85

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 Ricardo S. Abelleira — Signature — Date Month Day Year 12 17 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: CAD008325334 00061

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1001

A. State Manifest Document Number: 84352674

B. State Generator's ID: CAD0 0825334

5. Transporter 1 Company Name: HARDEN TRUCKING

6. US EPA ID Number: CAX000005207

C. State Transporter's ID: 63614

D. Transporter's Phone: (714) 894-4273

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT0 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID, N.O.S., ORM-E , NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
C

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 6 1985
Plant Engineering

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: R.J. SLATTERBECK
Signature: [signature]
Date: Month 12 Day 17 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JUAN ZAPEDA
Signature: Juan Zapeda
Date: Month 12 Day 17 Year 85

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: [illegible]
Signature: [illegible]
Date: Month Day Year

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 6 0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352673

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: SUNDANCE TRUCKING

6. US EPA ID Number: CAX000094052

C. State Transporter's ID: 66938

D. Transporter's Phone: (213) 425 6625

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT0 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 6 1986
Plant Engineering

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: R.J. SLATTERBECK — Signature — Date: Month 12 Day 17 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month 12 Day 17 Year 85

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 — Signature — Date: Month Day Year

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00050

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352672

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name McANTS TRUCKING

6. US EPA ID Number CAD048604029

C. State Transporter's ID

D. Transporter's Phone (213) 638-2584

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID 65109

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number CAT000646117

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID, N.O.S., ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 52718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: R.J. SLATTERBECK
Signature: [signature]
Date (Month Day Year): 12 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: M. Lynn Whitington
Signature: [signature]
Date (Month Day Year): 12 16 85

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

FACILITY

19. Discrepancy Indication Space
JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: S. Nuanes
Signature: [signature]
Date (Month Day Year): 12 16 85

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00058

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352671

B. State Generator's ID CAD0 0825334

5. Transporter 1 Company Name McCANTS TRUCKING

6. US EPA ID Number CAD048604029

C. State Transporter's ID 65113

D. Transporter's Phone (213) 638-2584

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT0 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	001	DT	00016	Y	811
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: R.J. SLATTERBECK
Signature:
Date: Month 12 Day 16 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: E.J WHITTINGTON
Signature:
Date: Month 12 Day 16 Year

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

19. Discrepancy Indication Space
JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: S Nuanes
Signature:
Date: Month 12 Day 16 Year 85

GENERATOR
TRANSPORTER
FACILITY

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

84 80641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00057

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number 8435267U

B. State Generator's ID CADO 0825334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name MCANTS TRUCKING

6. US EPA ID Number CAD048604029

C. State Transporter's ID 92663

D. Transporter's Phone (213) 638-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number CAT000646117

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S. , ORM-E , NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name R.J. SLATTERBECK Signature [signature] Date Month 12 Day 16 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name KELVIN C. WHITTIKER Signature [signature] Date Month 12 Day 16 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name Signature Date Month Day Year

FACILITY

19. Discrepancy Indication Space
JAN 2 1986
Plant Engineering

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

Printed/Typed Name S Nunnes Signature [signature] Date Month 12 Day 16 Year 85

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

84 89641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 5 3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352669

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: CAD 7 8 0 8 1 4 8 8 3

C. State Transporter's ID: G3095

D. Transporter's Phone: (213) 920-7109

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C.A.T.0.0.0.6.4.6.1.1.7

G. State Facility's ID: CATO 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID N.O.S.,ORM-E, NA 9189	0 0 1	D T	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 12 Day 16 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Date: Month 12 Day 16 Year 85

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

19. Discrepancy Indication Space
JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: S Nunes — Signature: [signature] — Date: Month 12 Day 16 Year 85

GENERATOR / TRANSPORTER / FACILITY

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

84 89541

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 5 1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number 84352668

B. State Generator's ID CADO 0825334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: CAL TRANSPORTATION — 6. US EPA ID Number: CAD980214883

C. State Transporter's ID 62623

D. Transporter's Phone 213 920-7709

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GEGGLES

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 12 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TONY M RAIN — Signature: [signature] — Date (Month Day Year): 12 16 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature: JAN 2 1986 — Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
Plant Engineering

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

Printed/Typed Name: S Duenas — Signature: [signature] — Date (Month Day Year): 12 16 85

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

84 89541

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 5 6

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION- Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352667

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name G-1 EQUIPMENT

6. US EPA ID Number C A D 0 8 4 0 9 3 4 9 7

C. State Transporter's ID

D. Transporter's Phone 213-245-2411

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID 66963

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	0 0 1	D T	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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 R.J. SLATTERBECK — Signature [signature] — Date Month Day Year 12 16 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name MACK RICHARDSON — Signature [signature] — Date Month Day Year 12 16 85

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

JAN 2 1986

19. Discrepancy Indication Space
4. Improper facility address

Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Susan Sanchez — Signature [signature] — Date Month Day Year 12 16 85

GENERATOR — TRANSPORTER — FACILITY

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

84 89641

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. CAD008325334 Manifest Document No. 00055

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman WAY, N. hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352666

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name HARDEN TRUCKING

6. US EPA ID Number CAX000005207

C. State Transporter's ID 63619

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number CAT000646117

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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	Signature	Date (Month Day Year)
R.J. SLATTERBECK		12 16 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space
Plant Engineering

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	Date (Month Day Year)
S. Nunnos		12 16 85

GENERATOR

TRANSPORTER

FACILITY

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

84 89641

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.: CAD008325334
Manifest Document No.: 00054
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352665
B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: HARDEN TRUCKING CO.
6. US EPA ID Number: CAX000005207
C. State Transporter's ID: 03620
D. Transporter's Phone: (818) 962-0802

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CATO 00646117
H. Facility's Phone: (209) 386-9711

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 SOLID N.O.S. , ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK
Signature: [signature]
Date (Month Day Year): 12 6 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Louis Dorsey
Signature: [signature]
Date (Month Day Year): 12 16 85

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

FACILITY

19. Discrepancy Indication Space
9. Incorrect facility address.
JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: S Nunes
Signature: [signature]
Date (Month Day Year): 12 16 85

DHS 8022 A (7/84)
ETA 1709-321

84 80641

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. CAD008325334 — Manifest Document No. 00052

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendis Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352663

B. State Generator's ID: CaDO 0825334

5. Transporter 1 Company Name: Zepeda TRKG

6. US EPA ID Number: CAX000340870

C. State Transporter's ID: 63614

D. Transporter's Phone: 714 229-4273

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: CAT000646117

G. State Facility's ID: KATO 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID N.O.S. , ORM-E , NA 9189	001	DT	16	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK — Signature: X [signature] — Date (Month Day Year): 12 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Zepeda — Signature: [signature] — Date (Month Day Year): 12 16 85

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

FACILITY

19. Discrepancy Indication Space
JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: S Wiggins — Signature: [signature] — Date (Month Day Year): 12 16 85

DHS 8022 A (7/84)

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 50

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352661

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: Conley Shepherd Tiko

6. US EPA ID Number: CAX000094136

C. State Transporter's ID: 63615

D. Transporter's Phone: 818-962-0802

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: CATO 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	001	DT	16	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
CONTAMINATED SOIL WITH PLATING SOLUTIONS
REFER TO WASTE PROFILE SHEET # F53718

03

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 12 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Conley Shepherd — Signature: [signature] — Date (Month Day Year): 12 16 85

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

FACILITY

19. Discrepancy Indication Space

JAN 2 1986
Plant Engineering

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

Printed/Typed Name: S Nunnes — Signature: [signature] — Date (Month Day Year): 12 16 85

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

84 89641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4 9

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352660

B. State Generator's ID CAD0 0825334

5. Transporter 1 Company Name J-Cal Trans

6. US EPA ID Number Cad 980814883

C. State Transporter's ID 62622

D. Transporter's Phone 213-920 7709

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID CAT0 00646117

H. Facility's Phone (209) 386-9711

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	L. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	0 0 1	D T	16	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # F53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 1 2 Day 1 6 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David Brian Downing — Signature: [signature] — Date: Month 1 2 Day 1 6 Year 85

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

FACILITY

19. Discrepancy Indication Space
1. Improper facility address.

JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Susan Sanchez — Signature: [signature] — Date: Month 1 2 Day 1 6 Year 85

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

04 03641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4 8

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, Ca 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352659

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name: J Cal TRANS

6. US EPA ID Number: C.A.D.9.8.0.8.1.4.9.8.3

C. State Transporter's ID 62621

D. Transporter's Phone 213 920 7709

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C.A.T.0.0.0.6.4.6.1.1.7

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S., ORM-E , NA 9189	001	DT	16	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # F53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 12 Day 16 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John L Wallberg — Signature: [signature] — Date: Month 12 Day 16 Year 85

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

FACILITY

19. Discrepancy Indication Space
4. Improper facility address.
JAN 2 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Susan Sanchez — Signature: [signature] — Date: Month 12 Day 16 Year 85

DHS 8022 A (7/84)
(EPA 3700-22)

84 89641

State of California—Health and Welfare Agency

LAXF-53718

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. CAD008325334 Manifest Document No. 0047

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way , N. Hollywood, CA 91605

A. State Manifest Document Number 84352658

B. State Generator's ID CADO 0825334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name SUNDAIKE TRUCKING

6. US EPA ID Number CAV000074052

C. State Transporter's ID 66938

D. Transporter's Phone 213-425-6625

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number CAT000646117

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S., ORM-E, NA 9189	001	DT	00016	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # F53718
CONTAMINATED SOIL WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above
02

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK
Signature:
Date: Month 12 Day 16 Year 85

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
JAN 2 1986
Plant Engineering

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

Printed/Typed Name: S Nugent
Signature:
Date: Month 12 Day 16 Year 85

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

84 89641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4 6

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352657

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 06343

D. Transporter's Phone: (800) 824-3345

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
CASMALIA Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID: CADO 2^748125

H. Facility's Phone: (805) 937-8449

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	Waste No.
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN 9189	0 0 1	C M	0 0 0 3 0	Y	181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
MISCELLANEOUS DEBRIS FROM PLATING OPERATION i.e. pipes, wood, metals

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 1 2 Day 1 3 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JULIO OCHOA — Signature: [signature] — Date: Month 1 2 Day 1 3 Year 85

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. 00003-15,10015
Printed/Typed Name: Casmalia Resources — Signature: [signature] — Date: Month 12 Day 13 Year 85

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

84 89541

State of California—Health and Welfare Agency

GENERATOR COPY

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. CAD008325334 Manifest Document No. 00045

2. Page 1 of

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 ShermanWay , N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184

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

9. Designated Facility Name and Site Address
CASMALIA Resource Management
NTU Road
Casmalia, CA 93429
10. US EPA ID Number: CAD020748125

A. State Manifest Document Number: 84352656
B. State Generator's ID: CADO 08325334
C. State Transporter's ID: 66356
D. Transporter's Phone: (800) 824-3345
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CADO 20748125
H. Facility's Phone: (805) 937-8449

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 SOLID N.O.S. ORM-E UN9189	001	CM	00025	Y	181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
MISCELLANEOUS DEBRIS FROM PLATING OPERATION i.e. pipes,wood,metals

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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.

GENERATOR

Printed/Typed Name: R.J. SLATTERBECK
Signature
Date: Month 12 Day 3 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JULIO [illegible]
Signature
Date: Month Day Year

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. #04003
Printed/Typed Name: Casmalia Resources
Signature
Date: Month 12 Day 13 Year 85

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

84 39541

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Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 00044

22. Page: 2

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

23. Generator's Name
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
(818) 765-1010

L. State Manifest Document Number: 84352655

M. State Generator's ID: CADO 08325334

24. Transporter ____ Company Name: DISPOSAL CONTROL SERVICE

25. US EPA ID Number: CAT080034184

N. State Transporter's ID

O. Transporter's Phone: (800) 824-3345

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a. WASTE CORROSIVE SOLID N.O.S. UN 1759 Corrosive Material	010	DM	0002.5	Y	131
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above SOLIDIFIED IN VERMICULITE
a.-1 Drums 13,14,& 15 Caustic soda ph 11.0
a.-2 Drums 16,17,18,19,20,21, & 22 Alkaline ph 9.0

T. Handling Codes for Wastes Listed Above
03

32. Special Handling Instructions and Additional Information

Protective clothing and goggles

GENERATOR

TRANSPORTER

33. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MIKE McMANAMA
Signature: Mike McManama
Date: Month 12 Day 09 Year 85

34. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Date: Month Day Year

FACILITY

35. Discrepancy Indication Space

EPA Form 8700-22A (3-84)

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 44

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352655

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 66354

D. Transporter's Phone (800)824-3345

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
CASMALIA Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID CADO 20748125

H. Facility's Phone (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE SOLID N.O.S. UN 1759, Corrosive Material	0 1 3	D M	0 3.25	Y	111
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above SOLIDIFIED IN VERMICULITE
a-1 Drums 1,2,3&23 Chromic Acid ph 2.0
a-2 Drums 4&5 Nitric Acid ph 2.5
a-3 Drums 6,7,8&9 Muriatic Acid ph 2.5
a-4 Drums 10,11,12 Hydrochloric Acid ph 2.0

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
Protective clothing and goggles
SEE ATTACHED CONTINUATION SHEET

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 1 2 Day 0 9 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE MCMANAMA — Signature: [signature] — Date: Month 12 Day 09 Year 85

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

FACILITY

19. Discrepancy Indication Space
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 65810
Printed/Typed Name: Casmalia Resources — Signature: Carol Johnston — Date: Month 12 Day 12 Ye

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

84

State of California—Health and Welfare Agency

GENERATOR COPY

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 0 8 3 2 5 0 3 4 — Manifest Document No. 0 0 4 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number 84352654

B. State Generator's ID CADO 0825334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE — 6. US EPA ID Number: C A T 0 8 0 0 2 4 1 8 4

C. State Transporter's ID

D. Transporter's Phone (800)824-3345

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
CASMALIA- Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A S 0 2 0 7 4 8 1 2 5

G. State Facility's ID CADO 20748125

H. Facility's Phone (805) 937-8449

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	Waste No.
a. WASTE CORROSIVE LIQUID N.O.S. UN 1760,Corrosive Mat.	001	CT	02000	G	111
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Chromic Acid - 7%
Caustic Soda 5%
Water 88%
* Neutralized Acid Solution PH-4

K. Handling Codes for Wastes Listed Above
8/5 acid,

15. Special Handling Instructions and Additional Information
Protective clothing
Eye Protection

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: R.J. Slatterbeck — Signature — Date: Month 12 Day 06 Year 85

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
JAN 13 1986
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #65334-15,600 lbs.

Printed/Typed Name: Casmalia Resources — Signature: Alice Geiest (Alice Geiest) — Date: Month 12 Day 06 Year 85

DHS 8022 A (7/84)
SPA 2709-03)

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-566454

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4 2

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION /Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352653

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 06349

D. Transporter's Phone: (818) 824-3345

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
CASMALIA-Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A S 0 2 0 7 4 8 1 2 5

G. State Facility's ID: CAD020748125 ~~CASO 20748125~~

H. Facility's Phone: (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270	0 0 1	C T	0 3 0 0 0	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Cutting oil 25%
Water soluble 10%
Water 65%

K. Handling Codes for Wastes Listed Above
06/C

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. SLATTERBECK — Signature — Date (Month Day Year): 11 19 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy L. Allen — Signature — Date (Month Day Year): 11 19 85

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

RECEIVED DEC 2 1985 Plant Engineering

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 #63999 - 33,300 lbs.

Printed/Typed Name: Casmalia Resources / Edwin Bautista — Signature — Date (Month Day Year): 11 19 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-566327

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4 1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352652

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 6635 41

D. Transporter's Phone (818) 824-3345

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
CASMALIA-Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID CASO 20748125

H. Facility's Phone (805) 937-8449

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 SOLID, N.O.S. CORROSIVE MATERIAL UN 1759	006	DM	00001	5 Y	181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Hydrochloric Acid 30%, solidified in vermiculite

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
Gloves and goggles and protective clothing
Extremely Hazardous Waste Disposal Permit # 3-8299

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.

GENERATOR

Printed/Typed Name: R.J. Slatterbeck — Signature — Date: Month 11 Day 01 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEN HUDSON — Signature — Date: Month 11 Day 01 Year 85

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

RECEIVED NOV 20 1985 Plant Engineering

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. #62836

Printed/Typed Name: Casmalia Resources — Signature — Date: Month 11 Day 14 Year 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-566327

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 4 0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1000 1010

A. State Manifest Document Number: 84352651

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 66334

D. Transporter's Phone: (818)824-3345

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
CASMALIA-Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID: CASO 20748125

H. Facility's Phone: (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE SOLID N.O.S. UN 1759 CORROSIVE MATERIAL	0 0 3	D M	0 0 0 01	Y	131
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
15 gallon carboys of neutralized alodine solution lab packed in drums with vermiculite. Ph 12.5.
Sodium chromate -5.0 % Potassium ferri cyanide -.2%
Sodium nitrate -2.0 %

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information

Gloves and goggles and protective clothing

Extremely Hazardous Waste Disposal Permit # 3-8299

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: R.J. Slatterbeck — Signature — Date: Month 11 Day 0 1 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: KEN HUDSON — Signature — Date: Month 11 Day 01 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

NOV 2 1985
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #62836-2,380 lb

Printed/Typed Name: Casmalia Resources — Signature — Date: Month 11 Day 4 Year 85

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

84 89541

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 0 8 3 2 5 3 3 4 Manifest Document No. 0 0 3 8

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352649

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name: J. CAL TRANSPORTATION

6. US EPA ID Number: C A D 9 8 0 8 1 4 8 8 3

C. State Transporter's ID 62530

D. Transporter's Phone (213) 920-7709

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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	Waste No.
a. HAZARDOUS WASTE SOLID N.O.S. NA 9189 ORM-E	0 0 1	D T	0 0 0 1 8	Y	611 ~~F-024~~
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # E82426051

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. SLATTERBECK
Signature:
Date: Month 10 Day 18 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Ericson
Signature:
Date: Month 10 Day 18 Year 85

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

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NOV 6 1985
Plant Engineering

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: Ricardo S. Abellera
Signature: Ricardo S. Abellera
Date: Month 10 Day 18 Year 85

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

84 80641

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 3 7

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352647

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 66354

D. Transporter's Phone: (805) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: CATD 00646117

H. Facility's Phone: (209) 386-9711

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 SOLID N.O.S. NA 9189 ORM-E	0 0 1	T P	13.6	Y	F-024
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET #E82426051

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 1 0 1 8 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE M' YANAMA — Signature: Mike M' Yanama — Date (Month Day Year): 1 0 1 8 8 5

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

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NOV 6 1985
Plant Engineering

FACILITY

19. Discrepancy Indication Space
I) 513

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Ricardo S. Abelleira LT — Signature: Ricardo S. Abelleira — Date (Month Day Year): 1 0 1 8 8 5

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

84 89541

State of California—Health and Welfare Agency

8053-565270

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. / Manifest Document No.: CAD008325334 00034
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 34352644

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 66532

D. Transporter's Phone: (818) 824-3345

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
CASMALIA - Resource Management
NTU Road
Casmalia , CA 93429
10. US EPA ID Number: CASO 207481125

G. State Facility's ID: CASO 20748125

H. Facility's Phone: (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE LIQUID NOS UN 1760 Corrosive Mater.	001	CT	03800	G	113
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
CHROMIC ACID 200 ppm PH - 6.2
WATER

K. Handling Codes for Wastes Listed Above
08/[illegible]

15. Special Handling Instructions and Additional Information
goggles and gloves
E 7456

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: R.J. Slatterbeck
Signature:
Date: Month 09 Day 30 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES LAWRENCE
Signature:
Date: Month 09 Day 30 Year 85

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

FACILITY

19. Discrepancy Indication Space
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 60220 35 bwlb
Printed/Typed Name: Cynthia Sowers
Signature:
Date: Month 10 Day 1 Year 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-565307

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 3 5

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352645

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name
DISPOSAL CONTROL SERVICE

6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 66264

D. Transporter's Phone (818)824-3345

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
CASMALIA-Resource Management
NTU Road
Casmalia, CA 93429

10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5

G. State Facility's ID CASO 20748125

H. Facility's Phone (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	0 0 1	C T	0 4 5 0 0	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
CUTTINGOIL - 35%
WATER SOL. - 04%
WATER - 61%

K. Handling Codes for Wastes Listed Above
06/c

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

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: R.J. Slatterbeck — Signature — Date (Month Day Year): 10 04 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date (Month Day Year): 10 04 85

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

FACILITY

19. Discrepancy Indication Space
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #60613-34,720 lbls

Printed/Typed Name: Casmalla Resources Carol Johnston — Signature — Date (Month Day Year): 10 07 85

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

84 89541

State of California—Health and Welfare Agency

P 0 8053-565270

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 0 8 3 2 5 3 3 4 | Manifest Document No. 0 0 0 3 3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352643

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE

6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 66348

D. Transporter's Phone (818) 824-3345

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
CASMALIA - RESOURCE MANAGEMENT
NTU Road
Casmalia, CA 93429

10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5

G. State Facility's ID CAD 020748125
CASO 20748125

H. Facility's Phone (805) 937-8449

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 UN 1760 CORROSIVE MATER.	0 0 1	C T	0 5 0 0 0	G	113
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
CHROMIC ACID 200ppm PH - 6.2
WATER

K. Handling Codes for Wastes Listed Above
06/V (Acid)

15. Special Handling Instructions and Additional Information
goggles and gloves

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: R.J. Slatterbeck | Signature | Date: Month 0 9 Day 3 0 Year 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Alred | Signature | Date: Month 09 Day 30 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

RECEIVED OCT 1985 Plant Engineering

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. #6003C - 32,580 lbs.

Printed/Typed Name: Casmalia Resources / Edwin Bautista | Signature: Edwin Bautista | Date: Month 09 Day 30 Year 85

GENERATOR — TRANSPORTER — FACILITY

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

84 89541

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. CAD008325234 Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION - BENDIX ELECTRONICS DIVISION
11600 SHERMAN WAY
N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1610

A. State Manifest Document Number 84179201
B. State Generator's ID
C. State Transporter's ID 5499R
D. Transporter's Phone [illegible]
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID [illegible]

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080014154
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CASMALIN RESOURCE MGT
AITU ROAD
CASMALIN, CA
10. US EPA ID Number: CAD020948125

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
a. WASTE PETROLEUM OIL N.O.S. COMBUSTIBLE LIQUID UN1270	001	TT	4320	
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
[illegible]
K. Handling Codes for Wastes Listed Above
[illegible]

15. Special Handling Instructions and Additional Information
GLASS - GLASSES E-7476

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: J. LAWRENCE for J. SHTEINFELD
Signature: [illegible]
Date: Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J. LAWRENCE
Signature: [illegible]
Date: Month Day Year [illegible]

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name
Signature: SEP [illegible]
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
Plant Engineering

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

(Above: SEND INSIDE THIS COPY TO GENERATOR WITHIN 30 DAYS)

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

84 89541

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.)

E1-026

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00021

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: HOYT TRANSPORTATION COMPANY
6. US EPA ID Number: CAX000094110

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

9. Designated Facility Name and Site Address
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA
10. US EPA ID Number: CAD030384267

A. State Manifest Document Number: 84352628
B. State Generator's ID: CAD008325334
C. State Transporter's ID: 62624
D. Transporter's Phone: (714) 734-4034
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD030384267
H. Facility's Phone: (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80-22600 Hydrocarbons
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
GLOVES AND SAFETY GLASSES

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: R.J. Slatterbeck
Signature: [signature]
Date: Month 07 Day 16 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Hall
Signature: [signature]
Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space
Estimated 18 yd

RECEIVED
AUG 20 1985

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Val Fitzsimmons
Signature: [signature]
Date: Month 07 Day 16 Year 85

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

45217

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

E7-026

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 2 2

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352629

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: JOHN GARCIA TRUCKING

6. US EPA ID Number: C A D 9 8 0 7 3 6 9 9 5

C. State Transporter's ID: 55622

D. Transporter's Phone: (213) 585-8108

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: C A D 0 3 0 3 8 4 2 6 7

G. State Facility's ID: CADO 30384267

H. Facility's Phone: (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	0 0 1	D T	0 0 0 1 3	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80-22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
GLOVES AND SAFETY GLASSES

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: R.J. Slatterbeck — Signature: [signature] — Date: Month 0 7 Day 1 6 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Garcia — Signature: [signature] — Date: Month 0 7 Day 16 Year 85

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

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FACILITY

19. Discrepancy Indication Space
Estimated 18 yd in Truck

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: VAI FITZSIMMONS — Signature: [signature] — Date: Month 07 Day 16 Year 85

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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EL-026

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 000021

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION- Bendix Electrodynamics Division
11600 Sherman Way , No. Hollywood, CA 91605

A. State Manifest Document Number 84352630

B. State Generator's ID CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: SUNDANCE TRUCKING CO

6. US EPA ID Number: CAY000094052

C. State Transporter's ID 66938

D. Transporter's Phone (213) 425-6625

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: CAD030384267

G. State Facility's ID CADO 30384267

H. Facility's Phone (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80-22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185°F

GLOVES AND SAFETY GLASSES

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: R.J. Slatterbeck — Signature — Date (Month Day Year): 07 16 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: KENNETH D. VAN WINKLE — Signature — Date (Month Day Year): 07 16 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

RECEIVED AUG 20 1985 Plant Engineering

19. Discrepancy Indication Space
~~Estimated 184~~ Truck

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

Printed/Typed Name: Val Fitzsimmons — Signature — Date (Month Day Year): 07 16 85

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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E1 026

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00024

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION- Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352631

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name: J. CAL TRANS

6. US EPA ID Number: CAD980814883

C. State Transporter's ID 62621

D. Transporter's Phone (213) 920-7709

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: CAD030384267

G. State Facility's ID CADO 30384267

H. Facility's Phone (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80-22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
GLOVES AND SAFETY GLASSES

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: R.J. SLATTERBECK
Signature:
Date: Month 07 Day 16 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John L. Williams
Signature:
Date: Month 07 Day 16 Year 85

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

RECEIVED AUG 20 1985 Plant Engineering

19. Discrepancy Indication Space
Estimated 18

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: VAL FITZSIMMONS
Signature:
Date: Month 07 Day 16 Year 85

GENERATOR / TRANSPORTER / FACILITY

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

84 80641

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.)

E1 026

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00026

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION- Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352632

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: L & T TRUCKING

6. US EPA ID Number: CAX000009997

C. State Transporter's ID: 1777

D. Transporter's Phone: (714) 539-4113

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: CAD030384267

G. State Facility's ID: CAD030384267

H. Facility's Phone: (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80-22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
GLOVES AND SAFETY GLASSES

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: R.J. Slatterbeck
Signature: [signature]
Date (Month Day Year): 07 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEE WALLBERG
Signature: Lee Wallberg
Date (Month Day Year):

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

FACILITY

19. Discrepancy Indication Space
~~Estimated 18~~

RECEIVED
AUG 20 1985
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Val Fe[illegible]
Signature: [signature]
Date (Month Day Year): 07 16 85

DHS 8022 A (7/84)

34 69641

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.)

E1 Cek

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00026

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352633

B. State Generator's ID: CAD0 08325334

5. Transporter 1 Company Name: GEORGE PAJON

6. US EPA ID Number: CAD980814685

C. State Transporter's ID: 55863

D. Transporter's Phone: (213) 869-1419

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: CAD030384267

G. State Facility's ID: CAD0 30384267

H. Facility's Phone: (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80-½2600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
Gloves and safety glasses

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: R.J. Slatterbeck
Signature:
Date (Month Day Year): 07 16 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date (Month Day Year):

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

RECEIVED
AUG 20 1985
Plant Engineering

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: Jeff Alan May
Signature: Jeff A. May
Date (Month Day Year):

GENERATOR
TRANSPORTER
FACILITY

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

84 89541

State of California—Health and Welfare Agency

E-1026

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. CAD008325334 Manifest Document No. 000027

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352634

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: J- CAL TRANSPORTATION

6. US EPA ID Number: CAD980814823

C. State Transporter's ID: 62622

D. Transporter's Phone: (213) 920-7709

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: CAD030384267

G. State Facility's ID: CADO 30384267

H. Facility's Phone: (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80- 22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
GLOVES AND SAFETY GLASSES

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: R.J. Slatterbeck — Signature — Date (Month Day Year): 07 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DON BRIGGS — Signature — Date (Month Day Year): 07 16 85

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

RECEIVED AUG 20 1985 Plant Engineering

FACILITY

19. Discrepancy Indication Space
Estimated by Truck

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 — Date (Month Day Year): 7 16 85

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

84 89641

State of California—Health and Welfare Agency

E-10

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 2 8

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352635

B. State Generator's ID: CADO 0825334

5. Transporter 1 Company Name: McCANTS TRUCKING

6. US EPA ID Number: C A D 0 4 8 6 0 4 0 2 9

C. State Transporter's ID: 65112

D. Transporter's Phone: (213) 770-4331

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
EOC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number: C A D 0 3 0 3 8 4 2 6 7

G. State Facility's ID: CADO 30384267

H. Facility's Phone: CA [illegible] 30384267 (805) 327-9681

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 SOLID NOS/ORM-E NA 9189	0 0 1	D T	0 0 0 1 3	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80- 22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
Gloves and safety glasses

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: R.J. Slatterbeck — Signature: [signature] — Date (Month Day Year): 0 7 1 6 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Date (Month Day Year):

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

RECEIVED
AUG 20 1985
Plant Engineering

19. Discrepancy Indication Space
Estimated 184

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] — Signature: [signature] — Date (Month Day Year): [illegible]

GENERATOR — TRANSPORTER — FACILITY

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

84 80641

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. CAD008325334 Manifest Document No. 000029

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352536

B. State Generator's ID CADO 0825334

5. Transporter 1 Company Name G T EQUIPMENT

6. US EPA ID Number CAD084698497

C. State Transporter's ID 66963

D. Transporter's Phone (818) 241-5792

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
EPC - EASTSIDE
ROUND MOUNTAIN ROAD
OILDALE, CA

10. US EPA ID Number CAD038426 7

G. State Facility's ID CADO 30384267

H. Facility's Phone (805) 327-9681

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 SOLID NOS/ ORM-E NA 9189	001	DT	00013 (0004)	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
80- 22600 Hydrocarbons

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
FLASHPOINT GREATER THAN 185° F
GLOVES AND SAFETY GLASSES

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: R.J. Slatterbeck
Signature:
Date: Month 07 Day 16 Year 85

TRANSPORTER

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

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

RECEIVED
AUG 20 1985
Plant Engineering

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
Date: Month Day Year

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

84 89541

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. CAD008325334 — Manifest Document No. 00019

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 34352626

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE, INC

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 54999

D. Transporter's Phone: (800)824-3345

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
CASMALIA-RESOURCE MANAGEMENT
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: CAS020748125

G. State Facility's ID: CASO 20748125

H. Facility's Phone: 805- 937-8449

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 SOLID,NOS CORROSIVE MATERIAL UN 1759	002	DF	00005½	Y	181
b. WASTE CORROSIVE SOLID, NOS, CORROSIVE MATERIAL UN 1759	021	DF	00005½	Y	181
c. HAZARDOUS WASTE SOLID N O S/ORM-E, NA 9189	006	DM	0000 01½	Y	352
d.					

J. Additional Descriptions for Materials Listed Above
(a) Acid/Muriatic 37%,solidified in vermiculite PH of 2
(b) Alkaline 12%, solidified in vermiculite PH of 13
(c) ORM-E 1%, solidified in vermiculite
BLUE DIE

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
Gloves and goggles and protective clothing

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: R.J. Slatterback — Signature: [signature] — Date (Month Day Year): 06 28 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph R. TAPIA — Signature: Joseph R. Tapia — Date (Month Day Year): 06 28 85

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

19. Discrepancy Indication Space
JUL 29 1985
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Casmalia Resources — Signature: [signature] — Date (Month Day Year): 7 [illegible]

GENERATOR — TRANSPORTER — FACILITY

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

84 89541

State of California—Health and Welfare Agency

8067-558943

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 1 4

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

A. State Manifest Document Number: 84352625

B. State Generator's ID: CAD008325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: McCants Trucking Co.

6. US EPA ID Number: C A D 0 4 8 6 0 4 0 2 9

C. State Transporter's ID: 56999

D. Transporter's Phone: (213) 638-2584

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
CASMALIA-RESOURCE MANAGEMENT CLASS I
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A S 0 2 0 7 4 8 1 2 5

G. State Facility's ID: CAS020748125

H. Facility's Phone: (805) 937-8449

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 SOLID NOS/ORM-E NA9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
50-70 PPM Hydrocarbon S
50-220 ppm

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND SAFETY GLASSES

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 04 Day 29 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 04 Day 29 Year 84

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

RECEIVED MAY 20 1985

FACILITY

19. Discrepancy Indication Space
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 76982-27640 lbs

Printed/Typed Name: V.M. Kinkade, Casmalia Resources — Signature: V.M. Kinkade — Date: Month 4 Day 29 Year 85

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

84 80541

State of California—Health and Welfare Agency

GENERATOR COPY

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067 - 558943

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00012

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352520

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: RANGE EQUIPMENT RENTAL

6. US EPA ID Number: CAD980736995

C. State Transporter's ID:

D. Transporter's Phone: 876-25622

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID: (213)634-4728

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CASMALIA - CLASS I RESOURCE MANAGEMENT
NTU ROAD
Casmalia, CA 93429

10. US EPA ID Number: CAS020748125

G. State Facility's ID: CAS020748125

H. Facility's Phone: (805) 937-8449

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 SOLID NOS/ORM-E NA9189	001	DT	00013	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
50-70 PPM Hydrocarbon

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND SAFETY GLASSES

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 04 29 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date (Month Day Year): 04 29 85

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

RECEIVED
MAY 0 1985
Plant Engineering

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. #46965-30,060 lbs.

Printed/Typed Name: Casmalia Resources Alice Griest — Signature: Alice Griest — Date (Month Day Year): 04 29 85

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

84 89541

State of California—Health and Welfare Agency

8067-858997

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 1 3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way , N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352619

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE, INC

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 3 4994

D. Transporter's Phone (800) 824-3345

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
CASMALIA-RESOURCE MANAGEMENT
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID CAD 020748125

H. Facility's Phone

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE SOLID, NOS CORROSIVE MATERIAL UN1759	0 04	DM	0 0 0 0 1	Y	181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
(a) DRUMS 1-3 HYDROCLORIC ACID 27% SOLIDIFIED IN VERMICULITE
(DRUMS 4 CHROMIC ACID 27% , NITRIC ACID 2% SOLIDIFIED IN VERMICULITE

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES & GOGGLES & PROTECTIVE CLOTHING

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: R.S.SLATTERBECK — Signature: [signature] — Date (Month Day Year): 0 4 2 9 8 4

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE MC MANAMA — Signature: [signature] — Date (Month Day Year): 0 4 2 9 8 4

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

FACILITY

19. Discrepancy Indication Space
[illegible] 1985
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 49519

Printed/Typed Name: CASMALIA RESOURCES - Edgar Bautista — Signature: [signature] — Date (Month Day Year): 05 03 85

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

84 89541

State of California—Health and ~~Welfare~~ Agency

8067-558 904

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. CAD008325334 — Manifest Document No. 000009

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 7650-1010

A. State Manifest Document Number: 84352615

B. State Generator's ID: CAD0 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE, INC

6. US EPA ID Number: CAT080341184

C. State Transporter's ID: 4990

D. Transporter's Phone: (800) 824-3345

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
CASMALIA - RESOURCE MANAGEMENT
NTU Road
Casmalia, CA 93429

10. US EPA ID Number: CA80 20748125

G. State Facility's ID: CAD020748125

H. Facility's Phone: 805-937 8-48

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	Waste No.
a. WASTE CORROSIVE SOLID, NOS CORROSIVE MATERIAL UN 1759	012	DM	0003	Y	181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
(a) Drums 1-10 Hydrocloric Acid 30%, solidified in vermiculite
Drums 11,12 Nitric Acid 25%, solidified in vermiculite

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
Gloves and goggles & protective clothing

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 04 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James M. Chambers — Signature: [signature] — Date (Month Day Year): 04 16 85

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

FACILITY

19. Discrepancy Indication Space
Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #46331
Printed/Typed Name: CASMALIA RESOURCES - Edwin Capitista — Signature: [signature] — Date (Month Day Year): 04 19 85

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

84 89541

State of California—Health and Welfare Agency

8067-557683

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 0 6

2. Page 1 of

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

3. Generator's Name and Mailing Address
BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way, N. Hollywood, Ca 91605

A. State Manifest Document Number 84352613

B. State Generator's ID CAD008325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC.

6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 56110

D. Transporter's Phone (800) 824-3345

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
Casmalia
NTU Road
Casmalia, CA 93429

10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5

G. State Facility's ID CAS020748125 / CAD020748125

H. Facility's Phone (805) 937-8449

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE SODIUM CYANIDE SOLUTION POISON B UN 1689	0 0 1	C M	0 0 4 0 0	g	131
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Potassium cyanide, sodium cyanide, copper cyanide solutions contaminated with cadmium and copper 8%. A-1
Water 92% A-2

K. Handling Codes for Wastes Listed Above
99

15. Special Handling Instructions and Additional Information
Gloves and resperator and goggles
EX 3-6245

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.

RECEIVED

Printed/Typed Name	Signature	Date (Month Day Year)
R.J. SLATTERBECK		0 3 2 0 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Julio Ochoa	Plant Engineering	0 3 2 0 8 5

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. 743720 - 3,720 lbs.

Printed/Typed Name	Signature	Date (Month Day Year)
CASMALIA RESOURCES	Edric Bautista	0 3 20 85

DHS 8022 A (7/84)

24 89641

1986 MANIFESTS

State of California Health and Welfare Agency

P 8053-653456

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00015

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way , N. Hollywood, CA 91605

A. State Manifest Document Number 84352700

B. State Generator's ID CAD0 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name
OIL & SOLVENT PROCESS CO

6. US EPA ID Number CAD008302903

C. State Transporter's ID 63583

D. Transporter's Phone (818) 334-5117

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
OIL AND SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702

10. US EPA ID Number CAD008302903

G. State Facility's ID CAD0 08302903

H. Facility's Phone (818) 334-5117

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS, UN 1993	002	DM	00100	G	214
b. WASTE III TRICHLOROETHANE , ORM-A, UN 2831	006	DM	00300	G	211
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Kerosene 60% & Oils 40%
b. Tri - 85%, Oil & Grease 15%

K. Handling Codes for Wastes Listed Above
A - D1
B - D1

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

6382
6383

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: R. SLATTERBECK
Signature: [signature]
Date: Month 06 Day 11 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ED GUERRERO
Signature: [signature]
Date: Month 6 Day 11 Year 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: William R Walter
Signature: William R Walter
Date: Month 06 Day 11 Year 86

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-652618

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00013

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352696

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO.

6. US EPA ID Number: CAD008302903

C. State Transporter's ID: GJ583

D. Transporter's Phone: (818)334-5117

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
OIL & SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: CAD008302903

G. State Facility's ID: CAD008302903

H. Facility's Phone: (818) 334-5117

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	009	DM	00450	G	221
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Skydrol oil 60%
Water 40%

K. Handling Codes for Wastes Listed Above
99

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JUN 4 1986
Plant Engineering
SJ16

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: R.J. SLATTERBECK
Signature:
Date: Month 04 Day 23 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: G. GUERRERO
Signature:
Date: Month 4 Day 23 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: William R. Watts
Signature: William R Watts
Date: Month 04 Day 23 Year 86

GENERATOR
TRANSPORTER
FACILITY

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8053-652562

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 1 1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352634

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO.

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID

D. Transporter's Phone (818) 334-5117

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
OIL & SOLVENT PROCESS CO
1704 First St.
Azusa , CA 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID CADO 08302903

H. Facility's Phone (818) 334-5117

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS UN 1993	0 0 6	D M	0 0 3 0 0	G	214
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Dr. #1 & 2 -paints 60%-various thinners 40%
Dr. 3 & 4- oils 70%-heptane 30%
Dr. 5 & 6 - kerosene 70% oil 30%

K. Handling Codes for Wastes Listed Above: 99

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

MAY 20 1986
Plant Engineering

BL 5199

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: R. J. SLATTERBECK — Signature — Date (Month Day Year): 0 4 1 4 8 6

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DANIEL H SANCEDO — Signature — Date (Month Day Year): 0 4 1 7 8 6

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: William R. Walters — Signature — Date (Month Day Year): 0 4 1 7 8 6

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

84 89641

State of California—Health and Welfare Agency

8053-652562

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 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
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 84352693

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO.

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID: 63587

D. Transporter's Phone: (818) 334-5117

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
OIL & SOLVENT PROCESS CO.
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID: CADO 08302903

H. Facility's Phone: (818) 334-5117

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE HAZARDOUS LIQUID N.O.S. ORM-E NA 9189	002	DM	00100	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Freon - 90% Flux - 10%

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

BL 5200

JUN 4 1986
Plant Engineering

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 04 17 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAVID H SAUCEDO — Signature: [signature] — Date (Month Day Year): 4 17 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: William R. Walters — Signature: [signature] — Date (Month Day Year)

K Walters 11 17 86

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

84 80541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 000008

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352692

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 66369

D. Transporter's Phone: (800) 824-3345

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
PACIFIC TREATMENT CORPORATION
2190 Main St.
San Diego, CA 92113

10. US EPA ID Number: CAD095894556

G. State Facility's ID: CADO 95894556

H. Facility's Phone: (619) 233-0424

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., ORME NA 9189	001	CT	~~0250~~ 4000	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
oils, water soluble 21%
oils, lubricating 3%
water 76%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JUN
Plant Engineering

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: R.J. Slatterbeck — Signature: [signature] — Date: Month 04 Day 17 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Billy C. Caldwell — Signature: [signature] — Date: Month 04 Day 17 Year 86

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

19. Discrepancy Indication Space
Actual volume 4,000g
ph=8.0
16:50

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Juan J. Nauberetz — Signature: [signature] — Date: Month 04 Day 17 Year 86

GENERATOR — TRANSPORTER — FACILITY

LS 8022 A (7/84)

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

P 0 8067-650946

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 000007

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352690

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080024184

C. State Transporter's ID: 66369

D. Transporter's Phone: (800) 824-3345

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
PACIFIC TREATMENT CORPORATION
2190 Main St.
San Diego, CA 92113

10. US EPA ID Number: CAD095894556

G. State Facility's ID: CAD095894556

H. Facility's Phone: (619) 233-0424

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., ORME NA 9189	001	CT	02800	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
oils, water soluble 24%
oils, lubricating 1%
water 75%

K. Handling Codes for Wastes Listed Above: 01

APR 7 1986
Plant Engineering

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES DOT-E 8348

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: W.J. SPECK — Signature: W. Speck — Date (Month Day Year): 03 13 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Thomas A. Stock — Signature: Thomas A. Stock — Date (Month Day Year): 03 13 86

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

FACILITY

19. Discrepancy Indication Space
halogenated solvents present in load
ph= 9.0
12:50

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

Printed/Typed Name: JUAN J. NAVARRETE — Signature: Juan J. Navarrete — Date (Month Day Year): 03 13 86

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

84 89541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00005

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352688

B. State Generator's ID CAD0 08325334

5. Transporter 1 Company Name: VAN WATERS AND ROGERS

6. US EPA ID Number: CAD009230244

C. State Transporter's ID 63202

D. Transporter's Phone (213) 265-8123

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID 63200

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 CAD0 42245001

H. Facility's Phone (213) 698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE TRICHLOROETHANE III, ORMA UN 2831	004	DR	00200	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Tri- 70 %
oil and grease - 30%

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
VAN WATERS AND ROGERS ACCOUNT

MAR 24 1986
Plant Engineering

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 02 20 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Zuber — Signature: [signature] — Date (Month Day Year): 02 20 86

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: FRANK DIAZ — Signature: Frank Diaz — Date (Month Day Year): 02 24 86

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: [illegible] — Signature: [signature] — Date (Month Day Year): 02 24 86

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

84

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: CAD008325334 8 0 0 03

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352686

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 50356

D. Transporter's Phone: (818) 824-3345

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
PACIFIC TREATMENT CORPORATION
2190 Main St.
San Diego, CA 92113

10. US EPA ID Number: CAD095894556

G. State Facility's ID: CADO 95894556

H. Facility's Phone: (619) 233-0424

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE HAZARDOUS LIQUID N.O.S., ORME NA 9189	001	CT	04000	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
oils, water soluble 24%
oils, lubricating 1%
water 75%

K. Handling Codes for Wastes Listed Above: 14

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

MAR 4 1986
Plant Engineering

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: R.J. SLATTERBECK
Signature: X
Date (Month Day Year): 02 10 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date (Month Day Year):

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

FACILITY

19. Discrepancy Indication Space
1630
PH 8.0

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

Printed/Typed Name: BOB MILLER
Signature: Bob Miller
Date (Month Day Year): 02 10 86

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 000082

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-BENDIX ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD CA 11605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352685

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE

6. US EPA ID Number CAT080034184

C. State Transporter's ID 66369

D. Transporter's Phone 714 785-0342

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
DEMENNO/KERDOON
2100 N. ALAMEDA ST. COMPTON CA 90222

10. US EPA ID Number CAT080013352

G. State Facility's ID CAT 080013352

H. Facility's Phone (213) 537-7100

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. UN 1270 WASTE PETROLEUM OIL NOS/COMBUSTIBLE LIQUID	001	TT	2500	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
OILS 60%
WATER 38%
WATER SOLUBLE OILS 2%

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
GOGGLE AND GLOVES

MAR 25 1986

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: R.J. SLATTERBECK — Signature: [signature] — Date: Month 02 Day 08 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM LAWRENCE — Signature: [signature] — Date: Month 02 Day 08 Year 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: Aguilar William — Signature: [signature] — Date: Month 2 Day 8 Year 86

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

84 89541

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. CAD008325334 Manifest Document No. 00031

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Allied Corporation-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832016

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: J Cal Trans
6. US EPA ID Number: CAD980814388

C. State Transporter's ID: 309154

D. Transporter's Phone: 714 821 4224

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: Chemical Waste Management, 35251 Skyline Road, Kettleman City, Ca. 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAL000022097

H. Facility's Phone: 805-386-[illegible]

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	Waste No.
a. ORM-E Hazardous Waste Solid NOS NA9189	001	DT	00016	Y	1611
b.					
c. DEC 1 1986					
d. Plant Engineering					

J. Additional Descriptions for Materials Listed Above: Sand/Soil, Hydraulic Oil

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information: gloves, goggles

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: H. R. KELLENBERGER — Signature — Date (Month Day Year)

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space: (9) 35251 Skyline Rd

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 — Date (Month Day Year)

84832016

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

84 82641

State of California—Health and Welfare Agency

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.	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		A. State Manifest Document Number	86133043
		B. State Generator's ID	CAD[illegible]
4. Generator's Phone ( )			
5. Transporter 1 Company Name: Disposal Control	6. US EPA ID Number: CAT080034184	C. State Transporter's ID	704008
		D. Transporter's Phone	714 983-0742
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: Casmalia Resource Management, NTU Road, Casmalia, Ca 93429	10. US EPA ID Number: CAD020748125	G. State Facility's ID	CAD020748125
		H. Facility's Phone	(805) 937-84[illegible]

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 solid NOS ORM-E NA9189	001	CM	1/4	Y	491
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

Hydraulic oil sludge

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

gloves & goggles

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.

Printed/Typed Name	Signature	Month	Day	Year

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

19. Discrepancy Indication Space

#73070

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
[illegible]	[signature]	11	25	86

GENERATOR / TRANSPORTER / FACILITY

86133043

DHS 8022 A (11/85)
(EPA 8700—22)

State of California—Health and Welfare Agency

8067-654417

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: CAD008325334 — Manifest Document No. 00029

2. Page 1 of 1

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

A. State Manifest Document Number: 84832013

B. State Generator's ID:

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034188

C. State Transporter's ID: 710301

D. Transporter's Phone: (800)824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: CAD020748125

G. State Facility's ID: [redacted]

H. Facility's Phone: [redacted]

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
a. WASTE POISONOUS SOLID NOS, POISON B UN 2811	001	CM	1.5	Y	[redacted]
b. WASTE CORROSIVE SOLID NOS CORROSIVE MATERIAL UN 1759	001	CM	1.5	Y	[redacted]
c.					
d.					

J. Additional Descriptions for Materials Listed Above: HAUC86-009097
a/Empty Plating tank once containing [illegible] cyanide [illegible] with vermiculite & CKD, triple wrapped.
b/Empty Plating tank once containing [illegible] filled with vermiculite & CKD triple wrapped

K. Handling Codes for Wastes Listed Above

DEC 15 1986

15. Special Handling Instructions and Additional Information
EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT # 3-9441

GLOVES AND GOGGLES

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.

GENERATOR — Printed/Typed Name: H.R. KELLENBERGER — Signature: [signature] — Date (Month Day Year): 11 18 86

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER — Printed/Typed Name: WAYNE E. PARKER — Signature: [signature] — Date (Month Day Year): 11 18 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 — Signature — Date (Month Day Year)

84832013

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

84 89641

WASTE MANIFEST
(Continuation Sheet)

CAD008325334 | Document No. 00026 | 22. Page 2 | Information in the shaded areas is not required by Federal law.

23. Generator's Name
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 84832010
M. State Generator's ID: CAD0 08325334

24. Transporter ___ Company Name: DISPOSAL CONTROL SERVICE
25. US EPA ID Number: CAT080034184
N. State Transporter's ID: 710301
O. Transporter's Phone: (800)824-3345

26. Transporter ___ Company Name
27. US EPA ID Number
P. State Transporter's ID
Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29 Containers No.	Type	30. Total Quantity	31 Unit Wt/Vol	R. Waste No.
a.					
b. WASTE CORROSIVE SOLID NOS, CORROSIVE MATERIAL UN 1759	004	DM	1.0	Y	181
c. HAZARDOUS WASTE SOLID NOS ORM-E NA9189	002	DM	.5	Y	181
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above SOLIDIFIED IN VERMICULITE
b.6-7 Nitric Acid Solution ph 1.0
b.13-14 Caustic Solution w/6oz/gal copper ph 10.0
c.15-16 Ammonium Nitrate Solution w/6oz/gal Cadmium ph 7.0

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information
GLOVES, GOGGLES AND PROTECTIVE CLOTHING

GENERATOR

TRANSPORTER

33. Transporter ___ Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael B. VanHistine
Signature: Michael B. VanHistine
Date: Month 1 Day 03 Year 86

34. Transporter ___ Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

FACILITY

35. Discrepancy Indication Space

EPA Form 8700-22A (3-84)

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-654417

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 2 6

2. Page 1 of

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832010

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 7/63301

D. Transporter's Phone: (800) 824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID: CADO 207481125

H. Facility's Phone: (805) 937-8449

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. WASTE CORROSIVE SOLID NOS, CORROSIVE MATERIAL UN 1759	0 1 0	D F	2.5 Cu.	Y	[illegible]
b. SEE CONTINUATION SHEET					[illegible]
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. 1-4 Hydrochloric Acid Solution w/5mg/l copper ph1.0
a. 5 Chromic Acid Solution ph 3.0
a. 8-9 Alodine Acid Solution ph 2.0
SOLIDIFIED WITH VERMICULITE
a. 10-12 Oakite Caustic Solution ph 12.0

K. Handling Codes for Wastes Listed Above

NOV 17 1986
Plant Engineering

15. Special Handling Instructions and Additional Information

GLOVES GOGGLES AND PROTECTIVE CLOTHING

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: R.J. Slatterbeck — Signature: [signature] — Date (Month Day Year): 10 30 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Michael [illegible] — Signature: [signature] — Date (Month Day Year): [illegible] 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: CASMALIA RESOURCES Paulette Hopkins — Signature: [signature] — Date (Month Day Year): 10 31 86

84832010

DHS 8022 A (11/84)

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00023

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832007

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID:

D. Transporter's Phone: (800) 824-3345

7. Transporter 2 Company Name: J Cal trans

8. US EPA ID Number: CAD982099484

E. State Transporter's ID: 708154

F. Transporter's Phone: 714 321 4234

9. Designated Facility Name and Site Address
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: CAD020748125

G. State Facility's ID: CADO [illegible]125

H. Facility's Phone: (805) [illegible]

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	[illegible]
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN 9189	001	DT	007	Y	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
OIL CONTAMINATED CONCRETE AND SOIL

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R.J. Slatterbeck — Signature: [signature] — Date: Month 10 Day 07 Year 86

TRANSPORTER

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

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Kaunis — Signature: Robert Kaunis — Date: Month 10 Day 07 Year 86

NOV 1 - 1986
Plant Engineering

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. 200 ft - 1034 lbs

Printed/Typed Name: V.M. Kinkade, Casmalia Resources — Signature: V.M. Kinkade — Date: Month Day Year

84832007

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

3- 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-654417

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00024

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832008

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 710391

D. Transporter's Phone: (805) 324-3346

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: CAD007481255

G. State Facility's ID

H. Facility's Phone: (805) 937-8415

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 SOLID NOS ORM-E NA 9189	005	DF	00001	14	181
b. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN1759	014	DF	00001	14	181
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a.1-5 Trivalent Chrome Sludge SOLIDIFIED WITH VERMICULITE
b.1-8 Hydrochloric Acid Solution pH 1-5 with Mg/L Copper
b.9-14 Okite Caustic Solution pH 12.8.

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES WITH PROTECTIVE CLOTHING

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: R.J. Slatterbeck — Signature — Date (Month Day Year): 10 10 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WAYNE D. PARKER — Signature — Date (Month Day Year): 10 10 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. #80263-

Printed/Typed Name: CASMALIA RESOURCES Paulette Hopkins — Signature — Date (Month Day Year): 10 10 86

GENERATOR — TRANSPORTER — FACILITY

84832008

DHS 8022 A (11/84)

33 39641

State of California—Health and Welfare Agency

8067-654417

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00021

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832005

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: [illegible]

D. Transporter's Phone: (800) 823-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID: 600348

F. Transporter's Phone

9. Designated Facility Name and Site Address
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: CAD020748125

G. State Facility's ID: CAD020748125

H. Facility's Phone: [illegible]

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 SOLID ~~XXXX~~ NOS ORME NA 9189	060	DR	1.25	CY	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
CRUSHED 55 GAL. DRUMS SACK CONTAINING OIL PRODUCTS AND DETERGENTS

K. Handling Codes for Wastes Listed Above

SEP 30 1986
Plant Eng

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

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.

GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
R.J. Slatterbeck	[signature]	09 19 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Wayne E. Parker	[signature]	09 19 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Herbert A. Pineda	[signature]	09 22 86

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. #DIR 21320 lbs

Printed/Typed Name	Signature	Date (Month Day Year)
Casmalia Resources	[signature]	09 22 86

84832005

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

34 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 1 2

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION- Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352695

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 0 0 3 4 1 8 4

C. State Transporter's ID 600237

D. Transporter's Phone (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 Olk Skyline
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID CATO 00646117

H. Facility's Phone (209) 386-9711

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 SOLID N.O.S. , ORM-E , NA 9189	0 0 2	CM	0 0 0 12.7	CY	512
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
TWO STEEL FAN/BLOWER UNITS WRAPPED IN POLYETHYLENE SHEETING
REFER TO WASTE PROFILE #LAXD 74980

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES GOGGLES AND PROTECTIVE CLOTHING

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 0 4 2 3 8 6

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joseph R. TAPIA — Signature: Joseph R. Tapia — Date (Month Day Year): 0 4 2 3 8 6

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: Stephen Pickell LT — Signature: Stephen Pickell — Date (Month Day Year): 4 24 86

GENERATOR — TRANSPORTER — FACILITY

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

34 89641

(Print or type. Use only for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: C A D 0 0 8 3 2 5 3 3 4

Manifest Document No.: 0 0 0 0 8

22. Page: 2

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

23. Generator's Name
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 84352691

M. State Generator's ID: CADO 08325334

24. Transporter ____ Company Name: DISPOSAL CONTROL SERVICE

25. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

N. State Transporter's ID: 66.354

O. Transporter's Phone: (800) 824-3345

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed ~~Above~~ on sheet # 1
b.1 -Drum Sodium Cyanide & Potassium Cyanide contaminated debris packed with vermiculite.
c.1 -Drum Hydrochloric Acid Solution -15% solidified with vermiculite.

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES AND PROTECTIVE CLOTHING
EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT # 3-8299

GENERATOR

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: R.J. Slatterbeck

Signature: [illegible]

Date: Month 0 4 Day 0 4 Year 8 6

34. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible]

Signature: [illegible]

Date: Month [illegible] Day [illegible] Year [illegible]

FACILITY

35. Discrepancy Indication Space

State of California—Health and Welfare Agency

GENERATOR COPY

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 0 8

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352691

B. State Generator's ID CADO 08325334 66354

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID

D. Transporter's Phone (800)824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID 66315

F. Transporter's Phone

9. Designated Facility Name and Site Address
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5

G. State Facility's ID CADO 20748125

H. Facility's Phone (805) 937-8449

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 SOLID N.O.S. CORROSIVE MATERIAL UN 1759	004	DM	00001	CY	181
b. WASTE POISONOUS SOLID N.O.S. POISON B UN 2811	001	DM	.25 0000	CY	181
c. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759	001	DM	.25 0000	CY	181
d.					

J. Additional Descriptions for Materials Listed Above
#1,2,3 - 15 gallon carboys of Muriatic Acid Solution-36% with copper. Lab packed in drums with vermiculite.
#4- 20 gal. carboy of Hydrofluoric Acid-20% solution. Lab packed in drum with vermiculite. SEE CONTINUATION SHEET.

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES AND PROTECTIVE CLOTHING
EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT # 3-8299

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: R.J. Slatterbeck — Signature — Date (Month Day Year): 04 08 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joseph R. TAPIA — Signature: Joseph R. Tapia — Date (Month Day Year): 04 07 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: WAYNE E PARKER — Signature: Wayne E Parker — Date (Month Day Year): 04 04 86

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. 72184 - 12,780 lbs

Printed/Typed Name: Casmalia Resources Site Manager — Signature — Date (Month Day Year): 4 7 86

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

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 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 0 6

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 92605

A. State Manifest Document Number: 84352689

B. State Generator's ID: CAD0 09325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: J. CAL TRANSPORTATION

6. US EPA ID Number: C A D 9 8 0 8 1 4 8 8 3

C. State Transporter's ID: 62530

D. Transporter's Phone: (213) 920-7709

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline (Old)
Kettleman City, CA

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: CATO 00646117

H. Facility's Phone: (209) 386-9711

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	State Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S.,ORM-E, NA 9189	0 0 1	D T	0 0 0 2 5	Y	611
b.					
c.					
d.					

MAR 24 1986
Plant Engineering

J. Additional Descriptions for Materials Listed Above
REFER TO WASTE PROFILE SHEET # 53718
CONCRETE AND SOIL CONTAMINATED WITH PLATING SOLUTIONS

K. Handling Codes for Wastes Listed Above: 1 03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES
Corrected address in line #9 TSDF address should be 35251 X Old Skyline , Kettleman City, CA

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 0 3 0 4 8 6

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature: [signature] — Date (Month Day Year): 0 3 0 7 8 6

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: Stephen Pickell LT — Signature: Stephen Pickell — Date (Month Day Year): 3 4 86

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

84 89541

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. CAD008325334 Manifest Document No. 00884
2. Page 1 of 11 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION/BENDIX ELECTRODYNAMICS
11600 SHERMAN WAY. NO. HOLLYWOOD CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84352687
B. State Generator's ID CADO 083253 34

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE
6. US EPA ID Number CAT080034184
C. State Transporter's ID 66378
D. Transporter's Phone 800 824-3345

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 CASMALIA RESOURCE MANAGEMENT
INTU ROAD
CASMALIA CALIF
10. US EPA ID Number CAD020748125
G. State Facility's ID CADO 20748125
H. Facility's Phone (805) 937-8449

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 NOS CRM-E NA 9189	001	TT	02000	G	134
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
CHROMIC ACID < 1% 1600 PPM PH 7.5
WATER 99%
NEUTRALIZED SOLUTION

K. Handling Codes for Wastes Listed Above
08/E

15. Special Handling Instructions and Additional Information
PROTECTIVE CLOTHING, GLOVES & GOGGLES

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: R. SLATTERBECK — Signature — Date: Month 02 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES M. CHAMBERS — Signature — Date: Month 02 Day 17 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY HERNANDEZ — Signature — Date: Month 2 Day 17 Year 86

FACILITY

19. Discrepancy Indication Space CRM HAS TRANSFERRED TO OMG/R

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 11 09 84 - 12000 LBS
Printed/Typed Name: CASMALIA RESOURCES — Signature — Date: Month 2 Day 17 Year 86

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

84 89641

State of California—Health and Welfare Agency

GENERATOR COPY

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8051-56667

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 000001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11800 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352684

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 66356

D. Transporter's Phone: (800) 824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: CAD020748125

G. State Facility's ID: CAD020748125

H. Facility's Phone: (805) 937-8443

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	Waste No.
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN 9189	001	CM	00020	Y	181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
MISCELLANEOUS DEBRIS FROM PLATING OPERATION i.e. pipes, wood, metals

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

JAN 23 1986
Plant Engineering

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: R.J. SLATTERBECK — Signature: [signature] — Date (Month Day Year): 01 14 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JULIO OCHOA — Signature: [signature] — Date (Month Day Year): 01 14 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. #68182 - 5360 lbs.

Printed/Typed Name: CASMALIA RESOURCES — Signature: [signature] Sherry M. Uey — Date (Month Day Year): 01 14 86

9022 A (7/84)

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

6078-656221

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

Weight Ticket # 15583

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 000030

2. Page 1 of 1

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

A. State Manifest Document Number 84832014

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184

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

9. Designated Facility Name and Site Address
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90221
10. US EPA ID Number: CAT080013952

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Waste Oil N.O.S. Combustible Liquid NA1270	001	TT	500	G
b.				
c.				
d.				

11-24-86

Additional Descriptions for Materials Listed Above

Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

NO OPEN FLAMES

DEC 10 1986
Plant Engineering

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	Signature	Date (Month Day Year)
H. R. KELLENBERGER		11 24 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Tom Cantrell		11 24 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	Signature	Date (Month Day Year)
LEONARDO C. BALOYO		11 24 86

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

84832014

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

6078-656221

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

Weight Ticket # 15583

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 000030

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number 84832014

B. State Generator's ID CAD008325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID 210381

D. Transporter's Phone 800-824-3346

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID CAT080013352

Facility's Phone 213-537-7100

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
a. Waste Oil N.O.S. Combustible Liquid NA1270	001	TT	500	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above NAH036-009097
waste Hydraulic oil
water

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

no open flames

DEC 10 1986
Plant Engineering

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: H. R. KELLENBERGER — Signature — Date: Month Day Year 12 4 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Castnada — Signature — Date: Month Day Year 12 4 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: LEONARDO C. BALOYI — Signature — Date: Month Day Year 12 12 86

84832014

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

State of California—Health and Welfare Agency

#IF 445

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-654417

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 00027

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832011

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034188

C. State Transporter's ID: 710328

D. Transporter's Phone: 800-824-3346

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: [redacted]

H. Facility's Phone: [redacted]

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	[redacted]
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270	001	TT	02000	G	[redacted]
b.					[redacted]
c.					[redacted]
d.					[redacted]

Additional Descriptions for Materials Listed Above: NAH036-009097
Water soluble oils 2%
Lubricating oils 20%
Hydraulic oils 60%
Water 20%

K. Handling Codes for Wastes Listed Above: 101

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

DEC 8 1986
Plant Engineering

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.

GENERATOR — Printed/Typed Name: H.R. KELLENBERGER | Signature | Date: Month 11 Day 17 Year 86

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: Month 11 Day 17 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 | Signature | Date: Month Day Year

84832011

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

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8867- 654417

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00028

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832012

B. State Generator's ID: CAD 008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 7185

D. Transporter's Phone: (800) 824-3345

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
TRIPLE J PACIFICATION FACILITY CORP.
3650 East 26th St
Vernon, CA 90023

10. US EPA ID Number: CAT080033683

G. State Facility's ID

H. Facility's Phone: (213) 585-5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID ORME, NOS NA 9189	001	TT	2500	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above: HAWQ36-009097
Water soluble oils
Lubricating oils PER PROFILE DATED JULY 10, 1986
Water

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

NOV 20 1986
Plant Engineering

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.

GENERATOR

Printed/Typed Name: H.R. KELLENBERGER
Signature:
Date (Month Day Year): 11 18 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS O. S.
Signature:
Date (Month Day Year): 11 18 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: ARTURO PEREZ / TRIPLE J
Signature: Arturo Perez
Date (Month Day Year): 11 18 86

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

04007077

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. CAD008325334 — Manifest Document No. 00025
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832009
B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO
6. US EPA ID Number: CAD008302903
C. State Transporter's ID: 709717
D. Transporter's Phone: (818) 334-5117

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
OIL AND SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702
10. US EPA ID Number: CAD008302903
G. State Facility's ID: [redacted]
H. Facility's Phone: [redacted]

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	[redacted]
a. WASTE FLAMMABLE LIQUID N O S UN 1993	001	DM	00055	G	414
b. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263	003	DM	00165	G	461
c. WASTE III TRICHLOROETHANE ORMA UN 2831	006	DM	00330	G	211
d.					

J. Additional Descriptions for Materials Listed Above
a.1- oil 80% Heptane 20%
b.1- varnish & paint solids 90%, thinners 10%
2-8 Paint waste
c.1-6 Tri-80% oil & grease 20%

K. Handling Codes for Wastes Listed Above
a. 94
b. 99
c. 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

NOV 20 1986
Plant Engineering

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.

GENERATOR — Printed/Typed Name: R.J. Slatterbeck — Signature: [signature] — Date (Month Day Year): 10 28 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] — Signature: [signature] — Date (Month Day Year): [illegible]

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: William R Walters — Signature: William R Walters — Date (Month Day Year): 10 28 86

84832009

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

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89641

WO/# 2613

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-654417

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 00022

2. Page 1 of

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832006

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 710 391

D. Transporter's Phone: CAT080034184

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID: (800) 824-3346

F. Transporter's Phone

9. Designated Facility Name and Site Address
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID

H. Facility's Phone

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	Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	TT	02500	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water soluble oils < 2 %
Lubricating oils 20 %
Hydraulic oils 60 %
Water 20 %

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

NOV 10 1986
Plant Engineering

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: R.J. SLATTERBECK | Signature | Date (Month Day Year): 10 06 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph R. TAPIA | Signature | Date (Month Day Year): 10 06 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: F.M. TUDOR | Signature | Date (Month Day Year): 10 6 86

84832006

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-654417

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 0 8 3 2 5 3 3 4 | Manifest Document No. 0 0 0 2 0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832004

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 66352

D. Transporter's Phone: (800) 824-2345

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
TRIPLE J PACIFICATION FACILITY CORP.
3650 East 26th St.
Vernon, CA 90023

10. US EPA ID Number: C A T 0 8 0 0 3 3 6 8 3

G. State Facility's ID: [redacted]

H. Facility's Phone: [redacted]

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. ~~WASTE PETROLEUM OIL, UNSPECIFIED HAZARDOUS WASTE~~ Hazardous Waste Liquid O.R.ME. NOS NA 9189	001	TT	3800	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Water soluble oils
Lubrication oils
Water
Per profile dated July 10, 1986

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

SEP 1 9 1986
Plant Engineering

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: R.J. Slatterbeck | Signature: [signature] | Date (Month Day Year): 0 9 1 2 8 6

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES LAWRENCE | Signature: [signature] | Date (Month Day Year): 0 9 1 2 8 6

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: EDUARDO MARIA G. TAN | Signature: [signature] | Date (Month Day Year): 0 9 1 2 8 6

GENERATOR — TRANSPORTER — FACILITY

84832004

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8067-652194

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 0 8 3 2 5 3 3 4 | Manifest Document No. 0 0 0 1 9

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 84832003

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name: OIL & SOLVENT PROCESS CO.

6. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

C. State Transporter's ID 2X012

D. Transporter's Phone (818) 334-3317

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
OIL AND SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702

10. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
a. WASTE FLAMMABLE LIQUID NOS UN ~~1263~~ 1993	0 0 1	D R	0 0 0 5 0	G	01
b. WASTE III TRICHLOROETHANE ORMA UN 2831	0 0 5	D R	0 0 2 5 0	G	211
c. HAZARDOUS WASTE LIQUID NOS, ORME NA 9189	0 0 2	D R	0 0 1 0 0	G	211
d. WASTE FLAMMABLE LIQUID NOS UN 1993	0 0 2	D R	0 0 1 0 0	G	214

J. Additional Descriptions for Materials Listed Above
a.1 Paint Waste 60% various thinners 40%
b.1,2,3,4,5 Tri 80%,oil/grease 20%
c.1,2 Freon 90% flux 10%
d.1,2 Heptane 85% oil 15%

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

SEP 25 1986

GLOVES AND GOGGLES

Plant Engineering

08-8 or 8040 or 8037 or 8103

16. GENERATOR'S CERTIFICATE: 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: R.J. Slatterbeck | Signature | Date: Month 0 8 Day 2 7 Year 8 6

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ED GUERRERO | Signature | Date: Month Day Year

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: Betty Peckham | Signature | Date: Month Day Year 8 27 8

GENERATOR

TRANSPORTER

FACILITY

84832003

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 00010 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE | 6. US EPA ID Number: CAT080034184

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

9. Designated Facility Name and Site Address
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

A. State Manifest Document Number: 84832002
B. State Generator's ID: CAD 08325334
C. State Transporter's ID: 66369
D. Transporter's Phone: (800) 824-3345
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: (310) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	TT	02500	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water soluble oils <2%
Lubricating oils 30%
Hydraulic oils 40%
Water 30%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES
AUG 21 1986

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	Signature	Date (Month Day Year)
R.J. SLATTERBECK		08 13 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
THOMAS C.		

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	Signature	Date (Month Day Year)
JeRon L. Paige	JeRon L. Paige	8 14 86

YELLOW: TSCF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

84832002

8067-654417

State of California—Health and Welfare Agency

disposal control

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 0017

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84832001

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 6463-5

D. Transporter's Phone: (800) 824-3345

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
TRIPLE J PACIFICATION FACILITY CORP.
3650 East 26th St.
Vernon, CA 90023

10. US EPA ID Number: CAT080033681

G. State Facility's ID: CAD [redacted] 3681

H. Facility's Phone: [redacted] 5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	TT	04100	G
b.				
c.				
d.				

I. Additional Descriptions for Materials Listed Above
Water soluble oils
Lubricating oils
Water

J. Handling Codes for Wastes Listed Above
1 01

15. Special Handling Instructions and Additional Information
JUL 24 1986
Plant Engineering

Gloves and goggles

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: R.J. SLATTERBECK
Signature: [signature]
Date (Month Day Year): 07 21 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES LAWICKICE
Signature: [signature]
Date (Month Day Year): 07 21 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space
ITEM 13. VOLUME EQUALS 3,285 GALLONS

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

Printed/Typed Name: ANNELINE OSTERBERG / TRIPLE J
Signature: [signature]
Date (Month Day Year): 07 21 86

GENERATOR

TRANSPORTER

FACILITY

84832001

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

84 89641

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. CAD008325334 — Manifest Document No. 00014

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 84352698

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 66369

D. Transporter's Phone: (818) 334-5117

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
PACIFIC TREATMENT CORPORATION
2190 Main St.
San Diego, CA 92113

10. US EPA ID Number: CAD095894556

G. State Facility's ID: CADO 95894556 (NW)

H. Facility's Phone: (619) 233-0424

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, NA 9189	001	TT	03700	G	222
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
oils, water soluble 14%
oils, lubricating 3%
water 83%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R. SLATTERBECK — Signature — Date (Month Day Year): 06 03 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE MCMANAMA — Signature — Date (Month Day Year): 06 03 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: NICK VENT — Signature — Date (Month Day Year): 06 10 86

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

34 89641

State of California—Health and Welfare Agency

8067-650946

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00016

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 84352699

B. State Generator's ID: CAD0 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 66369

D. Transporter's Phone: (800) 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT0 80013352

H. Facility's Phone: (213) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	TT	02000	G	221
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Water soluble oils 3%
Lubricating oils 67%
Water 30%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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: R. SLATTERBECK
Signature: [signature]
Date: Month 06 Day 12 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Date: Month [illegible] Day [illegible] Year [illegible]

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: ERIC CUDEBACK
Signature: Eric Cudeback
Date: Month 6 Day 12 Year 86

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

34 99641

1987 MANIFESTS

ifornia—Health and Welfare Agency
ed OMB No. 2050—0039 (Expires 9-30-88)
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. CAD009612534 — Manifest Document No. 00035 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238120
B. State Generator's ID: BAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080013484
C. State Transporter's ID: 809885
D. Transporter's Phone: (800) 824-3345

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID: 809878
F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239
10. US EPA ID Number: CAT080013484
G. State Facility's ID: CAT000646117
H. Facility's Phone: 800-222-2964

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. RQ HAZARDOUS WASTE SOLID ORME NA 9189 (E.P.A. TOXICITY)	005	DF	1-1/4	Y	State 181 / EPA/Other D006,7,8
b. WASTE CORROSIVE LIQUID NOS CORROSIVE MATERIAL UN 1760 (D002,D006, D007)	001	DM	00050	G	State 792 / EPA/Other D002,6,7
c. RQ WASTE CORROSIVE LIQUID NOS, CORROSIVE MATERIAL UN 1760 (D002, D007)	004	DM	00200	G	State 792 / EPA/Other D002,D007)
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a) Waste Chromic filter cakes
b) Waste sulfuric acid
c) Waste Wyandotte -Chromic acid10%Sodium bisulfate 80%

K. Handling Codes for Wastes Listed Above
a. 03 b. 16 c. 16 d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
NOV 13 1987
Plant Engineering

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: M. McLaughlin — Signature: [signature] — Month Day Year: 10 29 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WAYNE E PARKER — Signature: [signature] — Month Day Year: 10 29 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 11 03 87

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: [illegible] — Signature: [illegible] — Month Day Year: 11 03 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)
PA 8700—22
v. 9-86) Previous editions are obsolete.

[illegible] COPY TO GENERATOR WITH [illegible]

INSTRUCTIONS ON THE BACK

STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

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

AR 3-87

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00033
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: AR-166156
B. State Generator's ID

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034114
C. State Transporter's ID: H-376/P.C.1044
D. Transporter's Phone: 714-983-0342

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
ENSCO INC.
AMERICAN ROAD
EL DORADO, AR 71730
10. US EPA ID Number: ARD069748192
G. State Facility's ID
H. Facility's Phone: 501-863-7173

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 ~~XXXXX~~ SOLID NOS ORM-E NA9189	001	DM	00050	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PAINT STRIPPING WASTE SEE ATTACHE MSDS TURCO 5351

K. Handling Codes for Wastes Listed Above
Sharon Jones
714-983-0342

if no alternate TSDF, return to generator

15. Special Handling Instructions and Additional Information
PROFILE # 54540 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 and Arkansas state regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: M. CALVERT — Signature: M. Calvert — Month Day Year: 10 9 2 1 8 7

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Jerry Hernandez — Signature: Jerry Hernandez — Month Day Year: 10 9 2 1 8 7
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: Joseph R. Tapia — Signature: Joseph R. Tapia — Month Day Year: 10 9 2 2 8 7

FACILITY
19. Discrepancy Indication Space
IIA 217#

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: T. WILLIAMSON — Signature: T. Williamson — Month Day Year: 10 9 2 5 8 7

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

DRUM # 7	MANIFEST #	PROFILE # 53563 BENDIX
DOT PROPER SHIPPING NAME: Waste Flammable Liquid NOS		HAZARD CLASS: Flammable Liquid UN/NA # 1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Kester solder		5	1		
2	Resin & Butyl Alcohol		10	1		
3						
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DRUM # 16	MANIFEST #	PROFILE # 53568 Bendix
DOT PROPER SHIPPING NAME: Waste Flammable Liquid NOS		HAZARD CLASS: Flammable Liquid UN/NA # 1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-Gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol/Butyl Alcohol		3	5		
2						
3						
4						
5						
6						
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8						
9						
10						
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DRUM # 5 | MANIFEST # | PROFILE # 5 356 Bendix

DOT PROPER SHIPPING NAME: Waste Flammable Liquid NOS | HAZARD CLASS: Flammable Liquid | UN/NA # 1993

EPA WASTE CODE: D001 | NAME OF PACKAGER: | CONTAINER TYPE: 55 Gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol & Butyl Alcohol		3	5		
2						
3						
4						
5						
6						
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8						
9						
10						
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13						
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RUN # 4	MANIFEST #	PROFILE # 5356 Bendix
OT PROPER SHIPPING NAME: Waste Flammable Liquid NOS		HAZARD CLASS: Flammable Liquid / ID/NA # 1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-Gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol & Butyl Alcohol		3	5		
2						
3						
4						
5						
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8						
9						
10						
11						
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DRUM # 3 | MANIFEST # | PROFILE # 5356 Bendix

DOT PROPER SHIPPING NAME: Waste Flammable Liquid NOS | HAZARD CLASS: Flammable Liquid | UN/NA # 1993

EPA WASTE CODE: D001 | NAME OF PACKAGER: | CONTAINER TYPE: 55 Gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol & Butyl Alcohol		3	5		
2						
3						
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DRUM # 2 | MANIFEST # [redacted] | PROFILE # 5 35[redacted] Bendix

DOT PROPER SHIPPING NAME: Waste Flammable Liquid NOS | HAZARD CLASS: Flammable Liquid | UN/NA # 1993

EPA WASTE CODE: D001 | NAME OF PACKAGER: | CONTAINER TYPE: 55 Gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol & Butyl Alcohol		3	5		
2						
3						
4						
5						
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DRUM # 1	MANIFEST #	PROFILE # 535563 Bin D/V
DOT PROPER SHIPPING NAME: Waste Flammable Liquids NOS		HAZARD CLASS: Flammable Liquids / UN/NA # 1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55 Gal Drum

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol & Butyl Alcohol		3	5		
2						
3						
4						
5						
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(Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

CONTINUATION SHEET Allied Bendix

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER HA HG 36 009097

THIS IS CONTINUATION SHEET 2 OF 2

CAD008132534

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.
Waste flammable liquid nos						
flammable liquid Lab Pack	UN1993	1103	G	07	DM	12/14
Drum # 1-6						
n. Propal Alcohol & Butal Alcohol						
15 GAL EACH DRUM		90	G	06	DM	
Drum # 7						
Kester solder						
Resin & Butyl Alcohol		15	G	01	DM	

DHS 8022 (12/82) (b)

STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

#[redacted]20068

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

AR 3-87

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 0001
2. Page 1 of 8

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

3. Generator's Name and Mailing Address
BENDIX - ELECTRODYNAMICS
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 503-3442

A. State Manifest Document Number: AR-164437
B. State Generator's ID:

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE, INC.
6. US EPA ID Number: CAT080034184

C. State Transporter's ID: H376/P.C.1044
D. Transporter's Phone: (714) 983-0342

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
ENSCO, INC.
American Road
El Dorado, AR 71730

10. US EPA ID Number: ARD069748192

G. State Facility's ID:
H. Facility's Phone: (501) 863-7173

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	Waste No.
a. WASTE FLAMMABLE LIQUID, N.O.S. FLAMMABLE LIQUID UN1993	007	DM	1.75	Y	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
See attached inventory sheets

K. Handling Codes for Wastes Listed Above

if no alternate TSDF, return to generator

AUG 19 1987

15. Special Handling Instructions and Additional Information
Gloves & Goggles
WMDS #53568

Plant Engineering

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 and Arkansas state regulations.
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Printed/Typed Name: Mary Calvert
Signature: Mary Calvert
Month Day Year: 07 21 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ANDREW DINO PASSARELLI
Signature: [illegible]
Month Day Year: 07 21 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: DELTON WASHBURN
Signature: Delton Washburn
Month Day Year: 07 24 87

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-85)
Please print or type. (Form designed for use on elite pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008335344 — Manifest Document No. 000218

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 07233113

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: O. S. T. TRUCKING

6. US EPA ID Number: CAD029603446

C. State Transporter's ID 808898

D. Transporter's Phone (805) 643-9963

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: CAD020748125

G. State Facility's ID CAD020748125

H. Facility's Phone (805) 937-8449

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 SOLID N.O.S. UN 9189	001	CM	00007	Y	State 521 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
SEE ATTACHED LAB REQUEST

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

AUG 1987 Plant Engineering

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: Mary Calvert — Signature: Mary Calvert — Month Day Year: 10 17 10 17 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Billy E. Tully — Signature: Billy E. Tully — Month Day Year: 07 07 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 — Signature — Month Day Year

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.

Copy 1 TSDF ENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

75003557

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 typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD0013125134 — Manifest Document No. 00023

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11500 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238114
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184
C. State Transporter's ID 710301
D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID 710309
F. Transporter's Phone

9. Designated Facility Name and Site Address
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429
10. US EPA ID Number: CAD020748125
G. State Facility's ID CAD020748125
H. Facility's Phone (805) 937-8449

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 SOLID N.O.S. CORROSIVE MATERIAL UN 1759	011	DF	2-1/2	Y	State 181 / EPA/Other D002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
CHROME CAKES FROM CHROME REDUCTION PROCESS
Ph 9-10

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: MARY CALVERT — Signature: [signature] — Month Day Year: 10 07 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael B. VanAlstine — Signature: [signature] — Month Day Year: 10 07 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Terry Hernandez — Signature: [signature] — Month Day Year: 10 10 87

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: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

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: RETAIN FOR YOUR RECORDS — YELLOW: RETURN THIS COPY TO GENERATOR WITHIN 30 DAYS

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 typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD010183265334
Manifest Document No.: 010027
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238112
B. State Generator's ID: CAD983600997
C. State Transporter's ID: 10301-710 3/0
D. Transporter's Phone: (800)824-3345
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429
10. US EPA ID Number: CAD020748125
G. State Facility's ID: CAD020748125
H. Facility's Phone: (805) 937-8449

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 SOLID N.O.S. CORROSIVE MATERIAL UN 1759	019	DF	4 3/4	Y	State 181; EPA/Other D002
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
CHROME CAKES FROM CHROME REDUCTION PROCESS

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
DRUMS ORIGINALLY MANIFESTED ON #87238109

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: M. CALVERT
Signature: M. Calvert
Month Day Year: 06 22 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael E. VanAlstine
Signature: Michael E. VanAlstine
Month Day Year: 06 22 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: #92574-273801b.
Signature: Judy M. Blaume
Month Day Year

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.

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.: C A D 0 0 8 3 1 2 5 3 3 4
Manifest Document No.: 0 0 0 2 1 3
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238105
B. State Generator's ID: H A H 0 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4
C. State Transporter's ID: 710301
D. Transporter's Phone: (800) 824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429
10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 5
G. State Facility's ID: C A D 0 2 0 7 4 8 1 2 5
H. Facility's Phone: (805) 937-8449

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. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN1759	0 0 3	D M	.75	Y	State 181 / EPA/Other 0002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a.1&2 Compound 1000 Chromic Acid Powder (drums 1&2)
a.3 HC-20 Chromic Acid Powder (drum #3)
Solidified vermiculite in poly lined drums

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
JUN 24 1987

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: H. R. KELLENBERGER
Signature:
Month Day Year: 0 6 0 4 8 7

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ANDREW DINO PASSARELLI
Signature:
Month Day Year: 0 6 0 4 8 7

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: Chemical Waste
Signature:
Month Day Year: 0 6 0 9 8 7

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.

INSTRUCTIONS ON THE BACK

DRUM # 19	MANIFEST #	PROFILE #
DOT PROPER SHIPPING NAME: WASTE POISONOUS SOLID, NOS	HAZARD CLASS: POISON B	UN/NA # 2811
EPA WASTE CODE: 141	NAME OF PACKAGER:	CONTAINER TYPE: 30 g DM

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Potassium Cyanide		1	200 lb	metal	
2						
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DRUM # 34	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE CORROSIVE SOLID NOS		HAZARD CLASS: CORR MAT	UN/NA # 1759
EPA WASTE CODE: D002/141	NAME OF PACKAGER:	CONTAINER TYPE: 85 gal	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Alkaline Cleaner (EMPTY)		1	55G	DM	SOLIDIFIED/OUTPACK
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DRUM # 30	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE POISONOUS SOLID, NOS		HAZARD CLASS: POISON B	UN/NA # 2811
EPA WASTE CODE: 141	NAME OF PACKAGER:	CONTAINER TYPE: 55 GAL	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Cyanide Salts			100 lb		
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DRUM # 25	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE CORROSIVE SOLID, NOS		HAZARD CLASS: CORR. MAT	UN/NA # 1759
EPA WASTE CODE: D002	NAME OF PACKAGER:	CONTAINER TYPE: 85 G DRM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Ammonium Hydroxide		1	30g		
2	(30 gal in a 55 gal poly Drum solidified and overpacked.					
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DRUM # 241	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE POISONOUS SOLID, NOS		HAZARD CLASS: POISON B	UN/NA #2811
EPA WASTE CODE: 141	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Copper Additive		1	5 G	PLASTIC	CYANIDE
2	Teflon Coating		1	G	"	unopened, out of Date material
3						
4						
5						
6						
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DRUM # R 23	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE Poisonous Solid, NOS		HAZARD CLASS: Poison B	UN/NA # 2811
EPA WASTE CODE: 141	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Copper Additive		9	16	Plastic	Cyanide
2						
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DRUM # B 22	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE CORROSIVE SOLID, NOS		HAZARD CLASS: CORR MAT	UN/NA # 1759
EPA WASTE CODE: D002	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Hydrofluoric Acid	✓	13	6	Plastic	
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DRUM # A21	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE CORROSIVE SOLID, NOS		HAZARD CLASS: CORR MAT	UN/NA # 1759
EPA WASTE CODE: D002	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	TARNISH Preventor		1	5G	Plastic	ACID
2	Copper Lume		7	1G	Plastic	ACID
3						
4						
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DRUM # ~~X~~ ZC	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE CORROSIVE SOLID, NOS		HAZARD CLASS: CORR MAT	UN/NA #1759
EPA WASTE CODE: D002	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Acidic Nickel Solution		1	5 G	Plastic	
2	Chromic AND Nitric ACID		3	6	Plastic	NITRIC < 37%
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DRUM # 7	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME: WASTE CORROSIVE SOLID, NOS		HAZARD CLASS: CORR MAT	UN/NA # 1759
EPA WASTE CODE: D002/141	NAME OF PACKAGER:	CONTAINER TYPE: 55 gal DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Solidified Nitric Acid			20 G		
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DRUM #	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME:		HAZARD CLASS:	UN/NA #
EPA WASTE CODE:	NAME OF PACKAGER:	CONTAINER TYPE:	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Drum # 1 - 6 WASTE CORROSIVE SOLID, NOS; CORR MAT'L					UN 1759
2	20 gal Phosphoric Acid	D002/141				
3	(Solidified)					
4						
5	Drum # 8, 39, WASTE CORROSIVE SOLID, NOS; CORR MAT. UN 17					
6	20 gal Dilute hydrochloric Acid	D002/141				
7	(Solidified)					
8						
9	Drum # 26 - 29 WASTE POISONOUS SOLID, NOS; POISON B					UN2811
10	30 lb Cyanide Salts of Potassium AND Sodium					141
11						
12	Drum # 10, 11 WASTE CORROSIVE SOLID, NOS; CORR MAT					UN 1759
13	20 gal Copper Ammonium Nitrate			D002/141		
14	(Solidified)					
15	Drum # 31 - 33 WASTE CORROSIVE SOLID, NOS; CORR MAT					UN 1759
16	20 gal Alkaline cleaner			D002/141		
17	(Solidified)					
18	Drum # 12 - 18 WASTE POISONOUS SOLID, NOS;				POISON B	UN 2811
19	Potassium Cyanide	20g 141				
20	(Solidified)					
21						
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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 typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132534 — Manifest Document No. 00021

2. Page 1 of 12 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87258103

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184

C. State Transporter's ID 710301

D. Transporter's Phone (800) 824-3345

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

E. State Transporter's ID 710313

F. Transporter's Phone

9. Designated Facility Name and Site Address
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429
10. US EPA ID Number: CAD002074812 5

G. State Facility's ID CAD020748125

H. Facility's Phone (805) 937-8449

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 POISONOUS SOLID, N.O.S., POISON B UN 2811	015	DM	3.75	Y	State 141 / EPA/Other N/A
b. WASTE CORROSIVE SOLID, N.O.S., CORROSIVE MATERIAL UN1759	019	DM	4.75	Y	State 141 / EPA/Other D002
c.					State / EPA/Other
d.					State / EPA/Other

GENERATOR COPY
Return To Generator

J. Additional Descriptions for Materials Listed Above
a. and b. - SEE ATTACHED CONTINUATION SHEETS

K. Handling Codes for Wastes Listed Above
a. 03 b. 03 c. d.

15. Special Handling Instructions and Additional Information
EXTREMELY HAZARDOUS WASTE DISPOSAL PER MIT #3-9441
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: HUGH KELLENBERGER — Signature — Month Day Year: 05 22 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES C. WECKERLE — Signature — Month Day Year: 05 22 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH R TAPIA — Signature — Month Day Year: 05 26 87

FACILITY

19. Discrepancy Indication Space
JUN 16 1987

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: 71258-10020-02 CASMALIA RESOURCES Richard Payne — Signature — Month Day Year: 06 12 87

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.

INSTRUCTIONS ON THE BACK

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

STATE ID NUMBER

CONTINUATION SHEET

ENSCO

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

THIS IS CONTINUATION SHEET _____ OF _____

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Drum #1; Waste Flammable Liquid, NOS; Flammable Liquid	UN1993	00025	Y	001DM	D001
Dow Corning 200 Fluid (Dimethyl-polysiloxane)		00005	Gal.		D001
N. Trobenzene		00001	Gl.		D001
Heptane		00001	Gl.		D001
Microflex Lacquer Reducer		00001	Gl.		D001
Microshield Stop Off Lacquer		00001	Gl.		D001
Lacquer Reducer		00001	Gl.		D001
Columbia Duplicating Fluid (5x1 Gl.)		00005	Gal.		D001
Drum #2; Waste Flammable Liquid NOS Flammable Liquid	UN1993	00025	Y	001DM	D001
Dolph's Varnish (5x 1 Gl.)		00005	Gl.		D001
Columbia duplicating fluid (10x1 Gl.)		00010	Gl.		D001
Drum #3; Waste Flammable Liquid NOS; Flammable Liquid	UN1993	00010	Y	001DM	D001
Columbia Duplicating Fluid		00001	Gl.		D001
Drum #4; Waste Flammable Liquid NOS Flammable Liquid	UN1993	00010	Y	001DM	D001
Columbia Duplicating Fluid		00001	Gl.		D001
Drum #5; Waste Flammable Liquid, NOS; Flammable Liquid	UN1993	00010	Y	001DM	D001
Conrap (contains a photochemical reactive solvent) [4x1 qt.]		00004	qts		D001

DHS 8022 (12/82) (b)

STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

NO AD # 30048
(14) RR# 496

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Form Approved. OMB No. 2050-0039. Expires 9-30-88

AR 10-88(9-88)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325340 Manifest Document No. 0006
2. Page 1 of 2

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

3. Generator's Name and Mailing Address
Allied Corporation - Bendix Electrodynamics Division
11600 Sherman Way
North Hollywood, California 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number AR-109650
B. State Generator's ID

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE, INC.
6. US EPA ID Number: CAT080034184
C. State Transporter's ID H-376/P.C. 1044
D. Transporter's Phone (714) 983-0342

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
ENSCO, INC.
American Road
El Dorado, AR 71730
10. US EPA ID Number: ARD069748192
G. State Facility's ID
H. Facility's Phone (501) 863-7173

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 Flammable Liquid, N.O.S. Flammable Liquid ~~XXXXX~~ UN1993	005	DM	1 ¼	Y	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
See attached continuation sheets

K. Handling Codes for Wastes Listed Above

if no alternate TSDF, return to generator

15. Special Handling Instructions and Additional Information
Gloves & Goggles
WMDS #17422

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 and Arkansas state 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: M. CALVERT
Signature: M. Calvert
Month Day Year: 03 19 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WAYNE E. PARKER
Signature: Wayne E. Parker
Month Day Year: 03 19 87

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

FACILITY

19. Discrepancy Indication Space
11a. 427#

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Delton Washburn
Signature: Delton Washburn
Month Day Year: 03 23 87

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

State of California—Health and Welfare Agency

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. C|A|D|0|0|8|3|2|5|3|3|4 Manifest Document No. 0|0|0|1|7

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 86350313

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C|A|T|0|8|0|0|3|4|1|8|4

C. State Transporter's ID 710309

D. Transporter's Phone (800)824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA , CA 93429

10. US EPA ID Number: C|A|D|0|2|0|7|4|8|1|2|5

G. State Facility's ID CADO 390748125

H. Facility's Phone (805) 937-8440

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
a. WASTE CORROSIVE SOLID N.O.S.,CORROSIVE MATERIAL UN 1759	0 4 5	D M	11.25	Y	0002 121
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HAH036-009097
CHROMIC ACID ANADIZE SOLUTION SOLIDIFIED IN ENVIROSHUARD
a.1-45

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GLOVES, GOGGLES AND PROTECTIVE CLOTHING

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: Mary CLAVERT | Signature | Month Day Year 10|3|1|6|8|7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jerry Hernandez | Signature | Month Day Year 10|3|1|6|8|7

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joseph R. Tapia | Signature | Month Day Year 10|3|1|7|8|7

FACILITY

19. Discrepancy Indication Space
87761

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

Printed/Typed Name: Dennis Fraley Casmalia Resources | Signature: Dennis Fraley | Month Day Year 10|3|1|7|8|7

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

CTSCCO

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

CONTINUATION SHEET

STATE ID NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER 86 350 309

THIS IS CONTINUATION SHEET 4 OF 4

CAD008325534

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Drum #7,8,9; Waste Corrosive	UN1759	00075	Y	00 3DM	1181
Solid, NOS; Corrosive Material					
Nitric Acid solidified in					
envirogard.					

MAR 6 1997

Plant Engineering

DHS 8022 (12/82) (b)

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STATE ID NUMBER

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER 86350309

THIS IS CONTINUATION SHEET 5 OF 6

CA0018325334

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Drum #3; Waste Flammable Solid, NOS	UN1325	00025	Y	001DM	552
Flammable Solid					
Glycerin		00005	Gl.		
Lubricating Grease		00001	pt.		
Primer (dried - no solvent)		00001	Gl.		
Aluminum Turquoise powder (pH neutral,		00005	lbs.		
not an oxidizer)					
Bonding Compound (Unichrome)		00005	lbs.		
[no solvents]					
Prebase coating [no solvent] 2x1 Gl.		00002	Gl.		
Drum #4; Waste Corrosive Solid, NOS;	UN1759	00010	Y	001DM	551
Corrosive Material					
Nitric Acid (< 40%)		00001	Gl		
Drum #5; Waste Corrosive Solid, NOS	UN1759	00025	Y	001DM	181
Corrosive Material					
Granulated Caustic Soda		00018	lbs.		
(1x15 lbs. & 1x3 lbs.)					
Drum #6; Waste Oxidizer, NOS;	UN1479	00010	Y	001DM	181
Oxidizer					
Alodine powder		00003	lbs.		~~180~~

MAY 1 1991

Plant Engineering

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STATE ID NUMBER

CONTINUATION SHEET Casmalia

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER 86550309

THIS IS CONTINUATION SHEET 2 OF 4

CAD008325354

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Drum #1: Waste Flammable Solid, NOS: Flammable Solid	UN1325	00025	Y	00DM	352
Randolph products brown bonding paste (Original unopened containers; no solvents) 32x1pt.		00032	pt.'s		
GE Silicone potting compound (6x1pt.)		00006	pt.		
Scotch Weld structural Adhesive (Original container - unopened) 3x1qt.		00003	qt.'s		
Silicone rubber compound (solid - no solvents) 2x12 lb's		00024	lbs.		
Silicone Rubber compound (no solvents)		00006	lbs.		
Alcoa Bonding paste (solid - no solvents)		00005	lbs.		
Drum #2: Waste Flammable Solid, NOS: Flammable Solid	UN1325	00025	Y	001DM	352
PRC bonding compound (no solvents)		00001	qt.		
PRC bonding compound (no solvents) 2x1pt.		00002	pt.		
PRC bonding compound (base compound - no solvents) 7x9 oz.		00063	oz.		
Dow Corning catalyst (no exothermic rx. w/other compounds - no solvents) 5x2oz.		00010	oz.		

MAR 15 1987

Plant Engineering

DHS 8022 (12/82) (b)

State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C|A|D|0|0|8|3|2|5|3|3|4 — Manifest Document No. 0|0|0|1|4

2. Page 1 of 4

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 86350309

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C|A|T|0|8|0|0|3|4|1|8|4

C. State Transporter's ID: 710301

D. Transporter's Phone: (800) 824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: C|A|D|0|2|0|7|4|8|1|2|5

G. State Facility's ID: CADO 20748125

H. Facility's Phone: (805) 937-8449

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 SOLID N.O.S. CORROSIVE MATERIAL UN 1759	003	DM	.75	Y	D002 181
b. FLAMMABLE SOLID WASTE FLAMMABLE SOLID UN 1325	003	DM	.75	Y	D001 352
c. CORROSIVE MATERIAL WASTE CORROSIVE SOLID UN 1759	002	DM	.35	Y	D002 181
d. OXIDIZER N.O.S. WASTE OXIDIZER UN 1479	001	DM	.10	Y	D003 181

J. Additional Descriptions for Materials Listed Above HAHQ36-009097 SOLIDIFIED IN ENVIROGUARD
a. 7-9 Nitric Acid Solution
b.1-3 lab pack refer to continuation sheet
c.4-5 lab pack refer to continuation shedt
d.6 lab pack refer to continuation sheet

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
GLOVES, GOGGLES AND PROTECTIVE CLOTHING

MAR 6 1987

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.

Printed/Typed Name: H. R. KELLENBERGER — Signature — Month Day Year: 0 1 3 0 8 7

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
H 56 138

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 (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

8067-654417

State of California—Health and Welfare Agency

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. C|A|D|0|0|8|3|2|5|3|3|4 — Manifest Document No. 0|0|0|1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 86350307

B. State Generator's ID: CADO 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C|A|T|0|8|0|0|3|4|1|8|4

C. State Transporter's ID: 710301

D. Transporter's Phone: 800-824-3345

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
CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number: C|A|D|0|2|0|7|4|8|1|2|5

G. State Facility's ID: CADO 20748125

H. Facility's Phone: (805) 937-8449

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	State Waste No.
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN1759	0 2 3	DM	5.75	Y	0002 1181
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HAHQ36-009097 SOLIDIFIED IN ENVIROGUARD
VERMICULITE
a. ~~Nitric Acid Solution ph.1.70~~
a.1-23 Sulfuric Acid Solution ph.50

K. Handling Codes for Wastes Listed Above: 03

FEB 20 1987

15. Special Handling Instructions and Additional Information
GLOVES, GOGGLES AND PROTECTIVE CLOTHING

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: DANIEL CHOW — Signature: [signature] — Month Day Year: 10 11 12 13 18 17

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WAYNE PARKER — Signature: Wayne E Parker — Month Day Year: 01 12 18 17

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

FACILITY

19. Discrepancy Indication Space
85836

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: CASMALIA RESOURCES — Signature: Sherry Mobley — Month Day Year: 10 12 18 17

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

86350307

State of California—Health and Welfare Agency

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. CAD008325334 — Manifest Document No. 00012

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION - Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 86350306

B. State Generator's ID: CAD0 08325334

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239
CAT080006411711

G. State Facility's ID: CAT0 00646117

H. Facility's Phone: 800 222-2964

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 SOLID N.O.S. ORM-E NA 9189	001	DT	1 1/2	Y	611
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HAHQ36-009097
SAND/SOIL 99%
HYDRAULIC OIL 1%

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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.
Plant Engineering
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.

Printed/Typed Name: H. R. KELLENBERGER — Signature: [signature] — Month Day Year: 10 15 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JUAN ZEPEDA — Signature: [signature] — Month Day Year: 10 15 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: [illegible] — Signature: [illegible] — Month Day Year: 10 15 87

86350306

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency

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. CAD008325334 — Manifest Document No. 00010

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 86350305

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: J. CAL TRANS INC.

6. US EPA ID Number: FAP980811483

C. State Transporter's ID: 709090

D. Transporter's Phone: 213 920 7709

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: CALT000646117

G. State Facility's ID: CATO 00646117

H. Facility's Phone: 800-222-2964

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	No.
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E NA 9189	001	DT	00017	Y	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HAH036-009097
SAND/SOIL 99%
HYDRAULIC OIL 1%
Profile # F-9384

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

JAN 22 1987

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.

Printed/Typed Name: H. R. KELLENBERGER — Signature: — Month Day Year: 01 15 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tony M Bain — Signature: Tony M Bain — Month Day Year: 01 15 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: Stephen Pickell RT — Signature: Stephen Pickell — Month Day Year: 01 15 86

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency

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. CAD008325334 — Manifest Document No. 0008

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 86350303

B. State Generator's ID: CAD0 08325334

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID: 706088

D. Transporter's Phone: 714 672-7002

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: CAT080046117

G. State Facility's ID: CAT0 00846117

H. Facility's Phone: 800-222-2964

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID NOS ORM-E NA 9189	001	DT	1/15	Y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above: HAHQ36-009097
SAND/SOIL 99%
HYDRAULIC OIL 1%

K. Handling Codes for Wastes Listed Above: 03

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

JAN 22 1987
Plant Engineering

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: H. R. KELLENBERGER — Signature — Month Day Year: 10 11 15 87

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: 10 11 15 87

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

86350303

State of California—Health and Welfare Agency

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. CIAIDIOIOIBI3I2I5I3I3I4 Manifest Document No. 0I0I0I0I7

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way , N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 86350302

B. State Generator's ID CADO 08325334

5. Transporter 1 Company Name J. Cal Trans

6. US EPA ID Number CAD 0 7 8 6 8 1 4 8 9 3

C. State Transporter's ID 701-888

D. Transporter's Phone 213 920-7209

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID Cate 00646117

H. Facility's Phone 1-800-222-2[illegible]

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 SOLID N.O.S. ORM-E NA9189	001	DT	00015	Y	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HANQ36-009097
Profile #F3[illegible]
SAND/SOIL 99%
HYDRAULIC OIL 1%

K. Handling Codes for Wastes Listed Above
203

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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.
Plant Engineering
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Printed/Typed Name: H. R. KELLENBERGER | Signature | Month Day Year: 0 1 1 5 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John L. Williams | Signature | Month Day Year: 0 1 1 1 5 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: Dennis G. Domingo (PE) | Signature | Month Day Year: 0 1 1 1 5 8 7

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

00 3503U2

State of California—Health and Welfare Agency

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. CAD008325334 Manifest Document No. 34327

2. Page 1 of

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

A. State Manifest Document Number: 86134332

B. State Generator's ID:

3. Generator's Name and Mailing Address
Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887

4. Generator's Phone (818) 503-3692

5. Transporter 1 Company Name: Zepeda TRKG

6. US EPA ID Number: CAD981430911

C. State Transporter's ID: 701-889

D. Transporter's Phone: 714-350-4915

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
Chemical Waste Management
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: Cal Dep

H. Facility's Phone: 1-800-[illegible]-2804

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid N.O.S., ORM-E NA9189	001	DT	000115	Y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Sand/Soil, Hydraulic Oil HAH036-009097
99% 1%

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
gloves, goggles

Plant Engineering

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: Rudi Kellenberger | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Juan Zepeda | Signature: Juan Zepeda | Month Day Year: 10/14/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space
2 Tol

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

Printed/Typed Name: Danny G Davis | Signature | Month Day Year

86134332

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 3 4 3 2 7

2. Page 1 of

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

3. Generator's Name and Mailing Address
Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887

4. Generator's Phone (818) 503-3692

A. State Manifest Document Number: 86134331

B. State Generator's ID:

5. Transporter 1 Company Name: J. CAL TRANSP. INC.

6. US EPA ID Number: F A D 9 8 0 8 1 4 8 8 3

C. State Transporter's ID: 709090

D. Transporter's Phone: 213 920 2708

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
Chemical Waste Management
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID:

H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid N.O.S. ORM-E NA9189	001	DT	000117	Y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Sand/Soil, Hydraulic Oil 99% 1% HAH036-009097

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
gloves, goggles

Plant Engineering

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: [illegible] | Signature: [illegible] | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TONY M. BAIN | Signature: Tony M Bain | Month Day Year: 01 11 1980

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

FACILITY

19. Discrepancy Indication Space
2. Incomplete

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 01 11 87

GENERATOR

86134331

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency

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. C|A|D|0|0|8|3|2|5|3|3|4 — Manifest Document No. 3|4|3|2|7

2. Page 1 of

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

A. State Manifest Document Number: 86134330

B. State Generator's ID:

3. Generator's Name and Mailing Address
Bendix Electrodynamics Division, 11600 Sherman Way,
North Hollywood, CA 91605-5887

4. Generator's Phone (818) 503-3692

5. Transporter 1 Company Name: J Cal Trans

6. US EPA ID Number: C|A|D|9|8|0|8|1|4|8|8|3

C. State Transporter's ID: 708194

D. Transporter's Phone:

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone: 714 821 4274

9. Designated Facility Name and Site Address
Chemical Waste Management
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: C|A|T|0|0|0|6|4|6|1|1|7

G. State Facility's ID: CAT 000646117

H. Facility's Phone: [redacted]

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid N.O.S. ORM-E NA9189	001	DT	00017	Y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Sand/Soil, Hydraulic Oil HAH036-009097
99% 1%

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
gloves, goggles

Plant Engineering

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.

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Kaimca — Signature: Robert Kaimca — Month Day Year: 10/1/14/87

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

19. Discrepancy Indication Space
2-1101

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

GENERATOR / TRANSPORTER / FACILITY

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

06134330

State of California—Health and Welfare Agency

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. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 3 4 3 2 7

2. Page 1 of 1

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

A. State Manifest Document Number: 85134329

B. State Generator's ID

3. Generator's Name and Mailing Address
Bendix Electrodynamics Division, 11600 Sherman Way,
North Hollywood, CA 91605-5887

4. Generator's Phone (818) 503-3692

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 701 [illegible]

D. Transporter's Phone: 213 226-7768

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
Chemical Waste Management
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: [illegible]

H. [illegible]

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid N.O.S. ORM-E NA9189	001	DT	6 6 1 1 5	y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Sand/Soil, Hydraulic Oil 99% 1% HAHQ36-009097

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
gloves, goggles

JAN 2 [illegible]

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: [illegible] | Signature: [illegible] | Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: [illegible]

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: [illegible] | Signature: [illegible] | Month Day Year: [illegible]

85134329

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

FG3114

State of California—Health and Welfare Agency

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. CAD008325334 Manifest Document No. 34327

2. Page 1 of

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

A. State Manifest Document Number: 86134328

B. State Generator's ID:

3. Generator's Name and Mailing Address
Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887

4. Generator's Phone (818) 503-3692

5. Transporter 1 Company Name: J Cal Trans

6. US EPA ID Number: CWD990914883

C. State Transporter's ID: 309088

D. Transporter's Phone: 213-920-7709

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
Chemical Waste Management
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID:

H. Facility's Phone:

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid N.O.S. ORM-E NA9189	001	DT	00015	Y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Sand/Soil, Hydraulic Oil
99% 1%
HAH038-009097
JAN 28 1987

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
gloves, goggles

Plant Engineering

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: [illegible] | Signature: [illegible] | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 01 14 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space
2-1881

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

Printed/Typed Name: Stephen Pickell RT | Signature: [illegible] | Month Day Year: 01 14 87

GENERATOR

TRANSPORTER

FACILITY

86134328

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

(Print or type. Use elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: C A D 0 0 8 3 2 5 3 3 4
Manifest Document No.: 0 0 0 3 9
22. Page: 2
Information in the shaded areas is not required by Federal law.

23. Generator's Name
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 87238124
M. State Generator's ID: HAH036009097

24. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO
25. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3
N. State Transporter's ID: 804001
O. Transporter's Phone: (818) 334-5117

26. Transporter ____ Company Name
27. US EPA ID Number
P. State Transporter's ID
Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d.					
e. WASTE FLAMMABLE LIQUID N.O.S., UN 1993 (Waste Kerosene) F003	0 0 2	D M	0 0 1 0 0	G	214 F003
f. WASTE HEPTANE FLAMMABLE LIQUID N.O.S. UN 1206 F003	0 0 1	D M	0 0 0 5 0	G	214 F003
g. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Waste Paint and thinners) F003	0 0 1	D M	0 0 0 5 0	G	461 F003
h. WASTE COMBUSTIBLE LIQUID N.O.S. NA 1993 (Waste Thinner) F003	0 0 1	D M	0 0 0 5 0	G	214 F003
i.					

S. Additional Descriptions for Materials Listed Above
e) Kerosene ZL15MAG
f) Heptane
g) Paint & thinner
h) Thinner

T. Handling Codes for Wastes Listed Above
28. EFGH - 01

32. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

GENERATOR

TRANSPORTER

33. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVID H. SAUCEDO
Signature: David H Saucedo
Date: Month 12 Day 11 Year 87

34. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

FACILITY

35. Discrepancy Indication Space SEC 28 e & f. IMPROPER D.O.T DESCRIPTIONS
By Chamnick

EPA Form 8700-22A (3-84)

SEND BLUE TO GEN

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. CAD008302903 — Manifest Document No. 000312

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238124

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO

6. US EPA ID Number: CAD003302903

C. State Transporter's ID: 204001

D. Transporter's Phone: (818) 334-5117

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
OIL AND SOLVENT PROCESS CO
1704 First Street
Azusa, CA 91702

10. US EPA ID Number: CAD008302903

G. State Facility's ID: CAD008302903

H. Facility's Phone: (818) 334-5117

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 NA 9189 (Waste Skydrol oil) F005	009	DM	00450	G	State 221 / EPA/Other F005
b. HAZARDOUS WASTE LIQUID, N.O.S. ORM-E NA 9189 (Waste Freon) F001	001	DM	00050	G	State 221 / EPA/Other F001
c. WASTE III TRICHLOROETHANE ORMA UN 2831 F001	004	DM	00200	G	State 211 / EPA/Other F001
d. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Waste red oil and heptane) F005	003	DM	00150	G	State 214 / EPA/Other F005

J. Additional Descriptions for Materials Listed Above
a) skydrol 80% water 20%
b) freon
c) Tri III
d) red oil 85% and heptane 15%

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
BL's 18727 THRU 18734

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: M McLAUGHLIN — Signature: Plant Engineering — Month Day Year: 11 21 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVID H. SAUCEDO — Signature: David H Saucedo — Month Day Year: 11 21 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature: JAN 05 — Month Day Year

19. Discrepancy Indication Space SEE 11.a - 11.b - 11.c. - 11.d - DESCRIPTIONS IMPROPER
Plant Engineering
Roy Remmick

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: MIKE A GALLARDO — Signature — Month Day Year: 11 21 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.

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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. CAD008325334 — Manifest Document No. 010013 18

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Wy, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238123

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 809861

D. Transporter's Phone: (800) 824-3345

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
CHEM TECK SYSTEMS, INC.
3650 East 26th St
Vernon, CA 90023

10. US EPA ID Number: CAT080033681

G. State Facility's ID: CAT080033681

H. Facility's Phone: (213) 268-5056

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	001	TT	20000	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

DEC 14 1987
Plant Engineering

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: H. KELLENBERGER — Signature: [illegible] — Month Day Year: 12 09 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 12 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: [illegible] — Signature: [illegible] — Month Day Year: 12 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.

[illegible] TO GENERATOR WITHIN 30 [illegible]

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8
Please print or type. (Form designed for use on elite (12-pitch typewriter).

#-0147

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009133352 Manifest Document No. 000317

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238122

B. State Generator's ID HAH036000907

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT030033418

C. State Transporter's ID 809861

D. Transporter's Phone (800) 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013362

G. State Facility's ID CAT080013352

H. Facility's Phone (213) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	TT	25000	G	State 221 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

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

15. Special Handling Instructions and Additional Information
USE PERSONAL PROTECTIVE EQUIPMENT

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: Daniel Chow | Signature | Month Day Year: 11 11 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jose Arias | Signature | Month Day Year: 11 11 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: Leonardo Carbajal | Signature | Plant Engineering | Month Day Year: 11 11 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.

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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.: CAD008283134
Manifest Document No.: 010013 16

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87233121
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080084184
C. State Transporter's ID: 809864
D. Transporter's Phone: (800) 824-3345

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
CHEM TECK SYSTEMS, INC.
3650 East 26TH ST
VERNON, CA 90023
10. US EPA ID Number: CAT080033681
G. State Facility's ID: CAT080033681
H. Facility's Phone: (213) 268-5056

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 NA9189	001	TT	(3,200) 3200	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: M. McLAUGHLIN
Signature: M. McLaughlin
Month Day Year: 11 03 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Ne[illegible]
Signature: [illegible]
Month Day Year: 11 03 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: Jerry Cooley Chem-Tech Sys
Signature: Jerry Cooley
Month Day Year: 11 10 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.

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).*

8 2224

Department of Health Servic
Toxic Substances Control Divisi
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132534 — Manifest Document No. 00034

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238118

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID 809913

D. Transporter's Phone (800) 824-3345

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
CHEM-TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023

10. US EPA ID Number: CAT080033681

G. State Facility's ID CAT080033681

H. Facility's Phone

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	001	TT	(2,800) 2900	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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Plant Engineer

Printed/Typed Name: M. McLAUGHLIN — Signature: M. McLaughlin — Month Day Year: 10 21 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TOM CASTANEDA — Signature — Month Day Year: 10 21 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: J. ARTURO PEREZ FOR CHEM-TECH — Signature: J. Arturo Perez — Month Day Year: 10 22 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.

INSTRUCTIONS ON THE BACK

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 7-31-88

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

21. Generator's US EPA ID No.: C A D 0 0 8 3 2 5 3 3 4

Manifest Document No.: 0 0 0 3 2

22. Page: 2

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

23. Generator's Name
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 87238117

M. State Generator's ID: HAHO 36009097

24. Transporter ____ Company Name: OIL AND SOLVENT PROCESS CO

25. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

N. State Transporter's ID: 804007

O. Transporter's Phone: (818) 334-5117

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d. WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID UN 1263 F003	0 0 1	D M	0 0 0 5 0	G	461 F003
e. WASTE KEROSENE COMBUSTIBLE LIQUID [redacted]., UN 1223 F003	0 0 1	D M	0 0 0 5 0	G	213 F003
f. WASTE COMBUSTIBLE LIQUID N.O.S. NA 1993 F003	0 0 1	D M	0 0 0 5 0	G	214 F003
g. WASTE III TRICHLOROETHANE ORMA UN 2831 F001	0 0 4	D M	0 0 2 0 0	G	211 F001
h.					
i.					

GENERATOR

S. Additional Descriptions for Materials Listed Above
d. - Varnish
e. - Kerosene
f. - thinner
g. - III Tri

T. Handling Codes for Wastes Listed Above
26-d-01
26-e-01
26-f-01
26-g-01

32. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name: E. D. GEORGEK
Signature: [signature]
Date: Month 2 Day 18 Year 87

34. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

FACILITY

35. Discrepancy Indication Space ITEM 28 d IMPROPER D.O.T. DESCRIPTIONS
e " " "
f " " "
g " " "

EPA Form 8700-22A (3-84)

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US ~~EPA ID No.~~ Manifest Document No.: CAD008362641 — 000312

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 01233117

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO

6. US EPA ID Number: CAD008302903

C. State Transporter's ID: 805007

D. Transporter's Phone: (818) 334-5117

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
OIL AND SOLVENT PROCESS CO
1704 First Street
Azusa, CA 91702

10. US EPA ID Number: CAD008302903

G. State Facility's ID: CAD008302903

H. Facility's Phone: (818) 334-5117

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~~ FLAMMABLE LIQUID ~~NOS~~ UN 1219 F003 (WASTE ISOPROPANOL)	002	DM	00100	g	State 214 / EPA/Other F003
b. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189 F005	008	DM	00400	G	State 221 / EPA/Other F005
c. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189 F001	001	DM	00050	G	State 221 / EPA/Other F001
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a. - Isopropanol
b. - Skydrol 90% water 10%
c. - Freon

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: M. Calvert — Signature: M. Calvert — Month Day Year: 09 [illegible]

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space: ITEM [illegible] - [illegible] IMPROPER D.O.T DESCRIPTIONS

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Roy Cammack — Signature: Roy Cammack — Month Day Year: 09 21 87

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

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8
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. CAD006825834 — Manifest Document No. 010013 10
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 01238115

B. State Generator's ID: HAH0316009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 710328

D. Transporter's Phone: (800) 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222
10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352

H. Facility's Phone: (213) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	01011	TT	16000	G	State 221 / EPA/Other
b. DOT-E 7476					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

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

15. Special Handling Instructions and Additional Information
USE PERSONAL PROTECTIVE EQUIPMENT

AUG 14 1987
Plant Engineering

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: A.H. Rauenhorst — Signature: [signature] — Month Day Year: 08 07 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS C. Sutton SR — Signature: [signature] SR — Month Day Year: 08 07 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: JOHN BELLITTI — Signature: [signature] — Month Day Year: 08 07 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.

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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. CAD008325314 — Manifest Document No. 00031

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION -Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238116

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080034184

C. State Transporter's ID XXXXXX 710328

D. Transporter's Phone (800)824-3345

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
CHEM-TECK SYSTEMS, INC.
3650 East 26th St.
Vernon, CA 90023

10. US EPA ID Number: CAT080033681

G. State Facility's ID CAT080033681

H. Facility's Phone

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 ORM-E, N.O.S. NA 9189	001	TT	02500	G	State 221 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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SEP 1987
Plant Engineering

Printed/Typed Name: M. CALVERT — Signature: M. Calvert — Month Day Year: 09 03 87

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: J. ARTURO PEREZ FOR CHEM-TECH — Signature: J. Arturo Perez — Month Day Year: 09 03 87

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.

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 [illegible] typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD0018312512 | Manifest Document No. 0001

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (213) 765-1010

A. State Manifest Document Number: 87238106

B. State Generator's ID: HAH0360009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT080013184

C. State Transporter's ID: 710381

D. Transporter's Phone: (800)824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352

H. Facility's Phone: (213) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	0011	TT	17000	G	State 221 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

JUL 2 1987

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: H. R. KELLENBERGER | Signature: [signature] | Month Day Year: 06 15 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year: 06 05 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: LEONARDO BALLOT | Signature: [signature] | Month Day Year: 06 15 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 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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 Servic
Toxic Substances Control Divis
Sacramento, Califor

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132513 3 4
Manifest Document No. 01 01 01 21 5
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone ( )

A. State Manifest Document Number 87238108
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO.
6. US EPA ID Number: CAD008302903
C. State Transporter's ID 708707
D. Transporter's Phone (818) 334-5117

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
OIL AND SOLVENT PROCESS CO.
1704 First Street
Azusa, CA 91702
10. US EPA ID Number: CAD008302903
G. State Facility's ID CAD008302903
H. Facility's Phone (818) 334-5117

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 FLAMMABLE LIQUID, N.O.S., UN 1993	001	DM	00050	G	State 461 / EPA/Other F003
b. 5b NA WASTE COMBUSTIBLE LIQUID, N.O.S. UN 1993	001	DM	00050	G	State 214 / EPA/Other F003
c. WASTE III TRICHLOROETHANE ORM-A, UN 2831	007	DM	00350	G	State 211 / EPA/Other F001
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a.1 - Paint waste and thinners
b.1 - Thinners
c.1-7 Tri

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: M. CALVERT — Signature: M. Calvert — Month Day Year: 06 15 87

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: D. Gaspar — Signature: [illegible] — Month Day Year: 06 16 87

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

FACILITY — 19. Discrepancy Indication Space
JUN 30 1987
Plant Engineering

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Bob Cathcart — Signature: Bob Cathcart — Month Day Year: 06 17 87

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.

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 [illegible] typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325634
Manifest Document No. 010124
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 01238107
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name
DISPOSAL CONTROL SERVICE
6. US EPA ID Number CAT080034184

C. State Transporter's ID 710328
D. Transporter's Phone (800)824-3345

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
CHEM-TECK SYSTEMS, INC.
3650 East 26th St.
Vernon, CA 90023
10. US EPA ID Number CAT080033681

G. State Facility's ID CAT080033681
H. Facility's Phone (213) 268-5056

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	001	TT	030000	G	State 221 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

JAN 18 1987
Plant Engineering

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE DATED JULY 10, 1986

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

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: H.R. KELLENBERGER
Signature:
Month Day Year: 06 15 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom CASTANEDA
Signature:
Month Day Year: 06 15 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: Jerry Goodell Chem-Tech Syst
Signature: Jerry Goodell
Month Day Year: FEB 15 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.

WHITE: TRANSPORTER SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

44006565

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

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 00020

22. Page: 2

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

23. Generator's Name
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 87238102

M. State Generator's ID: HAHQ36009097

24. Transporter ____ Company Name: OIL AND SOLVENT PROCESS CO.

25. US EPA ID Number: CAD008302903

N. State Transporter's ID: 708712

O. Transporter's Phone: (818)334-5117

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d. WASTE FLAMMABLE LIQUID N.O.S. UN 1993	001	DM	00050	G	214 F003
e. WASTE FLAMMABLE LIQUID NO.O.S. UN ~~1263~~ 1993	001	DM	00050	G	461 F003
f. WASTE III TRICHLOROETHANE ORM-A , UN 2831	005	DM	00250	G	211 F001
g.					
h.					
i.					

GENERATOR

S. Additional Descriptions for Materials Listed Above
d.1-Kerosene 90% Tri 10% -45003538
e.1-Thinner 80% waste paint 20% -45003534
f.1-5.Tri-47007711

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date (Month Day Year):

34. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name: D. Gachette | Signature: | Date (Month Day Year): 5 18 87

FACILITY

35. Discrepancy Indication Space

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 typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132153134
Manifest Document No. 00012

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238102

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO.
6. US EPA ID Number: CAD008302903

C. State Transporter's ID 708712

D. Transporter's Phone (818)334-5117

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
OIL AND SOLVENT PROCESS CO
1704 First Street
Azusa, CA 91702
10. US EPA ID Number: CAD008302903

G. State Facility's ID CAD008302903

H. Facility's Phone (818) 334-5117

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 NA 9189	001	DM	00015	G	State 221 / EPA/Other F001
b. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189	001	DM	00015	G	State 221 / EPA/Other F005
c. WASTE FLAMMABLE LIQUID N.O.S. UN 1993	002	DM	00010	G	State 214 / EPA/Other F005
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a.1- Freon
b.1- Skydrol 80% Heptane 20%
c.1-Red oil 70%,Waste oil 25%, Heptane 5%
c.2-Red oil 80%,Heptane 15%, Tri 5%

K. Handling Codes for Wastes Listed Above
a. a-99
b. 99
c. 01
d.

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES
D548 + D530 + D545

16. JUN 9 1987
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.
Plant Engineering

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: H.R. KELLENBERGER
Signature: [signature]
Month Day Year: 06 18 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ED GUERRERO
Signature: [signature]
Month Day Year: 06 18 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: ROY CAMMACK
Signature: Roy Cammack
Month Day Year: 06 18 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.

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. CAD008325384
Manifest Document No. 000119
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 07238101
B. State Generator's ID HAH036009097
C. State Transporter's ID 710334
D. Transporter's Phone (800)824-3345

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080034184
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
CHEM-TECK SYSTEMS, INC.
3650 East 26th St.
Vernon, CA 90023
10. US EPA ID Number: CAT080033681
G. State Facility's ID CAT080033681
H. Facility's Phone (213) 268-5056

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	001	TT	02500	G	State 221 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE DATED JULY 10, 1986

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

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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.

MAY 12 1987
Plant Engineering

Printed/Typed Name: H. R. KELLENBERGER
Signature: [signature]
Month Day Year: 05 08 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE
Signature: [signature]
Month Day Year: 05 08 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: Jerry Goodele Chem-Tech Syst.
Signature: Jerry Goodele
Month Day Year: 05 08 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.

Return TOP PEN OF THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency

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

37 560

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C|A|D|0|0|8|3|2|5|3|3|4 — Manifest Document No. 0|0|0|1|8

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 86350314

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C|A|T|0|8|0|0|3|4|1|8|4

C. State Transporter's ID: 710381

D. Transporter's Phone: (800) 824-3345

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
TRIPLE J PACIFICATION FACILITY CORP.
3650 East 26th St.
Vernon, CA 90023

10. US EPA ID Number: C|A|T|0|8|0|0|3|3|6|8|1

G. State Facility's ID: CATO 80033681

H. Facility's Phone: (213) 268-5056

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	001	TT	02500	G	221
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
HAHQ36-009097
WATER SOLUBLE OILS
LUBRICATING OILS
WATER
PER PROFILE DATED JULY 10, 1986

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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.

Printed/Typed Name: M. CALVERT — Signature — Month Day Year: 10 31 87

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
ITEM 7 SHOULD READ CHEM-TECH SYSTEMS, INC
ITEM 10 SHOULD READ CAT-0200 [illegible]

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Jerry Goodrich — Signature: Jerry Goodrich — Month Day Year: 10 31 87

86350314

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 00016

22. Page: 2

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

23. Generator's Name
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 86350312

M. State Generator's ID: CADO 08325334

24. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO.

25. US EPA ID Number: CAD008302903

N. State Transporter's ID: 70871Z

O. Transporter's Phone: (818)334-5117

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189	001	DM	00050	G	221
e. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189	019	DM	00950	G	221
f. WASTE III TRICHLOROETHANE ORMA UN 2831	004	DM	00200	G	211
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above
d.1 Freon ~47007720
e.1-8 Skydrol 10% soapy water 90% ,e.9-19 Skydrol 10% water 90% 46002766
f.1-4 TRI -47007712

T. Handling Codes for Wastes Listed Above
d. 01/D001
e. 99/D001
f. 01/F002

32. Special Handling Instructions and Additional Information

GOGGLES AND GLOVES

GENERATOR

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: Mark Peck

Signature: Mark Peck

Date: Month 03 Day 31 Year 87

34. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

FACILITY

35. Discrepancy Indication Space

EPA Form 8700-22A (3-84)

State of California—Health and Welfare Agency

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. CAD008325334 — Manifest Document No. 000016

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO.
6. US EPA ID Number: CAD008302903

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

9. Designated Facility Name and Site Address
OIL AND SOLVENT PROCESS CO
1704 First Street
Azusa, CA 91702
10. US EPA ID Number: CAD008302903

A. State Manifest Document Number: 86350312
B. State Generator's ID: CADO 08325334
C. State Transporter's ID: 708713
D. Transporter's Phone: (818)334-5117
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CADO 08302903
H. Facility's Phone: (818) 334-5117

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. WASTE FLAMMABLE LIQUID N.O.S. UN1993	002	DM	00031	G	214
b. WASTE FLAMMABLE LIQUID N.O.S. UN1993	001	DM	00050	G	461
c. WASTE FLAMMABLE LIQUID N.O.S. UN1993	002	DM	00110	G	214
d.					

J. Additional Descriptions for Materials Listed Above HAHQ36-009097
a.1 ZL15MAG(Kerosene) a.2 Kerosene -45003537
b.1- Thinner&MEK 75% Paint Waste 25% -45003529
c.1-Heptane 80% Tri 20% c.2-red oil 80% Heptane 20% -47007760

K. Handling Codes for Wastes Listed Above
a. 99/0001
b. 01/0001
c. 99/221

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

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.

Printed/Typed Name: M. CALVERT — Signature — Month Day Year: 03 03 87

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

86350312

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

ORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: C A D 0 0 8 3 2 5 3 3 4

Manifest Document No.: 0 0 0 0 1

22. Page: 2

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

23. Generator's Name
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 86350301

M. State Generator's ID: CADO 08325334

24. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO.

25. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3

N. State Transporter's ID

O. Transporter's Phone: (818) 334-5117

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

GENERATOR

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d. WASTE FLAMMABLE LIQUID NOS UN 1993	0 0 2	D M	0 0 1 0 0	G	461
e. WASTE III TRICHLOROETHANE ORMA UN 2831	0 0 2	D M	0 0 1 0 0	G	211
f.					
g.					
h.					
i.					

FEB 1 9 1987
Plant Engineering

S. Additional Descriptions for Materials Listed Above

HAHQ36-009097

d.1- thinner, paint waste
d.2 paint waste 25%, thinner 25%, MEK 25%
e. 1-2 Tri 80% , oil and grease 20%

T. Handling Codes for Wastes Listed Above

d 011
e 011

32. Special Handling Instructions and Additional Information

GOGGLES AND GLOVES

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: Mark Poetlin

Signature: [signature]

Date: Month 01 Day 14 Year 87

34. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

FACILITY

35. Discrepancy Indication Space

EPA Form 8700-22A (3-84)

State of California—Health and Welfare Agency

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 ID 10 10 18 13 12 15 13 13 14 — Manifest Document No. 0 10 10 10 11

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 86350301

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO.

6. US EPA ID Number: C A ID 10 10 18 13 10 12 19 10 13

C. State Transporter's ID: 708713

D. Transporter's Phone: (818) 334-5117

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
OIL AND SOLVENT PROCESS CO.
1704 First Street
Azusa, CA 91702

10. US EPA ID Number: C A D 10 10 18 13 10 12 9 10 3

G. State Facility's ID: CAD 008302903

H. Facility's Phone: (818) 334-5117

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	[illegible] No.
a. HAZARDOUS WASTE LIQUID NOS ORM-E NA9189	010	DM	00500	G	[illegible]
b. HAZARDOUS WASTE LIQUID NOS ORM-E NA9189	001	DM	00050	G	221
c. WASTE FLAMMABLE LIQUID NOS UN1206	003	DM	00150	G	214
d.					

J. Additional Descriptions for Materials Listed Above
a.1-10 Skydrol oil 60% water 40%
b.1 Freon
c.1&2 Heptane 75% red oil 25%
c. 3 red oil 75% heptane 25%

Plant Engineering
HAHQ36-009097

K. Handling Codes for Wastes Listed Above
a. 99/0001
b. 01/0001
c. 01/0001

15. Special Handling Instructions and Additional Information

Gloves and goggles

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.

Printed/Typed Name: H. R. KELLENBERGER — Signature — Month Day Year: 10 14 87

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: William R Watts — Signature: William R Watts — Month Day Year: 10/14/87

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TOP SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

86 35U3U1

8067-654417

State of California—Health and Welfare Agency

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. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 0 1 5

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics division
11600 Sherman Way, N. Hollywood, CA 91605

A. State Manifest Document Number: 86350311

B. State Generator's ID: CADO 08325334

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID: 710333

D. Transporter's Phone: (800)824-3345

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
TRIPLE J PACIFICATION FACILITY CORP.
3650 East 26th St
Vernon, CA 90023

10. US EPA ID Number: C A T 0 8 0 0 3 3 6 8 3

G. State Facility's ID: CATO [illegible]33683

H. Facility's Phone: [illegible]

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID ORM-E, N.O.S. NA9189	0 0 1	T T	0 3 0 0 0	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
HAHQ36-009097
WATER SOLUBLE OILS
LUBRICATING OILS
WATER
PER PROFILE DATED JULY 10, 1986

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

Plant Engineering

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.

Printed/Typed Name: H. R. KELLENBERGER — Signature — Month Day Year: 0 2 0 6 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAME LAWRENCE — Signature — Month Day Year: 02 06 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: ELEO [illegible] ICHAM-TECH — Signature — Month Day Year: 02 06 87

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

TTCCC99

8067-654417

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|0|8|3|2|5|3|3|4 — Manifest Document No. 0|0|0|1|3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1001

A. State Manifest Document Number: 86350310

B. State Generator's ID: CADQ 08325334

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: C|A|T|0|8|0|0|3|4|1|8|4

C. State Transporter's ID: 710334

D. Transporter's Phone: (800)824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number: C|A|T|0|8|0|0|1|3|3|5|2

G. State Facility's ID: CATO 800133352

H. Facility's Phone: 213-537-7100

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	0 0 1	T T	0 1 5 0 0	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
Water soluble oils 2%
Lubricating oils 20%
HYDRAULIC OILS 60%
WATER 20%
HAH036-009097

K. Handling Codes for Wastes Listed Above
1 01

15. Special Handling Instructions and Additional Information
GLOVES AND GOGGLES

Plant Engineering

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: H. R. KELLENBERGER — Signature: [signature] — Month Day Year: 0 2 0 5 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE — Signature: [signature] — Month Day Year: 0 2 0 5 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: C McClure — Signature: [signature] — Month Day Year: 0 2 0 5 8 7

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

86 350310

State of California—Health and Welfare Agency

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. CAD008132513134 Manifest Document No. 00009

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605'

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 86350304

B. State Generator's ID CAD0 08325334

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID 708 194

D. Transporter's Phone 214 821 4274

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
CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT0 00646117

H. Facility's Phone 800-972-2964

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E NA9189	001	DT	17	Y
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above
HAHQ36-009097
SAND/SOIL 99%
HYDRAULIC OIL 1%

K. Handling Codes for Wastes Listed Above
03

15. Special Handling Instructions and Additional Information
GOGGLES AND GLOVES

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.

Plant Engineering

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.

Printed/Typed Name: H. R. KELLENBERGER | Signature | Month Day Year: 04 15 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert Kaunn | Signature: Robert Kaunn | Month Day Year: 04 15 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: Stephen Pickell RT | Signature: Stephen Pickell | Month Day Year: 04 15 87

GENERATOR

TRANSPORTER

FACILITY

00 350304

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

1988 MANIFESTS

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please 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. CAD008132534 | Manifest Document No. 001111 | 2. Page 1 of 2 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238138

B. State Generator's ID HAH036000097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080084134

C. State Transporter's ID 810028

D. Transporter's Phone (800) 824-3345

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
OIL AND SOLVENT PROCESS CO.
1704 W. FIRST STREET
AZUSA, CA 91702
10. US EPA ID Number: CAD008302903

G. State Facility's ID CAD008302903

H. Facility's Phone (818) 334-5117

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. WASTE FLAMMABLE LIQUID N.O.S. , FLAMMABLE LIQUID, UN 1993 (F003,F005), RQ (waste thinners)	002	DM	0100	G	State 212 / EPA/Other F003,F005
b. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (f003) (waste paint)	001	DM	00510	G	State 461 / EPA/Other F003
c. HAZARDOUS WASTE LIQUID N.O.S. , ORM-E, NA 9189 (F001) (Waste Freon)	001	DM	00510	G	State 211 / EPA/Other F001
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a) Waste thinners Profile F27942
b) Waste paint Profile F28563
c) Waste freon Profile G93212

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

RECEIVED
MAY 6 1988
PLANT ENGINEERING

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: M. Mclaughlin | Signature: M. McLaughlin | Month Day Year: 04 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BRIAN L. HOOKENBERRY | Signature: Brian L. Hookenberry | Month Day Year: 04 29 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: MIKE A. GILHAM | Signature | Month Day Year: 04 29 88

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.

INSTRUCTIONS ON THE BACK

(Continuation Sheet) CA D 0 8 3 2 5 3 3 4 0 0 8 1 1 2

23. Generator's Name
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number
87238138

M. State Generator's ID
HAH036009097

24. Transporter ____ Company Name
DISPOSAL CONTROL SERVICE

25. US EPA ID Number
CAT030034184

N. State Transporter's ID 810028

O. Transporter's Phone (800)824-3345

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d. WASTE I,I,I TRICHLOROETHANE ORM-A, UN 2831(F001) 47007707	002	DM	0100	G	211 F001
e. RQ, WASTE PERCHLOROETHYLENE ORM-A, UN1897 (F002) 44006192	005	DM	0200	G	214 F002
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above
d) Tri Profile G93094
e) Perchloroethylene Profile H05082

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: BRIAN C. HOCKENBERRY
Signature: Brian C. Hock
Date: Month 04 Day 29 Year 88

34. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Date: Month Day Year

35. Discrepancy Indication Space

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. CAD008132534 — Manifest Document No. 00009

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238136

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT030034184

C. State Transporter's ID: 809929

D. Transporter's Phone: (800) 824-3345

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
CHEM TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023

10. US EPA ID Number: CAT080033681

G. State Facility's ID: CAT080033681

H. Facility's Phone: (213) 268-5056

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 , NA 9189	001	TT	13000	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oils
lubricating oils
water — Per profile

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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RECEIVED APR 2 0 1993 PLANT ENGINEERING

Printed/Typed Name	Signature	Month Day Year
M. McLaughlin	M. McLaughlin	04 21 93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
MIKE M'MANAMA	Mike M'Manama	04 21 93

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	Signature	Month Day Year
ELEO A NG / CHEM-TECH	[illegible]	04 21 93

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.

(Note: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS)

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
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. CAD008132534
Manifest Document No. 000 03
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL INC -Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238127
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE
6. US EPA ID Number CAT030034184
C. State Transporter's ID 809861
D. Transporter's Phone (800) 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222
10. US EPA ID Number CAT080013352
G. State Facility's ID CAT080013352
H. Facility's Phone (213) 537-7100

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 PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	TT	0140	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

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

15. Special Handling Instructions and Additional Information
USE PERSONAL PROTECTIVE EQUIPMENT

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: M. McLaughlin
Signature: M. McLaughlin
Month Day Year: 02 15 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DAVE
Signature: Dave Dave
Month Day Year: 02 15 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: [illegible]
Signature: [illegible]
Month Day Year: 02 15 88

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER

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

Yellow: RETAIN THIS COPY TO GENERATOR WITHIN 10 DAYS

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. CAD008325334
Manifest Document No. 00005
2. Page 1 of 2
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 81238131
B. State Generator's ID HAH03609097

5. Transporter 1 Company Name
OIL AND SOLVENT PROCESS
6. US EPA ID Number CAD008129013
C. State Transporter's ID 80900
D. Transporter's Phone (818) 334-5117

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
OIL AND SOLVENT PROCESS CO
1704 W FIRST STREET
AZUSA, CA 91702
10. US EPA ID Number CAD008302903
G. State Facility's ID CAD008302903
H. Facility's Phone (818) 334-5117

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 FLAMMABLE LIQUID N.O.S. UN 1993 (F005) (Waste red oil & waste heptane)	003	DM	00150	G	State 214 / EPA/Other F005
b. WASTE HEPTANE, FLAMMABLE LIQUID ~~N.O.S.~~ UN 1206 (D001)	002	DM	00100	G	State 213 / EPA/Other D001
c. WASTE KEROSENE COMBUSTIBLE LIQUID ~~N.O.S.~~ UN 1223 (F003)	001	DM	00005	G	State 221 / EPA/Other F003
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
a) red oil 85% heptane 15% profile F28556
b) heptane F28557
c) kerosene F28609

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT 2703 2702, 2706, 2704, 2705, 2707

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: MARY McLAUGHLIN
Signature: Mary McLaughlin
Month Day Year: 03 24 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ED. GUERRERO
Signature:
Month Day Year: 03 24 88

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

RECEIVED
APR 5 1988
PLANT ENGINEERING

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: TYRONE A. GILHAM
Signature:
Month Day Year: 03 25 88

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.

(Copy 1 of this form remains with the generator. Copy 2 must be returned to the generator within 30 days.)

INSTRUCTIONS ON THE BACK

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

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 00006

22. Page: 2

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

23. Generator's Name
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number: 87238131

M. State Generator's ID: HAH036009097

24. Transporter ____ Company Name: OIL AND SOLVENT

25. US EPA ID Number: CAD008302903

N. State Transporter's ID

O. Transporter's Phone: (818)334-5117

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189 (F005) (Waste Skydrol)	015	DM	00750	G	F005 221
e. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189 (F001) (Waste Freon)	001	DM	00050	G	F001 221
f. RQ, WASTE I,I,I, TRICHLOROETHANE ORM-A , UN 2831 (F001)	007	DM	00350	G	F001 221
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above

d) Waste skydrol & Water Profile F28554
e) Waste freon G93212
f) Tri G93094

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

RECEIVED
APR 5 1988
PLANT ENGINEERING

GENERATOR

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month 03 Day 24 Year 88

34. Transporter ____ Acknowledgement of Receipt of Materials

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

TRANSPORTER

35. Discrepancy Indication Space

FACILITY

EPA Form 8700-22A (3-84)

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 (pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008312513 | Manifest Document No.: 010101015 | 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238130
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT080084184

C. State Transporter's ID: 809913
D. Transporter's Phone: (800) 824-3345

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
CHEM TECK SYSTEMS, IC
3650 East 26 th St.
Vernon, CA 90023
10. US EPA ID Number: CAT080013681

G. State Facility's ID: CAT080013681
H. Facility's Phone: (213) 268-5056

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 NA 9189	0101	TIT	04000	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: M. McLaughlin | Signature: M. McLaughlin | Month Day Year: 03 03 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lee Dreggers | Signature: [illegible] | Month Day Year: 03 07 88

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

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: ELEO A NGICHEN-TECH | Signature: [illegible] | Month Day Year: 03 08 88

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.

(Copy 1 TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS)

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. CAD008132534
Manifest Document No. 00001
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 07238125
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name
DISPOSAL CONTROL SERVICE
6. US EPA ID Number CAT030034184
C. State Transporter's ID 809931
D. Transporter's Phone (800) 824-3345

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
DEMENNO/KERDOON
2100 N. ALAMEDA ST.
COMPTON, CA 90222
10. US EPA ID Number CAT080013352
G. State Facility's ID CAT080013352
H. Facility's Phone (213) 537-7100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270	001	IT	00150	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic Oil 60%
Water 20%

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

15. Special Handling Instructions and Additional Information
Water soluble oil 2% Water 20% USE PERSONAL PROTECTIVE EQUIPMENT
Lubricating oil 20%
Hydraulic Oil 60%

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: M. McLaughlin
Signature: M. McLaughlin
Month Day Year: 01 22 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel
Signature: Don Wetzel
Month Day Year: 01 22 88

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

FACILITY

19. Discrepancy Indication Space
FEB 5
Plant Engineer

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: LEONARDO C. BALCITA
Signature
Month Day Year: 1 1 1 1

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 20 DAYS

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-86)
Please print or type. (Form designed for use on elite [illegible]itch typewriter).

7B 333 25 [illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008125334
Manifest Document No.: 00002
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818 765-10010

A. State Manifest Document Number: 87238126
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT030034188
C. State Transporter's ID: 309861
D. Transporter's Phone: (800) 824-3345

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
CHEM TECK SYSTEMS, INC.
3650 East 26th St
Vernon, CA 90023
10. US EPA ID Number: CAT080033681
G. State Facility's ID: CAT080033681
H. Facility's Phone: (213) 268-5056

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	001	TT	013010	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: M. McLaughlin — Signature: M. McLaughlin — Month Day Year: 01 25 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE — Signature: [illegible] — Month Day Year: 01 25 88

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

FACILITY — 19. Discrepancy Indication Space
JAN 29
Plant Engineering

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Jerry Cooke for Chem Tech Syst. — Signature: Jerry Cooke — Month Day Year: 01 12 88

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

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

Return TSDF RETAIN THIS COPY TO GENERATOR WITHIN 30 DAYS

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).

88-1334

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 | Manifest Document No. 010017

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION
11600SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (813) 765-1010

A. State Manifest Document Number 87238146

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT030034184

C. State Transporter's ID 809394

D. Transporter's Phone (800)824-3345

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
CHEM TECK SYSTEMS, INC
3650 EAST 26th ST
VERNON, CA 90023
10. US EPA ID Number: CAT080033681

G. State Facility's ID CAT080033681

H. Facility's Phone (213) 268-5056

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, NA 9189 DOT-E-7476	001	TT	3700	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oils
Lubricating oils
Water Per profile

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature | Month Day Year 10 31 08 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY HERNANDEZ | Signature | Month Day Year 10 31 08 8

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: ARTURO M. VAYCAN (CHEMTECH) | Signature | Month Day Year 10 31 08 8

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.

[illegible] THIS COPY TO GENERATOR WITHIN 30 DAYS

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. CAD008212534 — Manifest Document No. 00015

2. Page 1 of 2

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL AEROSPACE Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605 (818)

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238142

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: OIL AND SOLVENT PROCESS CO

6. US EPA ID Number: CAD008302903

C. State Transporter's ID: 804007

D. Transporter's Phone: (818) 334-5117

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
OIL AND SOLVENT PROCESS CO
1704 W. FIRST STREET
AZUSA, CA 91702

10. US EPA ID Number: CAD008302903

G. State Facility's ID: CAD008302903

H. Facility's Phone: (881 (818) 334-5117

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. RQ,WASTE HEPTANE FLAMMABLE LIQUID,UN 1206 (D001)	001	DM	00050	G	State 213 / EPA/Other D001
b. RQ,WASTE FLAMMABLE LIQUID N.O.S.,UN 1993(F003,F005) (Waste thinner)	004	DM	00200	G	State 212 / EPA/Other F003,F005
c. WASTE FLAMMABLE LIQUID N.O.S.,UN 1993 (F003) (Waste paint and sludge)	001	DM	00050	G	State 461 / EPA/Other F 003
d. HAZARDOUS WASTE LIQUID N.O.S., ORM-E,NA9189(F005) (waste skydrol and water)	011	DM	00550	G	State 221 / EPA/Other F005

J. Additional Descriptions for Materials Listed Above
a) Profile F28557
b) F27942 Waste thinner
c) F28563 Waste paint
d) F28554 Waste skydrol and water

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

RECEIVED
JUN 28 1988
PLANT ENGINEERING

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: M. McLaughlin — Signature: M. McLaughlin — Month Day Year: 06 17 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 6/17/88

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

FACILITY

19. Discrepancy Indication Space

20. *Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.*
Printed/Typed Name: MIKE A GILHAM — Signature: Mike A Gilham — Month Day Year: 6/17/88

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

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

INSTRUCTIONS ON THE BACK

Type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

FORM HAZARDOUS WASTE MANIFEST *(Continuation Sheet)*	21. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 1 5	22. Page 2
Information in the shaded areas is not required by Federal law.			

23. Generator's Name
ALLIED SIGNAL AEROSPACE Electrodynamics Division
11600 SHERMAN WAY
N. HOLLYWOOD, CA 91605 (818) 765-1010

L. State Manifest Document Number 87238142
M. State Generator's ID HAH036009097

24. Transporter ____ Company Name: OIL AND SOLVENT PROCESS CO
25. US EPA ID Number: C A D 0 0 8 3 0 2 9 0 3
N. State Transporter's ID 804007
O. Transporter's Phone (818)334-5117

26. Transporter ____ Company Name
27. US EPA ID Number
P. State Transporter's ID
Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d.					
e. WASTE ORMA N.O.S.,NA1693 (F001) (waste freon)	0 0 1	D M	0 0 0 5 0	G	741 F001
f. RQ,WASTE 1,1,1 TRICHLOROETHANE ORM-A (F001)	0 0 6	D M	0 0 3 0 0	G	211 F001
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above
e- Profile G93212 Waste freon
f- G93094

T. Handling Codes for Wastes Listed Above

RECEIVED
JUN 28 1988
PLANT ENGINEERING

32. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date (Month Day Year)

34. Transporter ____ Acknowledgement of Receipt of Materials
Printed/Typed Name: ED. GOERICK | Signature | Date (Month Day Year): 06/17/88

FACILITY

35. Discrepancy Indication Space

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).

Instructions on the back

88-2093

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 1-17-C

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL AEROSPACE ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88140377

B. State Generator's ID: HAHQ360009097

5. Transporter 1 Company Name: Disposal Control

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 901090

D. Transporter's Phone: 714-993-0352

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
CHEM TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023

10. US EPA ID Number: CAT080033681

G. State Facility's ID: CAT080033681

H. Facility's Phone: (213) 268-5056

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, NA 9189	001	TT	03500	G	State: 221 / EPA/Other: N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year: 12 27 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Hal — Signature — Month Day Year: 12 27 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: ROSANNA T UNZA — Signature — Month Day Year: 12 29 88

Do Not Write Below This Line

GENERATOR

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

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

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).*

8219

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
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
ALLIED SIGNAL AEROSPACE ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD CA 91605

4. Generator's Phone (818)765-1010

A. State Manifest Document Number 88048097
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE
6. US EPA ID Number CAT030034184
C. State Transporter's ID
D. Transporter's Phone (800)824-3345

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
DEMENNO KERDOON
2100 N. ALAMEDA ST
COMPTON, CA ()90222
10. US EPA ID Number CAT080013352
G. State Facility's ID CAT080013352
H. Facility's Phone (213)537-7100

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. WASTE PETROLEYUM OIL N.O.S.,COMBUSTIBLE LIQUID UN 1270	001	TT	01800	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
WASTE SOLUBLE OIL 2%
LUBRICATING OIL 20%
HYDRAULIC OIL 60%
WATER 20%

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 ROBIN OSEAS
Signature
Month Day Year

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

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 ARTURO B. PEREZ
Signature
Month Day Year 09 29 88

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

88048097

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

Do Not Write Below This Line

GENERATOR WITH

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

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD003325334
Manifest Document No.:
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL AEROSPACE ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048099
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT030034184
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (800)824-3345

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
CHEM TECK SYSTEMS, INC.
3650 EAST 26TH ST.
VERNON, CA 90023
10. US EPA ID Number: CAT080033681
G. State Facility's ID: CAT080033681
H. Facility's Phone: (213)268-5056

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 N. O. S., ORM-E, NA9189	001	TT	[illegible]	G	State: 221; EPA/Other: N/A
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

J. Additional Descriptions for Materials Listed Above
WATER SOLUBLE OILS
LUBRICATING OILS
WATER
PER PROFILE

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year

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

TRANSPORTER

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: ARTHURO M. VAYDAN / CHEMTECH
Signature: [illegible]
Month Day Year: 09 21 88

FACILITY

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

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

Do Not Write Below This Line

[illegible] TO GENERATOR WITHIN 30 DAYS

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 [illegible]tch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD010833134
Manifest Document No. 0001
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL AEROSPACE-ELECTRODYNAMICS DIVISION
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 87238140
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name
DISPOSAL CONTROL SERVICE
6. US EPA ID Number CAT030034184
C. State Transporter's ID 809861
D. Transporter's Phone (800) 824-3345

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
DEMENNO/KERDOON
2100 N. Alameda St
Compton, ca 90222
10. US EPA ID Number CAT080013352
G. State Facility's ID CAT080013352
H. Facility's Phone (213) 537-7100

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 PETROLEUM OIL N.O.S., COMBUSTIBLE LIQUID, UN 1270	001	TT	01600	G	State; EPA/Other N/A
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

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

15. Special Handling Instructions and Additional Information
USE PERSONAL PROTECTIVE EQUIPMENT

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: M. McLaughlin
Signature: M. McLaughlin
Month Day Year: 06 13 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lord Dykers
Signature: [illegible]
Month Day Year: 06 13 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 06 13 88

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.

[illegible] COPY TO GENERATOR WITHIN 15 DAYS

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. CAD008325334
Manifest Document No. 00012
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238139
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT030034184
C. State Transporter's ID: 809861
D. Transporter's Phone: (800) 824-3345

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
CHEM TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023
10. US EPA ID Number: CAT080033681
G. State Facility's ID: CAT080033681
H. Facility's Phone: (213) 268-5056

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, NA 9189	001	TT	03500	G	State 221 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oils
lubricating oils
water Per profile

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

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: M. McLAUGHLIN — Signature: M. McLaughlin — Month Day Year: 05 24 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: Don Wetzel — Month Day Year: 05 24 88

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

FACILITY — 19. Discrepancy Indication Space
JUN 3 1988
PLANT ENGINEERING

FACILITY — 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: ELEO A. NG/CHEM-TECH — Signature: [illegible] — Month Day Year: 05 24 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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 or pica typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008312534
Manifest Document No.: 0001
2. Page 1 of ___

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238137
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT030034184

C. State Transporter's ID: [illegible]09861
D. Transporter's Phone: (800) 824-3345

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
CLEMENNO/KERDOON
2106 N. ALAMEDA ST.
COMPTON, CA 90222
10. US EPA ID Number: CAT080013352

G. State Facility's ID: CAT080013352
H. Facility's Phone: (213) 537-7100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	State No.
a. WASTE PETROLEUM OIL N.O.S., COMBUSTIBLE LIQUID, UN 1270	001	TT	1600	G	[illegible] 221 / [illegible] N/A
b.					EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

K. Handling Codes for Wastes Listed Above
a. 6
b.
d.

RECEIVED 8 1988 PLANT ENGINEERING

RECEIVED MAY 18 1988 PLANT ENGINEERING

15. Special Handling Instructions and Additional Information
USE PERSONAL PROTECTIVE EQUIPMENT

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: M. McLaughlin
Signature: M. McLaughlin
Month Day Year: 04 22 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE
Signature: Dave Dade
Month Day Year: 04 22 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
Signature
Month Day Year

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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. CAD008325334 | Manifest Document No. 00017 | 2. Page 1 of 2

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

3. Generator's Name and Mailing Address
Allied Signal Aerospace Inc. Electrodynamics Division
11600 Sherman Way, orth Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534141
B. State Generator's ID: IHIAIHI0I3I6I0I0I9I0I9I7

5. Transporter 1 Company Name: Oil ansd Solvent Process Co.
6. US EPA ID Number: CAD008302903
C. State Transporter's ID: 106277
D. Transporter's Phone: (818) 334-5117

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
Oil and Solvent Process Co.
1704 W. First Street
Azusa, CA 91702
10. US EPA ID Number: CAD008302903
G. State Facility's ID: CAD008302903
H. Facility's Phone: (818)334-5117

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 Flammable Liquid N.O.S., UN 1993 (D001) (waste red oil and Heptane)	001 2	DIM	0010110	G	State 214 / EPA/Other D001
b. RQ, Waste Flammable Liquid N.O.S., UN 1993 (F003, F005) (waste thinner)	001 1	DIM	0010150	G	State 212 / EPA/Other F003, F005
c. Waste Kerosene Combustable Liquid ~~N.O.S.~~, UN 1223 (F003)	001 1	DIM	0010150	G	State 221 / EPA/Other F003
d. Waste ORM-A N.O.S., ORM A NA 1693 (F001) (waste freon)	001 2	DIM	0010~~1510~~ 100	G	State 741 / EPA/Other F001

J. Additional Descriptions for Materials Listed Above
a) Profile LAX F28556 (waste red oil and Heptane)
b) F27942 (waste thinner)
c) F28609 (waste kerosene)
d) G93212 (waste freon)

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

15. Special Handling Instructions and Additional Information
Use Appropriate Personal Protective Equipment. 70

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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GENERATOR — Printed/Typed Name: Robin Oseas | Signature: [signature] | Month Day Year: 0 7 1 7 8 8

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ED GUGIVEN | Signature: [signature] | Month Day Year: 0 7 1 7 8 8

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: MIKE A GILHAM | Signature: [signature] | Month Day Year: 0 7 1 7 8 8

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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

1-451-01,02,03,04

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

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST *(Continuation Sheet)*	21. Generator's US EPA ID No. CAD008325334	Manifest Document No. 00070	22. Page 2	Information in the shaded areas is not required by Federal law.

23. Generator's Name
Allied Signal Aerospace Inc. Electrodynamics Division
11600 Sherman Way, North Hollywood, CA 91605

L. State Manifest Document Number: 87534141

M. State Generator's ID: HAH036009097

24. Transporter ____ Company Name: Oil and Solvent Process Co.

25. US EPA ID Number: CAD008320290

N. State Transporter's ID: 906279

O. Transporter's Phone: (818)334-5117

26. Transporter ____ Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.					
b.					
c.					
d.					
e. RQ, Waste 1,1,1-Trichloroethane ORM-A UN 2831 (F001) 44006513	005	DM	00250	G	741 F001
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above
e) Profile LAX G93094

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information
Use appropriate personal protective equipment.

GENERATOR

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials

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

34. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: E. Cervera | Signature: E. Cervera | Date: 9/14/88

FACILITY

35. Discrepancy Indication Space

1988 MANIFESTS
(TANK 13 SOIL EXCAVATION)

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).

Instructions on the back

Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD010812824
Manifest Document No.: 22DR
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 768-1010

A. State Manifest Document Number: 88485531
B. State Generator's ID: HAH036000001

5. Transporter 1 Company Name: Mr. Lawson Truck Service
6. US EPA ID Number: CAT000626122
C. State Transporter's ID: 911633
D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	BT	00021	T	State 611/781 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1 1 1 2 1 5 1 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mr Lawson
Signature: [signature]
Month Day Year: 1 1 1 2 1 5

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: STEVE BRAUN
Signature: [signature]
Month Day Year: 1 1 1 2 1 5

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

[illegible]

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
14800 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 83435529
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT080016117
G. State Facility's ID CAT080016117
H. Facility's Phone (800) 222-2364

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	10215	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LOG N. [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year

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

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: STEVE BRECK ST — Signature — Month Day Year

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

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State of California - Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9 30-88)
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Instructions on the [illegible]ck

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — Manifest Document No. [illegible] — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485455

B. State Generator's ID MAH038000097

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 322-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gerald L Amlior — Signature: [signature] — Month Day Year [illegible]

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: [illegible] — Signature: [signature] — Month Day Year [illegible]

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN [illegible]

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

88485455

DHS [illegible] EPA [illegible] (Rev. 9-86) [illegible] are obsolete.

[illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-
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Instructions on the back

Department of Health Servic
Toxic Substances Control Divisi
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 12216/15

2. Page 1 of

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 83485454

B. State Generator's ID 1411325040017

5. Transporter 1 Company Name: Rust of Sues Trucking — 6. US EPA ID Number: CAD981961214

C. State Transporter's ID

D. Transporter's Phone 805-443-6193

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 822-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00012	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1/1/17/21

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

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: Steve Pickell — Signature — Month Day Year 1/1/01 78

Do Not Write Below This Line

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

88485454

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

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R9.757-15

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Form Approved OMB No. 2050—0039 (Expires 9-30-86)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 10247
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485453
B. State Generator's ID NA9189009997

5. Transporter 1 Company Name: FRANK BISHOP TRUCKING
6. US EPA ID Number: CAD981172826
C. State Transporter's ID 309,39
D. Transporter's Phone (805) 366-3490

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT080046117
G. State Facility's ID CAT080046117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	012	T	State 611/781 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT"

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month 1 Day 12 Year 1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP — Signature: Frank Bishop — Month 1 Day 12 Year 1988

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STAN SHAW — Signature — Month 1 Day 19 Year 1988

GENERATOR — TRANSPORTER — FACILITY

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

88485453

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EPA 8700—22
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 105417

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485453

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: FRANK BISHOP TRUCKING
6. US EPA ID Number: C A D 0 9 8 1 1 2 2 8 0 1 6

C. State Transporter's ID [illegible]
D. Transporter's Phone (818) 366-3190

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 1

G. State Facility's ID [illegible]
H. Facility's Phone (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00014/12	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT"

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1 1 1 1 1 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP — Signature: [illegible] — Month Day Year: 1 1 1 0 1 8 8

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: STAN [illegible] — Signature: [illegible] — Month Day Year: 1 1 1 9 1 5 8

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485453

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DHS 8022 A (1/88)
EPA 8700—22
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Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on eli[illegible] pitch typewriter).

Instructions on the [illegible]ack

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD006528334 — Manifest Document No. 002416

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

A. State Manifest Document Number: 88485452

B. State Generator's ID: [illegible]

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: [illegible]

H. Facility's Phone: [illegible]

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: [illegible]

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

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117 — (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00215	T	State / EPA/[illegible] F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: [illegible]

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — Signature: [illegible] — Month Day Year: [illegible]

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: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

88485452

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES[illegible]SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 [illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type (Form designed for use on el[illegible]-pitch typewriter). Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA000[illegible] Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485451
B. State Generator's ID [illegible]

5. Transporter 1 Company Name: [illegible] 6. US EPA ID Number: [illegible]
C. State Transporter's ID 911651
D. Transporter's Phone (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (805) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	00025	T	State 811/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [illegible] Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Craig McKenzie Signature: Craig McKenzie Month Day Year [illegible]

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: Steve Pickell Signature: [illegible] Pickell Month Day Year 1/10/88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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

TC4C0400

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

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA D 0 0 8 9 2 5 3 3 4
Manifest Document No.: 0013141
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485450
B. State Generator's ID: [illegible]
C. State Transporter's ID: 903.XX
D. Transporter's Phone: (805) 393-1151

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: [illegible]
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	00010215	T	State 611/781 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1/1/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP VAQUIN DON PARTON
Signature: Don Parton
Month Day Year: 1/1/1/88

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: Steve Pickell
Signature: Steve Pickell
Month Day Year: 1/10/88

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

P 31 of 105

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)

Instructions on the back

Department of Health Service
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312334 — Manifest Document No. 00073
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485449
B. State Generator's ID MAN031000007

5. Transporter 1 Company Name MP Vacuum Transport — 6. US EPA ID Number CAD982192017
C. State Transporter's ID 702743
D. Transporter's Phone (805) 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 232-2864

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. RQ,HAZARDOUS WASTE SOLID, N.O.S, ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTICE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER — Signature: Al Walker — Month Day Year 11 10 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: S Pickell — Month Day Year 11 10 88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

88485449

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

GENERATOR

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 [illegible] pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 001342

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

A. State Manifest Document Number 88485448

B. State Generator's ID [illegible]

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 CAT000646117

H. Facility's Phone (909) 822-2964

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: Frank Bishop Trucking — 6. US EPA ID Number: CAD981942216

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

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — 10. US EPA ID Number: CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	12314	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAB [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP — Signature: [signature] — Month Day Year 1/05/88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRETON RF — Signature: [signature] — Month Day Year 1/10/88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN [illegible]

GENERATOR

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

88485448

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 all 12-pitch typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008338334 — Manifest Document No.: 00534V
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485447
B. State Generator's ID: MAN038808087

5. Transporter 1 Company Name: MP Transportation Service — 6. US EPA ID Number: KAT000612142
C. State Transporter's ID: 902666
D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	00234	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68170
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 10 31 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 10 31 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STAN KASPR — Signature: [signature] — Month Day Year: 10 31 88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

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

88485447

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite [illegible] pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 10240

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485446

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID [illegible]

H. Facility's Phone (800) 222-2954

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 05 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [illegible] Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CRAIG McKENZIE Signature: [illegible] Month Day Year [illegible]

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 [illegible] Signature [illegible] Month Day Year [illegible]

Do Not Write Below This Line

GENERATOR

88485446

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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 [illegible] pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 Manifest Document No. 000319
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485445
B. State Generator's ID [illegible]

5. Transporter 1 Company Name: MP [illegible]
6. US EPA ID Number
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	40 YDS	T	State 611/781 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 05 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1/10/1[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER — Signature: Al Walker — Month Day Year: 1/10/11/8[illegible]

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: [illegible] — Signature: [illegible] — Month Day Year: 1/18/88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

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88485445

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 pitch typewriter). Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 102318

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485444

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (949) 877-3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 922-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	10213	T	State 811/761 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas 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: Steve Pickrell Signature: Month Day Year 1/10/88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

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

00400444

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).) Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 83485440
B. State Generator's ID: NAN0360009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: 90360
D. Transporter's Phone: (805) 733-1651

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	001	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 1 2 5 1 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK GRUBEN — Signature: [signature] — Month Day Year: 1 1 0 5 1 8

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: [illegible] — Signature: [signature] — Month Day Year: 1 1 0 1 8 8

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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)

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008326334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485439
B. State Generator's ID: HAW8160 8027
C. State Transporter's ID: 911638
D. Transporter's Phone: (305) 393-1157

5. Transporter 1 Company Name: MP Environmental Services
6. US EPA ID Number: [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	14120	T	State 611/781 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIAION

K. Handling Codes for Wastes Listed Above
a. D3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature:
Month Day Year: 10 12 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WELSON R CHAMPION
Signature:
Month Day Year: 10 12 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: STEVE BRAUN
Signature:
Month Day Year: 10 12 88

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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

GENERATOR

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-92)
Please print or type. (Form designed for use on elite 12-pitch typewriter)

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485438

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (805) 347-1151

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 722-2864

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00021	T	State; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year 1/10/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W/C McKenzie — Signature: [signature] — Month Day Year 1/10/88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Wade — Signature: [signature] — Month Day Year 1/18/88

Do Not Write Below This Line

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

88485438

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485437

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: CAD008325334 Manifest Document No: 00[illegible]
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88485437
B. State Generator's ID: NAN936009097

5. Transporter 1 Company Name: [illegible] 6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVEEQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas Month Day Year: 1 10 28 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 1 1 28 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BEAN OP Signature: [illegible] Month Day Year: 1 28 88

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

[illegible]

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 a [illegible]2-pitch typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 Manifest Document No.: [illegible]
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485436
B. State Generator's ID: CA8032633397

5. Transporter 1 Company Name: [illegible] Truck Service
6. US EPA ID Number: KYD000624242
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 1 405 393 1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00234	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 11 10 2 5 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER
Signature: Al Walker
Month Day Year: 11 10 2 5 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: [illegible]
Signature
Month Day Year: 11 10 2 5 88

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

88485436

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 [illegible]

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-86)
Please print or type. (Form designed for use on elite 12-pitch typewriter).

Instructions on the back

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californi

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 88485435
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485435
B. State Generator's ID CAD008325334
C. State Transporter's ID 903284
D. Transporter's Phone (805) 393-1157

5. Transporter 1 Company Name: Allied Contract Service
6. US EPA ID Number: CAT000621217
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., .OGM-E NA 9189 (F001) (contaminated soil)	001	DT	00024	T	State 611/781 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert R Costa Signature: Robert R Costa Month Day Year 10 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: Steve Pickner Signature: [signature] Month Day Year 10 28 8

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

88485435

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

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

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485434

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (800) 243-1151

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00021/2	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1 0 2 8 1 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Curtis Flewers — Signature — Month Day Year 1 0 2 8 1 8

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: Steve Pickel — Signature — Month Day Year 1 0 2 8 1 8

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DA

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

GENERATOR

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

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

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485433

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA 0 0 0 8 3 2 5 3 3 4
Manifest Document No.: [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485433
B. State Generator's ID: HAN03[illegible]
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: CAT000646117
H. Facility's Phone: (800) 222-2044

5. Transporter 1 Company Name: MPV Transport Service
6. US EPA ID Number: CAT000626424
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00024	Y	State 611/781 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65178
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d. 14

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 28 8[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard D Bennett
Signature: Richard D Bennett
Month Day Year: 10 28 8[illegible]

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: Steve Pickell
Signature: [illegible]
Month Day Year: 10 28 8[illegible]

GENERATOR

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

88485433

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

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[illegible]

State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008326334 — Manifest Document No.: 00271

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048100

B. State Generator's ID

5. Transporter 1 Company Name: U. SPECIAL CONTROL SERV. — 6. US EPA ID Number: CAT080034124

C. State Transporter's ID

D. Transporter's Phone: 714-573-0345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800)222-2964

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. RQ, Hazardous Waste Solid, NOS, ORM-E NA 9189 (D007) Trash Contaminated with Chrome	001	DM	1	Y	State: 011 / EPA/Other: D007
b.					State / EPA/Other
c					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Profile LAX H 05207
-Trash contaminated with Chrome

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

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Rider — Signature: Robert J. Rider — Month Day Year 1/1/02 8

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

88048100

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 Manifest Document No. 00317

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485443

B. State Generator's ID ILAN034000002

5. Transporter 1 Company Name MD Vacuum Truck Svc. 6. US EPA ID Number CAT000612242

C. State Transporter's ID 70650

D. Transporter's Phone (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID ILAT000000011

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00236	T	State 611/783 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. D5 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECITVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas Month Day Year 10 03 88

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZAN Signature: Chuck Cruzan Month Day Year 10 05 88

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

TRANSPORTER

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: STEVE BRESLIN Signature: Month Day Year 10 31 88

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 (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008329334 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485442
B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone (800) 872-3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117
G. State Facility's ID [illegible]
H. Facility's Phone (800) 222-2954

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00124	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX-N-89178
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year [illegible]

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary [illegible] — Signature: [signature] — Month Day Year [illegible]

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: Steve Pickard — Signature: [signature] — Month Day Year 1/03/88

Do Not Write Below This Line

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485442

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EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Ba[illegible]

Department of Health Service[illegible]
Toxic Substances Control Divisi[illegible]
Sacramento, Californ[illegible]

88485441

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. CA[illegible] Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SNERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485441
B. State Generator's ID [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible] 872-3773

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY , CA 93239
10. US EPA ID Number CA T 0 0 0 6 4 6 1 1 7
G. State Facility's ID [illegible]
H. Facility's Phone (800) 322-[illegible]

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	010925	T	State [illegible] EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL A PROTECTIVEEQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Y [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: [illegible] — Month Day Y [illegible]

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

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: STEVE BARR — Signature: [illegible] — Month Day [illegible]

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

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[illegible]

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485432
B. State Generator's ID MAN032600097
C. State Transporter's ID 911658
D. Transporter's Phone [illegible]
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

5. Transporter 1 Company Name — 6. US EPA ID Number
7. Transporter 2 Company Name — 8. US EPA ID Number
9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 88198
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 1/10/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FOUTCH — Signature: [signature] — Month Day Year 1/10/88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] — Signature: [signature] — Month Day Year 1/10/88

GENERATOR

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

88485432

DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485431

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. CA D 0 0 8 3 2 6 3 3 4 — Manifest Document No. [illegible]

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485431

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: MP Vacuum Truck Service

6. US EPA ID Number: CAT[illegible]

C. State Transporter's ID: 705630

D. Transporter's Phone: (805) 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9188 (F001) (contaminated soil)	001	DT	00024	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHEHTWOOD — Signature: Grover Chehtwood — Month Day Year [illegible]

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: STEVE SHERWOOD — Signature: [illegible] — Month Day Year [illegible]

GENERATOR — TRANSPORTER — FACILITY

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485430

B. State Generator's ID

5. Transporter 1 Company Name: MP Transportation — 6. US EPA ID Number: CAT000612112

C. State Transporter's ID: 90366

D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00024	T	State 613/261; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 86176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1 0 4 2 3

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RALPH W. FURLONG — Signature: Ralph W. Furlong — Month Day Year: 1 0 2 7 8

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: STEVE BERRY — Signature — Month Day Year

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

88485430

DHS 8022 A (1/88)
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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 Manifest Document No. 00015

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485429

B. State Generator's ID NAN0100001007

5. Transporter 1 Company Name: MV Vacuum Truck Service

6. US EPA ID Number: CAT000624240

C. State Transporter's ID 903667

D. Transporter's Phone (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2954

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 2 15 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER — Signature: A Walker — Month Day Year: 10 2 15 8

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: STEVE BEERS — Signature: Steve Beers — Month Day Year: 10 27 88

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

88485429

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485428

B. State Generator's ID: N/A

5. Transporter 1 Company Name: MP Vacuum Truck Service — 6. US EPA ID Number: CAT000624243

C. State Transporter's ID: 911637

D. Transporter's Phone: (805) 292-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	442 1/2	T	State 811/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAK N 05176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANAL PROTECTIVE EQIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 0 2 2 1 3 1 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W C McKenzie — Signature: [signature] — Month Day Year: 1 0 2 2 1 8

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: Steve Pickell — Signature: [signature] — Month Day Year: 1 0 2 7 8

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GENERATOR

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

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Instructions on the B

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californi

88485427

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. CAD008336334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485427

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: MP Vacuum Hot Service — 6. US EPA ID Number: CAT000624247

C. State Transporter's ID: 703674

D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-8964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	4424½	T	State: 813/784 EPA/Other: F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

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

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month 10 Day 27 Year 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert R Costa — Signature: Robert R Costa — Month 10 Day 27 Year 88

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

FACILITY — 19. Discrepancy Indication Space

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number: 88485426

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

B. State Generator's ID: NAN016000097

5. Transporter 1 Company Name: All Vacuum Truck Service — 6. US EPA ID Number: KAT000624247

C. State Transporter's ID: 403671

D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — 10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 222-2944

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00022	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/10/2/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZON — Signature: [signature] — Month Day Year: 1/10/2/88

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: Steve Pikell — Signature: [signature] — Month Day Year: 1/02/7/88

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

88485426

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 77P

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485425

B. State Generator's ID: NA 0 3 8 0 0 0 0 0 7

5. Transporter 1 Company Name: Disposal Services

6. US EPA ID Number: CAT080034134

C. State Transporter's ID: 909331

D. Transporter's Phone: 1800 877 3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (209) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00240	T	State 611/791 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 27 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Hensler — Signature: Gary Hensler — Month Day Year: 10 27 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: Steve Pickell — Signature: St Pickell — Month Day Year: 10 27 88

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485424

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 4-10111
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485424
B. State Generator's ID: CAW036000007

5. Transporter 1 Company Name: Dynatrans
6. US EPA ID Number: CAT080034154
C. State Transporter's ID: 907003
D. Transporter's Phone: 1800 877 3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2866

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 611/701; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 10 27 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel
Signature: [signature]
Month Day Year: 10 27 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Steve Pikul
Signature: [signature]
Month Day Year: 10 27 88

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GENERATOR

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4 — 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
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485423

B. State Generator's ID HAN036009097

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0021	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1 0 2 6 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN A MCATEER — Signature — Month Day Year 1 0 2 6 8 8

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: STEVE BRIER JR — Signature — Month Day Year 1 0 2 6 8 8

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 8022 A (1/88)
EPA 8700—22
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10-26-03

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008253344 Manifest Document No. 09101

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485422

B. State Generator's ID NAH0316090917

5. Transporter 1 Company Name: MP Waste Tank Service
6. US EPA ID Number: CAT080021212

C. State Transporter's ID 903680

D. Transporter's Phone (805) 323-1151

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
CHEMICAL WASTE MANAGEMANT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	00232	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 1 2 6 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHEATWOOD — Signature: [signature] — Month Day Year: 1 1 2 6 8 8

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: STEVE [illegible] — Signature: [signature] — Month Day Year: 1 2 2 6 8 8

Do Not Write Below This Line

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

GENERATOR

00400422

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 0 0 8 3 2 6 3 3 4
Manifest Document No. 0 9 5 7 5
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88435421
B. State Generator's ID HAH03600027

5. Transporter 1 Company Name MF Vacuum Truck Service
6. US EPA ID Number CAT000624247
C. State Transporter's ID 10366
D. Transporter's Phone (805) 393-1751

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00242	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name ROBIN OSEAS
Signature [signature]
Month Day Year 1 0 2 6 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name AL WALKER
Signature al walker
Month Day Year 1 0 2 6 8 8

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 the manifest except as noted in item 19.
Printed/Typed Name STEVE BARKER RT
Signature [signature]
Month Day Year 1 0 2 6 8 8

GENERATOR

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

00403471

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — Manifest Document No. 00117

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485420

B. State Generator's ID NAHD360090987

5. Transporter 1 Company Name: Dynal Control Service — 6. US EPA ID Number: KPT080034184

C. State Transporter's ID 910226

D. Transporter's Phone 1800 877 3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.OS., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00223	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 27 88

GENERATOR

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

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

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: Steve Pickell — Month Day Year: 10 27 88

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325934 Manifest Document No. 00470

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485418

B. State Generator's ID CAN036009097

5. Transporter 1 Company Name MV Vacuum Tank Service
6. US EPA ID Number KAT080021212

C. State Transporter's ID 903604

D. Transporter's Phone (805) 393-4551

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00212	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS — Signature — Month 10 Day 21 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Jeffrey Nissen — Signature — Month 10 Day 26 Year 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 STEVE BRAUN RF — Signature — Month 10 Day 26 Year 88

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

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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Ba

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 766-1010

A. State Manifest Document Number 83485417

B. State Generator's ID 1 0 4 0 3 6 0 0 0 0 0 1

5. Transporter 1 Company Name MP Vacuum Truck Service

6. US EPA ID Number CAT000624240

C. State Transporter's ID 905294

D. Transporter's Phone (805) 393-7151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name ROBIN OSEAS Signature Robin Oseas Month Day Year 10 26 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Robert Costa Signature Robert Costa Month Day Year 10 26 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name STEVE BRESLOW Signature Month Day Year 10 26 88

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

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Instructions on the Be

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 Manifest Document No. 99210

2. Page 1 of 1

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3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 83485416

B. State Generator's ID NAH036009097

5. Transporter 1 Company Name: MP Vacuum Truck Service

6. US EPA ID Number: CAT000624247

C. State Transporter's ID 902943

D. Transporter's Phone (805) 293-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas Month Day Year 02 06 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year 02 06 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: STEVE [illegible] Signature: [illegible] Month Day Year 14 06 88

GENERATOR — TRANSPORTER — FACILITY

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DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00005

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485411

B. State Generator's ID NAN010089097

5. Transporter 1 Company Name: AP Duncan Facility — 6. US EPA ID Number CAT000624117

C. State Transporter's ID 905669

D. Transporter's Phone (805) 395-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAD006416117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	10	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 24 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard Bennett — Signature: Richard Bennett — Month Day Year: 10 24 85

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: [illegible] — Signature: [illegible] — Month Day Year

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

88485411

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

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

Instructions on the Ba[illegible]

Department of Health Service
Toxic Substances Control Divisi
Sacramento, Californ

88485410

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. CAD008329344 — Manifest Document No. 1002 14
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485410
B. State Generator's ID CAH036000097

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]
C. State Transporter's ID 90675
D. Transporter's Phone 1[illegible] 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	4 1/2	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65136
CONTAMINATED SOIL DUG FOR SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. C3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 1 0 2 4 8[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Lennett — Signature: Mike Lennett — Month Day Year 1 1 2 4 8[illegible]

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: STEVE [illegible] — Signature: [illegible] — Month Day Year 1 0 2 4 8[illegible]

DHS 8022 A (1/88)
EPA 8700—22
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Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

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 [illegible] typewriter)

Instructions on the Ba[illegible]

Department of Health [illegible]
Toxic Substances Control [illegible]
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 1 [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485409

B. State Generator's ID: C A N 0 3 6 0 0 0 0 0 7

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: C A T 0 0 6 2 4 2 4 7
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (805) 373-1131

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7
G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 0 1	B	0 0 2 2 2	T	State 611/791; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PRESONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 10 24 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 10 24 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: [illegible] — Signature: [illegible] — Month Day Year: 10 24 88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485409

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

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State of California -Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008312313 4
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485408

B. State Generator's ID: CAD036008017

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: CAT000642117

C. State Transporter's ID: 92682 EG
D. Transporter's Phone: (805) 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00022	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 2 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Cutler
Signature: [illegible]
Month Day Year: 10 2 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: STEVE BRASTE RT
Signature: [illegible]
Month Day Year: 10 2 88

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

88485408

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EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008385334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485407

B. State Generator's ID: HAH036000001

5. Transporter 1 Company Name: AP Union Truck Service — 6. US EPA ID Number: CAT000242242

C. State Transporter's ID: 903676

D. Transporter's Phone: 805 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	BT	00021	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 24 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Stone — Signature: Jerry Stone — Month Day Year: 10 24 8

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: Judy Crawford — Signature: Judy Crawford — Month Day Year: 10 24 8

Do Not Write Below This Line

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EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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88485407

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

GENERATOR

R3502-08

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88435406
B. State Generator's ID: NAM036009097

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: KAT000612242
C. State Transporter's ID: 903622
D. Transporter's Phone: (805) 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 322-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. NA 9189 (F001) (contaminated soil) ORM-E	001	DT	00022	T	State: 511/751; EPA/Other: F001
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 9 2 4 8 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR
Signature: Doby Hagar
Month Day Year: 1 0 2 4 8 8

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: Judy Crawford
Signature: Judy Crawford
Month Day Year: 1 0 2 4 8

Do Not Write Below This Line

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

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GENERATOR

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

88485406

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 0 0 4 1 7 7

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 83485405

B. State Generator's ID: M A M 0 3 6 8 9 0 9 7

5. Transporter 1 Company Name: Disposal Control Services

6. US EPA ID Number: C A T 0 8 0 9 3 4 1 8 4

C. State Transporter's ID: 40203

D. Transporter's Phone: (800) 877-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone: (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 0 1	D T	0 0 0 2 4	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1 0 2 4 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: Don Wetzel — Month Day Year: 1 0 2 4 8 8

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

19. Discrepancy Indication Space
H) 356 7211

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Judy Crawford — Signature: Judy Crawford — Month Day Year: 1 0 2 4 8 8

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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

88485405

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — Manifest Document No. 29112

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485404

B. State Generator's ID: CAN000000017

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: CAD981394134

C. State Transporter's ID: 903001

D. Transporter's Phone: (800) 877-3273

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	002312	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1/12/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY HENSLER — Signature: Gary Hensler — Month Day Year: 1/12/88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Judy Crawford — Signature: Judy Crawford — Month Day Year: 1/12/88

Do Not Write Below This Line

GENERATOR

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

88485404

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 9[illegible]

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88435403

B. State Generator's ID NAN036009097

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number CAT080693[illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	9923½	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAB # 66176
CONTAMINATED SOIL FROM SITE REMENDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS Signature: Robin Oseas Month Day Year 10 24 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year [illegible]

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: STEVE [illegible] Signature: [illegible] Month Day Year 10 28 88

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

88485403

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 [illegible]

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 typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No.
Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048095

B. State Generator's ID HAA036009993

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FOLTCH | Signature: [illegible] | Month Day Year 1/19/88

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

TRANSPORTER

19. Discrepancy indication Space (B Nonhazardous)

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: STAN [illegible] RT | Signature: [illegible] | Month Day Year 1/19/88

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

88048095

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

Do Not Write Below This Line

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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 [illegible] typewriter)

Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88048093

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.: CAD008325334
Manifest Document No.:
Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048093
B. State Generator's ID: HAW036009007

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR — Signature: [illegible] — 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: STEVE BURGER — Signature: [illegible] — Month Day Year

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

Do Not Write Below This Line

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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

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008328334
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
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048092
B. State Generator's ID: N4H0140001007
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (805) 323-[illegible]
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S, ORM-E NA 9189 (F001) (contaminated soil)	001	DT	002215	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
RMXN CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1 02 1 92

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [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: STEVE [illegible]
Signature: [signature]
Month Day Year: 1 14 92

Do Not Write Below This Line

GENERATOR

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

88048092

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

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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No. [illegible]
Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048091
B. State Generator's ID HAH085000009

5. Transporter 1 Company Name MCV Transport #1
6. US EPA ID Number [illegible]
C. State Transporter's ID 903273
D. Transporter's Phone 805 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00022	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 21 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE TRICE
Signature: [illegible]
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: Steve Pickell
Signature: [illegible]
Month Day Year: 10 21 88

GENERATOR

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

88048091

DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048090
B. State Generator's ID: HAH038000097

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: [illegible]
C. State Transporter's ID
D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number
E. State Transporter's ID: 91226
F. Transporter's Phone: [illegible]

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	100124	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE ~~LAX-W-65170~~
CONTAMINATED SOIL FROM SITEREMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [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: Steve Pickell — Signature: [signature] — Month Day Year: 10 28 88

GENERATOR

88048090

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 (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048089
B. State Generator's ID: HAM036009097

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Costa
Signature: Robert Costa
Month Day Year: [illegible]

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 the manifest except as noted in Item 19.
Printed/Typed Name: Steve [illegible]
Signature: [signature]
Month Day Year: [illegible]

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D.

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

GENERATOR

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

000400007

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)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 1111

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048088

B. State Generator's ID: HAH036000097

5. Transporter 1 Company Name | 6. US EPA ID Number

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 | 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 | CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T		T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | 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

GENERATOR

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

88048088

DHS 8022 A (1/88)
EPA 8700—22
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State of California – Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008326334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048087
B. State Generator's ID: HAN036099097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: 962[illegible]
D. Transporter's Phone: (805) [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	TOP	24	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX M 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1 [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Toby HAGAR
Signature: [illegible]
Month Day Year: [illegible]

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 the manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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

00040001

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88048085
B. State Generator's ID: NAH036009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: CAT000624242
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPTRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1 12 [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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

19. Discrepancy Indication Space
[illegible]

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

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

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EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009336334 — Manifest Document No. 11111

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048084

B. State Generator's ID: HAW036009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	1021 1/2	T	State; EPA/Other 611/781 F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 05176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — Signature: [signature] — Month Day Year: 1/12/1988

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BERRY JR — Signature: [signature] — Month Day Year: 1/13/1988

GENERATOR — TRANSPORTER — FACILITY

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

000400004

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EPA 8700-22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 | 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048083
B. State Generator's ID HAH036090097

5. Transporter 1 Company Name [illegible] | 6. US EPA ID Number [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00225	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [signature] | Month Day Year 10 4 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name [illegible] | Signature [illegible] | 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 STEVE [illegible] | Signature [illegible] | Month Day Year 10 14 88

GENERATOR

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

88048083

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA0000832334
Manifest Document No.
Page 1 of 1

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3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048082
B. State Generator's ID: 1A1H0260097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 822-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	10/12/15	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 05176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 0 2 2 1 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER SHERMAN
Signature: [illegible]
Month Day Year: 1 0 2 2 1 5

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: Steve Pickell
Signature: Steve Pickell
Month Day Year: 1 0 2 2 1 5

GENERATOR

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88048082

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EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88048081

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No.
2. Page 1 of 1
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3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048081
B. State Generator's ID: HAH036008097

5. Transporter 1 Company Name: MP Unusual Trucking Service — 6. US EPA ID Number: CAT080029317
C. State Transporter's ID: 703677
D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	6 4 2 2	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 1 0 2 0 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Morl — Signature: Don Morl — 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: Steve Pickard — Signature: Steve Pickard — Month Day Year 1 0 2 0 8

DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the B

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
Manifest Document No.
Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048080

B. State Generator's ID: NAH036099097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
COTNAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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: Steve Pickell
Signature: [illegible]
Month Day Year: 10/2/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
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GENERATOR

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

88048080

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88048079

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.: C A D 0 0 8 3 2 5 3 3 4
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048079
B. State Generator's ID: H A H 0 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7
G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 0 1	0 T	0 0 0 2 2	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [signature]
Month Day Year: 10 [illegible] 15

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE TREE
Signature: [signature]
Month Day Year

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: Steve Pi[illegible]
Signature: [signature]
Month Day Year: 10 [illegible] 88

GENERATOR
TRANSPORTER
FACILITY

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 766-1010

A. State Manifest Document Number: 88048078
B. State Generator's ID: HAN036000007

5. Transporter 1 Company Name: MP Vacuum Tank Service
6. US EPA ID Number: CAT080012242
C. State Transporter's ID: 902943
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (F001) (contaminated soil)	001	DT	1010.214	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature:
Month Day Year: 1 01 1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR
Signature:
Month Day Year: 1 01 1988

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Klein
Signature:
Month Day Year: 1 01 1988

GENERATOR — TRANSPORTER — FACILITY

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

DHS 8022 A (1/88)
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Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Divisio
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA000832534 | 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048077
B. State Generator's ID NAH038000097

5. Transporter 1 Company Name [illegible] | 6. US EPA ID Number [illegible]
C. State Transporter's ID 70304
D. Transporter's Phone (505) [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	TKROR	H	T	State 611/761 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 05 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard D. Barnett | 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: [illegible] | Signature | Month Day Year

GENERATOR

88048077

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — Manifest Document No. 111113 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048076

B. State Generator's ID: NAH0000009093

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: (805) 293-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name	Signature	Month Day Year
ROBIN OSEAS	[signature]	1/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Jim Butler	[signature]	1/12/88

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	Signature	Month Day Year
STAN BRALLY RT	[signature]	1/12/88

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

88048076

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 — Manifest Document No: 17 1/2
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048075
B. State Generator's ID: NAH0360009097

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: CAT000624247
C. State Transporter's ID: 903680
D. Transporter's Phone: 1-805-393-1151

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
RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)
10. US EPA ID Number
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00024	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month 1 Day 0 Year 1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year

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

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BOSTON — Signature: [signature] — Month 1 Day 1 Year 1988

Do Not Write Below This Line

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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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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

88048075

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

Department of Health Servic
Toxic Substances Control Divis
Sacramento, Califor

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 1/2/1/1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048074

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: MP Vacuum Truck Service — 6. US EPA ID Number: CAT000626242

C. State Transporter's ID 903626

D. Transporter's Phone (805 393-115

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000846117

G. State Facility's ID CAT000846117

H. Facility's Phone (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000212	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

K. Handling Codes for Wastes Listed Above
a. 05 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 1/0/1/9/8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DRIVER ONE OF WALT — Signature: [illegible] — 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: STEVE BRAUN RE — Signature: [illegible] — Month Day Year 1/0/1/9/8

GENERATOR

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

88048074

DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the Bac

Department of Health Servic
Toxic Substances Control Divis
Sacramento, Califo

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048073

B. State Generator's ID NAM036009097

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751 EPA/Other F00
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 86176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month | Day

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead | Signature | Month | Day

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

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: STAN BERKEY | Signature | Month | Day

88048073

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

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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)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA0008325324 | Manifest Document No.: 1/1/1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048072

B. State Generator's ID: MAN0360007

5. Transporter 1 Company Name | 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 322-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	1012/12	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFICE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum Don Porter | Signature: Don Porter | Month Day Year

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: STEVE BREGUL RT | Signature: Steve Bregul | Month Day Year: 10/9/88

Do Not Write Below This Line

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

88048072

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED-SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048071
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name — 6. US EPA ID Number
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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX R 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZON — Signature: [illegible] — Month Day Year 11/1/88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: [illegible] — Month Day Year 10/7/88

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

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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone: (818) 765-1010

A. State Manifest Document Number: 88048070
B. State Generator's ID: CAM036000007

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number:
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	1-14	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [signature]
Month / Day / Year

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

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: STEVE BRASIC RT
Signature: [signature]
Month / Day / Year: 1/10/89

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

88048070

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EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008312534
Manifest Document No.
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88048069
B. State Generator's ID: HAH936009097

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
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: STAN BERNE
Signature
Month Day Year: 1/19/88

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE CHEMTREC CENTER 1-800-424-9300; INTERNATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No.
2. Page 1 of 3 — Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048068
B. State Generator's ID: N4H03600007
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — 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

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EPA 8700—22
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GENERATOR

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State of California Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CAD008325334 | 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4 Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048067

B. State Generator's ID CAN035000007

5 Transporter 1 Company Name | 6. US EPA ID Number | 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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	4-14214	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15 Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR | Signature | Month Day Year 10 15 88

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

FACILITY

19. Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE OSEAL RI | Signature | Month Day Year 10 15 88

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 (1/88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.:
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11680 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048088
B. State Generator's ID: [illegible]
C. State Transporter's ID: 907093
D. Transporter's Phone: (405) 305-1151

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800)222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00015	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 00176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1/6/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead
Signature: [signature]
Month Day Year: 1/6/1988

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: [signature]
Month Day Year: 1/6/1988

GENERATOR
TRANSPORTER
FACILITY

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

88048088

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

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

Instructions on the Ba

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048065

B. State Generator's ID: NA0360001097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	CY	12	T	State 811/ 751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68878
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEARAPPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSERS — Signature: Robin Osers — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard D Bennett — Signature: Richard D Bennett — Month Day Year 1 0 1 5 8 6

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: STEVE BURKIN OF — Signature: Steve Burkin — Month Day Year 1 0 1 5 8 6

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DA

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048064
B. State Generator's ID [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number [illegible]
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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 CAT000646117

G. State Facility's ID [illegible]
H. Facility's Phone (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year [illegible]

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: STEVE [illegible] — Signature: [illegible] — Month Day Year [illegible]

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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

Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008128314 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048063
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: Liquid Control Service
6. US EPA ID Number: CAT150003181
C. State Transporter's ID: 910226
D. Transporter's Phone: (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2904

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0012	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 [illegible] 1 [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lord Dalgers — Signature: [signature] — Month Day Year: 1 [illegible] 1 [illegible]

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: Steve Pickell — Signature: [signature] — Month Day Year: 1 0 1 5 88

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

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D[illegible]

[illegible] 7-12

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0000325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048062
B. State Generator's ID NAN036000007

5. Transporter 1 Company Name: M P Vacuum Truck Service
6. US EPA ID Number: CAT000624247
C. State Transporter's ID 903604
D. Transporter's Phone 805-393-351

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-3964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00014	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 86176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 0 1 7 8 8

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard D. Bennett — Signature: [signature] — Month Day Year: 1 0 1 7 8 8

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: STEVE BRAILO — Signature: [signature] — Month Day Year: 1 0 1 7 8 8

Do Not Write Below This Line

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

88048062

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312934 — Manifest Document No. 1-1-11

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88D48061

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: MP Vacuum Trucks — 6. US EPA ID Number: CAT000624247

C. State Transporter's ID 503699

D. Transporter's Phone 805-543-1151

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

E. State Transporter's ID [illegible]

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID [illegible]

H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 0 1 7 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead — Signature: [signature] — Month Day Year: [illegible]

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

FACILITY

19. Discrepancy Indication Space
A) [illegible] Manifest

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

GENERATOR

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

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 — Manifest Document No. 12/1-1

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048060

B. State Generator's ID HAW9160000001

5. Transporter 1 Company Name MP Ultimate Truck Service — 6. US EPA ID Number CAT000624247

C. State Transporter's ID 402943

D. Transporter's Phone 805-243-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	18	T	State / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1/1/21/1x

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Daby Hagar — Signature — Month Day Year 1/21/1988

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

19. Discrepancy Indication Space
Overfilled Manifest

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: STEVE ALLEN AT — Signature — Month Day Year 1/19/89

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

88048060

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

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R 3518

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88048059

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. CAD008311314 | Manifest Document No. 14/151 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048059
B. State Generator's ID CAD008311314
C. State Transporter's ID 903667
D. Transporter's Phone 805 343-151

5. Transporter 1 Company Name: MP Vacuum Truck Service | 6. US EPA ID Number: CAT000624247
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00241½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAB # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year: 10 17 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler | Signature | Month Day Year: 10 17 88

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

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] | Signature | Month Day Year: 10 19 88

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009111111 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048058
B. State Generator's ID 11111000097

5. Transporter 1 Company Name
6. US EPA ID Number CAT080016417
C. State Transporter's ID
D. Transporter's Phone 805-348-1551

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID CA 3604
F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT080011117
G. State Facility's ID 11111000117
H. Facility's Phone (805) 222-2904

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00121	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 10 10 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER — Signature — Month Day Year 10 10 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickett — Signature — Month Day Year 10 10 88

GENERATOR

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

88048058

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

Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

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)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048057
B. State Generator's ID 1473100001
C. State Transporter's ID 10T003
D. Transporter's Phone(s): 916-624-3373
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID 0A7000040217
H. Facility's Phone (800) 222-2964

5. Transporter 1 Company Name: Clean Control Corp. — 6. US EPA ID Number: CAT080035114
7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	BT		T	State 611/791; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

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

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

19. Discrepancy Indication Space
None

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

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

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YELLOW: GENERATOR RETAINS

R 3512-01

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325354 Manifest Document No. 49/1512

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048058

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone (805) 392-1151

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

E. State Transporter's ID

F. Transporter's Phone 805-392-1151

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 292-2954

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00215	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month Day Year 1/6/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [signature] Month Day Year 1/6/1988

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell Signature: [signature] Month Day Year 1/7/1988

GENERATOR

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

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
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
ALLIED SIGNAL, INC. ELEC TRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048055

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name

6. US EPA ID Number: CAT080034184

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 06	DT	00023	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE EAX N 00170
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year

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

FACILITY

19. Discrepancy Indication Space
#1) 556 7211

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: [signature]
Month Day Year: 7/7/88

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 (1/88)
EPA 8700—22
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3508-03

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
Manifest Document No.: 7111/15
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048046
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: FRANK BISHOP TRUCKING
6. US EPA ID Number: CAD981414816
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 805 [illegible] 3490

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00015	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65170
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 11 01 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP
Signature: [illegible]
Month Day Year: 11 01 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: STEVE BRAND
Signature: [illegible]
Month Day Year: 11 1 88

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

88U48U40

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

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California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88048045
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: M.P. VACUUM TRUCK SERVICE — 6. US EPA ID Number: CAT000604247
C. State Transporter's ID: 105667
D. Transporter's Phone: 805 313 1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	C0004	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 10 14 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — Signature: Tim Butler — Month Day Year: 10 14 88

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

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BARROW — Signature: [signature] — Month Day Year: 10 14 88

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

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

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008125334 — Manifest Document No.: 111-711
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048044
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible] Truck Service — 6. US EPA ID Number: CAT000614247
C. State Transporter's ID: 703466
D. Transporter's Phone: (805) 355 1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (805) 822-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00014	T	State 811/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66170
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 10 14 88

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 10 14 88

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

TRANSPORTER

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: STAN R [illegible] — Signature: [signature] — Month Day Year: 10 14 88

FACILITY

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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

88048044

R2117-08

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008283134 — Manifest Document No. 10/710

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048043

B. State Generator's ID: MAN936009097

5. Transporter 1 Company Name: [illegible] Vacuum Truck Service

6. US EPA ID Number: CAT000614617

C. State Transporter's ID: 705604

D. Transporter's Phone: 805 373-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00004	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1 6 1 7 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 1 6 1 7 8 8

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: STEVE [illegible] — Signature: [illegible] — Month Day Year: VERIFIED

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

00U40U43

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

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

[illegible]

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-p[illegible] typewriter).

Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 121/131
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048042
B. State Generator's ID: 1 4 8 3 0 0 0 0 0 9 7

5. Transporter 1 Company Name: [illegible] TRUCK SERVICE
6. US EPA ID Number: CAT080016212417
C. State Transporter's ID: 703650
D. Transporter's Phone: (805) 392-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2364

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	010213½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1 0 1 1 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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: STEVE BRANCH
Signature: [illegible]
Month Day Year: [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE[illegible]SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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

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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 9217 SP

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048041

B. State Generator's ID MAN036009097

5. Transporter 1 Company Name: MT VACUUM TRUCK SERVICE

6. US EPA ID Number: CAT000624247

C. State Transporter's ID 703684

D. Transporter's Phone (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0024	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year: 1 6 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER | Signature: Al Walker | Month Day Year: 1 9 1 4 8 8

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: Steve Pickell | Signature: [illegible] Pickell | Month Day Year: 1 9 1 4 88

GENERATOR

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

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DHS 8022 A (1/88)
EPA 8700—22
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P 2,491-02

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. [illegible] | 2. [illegible] 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048040

B. State Generator's ID NAN035000007

5. Transporter 1 Company Name: M & M Vacuum Truck Service | 6. US EPA ID Number: CAT080014417

C. State Transporter's ID 563700

D. Transporter's Phone (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0011	dl	00014	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 05176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [signature] | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZ | Signature: [signature] | Month Day Year 1/10/88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell | Signature: [signature] | Month Day Year 1/10/88

GENERATOR

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

88048040

[illegible] (1/88)
[illegible] previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D[illegible]

12-24-91 [illegible]

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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 9971[illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048039

B. State Generator's ID HAH036009997

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY , CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00023	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 00176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 ROBIN OSEAS Signature [illegible] Month Day Year 10/14/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name DODY HAGAR Signature [illegible] Month Day Year 10/14/88

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

FACILITY

19. Discrepancy Indication Space
10) CAT000646117

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Steve Pickell Signature [illegible] Month Day Year 10/14/88

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DA

ONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

OR AN EMERGENCY OR SPILL, CALL THE NATIONA

[illegible] 349101

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). **Instructions on the Back**

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 69719 — Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485402

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: [illegible]

H. Facility's Phone: (800) 222-[illegible]

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. RQ, HAZARDOUS WASTE SOLID,N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT	010214	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. U3 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1 10 21 18

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE PENNETT — Signature: Mike Pennett — Month Day Year: 1 10 21 18

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: STEVE BERTON — Signature: [illegible] — Month Day Year: 1 10 21 18

Do Not Write Below This Line

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

IN CASE OF AN EMERGENCY OR SPILL, CALL the NATIONAL R... SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No.
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485401
B. State Generator's ID MAH036002037

5. Transporter 1 Company Name: All Clean Tank Service
6. US EPA ID Number: CAT080012242
C. State Transporter's ID 705668
D. Transporter's Phone (805 297-668

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0002	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 21 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Jerry Stane — Signature: Jerry Stane — Month Day Year: 10 21 88

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

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Bussin — Signature: Steve Bussin — Month Day Year: 10 27 88

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

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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EPA 8700-22
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P 3577-02

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).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0008325314 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048054
B. State Generator's ID: HAH916000001

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: 909666
D. Transporter's Phone: 805 257 [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	[illegible]	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN — Signature: [illegible] — Month Day Year: [illegible]

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
[illegible]

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

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

GENERATOR

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

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 99112

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048053

B. State Generator's ID CAN016000097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
None

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

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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

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-17-13

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009329534
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048052
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name
6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (805) 386-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	002	T	State 811/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66178
CONTAMINATED SOIL FROM SITE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
None

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

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — Manifest Document No. 00118

Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 00048051
B. State Generator's ID CAW0100009097

5. Transporter 1 Company Name — 6. US EPA ID Number
C. State Transporter's ID 70680
D. Transporter's Phone 963 353 1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-8964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	[illegible]	T	State 611/791; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATOIN

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [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
Delayed

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BARRA RD — Signature: [signature] — Month Day Year 11 15 88

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 (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 001717 | Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048050

B. State Generator's ID [illegible]

5. Transporter 1 Company Name | 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | CAT000646117

G. State Facility's ID [illegible]

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	14214	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [signature] | Month Day Year 1/6/13/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year 1/6/13/89

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

FACILITY

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BERKIN | Signature: [signature] | Month Day Year 1/6/1989

Do Not Write Below This Line

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EPA 8700—22
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048050

GENERATOR

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008262634 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048049

B. State Generator's ID: MAN036009997

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646115

G. State Facility's ID: CAT000646115

H. Facility's Phone: (805) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	4444 1/2	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 05 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.
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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZON — Signature — Month Day Year 11 6 88

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

19. Discrepancy Indication Space
None

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Steve Pickell — Signature — Month Day Year 11 6 88

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

88048049

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EPA 8700—22
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Form Approved OMB No 2050—0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008312533 14

Manifest Document No.: 000780

2. Page 1 of

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534062

B. State Generator's ID: CAD009000007

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: KAT000612412

C. State Transporter's ID: 91648

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000021	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEIDATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 06 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum DON PARTON
Signature: Don Parton
Month Day Year: 10 06 88

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

19. Discrepancy Indication Space
Diff
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 10 06 88

GENERATOR
TRANSPORTER
FACILITY

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

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INSTRUCTIONS ON THE BACK

3381-05

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State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008322583
Manifest Document No. 000917
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 87534111
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name BAREFIELD TRUCKING
6. US EPA ID Number CAD981574346
C. State Transporter's ID 903455
D. Transporter's Phone 805-3236904

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0001	DT	00215	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

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WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 6 9 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAREFIELD
Signature: Jerry Barefield
Month Day Year: 1 9 9 8

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

FACILITY

19. Discrepancy Indication Space
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: St Pickell
Month Day Year: 1 4 9 8

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3381-04

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—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

Generator's US EPA ID No.: CAD008325384
Manifest Document No.: 010916
Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87534110
B. State Generator's ID: HA H 036 0 0 9 0 9 7

5. Transporter 1 Company Name: Frank Bishop Trucking
6. US EPA ID Number: CAD 981 8 2 6
C. State Transporter's ID: 909654
D. Transporter's Phone: 805 466-3480

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S.,ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTEDCTIVE EQUIPMENT

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 0 9 0 6 1 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP
Signature: Frank Bishop
Month Day Year: 1 0 9 0 6 8 8

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

FACILITY

19. Discrepancy Indication Space
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Richard
Signature: Steve Richard
Month Day Year: 1 0 1 0 6 1 8 8

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R-3301-06

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-42[illegible] WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible] pitch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132533 | Manifest Document No. 00005 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534109

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: MP Vacuum Pump Service | 6. US EPA ID Number: CAT000612427

C. State Transporter's ID: 911678

D. Transporter's Phone: 805 393 1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001)(CONTAMINATED SOIL)	001	DT	0002½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1/10/87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum Don Paxton | Signature: Don Paxton | Month Day Year: 1/10/87

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

19. Discrepancy Indication Space
A) [illegible] manifest
B) Received 20.24 [illegible] notified generator Robin Oseas 10-[illegible]-87

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BUSSELL | Signature | Month Day Year: 1/8/87

GENERATOR
TRANSPORTER
FACILITY

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3367798

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

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

Generator's US EPA ID No. CAD008325834 | Manifest Document No. 000006 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534078
B. State Generator's ID: HAH036000071

5. Transporter 1 Company Name: A P Vacuum Tank Service
6. US EPA ID Number: KAT000012147
C. State Transporter's ID: 90294J
D. Transporter's Phone: 805 397-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: 0470004811
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000021	T	State: 611/751; EPA/Other: F001
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1/6/94/18

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DARRELL HAGAR | Signature: Darrell Hagar | Month Day Year: 1/10/94/18

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: STEVE BLASTO | Signature | Month Day Year: 1/19/94

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 0347-17

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

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

Generator's US EPA ID No.: CAD008326844
Manifest Document No.: 010015
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N.HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87534071
B. State Generator's ID: HAHO 1 3 6 0 0 0 0 7
C. State Transporter's ID: 92[illegible]
D. Transporter's Phone: 805-373-1151

5. Transporter 1 Company Name: [illegible] Transport Service
6. US EPA ID Number: CAT080012412

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00242	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 10 1 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLOVER CHEATWOOD
Signature: Clover Cheatwood
Month Day Year: 1 19 88

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

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 1 0 4 8 8

GENERATOR
TRANSPORTER
FACILITY

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2347-15

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

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. CAD008125313 | Manifest Document No. 00086

2. Page 1 of 1

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

A. State Manifest Document Number: 87534076

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: Apparentum Truck Service | 6. US EPA ID Number: CAT100012127

C. State Transporter's ID: 903680

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000213	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL DUE TO SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 10 01 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year: 10 01 88

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

FACILITY — 19. Discrepancy Indication Space
Contaminated soil

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRANDT | Signature | Month Day Year: 10 04 88

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

23347-11

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

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. CAD0983253314
Manifest Document No. 010101813
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534075
B. State Generator's ID HAH038009097

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: KAT000621717
C. State Transporter's ID: 903604
D. Transporter's Phone: 805 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0101	DIT	0008 24	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1/8/15/1512

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Danny B Simpson
Signature: Danny B Simpson
Month Day Year: 1 9 8 8

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

FACILITY

19. Discrepancy Indication Space
Discrepancy Log #

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 1/10/88

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

P 33 46-06

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

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. CAD008288284 — Manifest Document No. 01010717 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87534069
B. State Generator's ID: HAHR3600010717

5. Transporter 1 Company Name: My Vacuum Truck Service — 6. US EPA ID Number: CAT000688297
C. State Transporter's ID: 903700
D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00024	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 100488

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead — Signature: Don Mead — Month Day Year: 100488
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY — 19. Discrepancy Indication Space
Invalid Manifest Number
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: Pickell — Month Day Year: 110194188

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3346-04

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

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 [illegible]ch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. CAD008125334 | Manifest Document No 00076 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534068
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: M.F. Vacuum Tank Service
6. US EPA ID Number: CAT000612427
C. State Transporter's ID: 903667
D. Transporter's Phone: 805 393 1151

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
Chemical Waste Management
35251 Old Skyline Drive
Kettleman City, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1/10/1988

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Costa | Signature: Robert Costa | Month Day Year: 1/10/1988

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

FACILITY — 19. Discrepancy Indication Space
Discrepancy [illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell | Signature: [illegible] | Month Day Year: 1/10/1988

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

12 33 46-05

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER [illegible]

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

Generator's US EPA ID No.: CAD008326884
Manifest Document No.: 010017 15
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WYA, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534067
B. State Generator's ID: HaHd360000097

5. Transporter 1 Company Name: BAREFIELD TRUCKING
6. US EPA ID Number: CAD981524546
C. State Transporter's ID: 903455
D. Transporter's Phone: 805 323-8904

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00004	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1/6/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAREFIELD
Signature: Jerry Barefield
Month Day Year: 1 00 88

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

FACILITY

19. Discrepancy Indication Space
Contaminated manifest

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: St Pickell
Month Day Year: 1/00/88

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 3344-01

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

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

Generator's US EPA ID No.: CAD009829833 | Manifest Document No.: 010101817 | 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVSION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534079

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: Frank Bishop | 6. US EPA ID Number: CAD981428624

C. State Transporter's ID: 704634

D. Transporter's Phone: 805 466 3470

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00021	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE S
PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 100488

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP | Signature: Frank Bishop | Month Day Year: 100488

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

FACILITY — 19. Discrepancy Indication Space
Alt. manifest #

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

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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

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. CAD008253334 — Manifest Document No. 000812 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534074

B. State Generator's ID: HAW0360000071

5. Transporter 1 Company Name: AIR VAC SVC & CO. — 6. US EPA ID Number: CAT000616242417

C. State Transporter's ID: 903674

D. Transporter's Phone: (805) 392-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000614611 7

G. State Facility's ID: CAT000614611 7

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0190212	T	State; EPA/Other 751/611 F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year: 11 08 12

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W. C. McKenzie — Signature — Month Day Year: 11 10 12 18

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

19. Discrepancy Indication Space
None

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

GENERATOR — TRANSPORTER — FACILITY

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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

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 ... typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008288284
Manifest Document No. 010019 11
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534073
B. State Generator's ID HAH03600909171

5. Transporter 1 Company Name MPVCC Truck Co.
6. US EPA ID Number CAT000628242
C. State Transporter's ID 903667
D. Transporter's Phone (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E na 9189 (F001) (contaminated soil)	001	DT	00002H	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 110188

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler
Signature: Tim Butler
Month Day Year: 100188

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

FACILITY

19. Discrepancy Indication Space
Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE SHAW
Signature:
Month Day Year: 1/11/88

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

K533219

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

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. CAD008132534 — Manifest Document No. 00080 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534072

B. State Generator's ID: HA H036000907

5. Transporter 1 Company Name: [illegible] CO. — 6. US EPA ID Number: CAT080042247

C. State Transporter's ID: 902943

D. Transporter's Phone: (805) 303-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. State / EPA/Other
a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above: a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 1 0 1 3 1 8 8

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year

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

FACILITY — 19. Discrepancy Indication Space: [illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAKER FT — Signature: [signature] — Month Day Year: 1 0 0 3 1 6

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3332-08

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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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. CAD108312534 | Manifest Document No. 001019 | 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534071
B. State Generator's ID: HAH036999997

5. Transporter 1 Company Name: M P Vac Truck Co
6. US EPA ID Number: FPP000642247
C. State Transporter's ID: 903694
D. Transporter's Phone: 805 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00214	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1 10 03 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHEATWOOD | Signature: Grover Cheatwood | Month Day Year: 1 10 03 88

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

FACILITY

19. Discrepancy Indication Space
Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] | Signature | Month Day Year: 10 03 88

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R5332-20

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

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 [illegible]ch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 | Manifest Document No. 00078 | 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534070

B. State Generator's ID: HAH031600907

5. Transporter 1 Company Name: [illegible] | 6. US EPA ID Number: CAT080012[illegible]

C. State Transporter's ID: 903680

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080016416117

G. State Facility's ID: CAT080016416117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00123½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. 10 c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year: 11 01 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature | Month Day Year: 11 01 88

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

FACILITY

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BREKIN | Signature: [illegible] | Month Day Year: 11 08 88

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3332-11

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

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 or pica typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 — Manifest Document No. 88048048 — Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048048
B. State Generator's ID: CAD008325314
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-8964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 811/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WG McKenzie — Signature: WG McKenzie — Month Day Year 1/10/13/88

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

19. Discrepancy Indication Space
(3) Accepted as to this
(1) Rejected

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Steve Pickell — Signature: St Pickell — Month Day Year 1/10/13/88

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

88048048

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

Do Not Write Below This Line

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California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048047

B. State Generator's ID CAN036009097

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	4-5-1/2	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N-66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

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

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

19. Discrepancy Indication Space
10 Spread

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature — Month Day Year 1/10/88

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

88048047

DHS 8022 A (1/88)
Previous editions are obsolete.

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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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — Manifest Document No. 12 12D — Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048038

B. State Generator's ID: HAH0260009093

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
None

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BROWN RCI — Signature — Month Day Year

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

88048038

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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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 [illegible]tch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Divisio
Sacramento, Californi

88048037

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. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88048037

B. State Generator's ID: H A H Q 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] — Signature: [illegible] — Month Day Year: [illegible]

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008326334
Manifest Document No.: 12/1/1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048036
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0101	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX #-66178
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/10/1X

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W C McKenzie
Signature: W C McKenzie
Month Day Year: 1/10/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
None

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Steve Pickell
Signature: [illegible]
Month Day Year: 1/12/88

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

00U48U39

DHS 8022 A (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No.

2. Page 1 of 1

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3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 766-1010

A. State Manifest Document Number 88048035

B. State Generator's ID CAN036009097

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number CAT000[illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone 805-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year: 10 11 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell | Signature: [illegible] | Month Day Year: 10 12 88

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

88048035

DHS 8022 A (1/88)
EPA 8700—22
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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)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CA000031314
Manifest Document No.
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4 Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048034
B. State Generator's ID: HAN031000001

5 Transporter 1 Company Name: [illegible] Vacuum Truck Service
6. US EPA ID Number: [illegible]
C. State Transporter's ID: 502604
D. Transporter's Phone: 305-392-1127

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2944

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15 Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/10/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 1/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space
Delivered

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAGG RT
Signature: [illegible]
Month Day Year: 1/11/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88048033

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

4. UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88048033
B. State Generator's ID: NAN036009097

5. Transporter 1 Company Name: FRANK Bishop Truck
6. US EPA ID Number: CAD981426626
C. State Transporter's ID: 909654
D. Transporter's Phone: 805 366-3490

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00024½	T	State 611/751; EPA/Other F00
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPTIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature:
Month Day Year: 1 6 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP
Signature:
Month Day Year: 1 6 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space
Allowed manif't number —

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature:
Month Day Year: 1 6 8

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048032

B. State Generator's ID: CAD008325334

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: CAT000614317

C. State Transporter's ID: [illegible]

D. Transporter's Phone: 805-392-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 922-7942

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. RQ,HAZARDOUS WASTESOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000214	T	State 811/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Chuck Cruzen — Signature: [signature] — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: [signature] — Month Day Year 1/10/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048032

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 [illegible] typewriter).

Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048031

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 902[illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 822-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	44424	T	State 811/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65175
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. [illegible]
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1/9/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 1/9/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickard — Signature: [illegible] — Month Day Year: 1/12/88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL CHEMTREC CENTER 1-800-424-9300; INTERNATIONAL R[illegible]; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. — Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048030

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 922-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	021212	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above: a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year

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: STEVE BLEAU — Signature: [signature] — Month Day Year: 10/1/88

GENERATOR — TRANSPORTER — FACILITY

Do Not Write Below This Line

8022 A (1/88)
6700—22
9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAY

CALL 1-800-852-7550; WITHIN CALIFORNIA CALL 1-800-424-8802

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 or pica typewriter)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048029
B. State Generator's ID: HAW0360009097

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/781 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX M 46176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK Bishop — Signature — Month Day Year

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: TRUPHANU RF — Signature — Month Day Year

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

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

88048029

DHS 8022 A (1/88)
EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048027

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2954

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H #5176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WCMcKenzie
Signature: WCMcKenzie
Month Day Year: 10 11 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-86)
Please print or type. (Form designed for use on elite [illegible]itch typewriter)

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 — Manifest Document No. [illegible]
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048026
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number
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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	11232	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 60176
CONTAMINATDED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

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: STEVE GREEN PT — Signature: [illegible] — Month Day Year: [illegible]

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048026

GENERATOR

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

State of California—Health and Welfare Agency
Approved OMB No. 2060—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite [illegible]ch typewriter)

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88048025

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. CAD008326334 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048025
B. State Generator's ID NAN0360003097

5. Transporter 1 Company Name — 6. US EPA ID Number
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c					State; EPA/Other
d					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPTRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [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 [illegible] — Signature [illegible] — Month / Day / Year [illegible]

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN [illegible]

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 [illegible]ch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008126334 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone 818 765-1010

A. State Manifest Document Number 88048024
B. State Generator's ID [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State / EPA/Other 611/751 F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65[illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OGEAS — Signature: [illegible] — Month Day Year 1/1/1/5/8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — Signature: Tim Butler — Month Day Year 1/10/1/5/8

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: Steve Pickell — Signature: [illegible] — Month Day Year 1/01/1/8/8

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048023

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: [illegible] TRUCK [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone 805-312-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID [illegible]

H. Facility's Phone (800) 222-2944

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68178
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead
Signature: Don Mead
Month Day Year: [illegible]

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: Steve Pickell
Signature: [illegible]
Month Day Year: 10/7/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL DE[illegible] CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852 7550

DHS 8022 A (1/88)
EPA 8700—22
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3933-01

State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA0000312334 — Manifest Document No. 101010

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048022

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLDSKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0011	DIT	[illegible]	T	State; EPA/Other 611/751 F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM ISTE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVEEQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DARREN HAGAR — Signature: [illegible] — Month Day Year 10 11 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: Steve Pickell — Signature: [illegible] — Month Day Year 10 11 88

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

88048022

DHS 8022 A (1/88)
EPA 8700—22
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3933-03

State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048021

B. State Generator's ID NAH038000097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAK N-06176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPTIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: RORIN OSEAS — Signature — Month Day Year

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

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: STEVE OKERE — Signature — Month Day Year

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

88048021

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008326334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048020

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 888-0964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T		T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
CONTAMINATED SOIL FROM SITE REMEDIATION

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Printed/Typed Name: ROBIN OSEAS — 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

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88048020

GENERATOR

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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Form Approved OMB No. 2050—0039 (Expires 9-30-86)
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048019

B. State Generator's ID: MAH036809093

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68178
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQIUPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Wilson & Chapman — 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: STAN OSHINA — Signature — Month Day Year

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048019

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 (1[illegible]h typewriter).

Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. [illegible]erator's US EPA ID No.: CAD008325334
Manifest Document No.:
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048018
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

5. Transporter 1 Company Name
6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: [illegible]
H. Facility's Phone: (805) 922-2964

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. RQ, HAZARDOUS WASTE SOLID.,N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 08
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 11 1 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WILKER
Signature: al walker
Month Day Year: 11 01 01 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BERNOT
Signature: [illegible]
Month Day Year: 11 01 88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DA

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE[illegible] CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 90711

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88048017

B. State Generator's ID CAR000000097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT080646117

G. State Facility's ID CAT080646117

H. Facility's Phone (800)222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/781 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — 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: Steve Gilbert — Signature — Month Day Year 10 10 88

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048017

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

12/12

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No. 111
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048018

B. State Generator's ID 1 1 1 2 3 6 0 0 0 0 9 7

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2364

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]
65176 CONTAMINATED SOIL FROM SITE REMEDIATION
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature:
Month Day Year: 1/01/1988

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: Steve Pickard
Signature:
Month Day Year: 1/01/1988

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DA

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 or pica typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 | Manifest Document No. 19111

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048015

B. State Generator's ID CAN016008017

5. Transporter 1 Company Name | 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0120	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176'
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZON | Signature | Month Day Year 1/9/89

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: Judy Crawford | Signature: Judy Crawford | Month Day Year

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048015

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008312534
Manifest Document No.:
Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone: 818 765-1010

A. State Manifest Document Number: 88048014

B. State Generator's ID: 1 0 1 4 3 6 0 0 0 0 9 7

5. Transporter 1 Company Name | 6. US EPA ID Number

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 | 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 | CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T		T	State / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAB # [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b.
c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OGEAS | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DARRELL HAGAR | Signature | Month Day Year: 1/10/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Judy Crawford | Signature: Judy Crawford | Month Day Year: 1/10/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible]ch typewriter)

Instructions on the B[illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — 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
ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88048013

B. State Generator's ID [illegible]

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOOLID, N. O. S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT		T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Y[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WC McKenzie — Signature: WCMcKenzie — Month Day Y[illegible] 11 09 78

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Y[illegible]

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: STEW [illegible] — Signature — Month Day [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048013

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

D 2,112

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

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 12/1/12
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048012
B. State Generator's ID: CA0000000007

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2866

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 88176
CONTAMINATED SOIL FROM SITER EMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OGEAS
Signature:
Month Day

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Costa
Signature:
Month Day

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day

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: TRIK BERGINRO
Signature:
Month Day

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048012

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITH

R-2112-C

State of California—Health and Welfare Agency
Approved OMB No 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12 pitch typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

*UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88048011
B. State Generator's ID: MAM038009097

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	BT		T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — 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: STEVE [illegible] — Signature — Month Day Year

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048011

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

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 [illegible]ch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534
Manifest Document No. 00076
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534062
B. State Generator's ID CAH009600007

5. Transporter 1 Company Name MP Vacuum Truck Service
6. US EPA ID Number KAT000012412
C. State Transporter's ID 91648
D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00021	T	State; EPA/Other 611/751 F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEIDATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 06 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum Don Parker
Signature: Don Parker
Month Day Year: 10 06 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space
Diff
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 10 06 88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3381-05

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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.: CAD008325834
Manifest Document No.: 000917
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87534111
B. State Generator's ID: HAH036009997

5. Transporter 1 Company Name: BAREFIELD TRUCKING
6. US EPA ID Number: CAD981574346
C. State Transporter's ID: 903455
D. Transporter's Phone: 805-3236704

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00215	T	State 611/761 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 6 6 9 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAREFIELD
Signature: Jerry Barefield
Month Day Year: 1 0 6 9 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: St Pickell
Month Day Year: 1 7 9 6 8 5

GENERATOR
TRANSPORTER
FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3381-04

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—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

Generator's US EPA ID No.	CAD008325334
Manifest Document No.	000916
Page 1 of 1	
Information in the shaded areas is not required by Federal law.	

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87534110

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: Frank Bishop Trucking
6. US EPA ID Number: CAD[illegible]4-8626
C. State Transporter's ID: 901654
D. Transporter's Phone: 805 466-3480

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S.,ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0010215	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTEDCTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 10 06 88

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP
Signature: Frank Bishop
Month Day Year: 1 10 06 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

TRANSPORTER

19. Discrepancy Indication Space
Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Richard
Signature: Steve Richard
Month Day Year: 1 10 06 88

FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R-3301-06

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-42[illegible] WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible]itch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008132534 | Manifest Document No.: 00005 | II. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534109
B. State Generator's ID: HAH036009097
C. State Transporter's ID: 911678
D. Transporter's Phone: 505 393 1151

5. Transporter 1 Company Name: KP Vacuum Transport
6. US EPA ID Number: CAT000624247
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001)(CONTAMINATED SOIL)	991	DT	00022½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1/10/87

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum Don Paxton | Signature: Don Paxton | Month Day Year: 1/10/87
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Month Day Year:

FACILITY — 19. Discrepancy Indication Space
A) Wrong manifest
B) Received 20.24 Tons. notified generator Robin Oseas 10-[illegible]-87
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BURTON III | Signature: [illegible] | Month Day Year: 1/12/87

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3367798

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible]itch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325884
Manifest Document No.: 000006
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534078
B. State Generator's ID: HAH03600907
C. State Transporter's ID: 902943
D. Transporter's Phone: 805 397-1151

5. Transporter 1 Company Name: [illegible] Vacuum Truck Service
6. US EPA ID Number: KAT000612412417
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: 0410004811
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000121	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D5
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1/6/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Darrell HAGAR
Signature: Darrell Hagar
Month Day Year: 1/6/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BLASIN
Signature
Month Day Year: 1/19/88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

5347-17

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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. CAD008325884 | Manifest Document No. 010018115 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N.HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 87534071
B. State Generator's ID HAHO 1 1 3 6 0 0 0 0 9 7

5. Transporter 1 Company Name: Adam Trans Service | 6. US EPA ID Number: CAT080012427
C. State Transporter's ID 72256 51
D. Transporter's Phone 805-373-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00242	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1 10 1 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carrier CHEATWOOD | Signature: Grover Cheatwood | Month Day Year: 1 19 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY — 19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BERGER | Signature: [illegible] | Month Day Year: 1 20 88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3347-15

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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. CAD008132533 | Manifest Document No. 00008 | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534076
B. State Generator's ID: HAH036009097
C. State Transporter's ID: 9037620
D. Transporter's Phone: 805-393-1151

5. Transporter 1 Company Name: Zimmerman Truck Service | 6. US EPA ID Number: KAT100012412
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000213	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL DUE TO SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 10 01 88

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year: 10 01 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

19. Discrepancy Indication Space
contaminated material

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRANDT | Signature | Month Day Year: 10 04 88

FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3347-11

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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 or pica typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0 0 0 8 3 2 5 3 3 4 | Manifest Document No. 0 1 0 1 0 1 8 1 3 | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534075

B. State Generator's ID: HAH 0 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: K A T 0 0 0 1 2 1 4 1 7

C. State Transporter's ID: 903604

D. Transporter's Phone: 805 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 1 0 1 1	D T	0 0 1 6 24 1	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1 0 0 9 1 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Danny B Simpson | Signature: Danny B Simpson | Month Day Year: 1 0 9 8 8

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: Steve Pickell | Signature: Steve Pickell | Month Day Year: 1 0 0 9 8

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 3346-06

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008288284
Manifest Document No.: 0101717
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87534063
B. State Generator's ID: H-AHR136DDF0A71

5. Transporter 1 Company Name: MJ Vacuum Truck Service
6. US EPA ID Number: CAT000628297
C. State Transporter's ID: 903700
D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0101	DT	00024	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 0 0 4 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead
Signature: Don Mead
Month Day Year: 1 0 0 4 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space
Valid Manifest Number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 1 0 0 4 8 8

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3346-04

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible]ch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008132534
Manifest Document No.: 0007
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534068
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: M.F. Vacuum Tank Service
6. US EPA ID Number: CAT000612412
C. State Transporter's ID: 903662
D. Transporter's Phone: 805 393 1151

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
Chemical Waste Management
35251 Old Skyline Drive
Kettleman City, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1/10/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Costa
Signature: Robert Costa
Month Day Year: 1/10/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space
Discrepancy Noted

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 1/10/88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

12336-05

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8[illegible]

State of California - Health and Welfare Agency
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008326884
Manifest Document No.: 010071 5
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WYA, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534067
B. State Generator's ID: N&N 360 0 9 0 9 7

5. Transporter 1 Company Name: BAKEFIELD TRUCKING
6. US EPA ID Number: CAD981524346
C. State Transporter's ID: 903455
D. Transporter's Phone: 805 323 6904

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00004	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 110488

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAKEFIELD
Signature: Jerry Bakefield
Month Day Year: 110488

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
Contaminated manifest

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: St Pickell
Month Day Year: 110488

GENERATOR
TRANSPORTER
FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

R3344-01

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

State of California—Health and Welfare Agency
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No: CAD009829833 | Manifest Document No. 40101017

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVSION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534079

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: Frank Bishop

6. US EPA ID Number: CAD981428624

C. State Transporter's ID: 789634

D. Transporter's Phone: 805 966 3470

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE S
PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 10 04 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: FRANK Bishop | Signature: Frank Bishop | Month Day Year: 10 04 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space
Diff in manifest #

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STAN OBRIEN | Signature | Month Day Year

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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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 (pica) typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. CAD008825134 | Manifest Document No. 010012 | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534074

B. State Generator's ID: CA0000825134

5. Transporter 1 Company Name: AP VAC TRUCK CO. | 6. US EPA ID Number: CAT000616212417

C. State Transporter's ID: 903674

D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000616416117

G. State Facility's ID: CAT000616117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	00001212	T	State 7 / EPA/Other 7751/611
b.					State F001 / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65174
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 23 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1 1 0 6 3 8 8 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W.C. McKenzie | Signature: W.C. McKenzie | Month Day Year: 1 1 0 1 0 1 3 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space
Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Stan Bielia | Signature | Month Day Year: 1 1 0 1 3 8 8

DHS 8022 A (1/87)
EPA 8700—22
(Rev 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325884
Manifest Document No. 001091
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534073
B. State Generator's ID HAH03600909971

5. Transporter 1 Company Name: MPVCC Truck Co.
6. US EPA ID Number: CAT000628247
C. State Transporter's ID: 903667
D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E na 9189 (F001) (contaminated soil)	001	DT	00002H	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 110088

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler
Signature: Tim Butler
Month Day Year: 100388

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
None

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE SKAGGS
Signature
Month Day Year: 110188

GENERATOR
TRANSPORTER
FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

K-332-17

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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 (pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132534 — Manifest Document No. 00080

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534072

B. State Generator's ID: HAH036000097

5. Transporter 1 Company Name: [illegible] Truck Co. — 6. US EPA ID Number: CAT000642247

C. State Transporter's ID: 902943

D. Transporter's Phone: (805) 303-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DRM	00025	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1/10/13/88

GENERATOR

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

TRANSPORTER

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAEW FT — Signature: [illegible] — Month Day Year: 1/6/3/88

FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

23332-08

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

California—Health and Welfare Agency
Approved OMB No. 2050—0039 (Expires 9-30 88)
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. CAD 008 312 534 | Manifest Document No. 010017 19

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534071

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: M P Vac Truck Co

6. US EPA ID Number: FPP000642247

C. State Transporter's ID: 9D367H

D. Transporter's Phone: (805) 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00214½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1 10 03 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHERTWOOD | Signature: Grover Chertwood | Month Day Year: 1 10 03 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space
Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRISSON | Signature | Month Day Year: 10 13 88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

RS 332-20

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible]ch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008312534 | Manifest Document No: 00078 | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534070

B. State Generator's ID: HAH031600908

5. Transporter 1 Company Name: [illegible] 6. US EPA ID Number: CAT080012517

C. State Transporter's ID: 90-680

D. Transporter's Phone: 805-393-1131

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000614617

G. State Facility's ID: CAT000614617

H. Facility's Phone: (800) 222-2954

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00012312	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. 00
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year: 110918

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 110918

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Month Day Year:

FACILITY

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRESIN | Signature: [illegible] | Month Day Year: 110918

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3332-11

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

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. C A D 0 0 8 3 2 5 3 3 4 0 0 0 8 6
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238169

B. State Generator's ID H A H 0 3 8 0 0 0 0 6 7

5. Transporter 1 Company Name: Disposal Control Service Inc.
6. US EPA ID Number: C A T 0 8 0 0 3 4 1 8 4

C. State Transporter's ID 9 1 1 0 0 3

D. Transporter's Phone 714 983-0542

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone (805) 927-2[illegible]

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (f001) (contaminated soil)	001	T	992 1/2	T	State 61[illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]76
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 1 9 8 2 5 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: [signature] — Month Day Year 0 8 2 5 8 8

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: Steve Pickell — Signature: [signature] — Month Day Year 0 8 2 5 8 8

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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. CAD008325334 | Manifest Document No. 00036 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238168
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
E. State Transporter's ID: [illegible]
F. Transporter's Phone: [illegible]
G. State Facility's ID: [illegible]
H. Facility's Phone: [illegible]

5. Transporter 1 Company Name: M P. VACUUM + TRUCK SER. | 6. US EPA ID Number: CAT000612412 7
7. Transporter 2 Company Name | 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	991	DT	01023½	T	State 611751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 23 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [signature] | Month Day Year: 10 18 12 18

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN L. MARTIN | Signature: [signature] | Month Day Year: 10 18 12 18

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: STEVE [illegible] | Signature: [signature] | Month Day Year: [illegible]

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

[illegible]

1988 MANIFESTS
(TANK 13 SOIL EXCAVATION)
CONTINUED

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 (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. DDR4

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone 818) 765-1010

A. State Manifest Document Number 87238167

B. State Generator's ID HAH036000917

5. Transporter 1 Company Name: M.P. Vacuum Truck Service Inc.
6. US EPA ID Number: CAT000624247

C. State Transporter's ID 923679

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (Contaminated soil)	001	DT	0021½	T	State 611751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month 08 Day 23 Year 81

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RJ DAVIS | Signature: RJ Davis | Month 08 Day 23 Year 81

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: Steve Pickell | Signature: Pickell | Month 08 Day 23 Year 81

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP. 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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 2815-11

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. CAD008325334 Manifest Document No. 0000

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238166

B. State Generator's ID HAH036090917

5. Transporter 1 Company Name M.F. Vacuum Truck Service Inc. 6. US EPA ID Number CAT080014242

C. State Transporter's ID 203697

D. Transporter's Phone 805-395-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT080034184

G. State Facility's ID CAT000614117

H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	012121½	T	State 611[illegible]51 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas Month Day Year 10 12 18

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler Signature: Tim Butler Month Day Year 10 18 18

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickett Signature: [illegible] Month Day Year 10 23 18

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

12 2826-04

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 (12-pitch typewriter).

Department of Health Service
Toxic Substances Control Divisic
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00032

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238165

B. State Generator's ID

5. Transporter 1 Company Name: MP Vacuum Truck Service — 6. US EPA ID Number: CAT000624247

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID

H. Facility's Phone

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
a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	02 4 1/2	T	State 611 EPA/Other 700
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 24 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler — Signature: Tim Butler — Month Day Year: 08 24 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim B. — 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: STACK BURNER OP — Signature — Month Day Year: 08 24 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

P 28441-02

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 (12-pitch typewriter).

Department of Health Servic
Toxic Substances Control Divisi
Sacramento, Califor

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325384 — Manifest Document No. 000031

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238164
B. State Generator's ID: NA 360009017

5. Transporter 1 Company Name: AP Duncan Truck Service — 6. US EPA ID Number: CAT000626242
C. State Transporter's ID: 903680
D. Transporter's Phone: (805) 393-115

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT080034113
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2954

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	09212½	T	State 61[illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 8 2 4 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RJ DAVIS — Signature: RJ Davis — Month Day Year: 10 8 2 4 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
DCA000[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAUN RS — Signature — Month Day Year: 10 8 2 4 8

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2813-19

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: CAD008132533
Manifest Document No: 000300

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 01238163

B. State Generator's ID: CAN0360009017

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number

C. State Transporter's ID: [illegible]
D. Transporter's Phone: 205 593 1351

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT080034184

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (Contaminated soil)	001	DT	00225	T	State 61[illegible]781 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1981-3-8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Stane
Signature: Jerry Stane
Month Day Year: 10 8 2 5 8 1

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space
Contaminated

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BREEN AT
Signature: Steve Breen
Month Day Year: 10 8 2 5 8 1

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 282111

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. CAD008325334 — Manifest Document No. 000219

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238182

B. State Generator's ID: HAH036000917

5. Transporter 1 Company Name: FRANK Bishop — 6. US EPA ID Number: CAD981428626

C. State Transporter's ID: 909654

D. Transporter's Phone: (805) 966-3490

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID: CAT000616117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	T	0012½	T	State / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK Bishop — Signature: Frank Bishop — Month Day Year: 08 21 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
10) 24000646117

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAGG — Signature — Month Day Year

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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INSTRUCTIONS ON THE BACK

R 7879-14

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 12-pitch typewriter).

Department of Health Servic
Toxic Substances Control Divisi
Sacramento, Califon

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 | Manifest Document No. 00028

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD , CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 67238161

B. State Generator's ID CA0009017

5. Transporter 1 Company Name M.P. Vacuum Tank Service | 6. US EPA ID Number CAT000624242

C. State Transporter's ID 20672

D. Transporter's Phone 323-393-4101

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT080034184

G. State Facility's ID CAT000616117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT	21	T	State 61/75 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year 08 22 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler | Signature: Tim Butler | Month Day Year 08 22 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space
10) [illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRESSIE | Signature | Month Day Year 08 22 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R2813-12

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 Service
Toxic Substances Control Divisio
Sacramento, Californi

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008138128 | Manifest Document No. 001021

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010±

A. State Manifest Document Number: 87238160

B. State Generator's ID: HAH036009017

5. Transporter 1 Company Name: J-CAL TRANS INC | 6. US EPA ID Number: CAD981081893

C. State Transporter's ID: 906568

D. Transporter's Phone: 213 920-3209

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080013468

G. State Facility's ID: CAT000046117

H. Facility's Phone: (800) 322-2068

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT	125	T	State 611/75 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 02 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMNET

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 08 22 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEVE DEWNING | Signature: Steve Dewning | Month Day Year: 08 22 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRATTON | Signature: [illegible] | Month Day Year: 08 22 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 28-12-11

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 (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00026 — 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238159

B. State Generator's ID: HA 103509097

5. Transporter 1 Company Name: M.P. VACCUM — 6. US EPA ID Number: CAT000624247

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID

H. Facility's Phone: (800) 222-2584

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. ORM-E NA 9189 (F001) (Contaminated soil)	001	DT	22	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX-N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 08 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RJ DAVIS — Signature: RJ Davis — Month Day Year: 08 12 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
10 Contaminated

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STACY BRAUN — Signature — Month Day Year: 08 22 88

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 6700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

Q 7812-22

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type (Form designed for use on elite [illegible]pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD012312534 | Manifest Document No. DDD225

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238158

B. State Generator's ID HA013600917

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT030034184

C. State Transporter's ID 902001

D. Transporter's Phone (805) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID CAT000616117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	019216	T	State 611/761 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE: LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 10 31 2 4 8 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY HENSLER | Signature: Gary Hensler | Month Day Year: 10 31 2 4 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space
Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BARBU | Signature | Month Day Year: 10 31 2 4 8 8

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

0243-12

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 Service
Toxic Substances Control Divisic
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00024

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238157

B. State Generator's ID: HAH036009017

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE — 6. US EPA ID Number: CAT030034184

C. State Transporter's ID: 4 7002

D. Transporter's Phone: (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID: CAT000646111

H. Facility's Phone: (800) 222-2984

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001)(contaminated soil)	001	DT	01214½	T	State 611/7[illegible] EPA/Other F0[illegible]
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE, LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 24 8[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE — Signature: [illegible] — Month Day Year: 08 24 8[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
10) CAT000646111
I ~~[illegible]~~ STATE CODE NOT A #751 WASTE

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: [illegible] Pickell — Month Day Year: 08 24 8[illegible]

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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INSTRUCTIONS ON THE BACK

R 2843-05

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326384 — Manifest Document No. 00023 — 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238156
B. State Generator's ID: HA 1360909917

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE — 6. US EPA ID Number: CAT030034184
C. State Transporter's ID: 902003
D. Transporter's Phone: (800) 824-3945

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT080034184
G. State Facility's ID: CAT000611
H. Facility's Phone: (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	010121412	T	State 611/281; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 18 24 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dan Wetzel — Signature: Dan Wetzel — Month Day Year: 10 18 24 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
10) Discrepancy
STATE Code: DOT A# 751

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: Pickell — Month Day Year: 10 24 88

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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INSTRUCTIONS ON THE BACK

P 2541-0

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-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 008325333 — Manifest Document No. 40042

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238152

B. State Generator's ID: MAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT030084184

C. State Transporter's ID: 507002

D. Transporter's Phone: (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID: [illegible]

H. Facility's Phone: (800) 222-2984

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	2012 1/2	T	State 611/[illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 8 22 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE — Signature: Dave Dade — Month Day Year: 10 18 23 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

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. 9-88) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

2-28-89

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325833
Manifest Document No. 010101211

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 WSHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238151

B. State Generator's ID: NA H 0 3 6 0 0 9 0 9 1 7

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT030034184

C. State Transporter's ID: 907001

D. Transporter's Phone: (800) 824-33[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID: CAT000614611

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00245	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 8 2 3 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Loyd DRIGGERS
Signature: [illegible]
Month Day Year: 10 8 2 3 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space
10 Cate 0046117

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Stephen Pickell
Signature: S. Pickell
Month Day Year: 08 23 88

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 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

[illegible]-06

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 pitch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 — Manifest Document No.: 00020

2. Page 1 of 1

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3. Generator's Name and Mailing Address
ALLIED SIGNAL INC., ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238150

B. State Generator's ID: HAW03609097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE — 6. US EPA ID Number: CAT030034184

C. State Transporter's ID: 902003

D. Transporter's Phone: (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — 10. US EPA ID Number: CAT080034184

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00123½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE-LAX H-65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 23 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Rider — Signature: Robert J. Rider — Month Day Year: 08 23 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: Steve Pickell — Signature: Steve Pickell — Month Day Year: 08 23 88

GENERATOR — TRANSPORTER — FACILITY

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DHS 8022 A (1/87)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00019

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL INC., ELECTRODYNAMICS DIVISION
11600 SHERMAN WY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 61238149

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT030034184

C. State Transporter's ID

D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID 910226

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080034184

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E NA 9189 (F001) (contaminated soil)	001	DT	019024	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 06 22 88

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Loyd Driggers — Signature: [signature] — Month Day Year: 06 22 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

TRANSPORTER

19. Discrepancy Indication Space
(Discrepancy)

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Steve Oberg — Signature: [signature] — Month Day Year: 09 27 88

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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INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-
Please print or type. (Form designed for use on el pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325884
Manifest Document No. 00011 8

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL Inc. , ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY , N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238148
B. State Generator's ID NAH036009097
C. State Transporter's ID 90102

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: CAT003418 4
D. Transporter's Phone (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT080034184
G. State Facility's ID CAT000614611 7
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 08 22 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE
Signature: [illegible]
Month Day Year: 08 22 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space
NONE

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BROWN
Signature: [illegible]
Month Day Year: 08 22 88

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 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 2-12-10

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 90206

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485412

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number CAT080034118

C. State Transporter's ID 907201

D. Transporter's Phone 1 800 877 3222

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID [illegible]

H. Facility's Phone (800) 222-2088

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	01231/2	T	State [illegible] EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 ROBIN OSEAS Signature [illegible] Month Day Year 1 0 2 6 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name DAVE DADE Signature [illegible] Month Day Year 1 0 2 6 8 8

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 Steve Pickell Signature [illegible] Month Day Year 1 0 2 6 8 8

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

88485412

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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).*

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485413

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. Manifest Document No.: CA0008325334 / 10947
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88485413
B. State Generator's ID: HAH036009097
C. State Transporter's ID: 910226
D. Transporter's Phone: 1 800 877 3773

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: CAT080034154
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	40 23 ½	T	State 611/781; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 26 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
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: Steve Pickett
Signature: St Pickett
Month Day Year: 10 26 88

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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 ... typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008389334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11500 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485414

B. State Generator's ID: MAN0360001

5. Transporter 1 Company Name: APPV Corporation Inc.

6. US EPA ID Number: CAT080012412

C. State Transporter's ID: 40569

D. Transporter's Phone: (805) 393-1137

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 322-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00225	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1 1 0 2 6 1 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZON — Signature: Chuck Cruzon — Month Day Year: 1 1 0 2 6 8 8

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: Steve Pickell — Signature: Steve Pickell — Month Day Year: 1 0 2 6 8 8

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

88485414

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).* **Instructions on the Back**

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 Manifest Document No. 00009

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 33485415

B. State Generator's ID: HAHQ3600002

5. Transporter 1 Company Name: MP Vacuum Truck Service

6. US EPA ID Number: CAT000624247

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00232	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 26 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WC McKenzie — Signature: WC McKenzie — Month Day Year: 10 26 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STACY BARNETT — Signature — Month Day Year

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

33485415

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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: CAD010818125 Manifest Document No: 0001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534066

B. State Generator's ID: HAH036000097

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 903697

D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000616117

G. State Facility's ID: CAT000616117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00032½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVEEQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 110031812

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 110031812

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
Discrepancy noted

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] — Signature: [signature] — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R-5332-13

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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. CAD008325384
Manifest Document No. 010017 13
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534065
B. State Generator's ID HAH036009097

5. Transporter 1 Company Name [illegible] TRUCK SVC
6. US EPA ID Number CAT000649492
C. State Transporter's ID 103604
D. Transporter's Phone 805 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239m
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	0023½	T	State 611751 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 1 9 0 3 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 1 1 0 9 3 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space
A - Invalid Manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Picker
Signature: [illegible]
Month Day Year: 1 1 9 0 3 8 8

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3329-08

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802 WITHIN CALIFORNIA CALL 1-800-852-7550

Health and Welfare Agency
Approved OMB No. 2050—0039 (Expires 9-30-88)
Print or type. (Form designed for use on elite or pica typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A D 0 0 8 3 2 5 3 3 4 | Manifest Document No.: 0 0 0 7 2

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534064

B. State Generator's ID: A 4 0 3 6 0 0 0 0 0 7

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: K 1 7 0 0 5 6 2 9 2 4 7

C. State Transporter's ID: 903700
D. Transporter's Phone: (805) 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 0 1 1	D T	0 0 2 1 4 1/2	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1 1 0 3 8 8

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dan Mead | Signature: Dan Mead | Month Day Year: 1 1 0 3 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY — 19. Discrepancy Indication Space
A- Invalid manifest Number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell | Signature: Pickell | Month Day Year: 0 0 1 0 3 8 9

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

K 3394-5

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER

State of California—Health and Welfare Agency
Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite pitch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008325834
Manifest Document No.: 010171
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534063
B. State Generator's ID: CA M 0 3 6 0 0 3 0 0 7
C. State Transporter's ID: 907023
D. Transporter's Phone: 714 993-0542

5. Transporter 1 Company Name: Disposal Control
6. US EPA ID Number: CAT080034184
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646111
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., CRM-E NA 9189 (F001) (contaminated soil)	001	DT	00924	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 1 0 3 8 8

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel
Signature: Don Wetzel
Month Day Year: 1 1 0 3 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

TRANSPORTER

19. Discrepancy Indication Space
Damaged manifest

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickard
Signature: Steve Pickard
Month Day Year: 1 1 0 3 8

FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R3329-12

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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 [illegible]ch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A D 0 0 8 3 2 5 3 3 4
Manifest Document No.: 0 0 0 4 5
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238178
B. State Generator's ID: H A H 0 3 6 0 0 9 0 9 1 7

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: C A T 0 3 0 0 3 4 1 8 4
C. State Transporter's ID: 8-0223/4
D. Transporter's Phone: (800) 824-3345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7
G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 0 1	D T	0 0 2 4 1/2	T	State 611/251; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE ~~[illegible]~~ PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1 1 0 1 3 1 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEVEN T. MAXWELL
Signature: [illegible]
Month Day Year: 1 1 0 1 3 1 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
Transfer manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: [illegible]
Month Day Year: 1 1 0 9 3 8 8

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. SE 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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

[illegible]

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 [illegible]ch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009828484 — Manifest Document No. 000018

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 7650 - 1010

A. State Manifest Document Number: 87534061

B. State Generator's ID: HAH 036009097

5. Transporter 1 Company Name: Hemphill

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 507425

D. Transporter's Phone: 205 [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00212	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D5 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 03 31 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEPHEN HELMS — Signature: [signature] — Month Day Year: 03 31 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE ROBERTS — Signature: [signature] — Month Day Year: 03 31 88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 2938-80

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
Please print or type. (Form designed for use on [illegible] 12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132583 — Manifest Document No. 001618

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87534060

B. State Generator's ID: HAH036000917

5. Transporter 1 Company Name: K.A. Vacuum Truck Service

6. US EPA ID Number: CAT000616214

C. State Transporter's ID: 903604

D. Transporter's Phone: [illegible] 343-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	012412	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d. 87534060

15. Special Handling Instructions and Additional Information
WEARAPPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1 1 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 1 1 8 8

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: STACK [illegible] — Signature: [illegible] — Month Day Year: [illegible]

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 293

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802 WITHIN CALIFORNIA CALL 1-800-852-7550

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
Please print or type. (Form designed for use on [illegible] 12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312566 Manifest Document No. 00061

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534059
B. State Generator's ID HAH036000917

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number CAT000624247
C. State Transporter's ID 907680
D. Transporter's Phone 805 393 1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00215	T	State 611/79; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [illegible] Month Day Year: 1 9 3 1 5 8

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CAUCK/ORVZON Signature: [illegible] Month Day Year: 1 9 3 1 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Soil Signature: Month Day Year

TRANSPORTER

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: STEVE BROKOWAT Signature: [illegible] Month Day Year: 4 3 1 9 9

FACILITY

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2938-12

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-
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. CAD010831253134 — Manifest Document No. 00046

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 87238200

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

B. State Generator's ID: CAH025000007

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID: 103655

D. Transporter's Phone: 805 323-6804

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93238

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00241½	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above: a. Q3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 03/13/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BARFIELD — Signature: Jerry Barfield — Month Day Year: 03/13/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: Steve Pickell — Month Day Year: 03/13/88

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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 Wellare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-
Please print or type. (Form designed for use on el 2 pitch typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008326334 Manifest Document No: 00065
2. Page 1 of 1 — Information in the shaded areas is not required for interstate shipments
A. State Manifest Document Number: 87238199
B. State Generator's ID: IHA1G1S1G0019010917
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2994

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone ( )

5. Transporter 1 Company Name: [illegible] Trucking
6. US EPA ID Number: CAD981521346

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	002	DT	00215	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 12 17 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTY BARCFICLD — Signature: Marty Barcfield — Month Day Year: 12 17 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: Steve Pickard — Signature: Steve Pickard — Month Day Year: 08 31 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R-2932-05

State of California - Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30
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. CAD008132534 | Manifest Document No. 00064

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238138

B. State Generator's ID: HAH036009917

5. Transporter 1 Company Name: HP Vacuum Tank & Service | 6. US EPA ID Number: CAT080012412

C. State Transporter's ID: 704005

D. Transporter's Phone: 805-393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000014	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H-65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 10 18 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Nelson | Signature: Robert Nelson | Month Day Year: 10 18 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: STEVE BRAUN | Signature: Steve Braun | Month Day Year: 10 31 88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL ... SE 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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

D 2727-06

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-
Please print or type. (Form designed for use on el 12-pitch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312513314 — Manifest Document No. 001016 13

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
C ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238197

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: AP Vacuum Truck Service — 6. US EPA ID Number: KYT000624247

C. State Transporter's ID: 903680

D. Transporter's Phone: 805 393 1451

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOILD, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0001	DT	00024	T	State 611/751; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 18 18

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Chuck Chuzan — Signature: Chuck Chuzan — Month Day Year: 10 18 18

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: Steve Brown — Signature: Steve Brown — Month Day Year: 10 19 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R2920.05

California—Health and Welfare Agency
Approved OMB No. 2050—0039 (Expires 9-3[illegible])
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. CAD008325334 | Manifest Document No. 00062

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87238196

B. State Generator's ID: HAH03600909

5. Transporter 1 Company Name: Dorothie Trucking | 6. US EPA ID Number: CAD985152476

C. State Transporter's ID: [illegible]

D. Transporter's Phone: 8[illegible] 323-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	991	DT	004214	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 1981 3 18 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BARFIELD | Signature: Jerry Barfield | Month Day Year: 1981 3 18 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BLEVINS | Signature: [illegible] | Month Day Year: 03 30 88

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

P2225-09

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30
Please print or type. (Form designed for use on e 12-pitch typewriter).

Department of Health Services
Toxic Substances Control Divisio
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 6 3 3 4 — Manifest Document No. 0 0 0 6 1

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238195

B. State Generator's ID H A H 0 3 6 0 0 9 0 9 7

C. State Transporter's ID 70120/90112

D. Transporter's Phone 323 3273 6909

5. Transporter 1 Company Name [illegible] Trucking

6. US EPA ID Number C A D 9 8 1 5 9 4 3 4 6

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	002	DT	000024	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 09 30 93

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTIN BARFIELD — Signature: Martin Barfield — Month Day Year 09 30 93

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: STEVE BRAKIN RT — Signature: Steve Brakin — Month Day Year 09 30 93

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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INSTRUCTIONS ON THE BACK

P 29467

State of California Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-3
Please print or type. (Form designed for use on a 12-pitch typewriter).

Department of Health Serv
Toxic Substances Control Divi
Sacramento, Calif

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008125884
Manifest Document No.: 00061

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 87238194

B. State Generator's ID: HA 0360909317

5. Transporter 1 Company Name: Mission Trucking Service
6. US EPA ID Number: CAT080021417

C. State Transporter's ID: 205604
D. Transporter's Phone: 805 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: HAT000646117
H. Facility's Phone: (800) 222-2944

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000024	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 55176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 8 3 0 8 7

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DANNY B. SANDOVAL
Signature: Danny B. Sandoval
Month Day Year: 10 8 3 0 8 7

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: Judy Crawford
Signature: Judy Crawford
Month Day Year: 10 8 3 0 8 7

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

K-292

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
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.: C A D 0 0 8 3 2 5 3 3 4
Manifest Document No.: 0 0 0 5 9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. FLECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238193
B. State Generator's ID: H A H 0 3 6 0 0 5 0 9
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: C A T 0 0 0 [illegible]
H. Facility's Phone: (800) 222-[illegible]

5. Transporter 1 Company Name: MP Vacuum Truck Service
6. US EPA ID Number: K A T 0 0 0 2 4 2 4 7
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	25	T	State 611[illegible] EPA/Other F00
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 18 10 18 18

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP VACUUM DON PARTON
Signature: Don Parton
Month Day Year: 10 18 10 18 18

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: Judy Crawford
Signature: Judy Crawford
Month Day Year: 10 19 90

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
Please print or type. (Form designed for use on [illegible] 12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008312536 | Manifest Document No.: 001518

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238132

B. State Generator's ID: HAH013610091917

5. Transporter 1 Company Name: MP Volcum Truck Service
6. US EPA ID Number: KAT000621212 7

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: [illegible]

H. Facility's Phone: (800) 222-2[illegible]

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00241½	T	State 611751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
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GENERATOR

Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 08 30 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Johnny Tisel | Signature: [illegible] | Month Day Year: 08 30 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Judy Crawford | Signature: Judy Crawford | Month Day Year: 08 30 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

P 2920-1

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. CAD008325334 Manifest Document No. 00057

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name: M.P. Vacuum Truck Service
6. US EPA ID Number: CAT000612417

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

A. State Manifest Document Number: 87238191
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 213-393-[illegible]
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-[illegible]

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00234	T	State 611751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 04 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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: STEVE BRAGG
Signature: [illegible]
Month Day Year: 05 05 88

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP. 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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

22905-03

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-[illegible])
Please print or type (Form designed for use on [illegible] 12 pitch typewriter).

Department of Health [illegible]
Toxic Substances Control [illegible]
Sacramento Co[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325634
Manifest Document No.: 001516

2. Page 1 of 1

Information in the shaded area is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238190

B. State Generator's ID: HAH03600917

5. Transporter 1 Company Name: [illegible] Vacuum Truck Service
6. US EPA ID Number: CAT000614217

C. State Transporter's ID: 902543
D. Transporter's Phone: 805 393-1121

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000214	T	State 611/761; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65178
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMNET

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Sollum Tison
Signature: [illegible]
Month Day Year: 10 18 19 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
[illegible]

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 BURKIN
Signature: [illegible]
Month Day Year: 10 19 88

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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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. CAD0 08325334 00005 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238189

B. State Generator's ID: CA M0131

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

E. State Transporter's ID: [illegible]

F. Transporter's Phone: [illegible]

G. State Facility's ID: CA T0006461117

H. Facility's Phone: (800) 222-2964

5. Transporter 1 Company Name: MP Vacuum Truck Service — 6. US EPA ID Number: CAT000621424

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H85178
CONTAMINTAED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMNET

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 29 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum Don Paxton — Signature: Don Paxton — Month Day Year: 08 29 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: [illegible] — Month Day Year: 08 29 88

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

R 2895-05

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9[illegible]8)
Please print or type. (Form designed for use on [illegible] (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132533 — Manifest Document No. 00054

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238188

B. State Generator's ID: HA013600007

5. Transporter 1 Company Name: Vacuum Trucks Inc — 6. US EPA ID Number: CAT080012423

C. State Transporter's ID: [illegible]

D. Transporter's Phone: 805 393-1757

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00022	T	State 611751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. Q3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 29 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Darrell Hagar — Signature: Darrell Hagar — Month Day Year: 08 29 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: Steve Pickell — Month Day Year: 08 29 88

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

D 2994-01

State of California--Health and Welfare Agency
Form Approved OMB No. 2050--0039 (Expires 9/30/88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No. 00053

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238186

B. State Generator's ID HTA0H03600000017

5. Transporter 1 Company Name MP Vacuum Truck Service
6. US EPA ID Number CAT000024247

C. State Transporter's ID 00-200

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID 10000046117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (f001) (contaminated soil)	001	DT	010214	T	State 611/[illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65[illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 23
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 09 12 1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN L. MARTIN
Signature: [illegible]
Month Day Year: 09 12 1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: STEVE [illegible]
Signature: [illegible]
Month Day Year: 09 12 1988

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802 WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/87)
EPA 8700--22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2879-03

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. CAD008325834 — Manifest Document No. 001512

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 87238185
B. State Generator's ID HAH03600909 17
C. State Transporter's ID 202657
D. Transporter's Phone 805 466-3846

5. Transporter 1 Company Name Frank Bishop Trucking — 6. US EPA ID Number CAD981428626
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 611751 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. E5 — b.
c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 21 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP — Signature: Frank Bishop — Month Day Year: 10 26 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] — Signature: [illegible] — Month Day Year: [illegible]

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2879-04

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires [illegible]88)
Please print or type. (Form designed for use [illegible]e (12-pitch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00051

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238184

B. State Generator's ID: HAH031600909 7

5. Transporter 1 Company Name: MP Vacuum Tank Service — 6. US EPA ID Number: CAT000612424 7

C. State Transporter's ID: 2256X0

D. Transporter's Phone: 818 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2954

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. RQ, HAZARDOUS WASTE SOLID , NOS, ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65[illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. H03 b. [illegible] c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 8 2 6 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RJ DAVIS — Signature: RJ Davis — Month Day Year: 10 8 2 6 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
Initial generator Robin Oseas 8-30-88
22.43 Tons Received 4C

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE [illegible] — Signature: [illegible] — Month Day Year: 08 26 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2880-03

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. CAD008325334 Manifest Document No. 00050

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238183

B. State Generator's ID 1W4W93000007

5. Transporter 1 Company Name: M.P. Varsum Trucking

6. US EPA ID Number: CAT000612127

C. State Transporter's ID 903625

D. Transporter's Phone 805 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00021	T	State 611/661; EPA/Other F001
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 26 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard — Signature: [illegible] — Month Day Year: 10 26 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: STEVE BERRY — Signature: [illegible] — Month Day Year: 10 27 88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. 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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

280-04

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires [illegible]-88)
Please print or type. (Form designed for use [illegible]e (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 00049
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238182
B. State Generator's ID: HA 036009097
C. State Transporter's ID: 97T667
D. Transporter's Phone: 805-393-1251

5. Transporter 1 Company Name: MP Vacuum Truck Services, Inc.
6. US EPA ID Number: CAT000612424
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646107
G. State Facility's ID: CAT000646107
H. Facility's Phone: (800) 222-2968

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
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00215	T	State 611 (751) EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PRTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 8 1 2 6 8 7

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum Don Paxton
Signature: Don Paxton
Month Day Year: 10 8 9 2 6 8 7

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: Steve Pickell
Signature: Steve Pickell
Month Day Year: 08 26 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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

3

12578

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. CAD008325334 — Manifest Document No. 00048

2. Page 1 of 1 — Information in the shaded areas is not required for interstate use.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238181

B. State Generator's ID: CA HD 3 6 0 0 9 7

C. State Transporter's ID: 23623

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

5. Transporter 1 Company Name: MP Vacuum Truck Service — 6. US EPA ID Number: CAT000624247

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CA TD 0 0 9 5 4 6 1 1 7

H. Facility's Phone: (800) 222-2884

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001)(con taminated soil)	001	DT	210	T	State 61[illegible]751 EPA/Other 001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. Q3 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTEDCTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 8 2 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DARRELL HAGAR — Signature: Darrell Hagar — Month Day Year: 10 8 2 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: Steve Pickell — Signature: Steve Pickell — Month Day Year: 10 8 2 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

12 28782

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires [illegible]-88)
Please print or type. (Form designed for use [illegible] (12-pitch typewriter)

Department of Health Servic[illegible]
Toxic Substances Control Divisi[illegible]
Sacramento, Californ[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 1 7
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238180
B. State Generator's ID: C A H 0 3 [illegible] 0 9 0 0 1 7
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: C A T 0 0 [illegible] 6 1 1 7
H. Facility's Phone: (805) 222-2[illegible]

5. Transporter 1 Company Name: MP Vacuum Truck Service Inc
6. US EPA ID Number: C A T 0 0 0 2 4 2 1 7
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (con tamin ated soil)	9 9 1	9 T	4 0 0 2 1 4	T	State [illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PRO TECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Ye: 0 5 2 6 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tim Butler
Signature: Tim Butler
Month Day Ye: 0 8 2 6 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Ye

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: Steve Pickell
Signature: St Pickell
Month Day Y: 0 8 2 6

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

R 2878

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 8-30-88)
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. CAD008325334 — Manifest Document No. 010146

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 8123[illegible]
B. State Generator's ID: HAH03[illegible]
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID: CAT000[illegible]
H. Facility's Phone: (800) 222-2964

5. Transporter 1 Company Name: MA Vacuum Truck Service Inc. — 6. US EPA ID Number: CAT140002424
7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste
a. RQ,HAZARDOUS WASTESOLID , N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	010215	T	State [illegible] EPA/Other 001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 08 12 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZAN — Signature: Chuck Cruzan — Month Day Year: 08 12 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: Steve Pickell — Signature: Pickell — Month Day Year: 08 26 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

P 287803

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires [illegible]-88)
Please print or type. (Form designed for use [illegible] (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325344 | Manifest Document No.: 0014

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone: 818) 765-1010

A. State Manifest Document Number: 87238177

B. State Generator's ID: 14 4 0 3 6 0 0 9 0 6 7

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE

6. US EPA ID Number: CAT030034184

C. State Transporter's ID: 20002

D. Transporter's Phone: (818) 824-1345

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 232-2[illegible]

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000124	T	State 611761 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 05 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY HENSLEE | Signature: Gary Henslee | Month Day Year: 05 29 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: STEVE BRUN | Signature: Steve Brun | Month Day Year: 05 29 88

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires [illegible]-88)
Please print or type. (Form designed for use [illegible]te (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4
Manifest Document No. 0 0 0 4 3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238176
B. State Generator's ID H A H 0 1 3 6 0 0 0 9 0 1
C. State Transporter's ID [illegible]
D. Transporter's Phone (800) 824-[illegible]
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone (800) 222-2966

5. Transporter 1 Company Name: DISPOSAL CONTROL SERVICE
6. US EPA ID Number: C A T 0 3 0 0 3 4 1 8 4
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 611751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 10 8 2 9 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSE REIS — Signature: Jose Reis — Month Day Year 10 8 2 9 8 8

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: STEVE [illegible] — Signature: [illegible] — Month Day Year 10 8 2 9 8 8

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 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

17 [illegible] 13

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. CAD008325334
Manifest Document No. 010101412
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238175
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (800) 222-2964

5. Transporter 1 Company Name Frank Bishop Trucking
6. US EPA ID Number CAD982428626
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	2.5	T	State 611 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 5 2 5 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP
Signature: Frank Bishop
Month Day Year: 10 8 2 5 8 8

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: STEVE BLANKENSHIP
Signature:
Month Day Year: 10 5 8 8

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 2-30-88)
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. CAD008326334 — Manifest Document No. 010041

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87288174

B. State Generator's ID: INAH015000190017

C. State Transporter's ID: 032202

D. Transporter's Phone: 397-2151

E. State Transporter's ID:

F. Transporter's Phone:

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2966

5. Transporter 1 Company Name: N.P. Vacuum Truck Service Inc — 6. US EPA ID Number: KAT000621417

7. Transporter 2 Company Name — 8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00023½	T	State 6[illegible]751 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 56176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 10 8 1[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN L. MARTIN — Signature: John L. Martin — Month Day Year: 10 8 12 5 8

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: STEVE OLSEN PE — Signature — Month Day Year: 10 8 12 5 8

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

P 2860-27

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. CAD008326334
Manifest Document No. 00040

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DI VISI ON
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238173
B. State Generator's ID: HAN036009091
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

5. Transporter 1 Company Name: H.P. Vacuum Truck Service
6. US EPA ID Number: CAT000624247

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000[illegible]611[illegible]
H. Facility's Phone: (800) 222-2968

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. RQ,HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (F001) (contaminated soil)	001	DT	00024	T	State 611[illegible] EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
CONTAMINATED SOIL FROM SITE REMEDIATION

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 09 25 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RJ DAVIS
Signature: RJ Davis
Month Day Year: 09 25 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 10 1 88

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

R 2860-20

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires [illegible]-88)
Please print or type. (Form designed for use [illegible]te (12-pitch typewriter).

Department of Health [illegible]
Toxic Substances Control Division
Sacramento, Calif. [illegible]

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.: C A D 0 0 8 3 2 5 3 3 4
Manifest Document No.: 0 0 0 3 9
2. Page 1 of [illegible] Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11800 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: B7238172
B. State Generator's ID: H A H 0 3 6 0 0 9 0 1 [illegible]

5. Transporter 1 Company Name: MP Vacuum Truck Service Inc.
6. US EPA ID Number: C A T 0 0 0 6 2 4 2 4 7
C. State Transporter's ID: 72367
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7
G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7
H. Facility Phone: (800) 222-2984

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	0 0 1	DT	00021	T	State 611 [illegible] EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
CONTAMINATED SOIL FROM SITEREMEDIATION

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: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 10 8 2 5 8[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MP Vacuum DON PARTON
Signature: Don Parton
Month Day Year: 10 8 2 5 8[illegible]

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: STEVE BERLIN RT
Signature:
Month Day Year: 10 2 5 8[illegible]

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

12 2857-1

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. CAD083253340 | Manifest Document No. 00013

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 87238171

B. State Generator's ID: 1NAH03600917

5. Transporter 1 Company Name: Disposal Control Service Inc. | 6. US EPA ID Number: CAT080034184

C. State Transporter's ID: 0226

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: TCAT000646117

H. Facility's Phone: (805) 722-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000023	T	State 61[illegible]251 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b.
c. | d.

15. Special Handling Instructions and Additional Information
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
CONTAMINATED SOIL FROM SITE REMEDIATION

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: ROBIN OSEAS | Signature: Robin Oseas | Month Day Year: 08 25 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lee Diggers | Signature: [illegible] | Month Day Year: 08 25 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRASS | Signature: [illegible] | Month Day Year: 08 25 88

GENERATORS

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

RJ857-21

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expir[illegible]30-88)
Please print or type. (Form designed for u[illegible]lite (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Divisior
Sacramento, Californi

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326884 — Manifest Document No. 010317

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87238170

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: Disposal Control Service Inc — 6. US EPA ID Number: CAT080031411 84

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID [illegible]

H. Facility's Phone [illegible]

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)	001	DT	000215	T	State 617751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
CONTAMINATED SOIL FROM SITE REMEDIATION

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 09 25 1984

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE DADE — Signature: [signature] — Month Day Year: 09 25 1984

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
ROOT H 751 WASTE - CALIF CODE -

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: [signature] — Month Day Year: 09 25 1984

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.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

D 2824-10

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).

Instructions on the Back.

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — Manifest Document No. 10341

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140342

B. State Generator's ID

C. State Transporter's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

D. Transporter's Phone 805 323 4404

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID

H. Facility's Phone (800) 292-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other 011/761
b.					State U226/U228; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. Q3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1/21/5/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Dawson — Signature — Month Day Year 1/21/5/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Richard — Signature — Month Day Year 1/21/5/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE... CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

08:41:34

PAGE 56

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 [illegible]tch typewriter).

Instructions on the [illegible]k

Department of Health Service
Toxic Substances Control Divisi
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325934 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140343

B. State Generator's ID NAH036009097

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATEPEPRSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTY BAREFIELD — Signature: [illegible] — Month Day Year [illegible]

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: Steve Pickens — Signature: [illegible] Pickens — Month Day Year [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140343

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

[illegible]

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)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No.
Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140344

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name HELMS TRUCKING
6. US EPA ID Number
C. State Transporter's ID 912476
D. Transporter's Phone 805-567-4551

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other 811/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEPHEN HELMS
Signature: [signature]
Month Day Year 1/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: STEVE BRANDL
Signature: [signature]
Month Day Year 1/21/1988

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88141344

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State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
* Please print or type. (Form designed for use on elite (12-p[illegible] typewriter)

Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325316
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140345
B. State Generator's ID: 11A0360007

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	40215	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROGIN OSEAS
Signature:
Month Day Year: 1 0 1 1 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Weber
Signature:
Month Day Year: 1 2 1 8 8 8

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: Steve Pickell
Signature:
Month Day Year: 1 2 1 8 8

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140345

DHS 8022 A (1/88)
EPA 8700—22
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P4215-01

State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008322334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140346
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name — 6. US EPA ID Number
7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	double	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez — Signature — Month Day Year 1/21/88

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: Steve Tidwell — Signature — Month Day Year 1/21/88

Do Not Write Below This Line

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

88140346

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch) typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone: 818 765-1010

A. State Manifest Document Number: 88140347
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other 611/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CRUZAN
Signature: [illegible]
Month Day Year: 12 18 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: Steve Pickell
Signature: [illegible]
Month Day Year: 12 1988

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

00140341

DHS 8022 A (1/86)
EPA 8700—22
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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325394
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone: 818 765-1010

A. State Manifest Document Number: 88140348
B. State Generator's ID: CAN036000997

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State 611/751; EPA/Other U226/U228
b.					EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature]
Signature: [signature]
Month Day Year 1 2 1 7 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

TRANSPORTER

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: Steve Pickett
Signature: [signature]
Month Day Year 1 2 1 9 8 8

FACILITY

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140348

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008128334 | Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140349

B. State Generator's ID CAH026009097

5. Transporter 1 Company Name [illegible] | 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S, ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	01213	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAN D MCGEE | Signature: [illegible] | Month Day Year: [illegible]

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: Steve [illegible] | Signature: [illegible] | Month Day Year: [illegible]

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

88140349

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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 [illegible] typewriter)

Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD009253934 — Manifest Document No.: 103713
2. Page 1 of [illegible]
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone 818 765-1010

A. State Manifest Document Number: 88140350
B. State Generator's ID: MAD036009097

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (805) 822-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State / EPA/State 611/751 / U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68170
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year

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: [illegible] — Signature: [illegible] — Month Day Year

Do Not Write Below This Line

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

88140350

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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 typewriter))

Instructions on the Ba

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534 Manifest Document No. 14.1A

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140351

B. State Generator's ID NAN036000017

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number CAD[illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00214½	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year 1/12/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAKEFIELD — Signature: [illegible] — Month Day Year 1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Richard — Signature: [illegible] — Month Day Year 1/12/88

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140351

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Ba[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140353

B. State Generator's ID: MAN036009097

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: 805-321-6504

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTY BAREFIELD — Signature: Marty Barefield — Month Day Year: 1 2 1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Steve Richmond — Signature: [illegible] — Month Day Year: 1 2 1988

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPC [illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140353

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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[illegible] 30

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.:
Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140354
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name
6. US EPA ID Number
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: [illegible]
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other: 611/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/1/1/2/1/2

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 1/1/1/5/1/8

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: RICK A. SENIFF
Signature: Rick A. Seniff
Month Day Year: 1/12/1/9/8/8

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

88140354

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EPA 8700—22
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 11114

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140355

B. State Generator's ID HAW036009097

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP — Signature: [signature] — Month Day Year

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: STEVE PIKEL — Signature: [signature] — Month Day Year

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

88140355

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 11/13/19
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140356
B. State Generator's ID NAH036009097

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATEPERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

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

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: Steve Richard — Signature — Month Day Year 12 20 88

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

88140355

DHS 8022 A (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140357
B. State Generator's ID MAN036009097

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]
C. State Transporter's ID 702680
D. Transporter's Phone 805 323-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00012	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAN D. McGEE — Signature: [signature] — Month Day Year [illegible]

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: Steve Pickell — Signature: [signature] — Month Day Year 1/12/2018

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140357

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite or pitch typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140358

B. State Generator's ID: 4A4-0-2-6-0-2-0-9-7

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID: 403666

D. Transporter's Phone: 805-323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00021	Y	State / EPA/~~611/761~~ / ~~U226/U228~~
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph W. Furlong — Signature — Month Day Year

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: Steve Pickell — Signature — Month Day Year

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

88140358

DHS 8022 A (1/88)
EPA 8700—22
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Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88140359

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. CAD008325334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140359

B. State Generator's ID: NAH036009097

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 903455

D. Transporter's Phone: 805-323-6501

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080046117

G. State Facility's ID: CAT080046117

H. Facility's Phone: (800) 222-2864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	9 yd³ ½	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1 2 2 [illegible]

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY PARKFIELD — Signature: [illegible] — Month Day Year: 1 2 2 0 [illegible]

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: [illegible] — Signature: [illegible] — Month Day Year: 1 2 2 0 8 8

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EPA 8700—22
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Instructions on the Br

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 01503

Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140360

B. State Generator's ID CAD008325334

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 805-323-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTEDCTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTY CARFEKLO | Signature | Month Day Year 1/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pilkin | Signature | Month Day Year 1/22/88

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 (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00361

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88140361

B. State Generator's ID HAH036809097

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number CAD[illegible]

C. State Transporter's ID 904122, 904123

D. Transporter's Phone 805-323-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	0012½	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1-1-[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM DIMAN
Signature: Jim Diman
Month Day Year: 1 12 30 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 12 30 88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140361

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140362

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone 805-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	012-1/2	T	State; EPA/Oth 811/751; U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 — b. — c. — d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert R Costa — Signature: Robert R Costa — Month Day Year 11/21/88

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: Judy Crawford — Signature: Judy Crawford — Month Day Year 11/21/88

Do Not Write Below This Line

R4253-03

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140362

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008286804 — Manifest Document No. 2 0 1 0 1 2
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140363
B. State Generator's ID HAHO300003
C. State Transporter's ID 9116 38
D. Transporter's Phone 805-313-1157

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	002415	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 88176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 1 2 2 2 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Slawe — Signature: [signature] — Month Day Year 1 2 2 2 8 8

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: Judy Crawford — Signature: [signature] — Month Day Year 1 2 2 2 8 8

Do Not Write Below This Line

R- 4251-09

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL CALL TOXIC SUBSTANCES EMERGENCY RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 | Manifest Document No. 01361

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140364

B. State Generator's ID: NAH036009097

5. Transporter 1 Company Name: MCV-[illegible] | 6. US EPA ID Number: CAT000626127

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00024	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year: 12 28 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: [illegible]

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: Judy Crawford | Signature: Judy Crawford | Month Day Year: 12 28 88

Do Not Write Below This Line

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

88140364

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88140365

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140365
B. State Generator's ID NAH036809097

5. Transporter 1 Company Name MP Vacuum Tank Service
6. US EPA ID Number CAT000624217
C. State Transporter's ID 91658
D. Transporter's Phone 805 393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00021	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON.

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name GERALD FOUTCH | Signature | Month Day Year 1 2 9 8 8

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 Steve Pickens | Signature | Month Day Year 1 2 2 2 8

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 (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534 — Manifest Document No. 00381

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140366

B. State Generator's ID: CAH092600907

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: KNT000[illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. C3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1 1 2 1 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 1 1 2 1 8 8

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: Steve Pickell — Signature: [illegible] — Month Day Year: 1 1 2 2 2 8 8

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

88140366

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EPA 8700—22
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Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 6 3 3 4 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88140367

B. State Generator's ID H A N 0 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, NOS, ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RT DNIS — Signature: RJ [signature] — Month Day Year 1 2 2 8 8

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: Steve Pickell — Signature: [signature] — Month Day Year 1 2 2 2 8

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 (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californi

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334
Manifest Document No. 12171

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140368

B. State Generator's ID 1410360007

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID 0470006461 17

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	12	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON.

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EUIPMENT

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: ROBIN OSEAS
Signature:
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FOUTCH
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: Steve Pickell
Signature:
Month Day Year

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140368

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(2)

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88140369
B. State Generator's ID NAH036009097

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Stane — Signature: Jerry Stane — 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: Steve Pickell — Signature: St Pickell — Month Day Year: 1/22/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008128334 | Manifest Document No. 109715 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140370

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] | 6. US EPA ID Number CAT080016417

C. State Transporter's ID [illegible]

D. Transporter's Phone 805 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 | 10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2904

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State; EPA/Other 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature [illegible] | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name [illegible] | Signature [illegible] | 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 Steve Pickell | Signature [illegible] | Month Day Year 12 23 88

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GENERATOR

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88140370

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312533 4
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone 818) 765-1010

A. State Manifest Document Number 88140371
B. State Generator's ID KAN036009097
C. State Transporter's ID 912810
D. Transporter's Phone 805 393 4031

5. Transporter 1 Company Name
6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	6-20-15	T	State 611/751 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
RPROFILE LAX H 65176
CONTAMINATEDD SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Weldon R Chapman
Signature: [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: Steve Pickens
Signature: [signature]
Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140371

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the B k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00 7715

E. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140372

B. State Generator's ID 1400360007

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID Davis Trans

D. Transporter's Phone (805) 323-6104

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — 10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State; EPA/Other 611/761 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 1/6/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTY BAREFIELD — Signature: Marty Barefield — Month Day Year 1/12/88

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: Steve Pickens — Signature: Steve Pickens — Month Day Year 1/12/88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140372

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0008326334 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88140373

B. State Generator's ID NAH03600097

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000846117

G. State Facility's ID CAT000846117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	40253	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS Signature: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAKEFIELD Signature: Month Day Year 12 23 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell Signature: Month Day Year 12 23 88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

HS 8022 A (1/88)
PA 8700—22
(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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 [illegible] typewriter).

Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 | 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140374

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: Frank Bishop | 6. US EPA ID Number: CAD981[illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone 805-926-3[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00215	T	State 611/781 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature: [illegible] | Month Day Year 1/12/[illegible]

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP | Signature: [illegible] | Month Day Year 1/23/8[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

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: RICKA SENIFF | Signature: Rick A. Seniff | Month Day Year 1/12/88

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140374

DHS 8022 A (1/86)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the B

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 Manifest Document No. 8

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140375

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 88176
CONTAMINAYED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE EPRSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 [illegible] 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 1 2 27 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: Steve Pickett — Signature: [signature] — Month Day Year: 1 12 27 88

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140376

B. State Generator's ID: MAN8360097

5. Transporter 1 Company Name: Dynal Catalyst

6. US EPA ID Number: KTR000017

C. State Transporter's ID: 202001

D. Transporter's Phone: 800-122-3227

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2961

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	10	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE EPRSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

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

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: Steve Pickard — Signature — Month Day Year: 1/12/88

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

88140376

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326340401
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140378

B. State Generator's ID HAN036000007

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone 805 [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 232-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State / EPA/Other 611/781 U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/2[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FOUTCH
Signature: [illegible]
Month Day Year: 1/2[illegible]

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: Steve Pickell
Signature: [illegible] Pickell
Month Day Year: 1/27/88

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

88140378

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EPA 8700—22
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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA000183134 — Manifest Document No. 00402 — 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140379

B. State Generator's ID: MAH036009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DODY HAGAR — Signature: [illegible] — Month Day Year: [illegible]

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: Steve Pickell — Signature: [illegible] — Month Day Year: 1/27/88

GENERATOR — TRANSPORTER — FACILITY

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88140379

DHS 8022 A (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
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#41

Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 004 | Page 1 of 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88140381

B. State Generator's ID MAN036909097

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CATO006461117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	0010-14	T	State 611/761 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Fillon | Signature: [illegible] | Month Day Year [illegible]

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: Steve Pickrell | Signature: [illegible] | Month Day Year 1/12/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140381

GENERATOR

DHS 8022 A (1/88)
EPA 8700—22
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Do Not Write Below This Line

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[illegible]

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Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the E[illegible]

Department of [illegible] Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA000833400403
Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number 88140380

B. State Generator's ID HAN036001097

C. State Transporter's ID 110216

D. Transporter's Phone [illegible]

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	12	T	State / EPA/Other 511/751 U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year

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: Steve Pickell
Signature: [illegible]
Month Day

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140380

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WI[illegible]

F. 4362-01

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)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140337
B. State Generator's ID: WAM036000097

5. Transporter 1 Company Name — 6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	10	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROPER LAX [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/12/1992

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kenny Lynch — Signature: [signature] — Month Day Year: 1/12/1992

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: Steve Pickens — Signature: [signature] — Month Day Year: 1/21/1992

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140337

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

R4162-53

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 (1[illegible] typewriter)

Instructions on the B[illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — Manifest Document No. [illegible]

Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140338

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID

H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other 611/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year 1/21/5[illegible]

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: Steve Pickell — Signature: [illegible] Pickell — Month Day Year 1/21/5[illegible]

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D[illegible]

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140339
B. State Generator's ID N A H 0 3 6 0 0 9 0 9 7
C. State Transporter's ID 90700
D. Transporter's Phone 800 877 3773

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7
G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1/12/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel
Signature: [signature]
Month Day Year: 1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickens
Signature: [signature]
Month Day Year: 1/12/1988

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140339

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EPA 8700—22
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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 (1[illegible]h typewriter)

Instructions on the B[illegible]k

Department of Health Services
Toxic Substances Control Divisi[illegible]
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
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
ALLIED SIGNAL, INC. ELCTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140340
B. State Generator's ID CAW036000097

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone 305-323-6904

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	40314	T	State; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. Q3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/21/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAREFIELD
Signature: [illegible]
Month Day Year: 1/21/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickens
Signature: [illegible]
Month Day Year: 1/21/1988

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140340

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DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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[illegible]-19

State of California —Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
Please print or type (Form designed for use on elite (12-pitch typewriter)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008312324
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140341

B. State Generator's ID: MAN036000097

5. Transporter 1 Company Name: C-T Environmental

6. US EPA ID Number: CAD008469849

C. State Transporter's ID: 90253

D. Transporter's Phone: (818) 241-5792

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68276
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PRERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: Robin Oseas
Month Day Year: 1/2/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy Colin
Signature:
Month Day Year: 1/2/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell
Signature: Steve Pickell
Month Day Year: 1/2/1988

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140341

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009329344 Manifest Document No. 01014015

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140382

B. State Generator's ID NAH039009093

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number KAT000612412

C. State Transporter's ID 903604

D. Transporter's Phone 805-393-1051

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00[illegible]	T	State 611/781 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: RICHARD NELSON Signature: [signature] Month 12 Day 29 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER Signature: [signature] Month 12 Day 29 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell Signature: [signature] Month 12 Day 29 Year 88

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140382

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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).

42

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008388333 Manifest Document No. 000406

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140383

B. State Generator's ID NAN036009097

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID 911658

D. Transporter's Phone 805 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	001215	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 85176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 RICHARD NELSON Signature [illegible] Month Day Year 12 29 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Robert R Costa Signature [illegible] Month Day Year 12 29 8

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 Steve Pickell Signature [illegible] Month Day Year 12 29 8

88140383

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 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

2 1/2 8-04

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).

#86

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008325334
Manifest Document No.: 01014017
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140384
B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: 91297
D. Transporter's Phone: 805-723-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S, ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: RICHARD NELSON; Signature: Richard A. Nelson; Month Day Year: 1/12/88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]; Signature: [illegible]; Month Day Year: [illegible]

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: Steve Pickell; Signature: [illegible]; Month Day Year: 1/12/88

Do Not Write Below This Line

DHS 8022 A (1/86)
EPA 6700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140384

R1187-05

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 or pica typewriter).

X 21

Instructions on the back

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00401

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 7650 1010

A. State Manifest Document Number 88140385

B. State Generator's ID CAR000000007

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	44423	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 88176
CONTAMINAETED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
wear appropriate ~~XXXXXXX~~ protective equipment
personal

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: Richard Nelson | Signature: Richard A Nelson | Month 12 Day 29 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph Van Lowe | Signature | Month Day Year

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: Steve Pickell | Signature | Month 12 Day 21 Year 88

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

88140385

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

R 4370-01

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 [illegible]tch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132513 Manifest Document No. 00311

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 87534404

B. State Generator's ID HAH036000097

5. Transporter 1 Company Name [illegible] SERVICE 6. US EPA ID Number CAT080034184

C. State Transporter's ID [illegible]

D. Transporter's Phone (800) 877-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE LIQUID, N.O.S., ORM-E NA 9189 (sodium sulfate solution)	006	DF	00300	G	State 135 / EPA/Other N/A
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX J51130
(sodium sulfate solution)

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR

Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 2 1 5 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom CASTANEDA — Signature: [signature] — Month Day Year: 1 2 1 5 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: John Kidwell — Signature: [signature] — Month Day Year: 1 2 1 5 8 8

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008329334
Manifest Document No.: 88140336
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone: 818 765-1010

A. State Manifest Document Number: 88140336
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: Holas Trucking
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 805-544-4591

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT080046117
G. State Facility's ID: [illegible]
H. Facility's Phone: (800) 322-9864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1/21/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEPHEN HELMAC
Signature: [signature]
Month Day Year: 1/21/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BURNA
Signature: [signature]
Month Day Year: 1/27/1988

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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

88140336

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
Please print or type (Form designed for use on elite (12-pitch typewriter)

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008128314 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140335

B. State Generator's ID: N6N0316009097

5. Transporter 1 Company Name: KIT Poly Tanks — 6. US EPA ID Number: KIA291616314

C. State Transporter's ID: 90125

D. Transporter's Phone: 818-962-2778

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2944

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00123	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above: a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 11 12 1988

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEN POSEI — Signature: Ken Posei — Month Day Year: 11 12 1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE ORSON — Signature: [illegible] — Month Day Year: 11 12 1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140335

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Dulle-04

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No.
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140334
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name
6. US EPA ID Number
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT080046117

G. State Facility's ID CAT080046117
H. Facility's Phone (800) 223-2364

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State 611/761 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 63
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
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

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140334

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

R 41167-13

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite [illegible]pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328336 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140333

B. State Generator's ID: NAH016000042

5. Transporter 1 Company Name: [illegible] Trucking — 6. US EPA ID Number: CAD981727316

C. State Transporter's ID: 923433

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	0021[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1/12/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BARFIELD — Signature: Jerry Barfield — Month Day Year: 1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAME — Signature: [illegible] — Month Day Year: 1/12/1988

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 [illegible]

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140333

GENERATOR

PCHL 7-20

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).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD008329334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone: 818-765-1010

A. State Manifest Document Number: 88140332
B. State Generator's ID: 1000097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 805 323 6464

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 811/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Dimaio
Signature: [illegible]
Month Day Year: [illegible]

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: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140332

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-86)
Please print or type (Form designed for use on elite [illegible]rch typewriter)

Instructions on the [illegible]k

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140331

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID,N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 811/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year [illegible]

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: STEVE DUFFY — Signature: [illegible] — Month Day Year [illegible]

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

88140331

DHS 8022 A (1/88)
EPA 8700—22
(Rev 9-86) Previous editions are obsolete.

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[illegible]

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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008293341 — Manifest Document No. [illegible]

2. Page 1 of [illegible] — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140330

B. State Generator's ID [illegible]

5. Transporter 1 Company Name MC[illegible] — 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other 811/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kenny Lynch — Signature: [illegible] — Month Day Year [illegible]

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: STEVE BREW A — Signature: [illegible] — Month Day Year [illegible]

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

887403 3U

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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[illegible]

State of California—Health and Welfare Agency
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008125134 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140329

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: G-T EQUIPMENT
6. US EPA ID Number: CAD0[illegible]

C. State Transporter's ID [illegible]
D. Transporter's Phone 213-[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (805) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00021½	T	State 611/76[illegible] EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H [illegible]
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1/19/88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mark Richardson — Signature: Mark Richardson — Month Day Year: 11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Steve Pickett — Signature: [illegible] — Month Day Year: 12/14/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D[illegible]

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140329

PCL 1103-22

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0008393934 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140328

B. State Generator's ID CAD009097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 *(U226/U228) (contaminated soil)	001	DT	[illegible]	T	State / EPA/Other 811/751 U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL DUE TO SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEVE MILLS — 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: RICKA SENIFF — Signature — Month Day Year

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140328

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite [illegible]pitch typewriter)

Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140327

B. State Generator's ID M A N 0 3 6 8 0 9 0 9 7

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/781 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARTI BARCFIELD — Signature: [illegible] — Month Day Year 1 2 [illegible]

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: STEVE BRAUN RT — Signature: [illegible] — Month Day Year [illegible]

GENERATOR

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88140327

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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[illegible]

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325934 — Manifest Document No. 61131

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
4. Generator's Phone 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605 818 765-1010

A. State Manifest Document Number 88140326
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name — 6. US EPA ID Number
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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117
G. State Facility's ID
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	121/13	T	State; EPA/611/751; U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAC LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

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WEAR APPROPRIATE PERSOANAL PROTECTIVE EQUPMENT

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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: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Damaso — Signature — Month Day Year 11 21 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: STEVE BRAUN — Signature — Month Day Year 1 21 1989

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

PC1149-20

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite [illegible]itch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312934 Manifest Document No. 0035418

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

A. State Manifest Document Number 88140325

B. State Generator's ID MAN0360001

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number CAD981151315

C. State Transporter's ID 403433

D. Transporter's Phone 805 323 6904

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	0012	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year 1/2/1[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BACEFIELD — Signature: [illegible] — Month Day Year 1/2/1[illegible]

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: Steve Pickell — Signature: [illegible] Pickell — Month Day Year 1/4/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

88140325

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

[illegible]-21

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325394
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140324

B. State Generator's ID: CA0025000097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID: 903[illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT080064617

G. State Facility's ID: CAT080064617

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00215	T	State; EPA/Other 611/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANLA L PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/21/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 1/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 1/21/88

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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[illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite [illegible]pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140323

B. State Generator's ID NA9836000097

5. Transporter 1 Company Name: Orange County Control [illegible]
6. US EPA ID Number: CAT[illegible]

C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible] 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	010214	T	State 611/261; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 6819
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. [illegible] b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1 2 1 3 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: [illegible] — Month Day Year: 1 2 1 3 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] Pickett — Signature: [illegible] — Month Day Year: 1 2 1 3 8 8

Do Not Write Below This Line

DHS 8022
EPA 8700-
(Rev. 9-86) [illegible]s editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF EMERGENCY OR SPILL, [illegible] NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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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 [illegible]ch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD009325334
Manifest Document No.: [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone: 818 765-1010

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

A. State Manifest Document Number: 88140322
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 805-[illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 922-2664

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	000015	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEPHEN HELME
Signature: [illegible]
Month Day Year: [illegible]

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: STEVE BARKER
Signature: [illegible]
Month Day Year: [illegible]

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

88140322

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite or pica typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 19111

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140321

B. State Generator's ID: MAM030000053

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: CAD981597436

C. State Transporter's ID: 903453

D. Transporter's Phone: 805 323 6904

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 322-0964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	010214	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JERRY BAKEFIELD — Signature: [signature] — Month Day Year: 1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BERRY — Signature: [signature] — Month Day Year: 1/12/1988

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140321

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0000325334
Manifest Document No. 1431-A
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140320
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name
6. US EPA ID Number

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117

G. State Facility's ID
H. Facility's Phone CAT000646117 (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	UT	00024	T	State; EPA/Other 611/751; U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 05176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year: 1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BREEN RE
Signature: [signature]
Month Day Year: 1/12/1988

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140320

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite [illegible]pitch typewriter)

Instructions on the [illegible]ck

Department of Health Service[illegible]
Toxic Substances Control Divisi[illegible]
Sacramento, Californ[illegible]

88140319

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. CAD008328334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140319
B. State Generator's ID [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone 805-3[illegible]

5. Transporter 1 Company Name: [illegible] Truck Service
6. US EPA ID Number: CAT[illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID [illegible]
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	0[illegible]214	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 86176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year 1/12/1[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard Bennett — Signature: [illegible] — Month Day Year 1/12/1[illegible]

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: STEVE BERNIOR — Signature: [illegible] — Month Day Year 1/12/8[illegible]

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

[illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No. 1921/1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140318
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name
6. US EPA ID Number
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (805) 382-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	0011	DT	00015	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSOANLAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W.C. McKenzie
Signature: [signature]
Month Day Year: 1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pilmer
Signature: [signature]
Month Day Year: 1/12/1988

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL The NATIONAL RES. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140318

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. [illegible]
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88140317
B. State Generator's ID: [illegible]
C. State Transporter's ID: 910226
D. Transporter's Phone: 800-877-3777

5. Transporter 1 Company Name: [illegible] — 6. US EPA ID Number: [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	02 4½	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1/21/-[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: [illegible] — Month Day Year: 1/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Steve Pickell — Signature: [illegible] Pickell — Month Day Year: 1/21/88

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL DE[illegible] CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

001403117

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 Manifest Document No. 001518

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140315

B. State Generator's ID 1819360009097

5. Transporter 1 Company Name MPU-[illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID 902413

D. Transporter's Phone 305 3[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS Signature [illegible] Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name AL WALKER Signature [illegible] Month Day Year 1 20 9 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 STEVE BERN[illegible] Signature [illegible] Month Day Year 1 20 9 88

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140315

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA9000325334 — Manifest Document No. 00331

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140314

B. State Generator's ID CAU000000097

5. Transporter 1 Company Name: Marine Tow Service — 6. US EPA ID Number

C. State Transporter's ID 70227

D. Transporter's Phone 805-327-1557

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000846117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 08670
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Tow — Signature: [signature] — Month Day Year 1 1 2 1 9 1 8 8

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: STEVE BAKER — Signature: [signature] — Month Day Year 1 2 0 9 8 8

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DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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GENERATOR

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88140314

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88140313

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 — Manifest Document No. 19[illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC.-ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140313

B. State Generator's ID: NAH036009097

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 90003

D. Transporter's Phone: 800 377 3333

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	000225	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: [illegible]

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: STEVE BLAIN — Signature: [signature] — Month Day Year: 1 20 88

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

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EPA 8700—22
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Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534 Manifest Document No. 00135

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMANWAY , N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140312

B. State Generator's ID 44160000097

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E N A 9189 (U226/U228) (contaminated soil)	001	DT	010214	T	State 611/761 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
contaminated soil from site remediation

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 12 1 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DROVER CHEATWOOD — Signature: [signature] — Month Day Year: 1 12 1 8 8

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: Steve Pickell — Signature: [signature] — Month Day Year: 1 12 0 9 8 8

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 (1/88)
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State of California—Health and Welfare Agency
Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite (pitch typewriter)

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88140311

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 Manifest Document No. 09131

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140311

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 old skyline drive
Kettleman City, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
[illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS Signature [illegible] Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Jerry Hernandez Signature [illegible] 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 Steve Pickell Signature [illegible] Month Day Year 7 20 88

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN [illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326354 Manifest Document No. 131515

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140310

B. State Generator's ID HAH036000007

5. Transporter 1 Company Name Dimulsted

6. US EPA ID Number CAD981928184

C. State Transporter's ID 990222

D. Transporter's Phone 800 822-3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 922-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	1-15	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX M 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIAETE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dimulsted — Signature — Month Day Year 1 2 0 9 8 8

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: Steve Pickell — Signature — Month Day Year 1 2 0 9 8 8

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140310

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the [illegible]ck

Department of Health Servic[illegible]
Toxic Substances Control Divisi[illegible]
Sacramento, Californ[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140309
B. State Generator's ID CAHO360009097

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number CAT000202412
C. State Transporter's ID 962443
D. Transporter's Phone 805 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS Signature: [illegible] Month Day Year 12 [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WINKLE Signature: [illegible] Month Day Year 12 [illegible]

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: STEVE BURKE Signature: [illegible] Month Day Year 12 [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140309

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140308

B. State Generator's ID MAN083600007

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 CAT000646117 (805) 922-2964

G. State Facility's ID CAT000646117

H. Facility's Phone

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIAIOTION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Tyson — Signature — Month Day Year

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 — Signature — Month Day Year

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

88140308

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EPA 8700—22
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD,CA 91605

4. Generator's Phone (818 98 765-1010

A. State Manifest Document Number 88140307

B. State Generator's ID HAN036009997

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., [illegible]-E NA 9189 (u226/U228) (contaminated soil)	001	DT	44425	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEDY HACAK — 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: STAN BUSH — Signature — Month Day Year

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140307

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 005198

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number 88140306

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818 765-1010

B. State Generator's ID MAN025000097

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID 925300

D. Transporter's Phone 805 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	1124	T	State; EPA/Other 611/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 ROBIN OSEAS Signature [illegible] Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature [illegible] 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 STEVE BERRIN Signature [illegible] Month Day Year

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140306

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the B[illegible]

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. [illegible]
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140305
B. State Generator's ID: HAW036009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: K[illegible]
C. State Transporter's ID: 902001
D. Transporter's Phone: 620-355-3572

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	44424	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.
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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/2 [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomes — Signature: [signature] — Month Day Year: 1/2 [illegible]

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: STEVE BREEN — Signature: [signature] — Month Day Year: 1/2 [illegible]

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

88140305

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140304

B. State Generator's ID CAN023600097

5. Transporter 1 Company Name — 6. US EPA ID Number

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 — 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	01015	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dan Wetzel — Signature — Month Day Year

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: STEVE [illegible] — Signature — Month Day Year

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

88140304

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

23

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88140302

B. State Generator's ID [illegible]

5. Transporter 1 Company Name

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 822-2864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	12	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PTORECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year 1/12/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year 1/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: Steve Pickell — Month Day Year 1/20/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140302

24023-06

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 [illegible]tch typewriter).

Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88140301

B. State Generator's ID: MAN036090997

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Tyson — Signature — Month Day Year

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: Steve Pickell — Signature — Month Day Year: 1/20/88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP'G. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140301

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 [illegible]

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 [illegible]ch typewriter).

Instructions on the B[illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485601

B. State Generator's ID: NAH036009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DODY HAGAR — Signature: [illegible] — Month Day Year [illegible]

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: Steve Pickell — Signature: [illegible] — Month Day Year 1/20/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 [illegible]

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485601

[illegible]-26

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485600

B. State Generator's ID HAW026002997

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other 611/761 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GRIVER CHERTWOOD — Signature: [illegible] — 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: Steve Pickwell — Signature: St Pickwell — Month Day Year 1/20/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485600

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. [illegible]

2. Page 1 of 1

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3. Generator's Name and Mailing Address
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485599

B. State Generator's ID: HAW036000097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other ~~U211/751~~ U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/1 1/2[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER — Signature: [signature] — Month Day Year: 1/12 0/2[illegible]

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: Steve Pickell — Signature: [signature] — Month Day Year: 1/20/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN [illegible]

GENERATOR

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88485599

DHS 8022 A (1/88)
EPA 8700—22 (Rev 9 86) Previous editions are obsolete.

[illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. 013710 | Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485598

B. State Generator's ID CAN036000097

5. Transporter 1 Company Name | 6. US EPA ID Number

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 | 10. US EPA ID Number
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 | CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez | Signature | Month Day Year 1/20/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickard | Signature | Month Day Year 1/20/88

Do Not Write Below This Line

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88485598

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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 [illegible] pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 | Manifest Document No. [illegible] | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485596

B. State Generator's ID: HAN036000097

5. Transporter 1 Company Name: [illegible] | 6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CST000646117

H. Facility's Phone: (800) [illegible]

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/Other: 611/751; State: U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX-H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

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Printed/Typed Name: ROBIN OSEAS | Signature: [illegible] | Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 1/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 1/12/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

88485596

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP[illegible]SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485595

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• UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008328334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485595
B. State Generator's ID: NAN016009097

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Transporter's ID: 906443
D. Transporter's Phone: 805 323-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month / Day / Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month 12 Day 06 Year 6

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: STEVE [illegible] — Signature: [illegible] — Month / Day / Year

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

[illegible]

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 [illegible]ch typewriter).

Instructions on the B[illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334
Manifest Document No.: 1151/12
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone ( ) 818 765-1010

A. State Manifest Document Number: 88485594
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 805 397 1151

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	001 1/8	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: [illegible]

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

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: STEVE BURKETT — Signature: [illegible] — Month Day Year: 1/5/06/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485594

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.: CAD008325334 | Manifest Document No.: 99971 | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485593

B. State Generator's ID: HAW036000007

5. Transporter 1 Company Name: McKenzie Tank Lines | 6. US EPA ID Number: CAT000612127

C. State Transporter's ID: 911734

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	000215	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 | b. | c. | d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS | Signature: [signature] | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WC McKENZIE | Signature: [signature] | Month 1 Day 2 Year 96

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: Steve Pickell | Signature: [signature] | Month 12 Day 06 Year 8

GENERATOR
TRANSPORTER
FACILITY

88485593

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009329334
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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 83485592
B. State Generator's ID HAHQ360007
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

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: STEVE BRIN
Signature: [illegible]
Month Day Year: [illegible]

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

83485592

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EPA 8700—22
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P4071-

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485591

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

Generator's US EPA ID No. CAD008325334 Manifest Document No. 00131/12

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485591

B. State Generator's ID HAH03600090 97

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID 9A0226

D. Transporter's Phone 800 477 3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY , CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S.,ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	02215	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 00176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez Signature: Joe Gomez 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: Steve Pickrell Signature: Month Day Year

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

14067 05

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

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 0131 11
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 83485590
B. State Generator's ID NAN0360009971

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number CAT080014412
C. State Transporter's ID 903700
D. Transporter's Phone 805-327-1152

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00014214	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month Day Year 1/21/91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [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: Steve Pickard Signature: [signature] Month Day Year 1/22/91

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

83485590

DHS 8022 A (1/88)
EPA 6700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

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 [illegible] pitch typewriter).

Instructions on the [illegible]ck

Department of Health Serv[illegible]
Toxic Substances Control Divi[illegible]
Sacramento, Calif[illegible]

88485597

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 | Manifest Document No. 905178

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485597

B. State Generator's ID N A N 0 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name: M Pulsom Trucking | 6. US EPA ID Number: M A D 0 6 5 2 1 2 9 7

C. State Transporter's ID 92259

D. Transporter's Phone 805 393 1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	10212	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAN # 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature: [signature] | Month 1 2 | Day 1 6

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FOUTCH | Signature: [signature] | Month | Day

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month | Day

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: Steve Pickel | Signature: [signature] | Month 1 | Day 2 0 7

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

A (1/88)
DHS 8022-22
EPA 8700 Previous editions are obsolete.
(Rev 9-88)

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHI[illegible]

4021-03

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 [illegible] pitch typewriter).

Instructions on the [illegible]ck

Dept [illegible] Toxic Substances Control Divi[illegible]
Sacramento, Califor[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334
Manifest Document No. [illegible]
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone 818) 765-1010

A. State Manifest Document Number 83485589

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible] Transport Service
6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2864

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [illegible]
Month Day Y[illegible]: 1/2/15 [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Y[illegible]: 1/2/15 [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Y[illegible]

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: STEVE BROWN
Signature: [illegible]
Month Day Y[illegible]: 1/2/15 [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

83485589

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

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 pitch typewriter)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008252934 — Manifest Document No. 013617 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485588
B. State Generator's ID: NAW036000097

5. Transporter 1 Company Name — 6. US EPA ID Number: KKT000212142
C. State Transporter's ID: 96 Tax
D. Transporter's Phone: 505 723-1152

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	1.15	T	State; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above: a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BROWN [illegible] — 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: STEVE BRAGG RE — Signature — Month Day Year

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485588

12405 7-07

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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Instructions on the [illegible]k

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 — Manifest Document No. 00307

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 88485586

B. State Generator's ID: NAM031600007

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-3964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226, U228) (contaminated soil)	001	DT	12 1/2	T	State 611/751; EPA/State ~~U226/U228~~
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX M 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year 12 16 86

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: STEVE BROWN RC — Signature: [illegible] — Month Day Year 12 15 86

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

88485586

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485585

B. State Generator's ID NAN036090907

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID 902603

D. Transporter's Phone 800-[illegible] 3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	992 1/2	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] — Signature: [illegible] — 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: Steve Pickell — Signature: [illegible] Pickell — Month Day Year 11 12 0588

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

00400000

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[illegible]

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Department of Health Service
Toxic Substances Control Divisi
Sacramento, Californ

Instructions on the B k

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 165105

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 83485584

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (800) 222-3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT080046117

G. State Facility's ID

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00001214	T	State; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Torres Signature: Joe Torres Month Day Year

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: Steve Pickell Signature: Month Day Year

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

83485584

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EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00150

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88465583

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: Disposal Control Services 6. US EPA ID Number [illegible]

C. State Transporter's ID 910226

D. Transporter's Phone 800 422-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00215	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68278
CONTAMINATED SOIL FROM SITE REMEDIATION.

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month Day Year 1/2/87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel Signature: [signature] Month Day Year 1/2/87

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: Steve Pickard Signature: [signature] Month Day Year 1/2/87

HS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88465583

1/05/87-19

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-8

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95

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485582

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. CAD008325324 — Manifest Document No. 12313

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485582

B. State Generator's ID: NAH025000007

5. Transporter 1 Company Name: A.P. Vacuum

6. US EPA ID Number: CAD982434347

C. State Transporter's ID: 911658

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 992-9964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	012145	T	State 911761 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 11 21 91

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Johnny Tran — Signature: [signature] — Month Day Year: 11 21 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

TRANSPORTER

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: TRUS BARRY A — Signature: [signature] — Month Day Year: 12 02 91

FACILITY

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Form Approved OMB No. 2050—0039 (Expires 9-30-8[illegible])
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 0[illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485581

B. State Generator's ID: HAH036009097

5. Transporter 1 Company Name: M.P. VACUUM — 6. US EPA ID Number: CAT000624747

C. State Transporter's ID: 911654

D. Transporter's Phone: 805-393-1151

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID: [redacted]

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00024	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 85176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month Day Year 1/19/9[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WC McKizie — Signature: [signature] — Month Day Year 1/19/9[illegible]

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: STEVE BRAUN RE — Signature: [signature] — Month Day Year 1/20/9[illegible]

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

T00006247

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

14040.00

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-85)
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 8S485580

B. State Generator's ID NAN936000007

5. Transporter 1 Company Name: M P VACUUM
6. US EPA ID Number: CAT000614217
C. State Transporter's ID 903604
D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (805) 227-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E N A 9189 (U226/U228) (contaminated soil)	001	DT	00245	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H-65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [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: STEVE BRUCE
Signature: [signature]
Month Day Year 1/21/88

Do Not Write Below This Line

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EPA 8700—22
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GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

8S485580

State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485579
B. State Generator's ID: HAH036000993

5. Transporter 1 Company Name: M. P. VACUUM
6. US EPA ID Number: CAT000623417
C. State Transporter's ID: 902743
D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WILLIAM R CHAGNON — Signature: William R Chagnon — Month Day Year

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: Steve Pickell — Signature: Steve Pickell — Month Day Year: 1/12/88

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0000325334 — Manifest Document No. [illegible]

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone ( ) (818) 765 1010

A. State Manifest Document Number: 88485578

B. State Generator's ID: HAH038009097

5. Transporter 1 Company Name: N.P. VACUUM — 6. US EPA ID Number: CAT000614217

C. State Transporter's ID: 903700

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	01214.5	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIAITON

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PTOE
PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year: 1/12/1/1/2

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year: 1/12/01/3/2

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: STEVE BERRY RT — Signature: [illegible] — Month Day Year: 1/12/1/88

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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GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. [illegible]SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485578

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Instructions on the B

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 1017

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485577

B. State Generator's ID HAH036090097

5. Transporter 1 Company Name M.P. VACUUM

6. US EPA ID Number CAT000624247

C. State Transporter's ID 903680

D. Transporter's Phone 805-393-1131

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00235	T	State 611/791 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Month 12 Day 29 Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY CHEVALIER Signature: Month 12 Day 29 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: Steve Pickett Signature: Steve Pickett Month 12 Day 29 Year 88

88485577

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 8022 A (1/88)
EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 Manifest Document No. 003917

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485576

B. State Generator's ID CAD009325334

5. Transporter 1 Company Name: DISPOSAL CONTROL
6. US EPA ID Number: CAT080013114

C. State Transporter's ID 907003

D. Transporter's Phone 714-877-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00214	T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 11/30/88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH R TAPIA — Signature: [signature] — Month Day Year 11/30/88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAEN PE — Signature: [signature] — Month Day Year 12/2/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(9-88) Previous editions are obsolete.

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88485576

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

4021-11

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88485575

B. State Generator's ID: MAN036090917

5. Transporter 1 Company Name: M.P. VACUUM

6. US EPA ID Number: CAT000624247

C. State Transporter's ID: 403700

D. Transporter's Phone: 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00245	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month 1 Day 2 Year 01 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month 1 Day 2 Year 01 8

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: STEVE BRAEN — Signature: [signature] — Month 1 Day 2 Year 01 8

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

88485575

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EPA 8700—22
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4020-

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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 12501

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485574

B. State Generator's ID

5. Transporter 1 Company Name: Disposal Control
6. US EPA ID Number: CAT080034114

C. State Transporter's ID 907001

D. Transporter's Phone 714-877-3233

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone (800) 222-2064

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)	001	DT	00014	T	State 611/781 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month 1 Day 20 Year 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez | Signature | Month 1 Day 20 Year 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRUN JT | Signature | Month Day Year

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

88485574

DHS 8022 A (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008212314 Manifest Document No. 00127

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485573

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: DISPOSAL CONTROL

6. US EPA ID Number: CAT080034184

C. State Transporter's ID 910226

D. Transporter's Phone 714-877-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/781 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
~~PROFILE [illegible]~~
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month 12 Day 01 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Watson — Signature: [signature] — Month 12 Day 01 Year 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: STACK [illegible] — Signature: [signature] — Month 12 Day 01 Year 88

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

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EPA 8700—22
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485572

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA0008325324
Manifest Document No. 0012913
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485572
B. State Generator's ID CAN035600007
C. State Transporter's ID 903667
D. Transporter's Phone 805-393-1151
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2064

5. Transporter 1 Company Name: M.P. VACUUM
6. US EPA ID Number: CAT000624247
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State; EPA/Other 611/781 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature
Month Day Year: 11 13 08

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby Hagar
Signature
Month Day Year: 11 13 08

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: STEVE BRIER
Signature
Month Day Year: 11 13 08

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
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4004-

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485571

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. CAD008325334 Manifest Document No. 00117

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485571

B. State Generator's ID NAN036000907

5. Transporter 1 Company Name M. R. VACUUM

6. US EPA ID Number CAT000624247

C. State Transporter's ID 911654

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	0025.5	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N-66396
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS Signature [signature] Month Day Year 1 1 3 0 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name W McKENZIE Signature [signature] Month Day Year 1 1 3 0 8

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 STEVE BAKER OP Signature [signature] Month Day Year 1 1 3 8

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EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00211

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485570

B. State Generator's ID NAH036000097

5. Transporter 1 Company Name M.P. VACUUM

6. US EPA ID Number CAT000543417

C. State Transporter's ID 983604

D. Transporter's Phone 805.393.1181

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID,N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS Signature Robin Oseas Month Day Year 11/13/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name AL WALKER Signature Al Walker Month Day Year 11/13/88

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 Steve Pickell Signature Steve Pickell Month Day Year 11/18/88

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

88485570

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EPA 8700—22
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2-777-13

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 005519

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485568

B. State Generator's ID CAN000000017

5. Transporter 1 Company Name: M. P VACUUM

6. US EPA ID Number: CAT000524347

C. State Transporter's ID 903700

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENET
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 11/13/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year 11/13/88

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: Steve Pickell — Signature — Month Day Year 11/30/88

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

88485568

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 001018

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485567

B. State Generator's ID NAH036009097

5. Transporter 1 Company Name MP Vacuum Co.

6. US EPA ID Number CAT000604447

C. State Transporter's ID 703167

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00245	T	State 611/781 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name ROBIN OSEAS Signature [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 STEVE BURN Signature [signature] Month Day Year

88485567

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 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534 Manifest Document No. 091817

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485566

B. State Generator's ID NA0136000007

5. Transporter 1 Company Name: MP Vacuum
6. US EPA ID Number: CAT000624247

C. State Transporter's ID 91659

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2944

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State; EPA/Other 611/751 (U226/U228)
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS | Signature | Month Day Year: 11/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W C McKenzie | Signature | Month Day Year: 11/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE BRAGG | Signature | Month Day Year: 11/12/88

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

88485566

DHS 8022 A (1/88)
EPA 8700—22
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State of California—Health and Welfare Agency
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326314 — Manifest Document No. 12012
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485565
B. State Generator's ID NAH0360909017

5. Transporter 1 Company Name: M P VACUUM — 6. US EPA ID Number: CAT000624247
C. State Transporter's ID 903604
D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [signature] — Month 1 Day 2 Year 9 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER — Signature: Al Walker — Month 1 Day 2 Year 9 8

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: STEVE BERNE — Signature: [signature] — Month 1 Day 2 Year 9 8

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485565

GENERATOR

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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23763-04

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534 Manifest Document No. 12815

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485564

B. State Generator's ID 4800360007

5. Transporter 1 Company Name 6. US EPA ID Number

C. State Transporter's ID 903700

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00241.5	T	State 811/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 85170
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.
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Printed/Typed Name: ROBIN OSEAS Signature: [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: Steve Pickell Signature: [signature] Month Day Year 1/12/88

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485564

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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485563

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. CAD008325334 — 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485563
B. State Generator's ID: NAN036000097

5. Transporter 1 Company Name
6. US EPA ID Number: CAT080034154
C. State Transporter's ID: 407001
D. Transporter's Phone: 714-971-2723

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189, (u226/U228) (contaminated soil)	001	DT	00024	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1 1 2 9 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez — Signature — Month Day Year 1 1 2 1 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
5) No Entry

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickerel — Signature — Month Day Year 1 1 1 9 8 8

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EPA 8700—22
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485562

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00013

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485562

B. State Generator's ID HAH036009093

5. Transporter 1 Company Name: MP VACUUM
6. US EPA ID Number: CAT000621417

C. State Transporter's ID 903667

D. Transporter's Phone 805-393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	02145	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature
Month Day Year: 11/12/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Guy Hagar
Signature
Month Day Year: 11/12/89

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: STEVE BIRREN
Signature
Month Day Year: 11/12/89

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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

R3762.02

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 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
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485561

B. State Generator's ID NAH036609097

5. Transporter 1 Company Name: DISPOSAL CONTROL

6. US EPA ID Number: CAT080034184

C. State Transporter's ID 107803

D. Transporter's Phone 714-877-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S, ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	09245	T	State 611/761 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H-[illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1 1 2 8 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY HENSLER
Signature: [signature]
Month Day Year: 1 1 2 8 8

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: STEVE BERGEN
Signature: [signature]
Month Day Year: 1 1 2 8 8

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485561

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 002811

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485560

B. State Generator's ID MAH038000081

5. Transporter 1 Company Name: Disposal Control

6. US EPA ID Number: CAT080013414

C. State Transporter's ID 902001

D. Transporter's Phone 714-877-3228

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 992-9964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00214.5	T	State 611/781 EPA/Other ~~U226/U228~~
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 88176
CONTAMINATED SOIL DUE TO SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year 1/1/2/8/8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year 1/1/2/8/8

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: STEVE SEGEL — Signature — Month Day Year 1/1/288

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

88485560

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EPA 8700—22
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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
Please print or type. (Form designed for use on [illegible] 12-pitch typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485559

B. State Generator's ID HAH036009097

5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE

6. US EPA ID Number CAT080034184

C. State Transporter's ID 910236

D. Transporter's Phone 714-877-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H-[illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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 ROBIN OSEAS Signature [signature] Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Don Wetzel Signature [signature] Month Day Year 1 1 2 8 8 8

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 Steve Pickell Signature [signature] [illegible]

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous [illegible]

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).

Instructions on Back

Department of Health Servic
Toxic Substances Control Divisi
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 11717

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 38485558

B. State Generator's ID: H8H0216009097

5. Transporter 1 Company Name: M P VACUME — 6. US EPA ID Number: CAT000624247

C. State Transporter's ID: 911659

D. Transporter's Phone: 805 383-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	000124	T	State 811/761 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX 8-0019
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature — Month Day Year: 11 12 18 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR — Signature — Month Day Year: 11 12 3 5

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: STEVE BURGER RO — Signature — Month Day Year: 11 23 88

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

38485558

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 12270

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485557

B. State Generator's ID NAH036000907

5. Transporter 1 Company Name: M P VACCUUM CO.
6. US EPA ID Number: CAT000624247

C. State Transporter's ID: 703680

D. Transporter's Phone: 805-383-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00023	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS
Signature: [signature]
Month Day Year: 1 1 2 3 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHEATWOOD
Signature: [signature]
Month Day Year: 1 1 2 3 8 8

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: STEVE BARTO
Signature: [signature]
Month Day Year: 1 1 2 3 8 8

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

88485557

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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Instructions on Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008312534 | Manifest Document No. 11117

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485556

B. State Generator's ID CAH0316009097

5. Transporter 1 Company Name A F Vacuume

6. US EPA ID Number CAT000612417

C. State Transporter's ID 903604

D. Transporter's Phone 805-383-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	15	T	State 611/761 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66175
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS | Signature: [signature] | Month Day Year 11 18 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: AL WALKER | Signature: al walker | Month Day Year 11 12 18 8

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: STEVE BRESCIA | Signature: [signature] | Month Day Year 11 23 88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485556

R 29/5 04

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 1 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC.ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485555
B. State Generator's ID HAH038001007

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number CAT080031484
C. State Transporter's ID [illegible]
D. Transporter's Phone 714-[illegible]-0342

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-3964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228)	001	DT	0002	T	State 611/761 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS Signature: [signature] Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [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: STEVE BRESNAN Signature: [signature] Month Day Year

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 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 02212

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485554

B. State Generator's ID HAW036000097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2864

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. RQ,HAZARDOUS WASTE SOLID,N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT		T	State 611/761; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR — 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: Steve Pickett — Signature — Month Day Year 1/1/1988

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485553

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. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 00171

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL , INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number 88485553

B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID 903640

D. Transporter's Phone 805 [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID [illegible]

H. Facility's Phone (800) 222-[illegible]

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 611/781 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

GENERATOR

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GRIVER CHEATHWOOD — Signature: [illegible] — Month Day Year [illegible]

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: Steve Pickell — Signature: [illegible] — Month Day Year [illegible]

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Instructions on th[illegible]ack

Department of Health Servic[illegible]
Toxic Substances Control Divis[illegible]
Sacramento, Califor[illegible]

88485552

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. CAD008326334 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485552

B. State Generator's ID CAN[illegible]

5. Transporter 1 Company Name MC [illegible]
6. US EPA ID Number [illegible]
C. State Transporter's ID 942943
D. Transporter's Phone 805 393-115[illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	001215	T	State $11/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.
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Printed/Typed Name: ROBIN OSEAS
Signature: [illegible]
Month Day Year: 1/1/12/21

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: Steve Pickett
Signature: [illegible]
Month Day Year: 1/1/22 18

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN [illegible]

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-3[illegible])
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

Department of Health Service[illegible]
Toxic Substances Control Divisi[illegible]
Sacramento, Californ[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485551
B. State Generator's ID: NHW036000011

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: CAT[illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 800 422-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117
G. State Facility's ID: CAT000646117
H. Facility's Phone: (800) 223-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00021/15	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: [illegible] — Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J. RIDER — Signature: [illegible] — Month Day Year [illegible]

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: Steve Pickell — Signature: [illegible] — Month Day Year [illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485551

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the [illegible]ck

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485550

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. CAD008326334 — Manifest Document No. 00221

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYANAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485550

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: Rico Total Service — 6. US EPA ID Number: CAT080013414

C. State Transporter's ID: 90401

D. Transporter's Phone: 800-822-2223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — 10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	001	T	State; EPA/Other: 611/751 U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b.
c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/1/12/18

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 1/1/12/18

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: Steve Rickard — Signature: [signature] — Month Day Year: 1/1/12/18

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-2[illegible])
Please print or type (Form designed for use on [illegible] 12-pitch typewriter).

Instructions on the [illegible]ack

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 00170

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485549

B. State Generator's ID K A N 0 3 6 0 0 0 0 0 7

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID 91226

D. Transporter's Phone 800-872-3773

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 1 7

H. Facility's Phone (800) 222-2864

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00010125	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 1 1 1 1 1 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dennis Metzel — Signature: [signature] — Month Day Year 1 1 1 2 1 8 8

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: Steve Pickell — Signature: [signature] — Month Day Year 1 1 1 2 8 8

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485549

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-3[illegible])
Please print or type. (Form designed for use on a [illegible]12-pitch typewriter).

Instructions on the [illegible]ack

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008325334 — Manifest Document No.: [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485548

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: All Vacuum Tank Services — 6. US EPA ID Number: KUT000062412

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State 811/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 46176
CONTAMINATED SOIL FROM SITE REMEDIAITION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1/1/1[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Mead — Signature: Don Mead — Month Day Year: 1/1/1[illegible]

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: Steve Pickell — Signature: [signature] — Month Day Year: 1/1/12/1[illegible]

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPO[illegible]E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485548

Do Not Write Below This Line

[illegible] 8022 A (1/88)
[illegible]—22
[illegible] Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30
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Instructions on the ack

Department of Health Service
Toxic Substances Control Divisio
Sacramento, Californ

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 00000

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485547

B. State Generator's ID HAN036009997

5. Transporter 1 Company Name MP [illegible] — 6. US EPA ID Number [illegible]

C. State Transporter's ID 903680

D. Transporter's Phone 705-353-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	10215	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.
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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 1/1/21/15

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHEATWOOD — Signature: Grover Cheatwood — Month Day Year 1/1/21/15

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: Steve Pickell — Signature: Pickell — Month Day Year 1/1/21/85

GENERATOR — TRANSPORTER — FACILITY

88485547

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 (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30)
Please print or type. (Form designed for use on elite 2-pitch typewriter).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 01867

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 83485546

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 922-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	[illegible]	T	State; EPA/State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: [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: Steve Pickard — Signature: [signature] — Month Day Year 1/12/88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

83485546

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-[illegible])
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008338334 — Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88435545
B. State Generator's ID: MA.H.B.3.6.0.0.9.0.9.7
C. State Transporter's ID: 5U7[illegible]3
D. Transporter's Phone: [illegible] 677-3773
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: [illegible]
H. Facility's Phone: (800) 222-2964

5. Transporter 1 Company Name: [illegible] Control Service
6. US EPA ID Number: CAT[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number: CAT000646117

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 *(U226/U228) (contaminated soil)	001	DT	10214½	T	State 611/751; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. C3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTDCTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 1/1/1/1/8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 1/1/1/1/8

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: [illegible] — Signature: [illegible] — Month Day Year: 1/1/1/1/8

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL [illegible] CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

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 12-pitch typewriter). **Instructions on the Back**

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 12/2/15

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number: 88485544

B. State Generator's ID: MAH018009093

5. Transporter 1 Company Name: Dan Wetzel — 6. US EPA ID Number

C. State Transporter's ID: 910226

D. Transporter's Phone: 805-872-3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID: CAT000646117

H. Facility's Phone: (805)292-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189(U226/U228) (contaminated soil)	001	DT	12/12/15	T	State; EPA/~~611/781~~ U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. D3 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year: 12/12/15

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dan Wetzel — Signature: Dan Wetzel — Month Day Year: 12/12/15

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: Steve Pickell — Signature: Steve Pickell — Month Day Year: 12/12/15

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

88485544

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 00001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485543

B. State Generator's ID CAD083250001

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number CAT080013114

C. State Transporter's ID 902001

D. Transporter's Phone 800 422-3223

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00021	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month Day Year 1/1/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez Signature: [signature] Month Day Year 1/1/21/88

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: [illegible] Signature: [signature] Month Day Year 1/1/21/88

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

88485543

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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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).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009829394 Manifest Document No. 002613

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485542

B. State Generator's ID CAD009829397

5. Transporter 1 Company Name

6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00025	T	State 611/761 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel Signature: Month Day Year

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: STEVE BREEN RT Signature: Month Day Year

Do Not Write Below This Line

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

88485542

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 — Manifest Document No. 9912042

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485541
B. State Generator's ID H A N 0 3 6 0 0 9 0 0 7
C. State Transporter's ID 907303
D. Transporter's Phone 800-877-3773

5. Transporter 1 Company Name: Dual Cartel Service — 6. US EPA ID Number: C A T E 0 0 3 7 7 7
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00012	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 1/1/1/8/8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY HENSLER — Signature: Gary Hensler — Month Day Year 1/1/1/8/8

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: Steve Pickell — Signature: St Pickell — Month Day Year 1/1/1/8/8

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 3

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485541

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD009325334 — Manifest Document No. 000001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 33485540

B. State Generator's ID 1 1 1 1 1 1 1 1 1 1 1 1

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	001.121	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 66176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 1/1/1988

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gomez — Signature: [signature] — Month Day Year 1/1/1988

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Steve Pickell — Signature: [signature] — Month Day Year 1/1/1988

Do Not Write Below This Line

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485540

DHS 8022 A (1/88)
EPA 8700—22
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296-00

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008326334 Manifest Document No. 00200

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485539

B. State Generator's ID CAK003600097

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID 91651

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00012	T	State 611/781 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 85176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month 1 Day 1 Year 1989

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK CITUZEN Signature: [signature] Month 1 Day 1 Year 1989

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: Steve Pickell Signature: [signature] Month 1 Day 1 Year 1989

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

88485539

DHS 8022 A (1/88)
EPA 8700—22
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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).

Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 000517

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number 88485538

B. State Generator's ID 1A0306000007

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00021	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 08176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: ROBIN OSEAS Signature: Robin Oseas Month Day Year 1 1 1 3 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year 1 1 1 3 8 8

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: Steve Pickell Signature: Steve Pickell Month Day Year 1 1 1 8 8

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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88485538

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).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 Manifest Document No. 88485537

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485537

B. State Generator's ID MAN036090097

5. Transporter 1 Company Name MCV Cum Trucking

6. US EPA ID Number CAT000624242

C. State Transporter's ID 707-50

D. Transporter's Phone 805-393-1157

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00012	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS Signature: [signature] Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GROVER CHERTWOOD Signature: [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: Steve Pickell Signature: [signature] Month Day Year 1/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485537

GENERATOR

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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Recent

California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325314 Manifest Document No. 002517

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485536

B. State Generator's ID 1600360097

5. Transporter 1 Company Name — 6. US EPA ID Number

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (900) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	12515	T	State 611/751 EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX # 68576
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVEEQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: W.C. McKENZIE — 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: Steve Pickard — Signature — Month Day Year

DHS 8022 A (1/88)
EPA 8700—22
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008132134 Manifest Document No. 00956

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485535

B. State Generator's ID CAN013600097

5. Transporter 1 Company Name: MP Vacuum Tank

6. US EPA ID Number: CAT000612117

C. State Transporter's ID 908341

D. Transporter's Phone 805 393-1151

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	10P1/12	T	State 611/781; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 68276
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year 1/1/1/8/8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Doby HAGAR — Signature: [signature] — Month Day Year 1/1/8/8

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: Steve Pickell — Signature: [signature] — Month Day Year 1/1/1/8/8

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485535

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EPA 8700—22
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Form Approved OMB No. 2050—0039 (Expires 9-30-88)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008325334 — Manifest Document No. 10951

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number: 88485530

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: Frank Bishop Trucking — 6. US EPA ID Number: CAD981428626

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 — 10. US EPA ID Number: CAT000646117

G. State Facility's ID: [illegible]

H. Facility's Phone: (805) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	T	010015	T	State; EPA/Other 611/761; U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE [illegible]
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: [signature] — Month Day Year: 1 1 1 7 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK BISHOP — Signature: [signature] — Month Day Year: 1 1 1 7 8 8

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: RICK A. SENIFF — Signature: [signature] — Month Day Year: 1 1 1 8 8

Do Not Write Below This Line

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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485530

GENERATOR

2 of 4

State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. CAD009329934 Manifest Document No. 002151D

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 68485534

B. State Generator's ID HAHQ36000097

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID 902003

D. Transporter's Phone 800-422-2222

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number CAT000646117

G. State Facility's ID CAT000646117

H. Facility's Phone (800) 922-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	02112	T	State / EPA/Other U226/U228
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 05 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Hensler — Signature — Month Day Year

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: STEVE BRAUN RT — Signature — Month Day Year

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

88485534

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EPA 8700—22
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State of California—Health and Welfare Agency
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Instructions on the back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88485533

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. CAD008325334 — Manifest Document No. 9000 01
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485533
B. State Generator's ID MAN036000007
C. State Transporter's ID 902001
D. Transporter's Phone 818 377 3773

5. Transporter 1 Company Name — 6. US EPA ID Number CAT080013111
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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239
10. US EPA ID Number CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (805) 222-2064

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	00213½	T	State 611/741; EPA/Other U226/U228
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H-88176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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GENERATOR — Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry G. Hernandez — 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: STAN BURR PI — Signature — Month Day Year

DHS 8022 A (1/88)
EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD008259354 — Manifest Document No. 001513
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY , N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number 88485532
B. State Generator's ID 1440000097

5. Transporter 1 Company Name: Dynamic Cargo Service — 6. US EPA ID Number: KAT080020314
C. State Transporter's ID 910226
D. Transporter's Phone 818 572-3777

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
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number: CAT000646117
G. State Facility's ID CAT000646117
H. Facility's Phone (800) 222-2964

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. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)	001	DT	000014	T	State 611/751 EPA/State U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. 03 b. c. d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name: ROBIN OSEAS — Signature: Robin Oseas — Month Day Year 11 17 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Don Wetzel — Signature: Don Wetzel — Month Day Year 11 17 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: RICK A. SENIFF — Signature: Rick A. Seniff — Month Day Year 11 17 88

Do Not Write Below This Line

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

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

88485532