UNIVERSAL INDUSTRIAL SERVICES, INC.

Phones:
Answer. Ser. 415-778-4430

WORK ORDER

P.U.C. T-135.656 № 761

P.O. Box 1498 — Antioch, CA 94509

For General Chemical ..... Date 12-11 ....., 19 81

..... Truck No. 9 ..... Size ..... Bbls.

Purchase Order No. 085-551-C2911 ..... Vac.☐ Van☐ # 23

Time: From: ..... a.m. p.m. To: ..... a.m. p.m.

QUANTITY	LOADED AT	DELIVERED TO
[illegible]	Oakland & Chevron Rdy & HHC	San Jose
[illegible]	Pittsburg	Denver Colo

..... Scales @ $ ..... = $ .....
..... Washout @ $ ..... = $ .....
..... Bridge Toll @ $ ..... = $ .....
..... Gallons @ $ ..... = $ .....
..... Disposal Chg. @ $ ..... = $ .....
..... Hrs. Job Time @ $ ..... = $ .....
..... Subsistence @ $ ..... = $ .....

Driver .....

Work Authorized by .....

Received by ..... On ☐ Off ☐ Highway Total Price = $ .....

YOS_OAK_03393

CONTAINS HAZARDOUS MATERIALS

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shippers No. 085-881-62911

Carriers No. 9-23

Universal Ind. Services (NAME OF CARRIER) SCAC: Date 12/11/81

TO:	FROM:
Consignee General Electric	Shipper General Electric Co.
Street 4900 Kingston	Street 5441 E 14th St
Destination Denver CO Zip 80239	Origin OAK., CA Zip 94601

Route: Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
20		Polychlorinated Biphenyls	Toxic			Yes
9		Contaminated Transformers	contaminated			No

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee:
Prepaid ☐
Collect ☐ $

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
(Signature of Consignor)

FREIGHT CHARGES
PREPAID ☑ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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.
Per _____

PLACARDS REQUIRED

PLACARDS SUPPLIED ☐ YES ☐ NO – FURNISHED BY CARRIER
DRIVERS SIGNATURE:

SPECIAL INSTRUCTIONS:

SHIPPER: General Electric Co.
PER: Nilda Rando / N. Luke
DATE: 12/11/81

CARRIER: Universal Industrial Services
PER: [illegible]
DATE: 12-11-81

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

FORM # 8-BLS-B (4 PLY)

CONTAINS HAZARDOUS MATERIALS

CONTAINS HAZARDOUS MATERIALS

CONTAINS HAZARDOUS MATERIALS

YOS_OAK_03394

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 № 687 580

GENERATOR (GENERATOR MUST COMPLETE)

② NAME
EPA NO. CAD009280871
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
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 Halogenated Solvents	TOXIC	UN2315		20	✓ DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐ TANK TRUCK ☐ OTHER
WASTE Corrosive Liquid					

⑥ WASTE CATEGORY Toxic ⑦ EX. HAZ. WASTE PERMIT NO. See Attached ⑧ GENERATING PROCESS

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	LOWER	UNITS %	PPM			CONC. RANGE UPPER	LOWER	UNITS %	PPM
A	Tetrachloroethylene					E					
B	1,1,1 Trichloroethane (19)					F					
C	Trichloroethylene (9)					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
EPA NO. CAT080031453
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

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

Universal Industrial Services, Inc. - P.O. Box 1498, Antioch, CA 94509 - (415) 778-4430

YOS_OAK_03395

YOS_OAK_03396

INSTRUCTIONS FOR COMPLETING MANIFEST

TYPE OR PRINT CLEARLY. ILLEGIBLE OR INCOMPLETE MANIFESTS WILL BE RETURNED TO YOU BY THE STATE FOR CLARIFICATION.

GENERATOR

Item 1. Before filling out the manifest, a unique manifest serial number shall be written or printed on the manifest. (Refer to TRANSPORTER Item 1 below)

Item 2-4. Provide the complete names, EPA I.D. numbers, addresses, and telephone numbers of the generator and designated TSD facilities.

Item 5. Provide all U.S. OOT required information. Refer to 49 CFR 172 for assistance. If not applicable write "none" in Item 5.

Item 6. Provide the most applicable industrial waste category number from the following list. In cases where a waste could be described by more than one category, select the most specific. (Example: If you generate a waste acid plating solution containing dissolved metal, select the category "Plating solution, acid" rather than "Acid solution" or "Heavy metal solution". If none of the listed categories adequately described your waste, write the waste's category in Item 6).

1. Acid sludge
2. Acid solution
3. Adhesive
4. Alkaline sludge
5. Alkaline solution
6. Alkali solids
7. Alum sludge
8. API separator sludge
9. Asbestos solids
10. Asbestos sludge
11. Ashes
12. ASD filter cake
13. Baghouse waste
14. Bilge water
15. Blasting sand
16. Capacitors, PCB
17. Catalyst
18. Chemicals, unused
19. Containers, empty
20. Contamined equipment
21. Contamined oil
22. Cyanides
23. Detergent
24. Distillation bottoms
25. Drilling mud
26. Drugs
27. FCC waste
28. Filter cake
29. Filters, spent
30. Flux
31. Fly ash
32. Gasoline and water
33. Glaze sludge
34. Glue
35. Hair pulp
36. Heavy metal solution
37. Heavy metal sludge
38. Ink and solvent
40. Ink wastewater
41. Laboratory chemicals
42. Lime sludge
43. Machine tool coolent
44. Machining waste
45. Metal dust
46. Oil
47. Oil sludge
48. Oil and water
49. Paint sludge
50. Pesticides
51. Pesticide containers
53. Phenolic waste
54. Photoprocessing waste
55. Plating sludge
56. Plating solution, acid
57. Plating solution, alkeline
58. Polychlorinated biphenyls (PCB)
59. Resin waste
60. Scrubber sludge
61. Scrubber solution
62. Soap
63. Solvent, chlorinated
64. Solvent, hydrocarbun
65. Solvent, oxygenated
66. Solvent, mixed
67. Spill cleanup residue
68. Stretford solution
69. Sulfide sludge
70. Sump or lagoon sediment
71. Tank bottom sediment
72. Tanning sludge
73. Tetracthyl lead sludge
74. Transformers, PCB
75. Waste water treatment sludge

Item 7. If the waste is extremely hazardous, provide the State extremely hazardous permit number.

Item 8. Indicate the process, activity, or operation which generated the waste (Examples: air craft cleaning, insulation stripping, reactor cleaning, DDT production, alkylation, printed circuit board etching).

Item 9. Information must be provided in Item 9. Do not leave blank. Identify the major hazardous constituents in the waste along with probable upper and lower concentrations. (Examples: hydrochloric acid, lead oxide, phenol, PCB, cyanide, DDT, sodium hydroxide). Provide the approximate concentration of nonhazardous material.

Item 10-11. Check the appropriate boxes to show the hazardous properties and physical state of the waste. If a waste has more than one hazardous property (e.g., toxic and corrosive), check all appropriate properties. If the waste is an aqueous liquid, the pH must be reported in Item 11.

Item 12. Indicate by checking the appropriate boxes whether gloves, goggles, or respirators should be worn by persons handling the waste. Any special equipment, precautions or hazards should also be noted (Example: Sulfide solution will generate toxic gas if mixed with acids).

Item 13. Sign the manifest, provide your title and the date that the waste was removed from your facility. The persons signing Item 13 shall be knowledgeable about the chemical and physical properties of the waste and shall be authorized by the management of the generating establishment to sign the manifest. It is unlawful for a transporter who is not the generator to sign Item 13.

TRANSPORTER

Item 1. Provide the serial number of the manifest. The first three digits shall be your State hazardous waste hauler number. The last six digits may be any convenient combination of digits (e.g. sequential or chronological). For example, if your registration number is 899, the number of your one thousandth load would be 899-001000. The complete nine digit manifest number shall be unique for any 5 year period (Example: If you use manifest number 899-001000 on May 31, 1981, it should not be used on a manifest again before June 1, 1986).

Item 14. Enter company name, EPA I.D. number, address, and telephone number.

Item 15. Indicate the date and exact time the waste was removed from the generator's facility.

Item 16. Sign the manifest upon receipt of the shipment.

The driver shall carry a copy of the manifest in a location prescribed in 49CFR 177.817(e).

TSD FACILITY OPERATOR

Item 17. Provide the TSD facility name and EPA I.D. number.

Item 18. If the quantity of waste is measured or estimated at the TSD facility (e.g. weighed), indicate the quantity.

Item 19. If the waste is applied to the land (e.g., surface impoundment, landfill, injection well, or land treatment area), the State hazardous waste fee must be sent to DOHS. Indicate the fee in Item 19.

Item 20. Write in any discrepancies noted between the manifest information provided by the generator or transporter and that found when the shipment was delivered to the facility. (Examples: differences in quantity or character of waste, container type, vehicle type). Some significant discrepancies are described in 40CFR 264.72.

Item 21. Check the box(es) to indicate the method(s) used to handle or dispose of the waste at the hazardous waste facility. If the waste is treated prior to, or instead of, land disposal write in the treatment method (Examples: neutralization, incineration, oxidation).

Item 22. If the waste is held at the TSD facility prior to eventual shipment to another facility for treatment, storage or disposal, provide the name of the designated final TSD facility, and its EPA I.D. number. In such cases, you, as the facility (transfer station) operator, shall fill out a new master manifest indicating your facility as the generator of the waste and describing all wastes in the shipment. Completed copies of all original manifests associated with the original waste shipments accepted by you shall be attached to the master manifests.

Item 23. Sign the manifest, provide your title within the organization and indicate the date that the shipment was accepted at your facility.

The facility operator shall send a copy of the completed manifest to the DOHS on a monthly basis or as otherwise required. If wastes are received from transfer facilities, the final TSD facility shall send a copy of each master manifest to DOHS with copies of all original manifests stapled to it.

Transfer facilities shall send only one set of copies to DOHS to satisfy the manifest submission requirements for generators and TSD facility operators.

Distribution of Manifest Copies:		
	Copy Number 1 (original)	TSDF keeps (send photocopy to DOHS)
	Copy Number 2	To Transporter after signed by TSDF
	Copy Number 3	To Generator from TSDF
	Copy Number 4	Generator keeps after signed by Transporter (send photocopy to DOHS)

TO INSURE LEGIBLE COPIES USE ONLY BLACK CARBON INSERTS OR BLACK PRINT CARBONLESS TRANSFER PAPER.

7

STATE OF ARKANSAS
DEPARTMENT OF POLLUTION CONTROL & ECOLOGY
8001 NATIONAL DRIVE LITTLE ROCK, ARKANSAS 72219
TELEPHONE (501) 371-1701

HAZARDOUS WASTE MANIFEST

AR- 08915

INSTRUCTIONS ON BACK — PLEASE TYPE OR FIRMLY PRINT IN ALL INFORMATION

GENERATOR/SHIPPER — STATE I.D. # — EPA I.D. # CAR009203075

COMPANY General Electric Company
ADDRESS 5441 East 14th Street
CITY Oakland STATE CA ZIP 94601 PHONE (415) 436-9550

DESCRIPTION OF WASTES

U.S. D.O.T. SHIPPING NAME	EPA H.W. Code #	Total Quantity By Weight or Volume	CONTAINERS No.	CONTAINERS Type	Hazardous Properties* (T) (C) (I) (R)
Polychlorinated Biphenyls (PCB)	U12315		19	17E	(T)

*(T) TOXIC, (C) CORROSIVE, (I) IGNITABLE, OR (R) REACTIVE

IMMEDIATE RESPONSE INFORMATION — PHONE — Placards affixed/Provided
NATIONAL RESPONSE CENTER 1-800-424-8802 — DRIVE SAFELY

SPECIAL HANDLING INSTRUCTIONS/GENERATOR/SHIPPER COMMENTS
DIKE AND CONTAIN IN CASE OF LEAKAGE OR SPILL.

GENERATOR'S/SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled; are in proper condition for transportation according to the applicable regulations of the Department of Transportation, the EPA, and the Arkansas Department of Pollution Control & Ecology, and have been consigned to the licensed hazardous waste transporter named herein on this date.

SIGNATURE ____ PRINT NAME ____ DATE ____

TRANSPORTER NO. 1 — STATE I.D. # — EPA I.D. # CAT080031453
COMPANY Universal Industrial
ADDRESS P.O. Box 1493
CITY Antioch STATE CA ZIP 94509 DATE ____ PERMIT NO. ____

TRANSPORTER CERTIFICATION: This is to certify that the transporter named above received the waste material in the quantity described hereon on the date shown in proper condition for shipment from the Generator/Shipper for shipment to the destination shown.

SIGNATURE ____ PRINT NAME ____ DATE ____

TRANSPORTER NO. 2 — STATE I.D. # — EPA I.D. #
COMPANY
ADDRESS
CITY STATE ZIP DATE PERMIT NO.

TRANSPORTER CERTIFICATION: This is to certify that the transporter named above received the waste material in the quantity described hereon on the date shown in proper condition for shipment from the Generator/Shipper for shipment to the destination shown.

SIGNATURE ____ PRINT NAME ____ DATE ____

TREATMENT/STORAGE/DISPOSAL FACILITY — STATE I.D. # — EPA I.D. # ARD069748192
COMPANY ENSCO
ADDRESS American Oil Road
CITY El Dorado STATE Arkansas ZIP 71730 PHONE 501/863-7173

FACILITY CERTIFICATION: This is to certify that the waste material described below was delivered by the Transporter to this Facility on this date; that this Facility is permitted to accept the waste under the terms of its current permits, and is accepted (subject to the following discrepancies noted, if any).

SIGNATURE ____ PRINT NAME ____ DATE ____

ALTERNATE TREATMENT STORAGE DISPOSAL FACILITY — STATE I.D. # — EPA I.D. #
COMPANY
ADDRESS
CITY STATE ZIP PHONE

FACILITY CERTIFICATION: This is to certify that the waste material described below was delivered by the Transporter to this Facility on this date; that this Facility is permitted to accept the waste under the terms of its current permits; and is accepted (subject to the following discrepancies noted, if any).

SIGNATURE ____ PRINT NAME ____ DATE ____

GENERATOR'S COPY

YOS_OAK_03397

ITEM BY ITEM-INSTRUCTIONS

Generator / Shipper

1. Name, site address, phone number, and EPA I.D. No. are self-explanatory.
2. List the proper U.S. DOT shipping Name for each waste as identified in 49 CFR Part 171 through 177. When a waste is described by an n.o.s. description, the technical name(s) of the hazardous constituent(s) must be identified in addition to proper shipping name. Common or trade names are not acceptable.
3. For EPA HW Code # 's refer to 40 CFR Part 261, subparts C and D. Typical examples are: KO27, PO26, DO02. NOTE: If waste is not listed in 40 CFR Part 261 but meets the characteristics of EP Toxicity the waste code # will be DO00.
4. Total Quantity by Weight or Volume: total quantity for each waste listed.
5. Containers No. and Type. For type of container use the following codes: 01 = drums, 02 = tank, 03 = bulk, 04 = carton, 05 = bag, 06 = roll-off, and 07 = other.
6. Hazardous Properties are self explanatory.
7. Indicate special handling instructions and container exemptions for each waste as necessary.
8. List immediate response information (person-to-contact in case of emergency and their phone number).
9. List placards provided or affixed. (Example: Flammable).
10. Only a Generator's authorized representative can sign the manifest.
11. The Generator/Shipper must type or print firmly all information including the transporter's name, address, permit number (as issued by the ADPC & E) and EPA I.D. No; and the Treatment/Storage/Disposal Facility's name, address, and EPA I.D. No.
12. Transporter No. 1 must sign and indicate the date the shipment is received.
13. The Generator/Shipper is responsible for mailing copy # 6 of the manifest to the Department of Pollution Control and Ecology within 2 working days after the shipment is accepted by the transporter.

Transporter No. 1

1. Transporter No. 1 must sign to certify delivery, date of delivery.
2. Transporter No. 2 must sign to certify delivery, and date of delivery if applicable.

Treatment/Storage/Disposal Facility

1. The TSD Facility's authorized representative must indicate any discrepancies between the manifest and the shipment and reasons for rejection for all or part of the shipment.
2. The TSD Facility's authorized representative must sign and date the manifest certifying that shipment was received.
3. The TSD Facility is responsible for submitting copy # 2 of the manifest to the Department of Pollution Control and Ecology at the end of each calendar month.