SDMS DOCID# 1118153

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

May 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUL 6 1983

Department of Health Services
P.O.# 3695-F
Shipper#11360

STATE ID NUMBER 83029837

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree St.
S. El Monte, Ca 91733

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000034348

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

VEH CONTAINER NO: 42507
EPA ID NUMBER: CA DO 42245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO:
EPA ID NUMBER:

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

EPA ID NUMBER: CA D) 42245001

AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS SUBSTANCE, LIQUID N.O.S. FLEXOSOLVENT | NA 9188 | 60 | G | 02 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS |
|---|---|---|---|
| Perchloroethylene | 70% | 60% | |
| N-Butanol | 15% | 11% | |
| Photo Polymer Resin | 25% | 15% | |

SPECIAL HANDLING INSTRUCTIONS
yield 38.2 gals
waste 14.2 gals.

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: Glenn Clarke 5-16-83 MO 5 DAY 16

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Henry Solomon Henry Solomon
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 5 DAY 16

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

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

Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 5 DAY 16 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

14.34

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

May 31, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUL 6 1983

Department of Health Services
P.O.# 3862
Shipper #11438

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

STATE ID NUMBER 83029895

TO BE FILLED IN BY GENERATOR

**GENERATOR NAME AND MAILING ADDRESS**
LALL HOUSE
9852 Dupree St.
S. El Monte, Ca. 91733
AREA CODE/PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000034348

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

VEH CONTAINER NO 42507

EPA ID NUMBER CA DO 42245001

**TRANSPORTER NO 2 ALTERNATE TSD FACILITY**

VEH CONTAINER NO

EPA ID NUMBER

**TREATMENT STORAGE, OR DISPOSAL (TSDI FACILITY**
OMEGA CHEMICAL CORP.
AREA CODE PHONE NUMBER 698-0991

EPA ID NUMBER CA DO 42245001

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Substance, Liquid N.O.S. ( FLEXOSOLVENT ) ORM-E | N A 91 88 | 120 | G | 4 | DM | 2 11 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | | | | |
| N-Butyl Alcohol | | | | |
| Photo Polymer Resin | | | | |

SPECIAL HANDLING INSTRUCTIONS
yield 60.1 gals. waste 234 gals.

4 @ $30 GAL

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 Steven Clark

MO 6 DAY 2 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 Donna Woodall

DATE REC'D & ACCEPTED MO 6 DAY 2 YR 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 5 DAY 31 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

JUNE 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 3896
SHIPPER #008

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

STATE ID NUMBER 83029918

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE ST.
S. EL MONTE, CA. 91733
AREA CODE/PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA XO 00039545

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

VEH. CONTAINER NO. 42507

EPA ID NUMBER CAD0 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER CA D0 42245001

AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO. | DISP. METH. |
|---|---|---|---|---|---|---|---|
| HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) | NA9188 | 60 | G | 02 | DM | 211 | 01 |
| | | | | | | | |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70% | 60% | | |
| N-BUTYL ALCOHOL | 15% | 11% | | |
| PHOTO POLYMER RESIN | 25% | 15% | | |

SPECIAL HANDLING INSTRUCTIONS
Spill 38.0 gals. waste 14.4 gals.

This is to certify that the above named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature [signature] MO. 6 DAY 16 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 [signature] DATE REC'D & ACCEPTED MO 6 DAY 16 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON [signature]
Printed or typed full name and signature

EPA ID NUMBER CA D0 42245001

DATE RECEIVED & ACCEPTED MO 6 DAY 16 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

JUNE 22, 1983

# UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.# 3911
SHIPPER# 039

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

STATE ID NUMBER 83029955

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE ST.
S. EL MONTE, CA. 91733
AREA CODE/PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA XO 00034348

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

VEH. CONTAINER NO. 42507 | EPA ID NUMBER CA DO 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. | EPA ID NUMBER

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

EPA ID NUMBER CA D 42245001

AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO. | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E | NA9188 | 610 | G | 02 | DM | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | ✓ | |
| N-BUTYL ALCOHOL | 15 | 11 | ✓ | |
| PHOTO POLYMER RESIN | 25 | 15 | ✓ | |

SPECIAL HANDLING INSTRUCTIONS
yield 34.5 gals waste 21.1 gals.

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 H. [illegible] Clark — MO. 6 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 WASTES
Printed or typed full name and signature [illegible] — DATE REC'D & ACCEPTED MO. 6 DAY 23 YR. 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 6 DAY 22 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

05/16/2000 "ORIGINAL MANIFEST COPY"

JULY 12, 1983

of California– Health and Welfare Agency
IRDOUS WASTE MANAGEMENT BRANCH
Street
mento, CA 95814

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #110
SHIPPER #11527

STATE ID NUMBER 83023996

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

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE STREET
SO. EL MONTE, CA. 91733
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA XO 1000032368

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

VEH./CONTAINER NO. 42507
EPA ID NUMBER CA DO 042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER
CA DO 042245001

AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO. | DISP. METH. |
|---|---|---|---|---|---|---|---|
| HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E | NA 9188 | 96 | G | 06 | DM | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| N-BUTYL ALCOHOL | 15 | 11 | | |
| PHOTO POLYMER RESIN° | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
filled 45 gals waste 7.4 gals.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature [signature] 3 drums 2 returned

MO. 7 DAY 13 YR 83

☐ 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 [signature]
DATE REC'D & ACCEPTED MO. 7 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

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON [signature]
Printed or typed full name and signature

EPA ID NUMBER CA DO 042245001

DATE RECEIVED & ACCEPTED MO. 7 DAY 12 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

[redacted]alifornia—Health and Welfare Agency
[redacted]OUS WASTE MANAGEMENT BRANCH
[redacted] Street
[redacted]o, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
August 5, 1983

Department of Health Service
Shipper 11636
P.O.# 199

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

STATE ID NUMBER: 83212219

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree Street
South El Monte, CA 91733
AREA CODE/PHONE NUMBER 213/

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000032248

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

VEH./CONTAINER NO. | EPA ID NUMBER
CAD042245000

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO | EPA ID NUMBER

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

EPA ID NUMBER
CAD042245000

AREA CODE/PHONE NUMBER 213/698-0991

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 |
|---|---|---|---|---|---|---|---|
| Hazardous waste, Liquid N.O.S. - ORM-E | NA9189 | 0 ~~60~~ 90 | G | ~~02~~ 3 | DM | 211 | 01 |
| (FLEXOSOLVENT) | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
Gyld 64.6 gals waste 17.8 gals
ft. 6 gals. regrade for customer future use

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: Steve Clark

MO 8 DAY 9 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: Henry Solomon

DATE REC'D & ACCEPTED MO 8 DAY 8 YR 83

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

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 name and signature: Steve Simpson

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 08 DAY 09 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

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

JULY 25, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 160
SHIPPER #11582

STATE ID NUMBER 83212270

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE STREET
SO. EL MONTE, CA. 91733
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA XO 00034348

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

VEH. CONTAINER NO: 42507
EPA ID NUMBER: CA DO 42245001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER: CA DO 42245001
AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT. NO | DISP. METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS SUBSTANCE, LIQUID N.O.S (FLEXOSOLVENT) ORM-E | NA 9188 | 90 ~~60~~ | G | 3 ~~2~~ | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | ~~70%~~ | 60% | | |
| N-BUTYL ALCOHOL | 15 | 11 | | |
| PHOTO POLYMER RESIN | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
gold 6.4 gal waste 6.0 gal

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: Steve Clark — 3 drums returned 3 drums — MO 7 DAY 27 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: Gary Solomon
DATE REC'D & ACCEPTED — MO 7 DAY 27 YR 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: STEVE SIMPSON Steve Simpson
EPA ID NUMBER: CA DO 42245001
DATE RECEIVED & ACCEPTED — MO 7 DAY 26 YR 83

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1414 P Street
Sacramento, CA 95814

# UNIFORM HAZARDOUS WASTE MANIFEST

AUGUST 18, 1983

Department of Health Services
Shipper 11708
P.O.# 228

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

STATE ID NUMBER 83212290

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree Street
South El Monte, CA 91733
AREA CODE/PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD000343418

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

VEH. CONTAINER NO
EPA ID NUMBER CAD042245 0

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER
AREA CODE/PHONE NUMBER 213/698-0991
CAD042245 0

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 |
|---|---|---|---|---|---|---|---|
| Hazardous waste, Liquid N.O.S.-ORM-E | NA 9189 | 060 | G | 02 | DM | 211 | ( |
| (FLEXOSOLVENT) | | | | | | | |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
gold 48.5 gals waste 11.0 gals.

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 Glenn Clarke — MO 8 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 Larry Solomon — DATE REC'D & ACCEPTED MO 8 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

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

Printed or typed full name and signature Steve Simpson — EPA ID NUMBER CAD042245101 — DATE RECEIVED & ACCEPTED MO 8 DAY 24 YR 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

ARDOUS WASTE MANAGEMENT BRANCH
44 P Street
ento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.# 249
Shipper #11757

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

STATE ID NUMBER 83212318

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree St.
S. El Monte, Ca. 91733
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA K0000 3448

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

VEH./CONTAINER NO: 42507
EPA ID NUMBER: CA DO 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER
CA DO 42245001

AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT. NO. | DISP. METH. |
|---|---|---|---|---|---|---|---|
| Hazardous Substance, Liquid N.O.S. (FLEXOSOLVENT) ORM-E | NA 9188 | 60 | G | | DDM | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
Spilled 430 gals. waste 9.4 gal.

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: Steve Clark — MO 8 DAY 30 YR 85

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Harry Solomon
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO 8 DAY 30 YR 85

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.

STEVE SIMPSON
Printed or typed full name and signature — EPA ID NUMBER CA DO 42245001 — DATE RECEIVED & ACCEPTED MO 08 DAY 31 YR 85

DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

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

# UNIFORM HAZARDOUS WASTE MANIFEST

Sept. 14, 1983

Department of Health Services
P.O.#286
Shipper 11838

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

STATE ID NUMBER 83212371

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE (Val)
9852 Dupree Street
So. El Monte, CA 91733
AREA CODE/PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA XO 0 0 03 4 348

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

VEH/CONTAINER NO
EPA ID NUMBER
C AD 0 4 2 245 0 01

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER
C A D0 4 2 245 0 01

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S.- ORM-E | NA9189 | 0910 | G | 03 | DM | 211 01 | |
| (FLEXOSOLVENT) | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % or ppm |
|---|---|---|---|
| Perchloroethylene | 70 | 60 | |
| N-Butyl Alcohol | 15 | 11 | |
| Photo Polymer Resin | 25 | 15 | |
| | | | |

SPECIAL HANDLING INSTRUCTIONS
yield 63.3 gals. waste 17.0 gals.

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 Pat Blatov

MO 9 DAY 15 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 Terry Johnson

DATE REC'D & ACCEPTED MO 9 DAY 15 YR 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature Steve Simpson

EPA ID NUMBER C A D0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO 09 DAY 16 YR 83

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

of California—Health and Welfare Agency
ARDOUS WASTE MANAGEMENT BRANCH
744 P Street
mento, CA 95814

# UNIFORM HAZARDOUS WASTE MANIFEST

Oct. 4, 1983

Department of Health Services
Shipper 11925
P.O. # 569

STATE ID NUMBER 83376124

Print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree St.
So. El Monte, CA 91733

AREA CODE/PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD 000 134 348

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

VEH./CONTAINER NO

EPA ID NUMBER CAD042245000

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO

EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

AREA CODE/PHONE NUMBER 213/698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S.-ORM-E | NA 9189 | 060 | G | 04 | DM | 211 | 01 |
| (FLEXOSOLVENT) | | | | | | | |

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

SPECIAL HANDLING INSTRUCTIONS
yield 86.1 gals waste 230 gals

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.

PAT OLOTOA
Printed or typed full name and signature

MO 10 DAY 07 YR 83

☐ 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

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

IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 04 YR 83

04/27/2000 "ORIGINAL MANIFEST COPY"

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

10/13/83

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.#634
Shipper #11958

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

STATE ID NUMBER 83376135

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree
S. Elmonte, Ca. 91733
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA KQ 000343348

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

MAY 14 1984

VEH./CONTAINER NO. 00 01 42 15 07
EPA ID NUMBER CA DO 42245001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER
AREA CODE/PHONE NUMBER 698-0991
CA DO 42245001

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT. NO. | DISP. METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) | NA 9188 | 60 | G | 02 | DM | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | LOWER | UNITS % | PPM |
|---|---|---|---|---|
| Perchloroethylene | | | | |
| N-Butyl Alcohol | | | | |
| Photo Polymer Resin | | | | |

MAY 20 1984
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
yield 48.2 gals. waste 9.6 gals

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 PAT OLOTOA MO. 10 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
DATE REC'D & ACCEPTED MO. 10 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 STEVE SIMPSON

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 10 DAY 14 YR. 83

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/19/2002 "ORIGINAL MANIFEST COPY"

of California – Health and Wellness Agency
RDOUS WASTE MANAGEMENT BRANCH
44 P Street
mento, CA 95814

10/20/83

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #11999
P.O.# 648-E

print or type with ELITE type machine (12 per inch).

STATE ID NUMBER 83376170

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree
S. ElMonte, Ca. 91733
AREA CODE/PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X0 0 00 3 43 4 8

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

VEH./CONTAINER NO: 00 0 42 5 07
EPA ID NUMBER: C AD 04 2 2 4 50 01

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO:
EPA ID NUMBER:

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

EPA ID NUMBER: CA D 0 42 2 45 00 1

| PROPER U S DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT. NO | DISP. METH. |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S. (FLEXOSOLVENT) ORM-E | NA 918 8 | 60 | G | 02 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 80 | 70 | | |
| N-Butyl Alcohol | 30 | 20 | | |
| Photo Polymer Resin | 20 | 10 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 45.9 gals. waste 8.7 gals

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 PAT OLUTOA

MO DAY YR

☐ 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 Tony Solano
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

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER C AD 04 2 2 45 001

DATE RECEIVED & ACCEPTED MO 10 DAY 24 YR 83

FORM NO. DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST
12/21/83

Department of Health Services
Shipper # 12267

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

STATE ID NUMBER 83410607

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree St.
So. El Monte, CA 91733
AREA CODE PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX00003434 8

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER, CALIF 90602
VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER, CALIF 90602
AREA CODE PHONE NUMBER (213) 698-0991
EPA ID NUMBER CAD042245001

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN NA NUMBER | TOTAL QUANTITY | UNIT WT VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid NOS -ORM-E (FLEXOSOLVENT) | NA 9189 | 1090 | G | 003 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 71.9 gals. waste 11.5 gals

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

PAT OLOTCA
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 WASTES
Printed or typed full name and signature
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

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 12 DAY 23 YR 83

FORM NO DHS-8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

12.81

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

P.O.# 1110
SHIPPER#12454

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410676

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOURS
9852 DUPREE
L. EL MONTE, CA 91733
AREA CODE PHONE NUMBER VAL 818/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA IX 0 0 0 0 0 3 4 3 4 8

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER CALIF 90603

VEH CONTAINER NO
EPA ID NUMBER
CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER, CALIF 90602
AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER
CAD042245001

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S. | | 0100 910 | GAL | 00 | 3D M | 211.01 | |
| FLEXOSOLVENT | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| PHOTO POLYMER RESIN | 15 | 11 | | |
| N-BUTYL ALCOHOL | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 71.7 gals. Waste 17.2 gals

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 PAT A OTOA

MO DAY YR

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 02 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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 02 DAY 16 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

P.O. #2565-677

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410834

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree
S. El Monte, Ca. 91733
AREA CODE PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE PHONE NUMBER 698-0991
EPA ID NUMBER CAD042245001

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN NA NUMBER | TOTAL QUANTITY | UNIT WT VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S / ORM-E | NA 9189 | 120 | G | 04 | DM | 211 | 01 |
| ~~XXXXX~~ Flexosolvent | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | | | | |
| Photo Polymer Resin | | | | |
| N-Butyl Alcohol | | | | |

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

VAL FERNANDEZ
Printed or typed full name and signature

MO 11 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
Isaac Woods Jr
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 11 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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 11 DAY 27 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/19/2002 "ORIGINAL MANIFEST COPY"

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

01/19/84

P.O.#990
Shipper#12347

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410958

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Label House
9852 Dupree
S. El Monte, Ca. 91733
AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X 00 00 34 34 8

TRANSPORTER NO 1
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH/CONTAINER NO: 0 00 4 25 07
EPA ID NUMBER: C AD 0 4 22 45 001

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER: C A DO 422 45001

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S FLEXOSOLVENT | | 90 | G | 03 | DM | 211 | 01 |
| | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| Photo Polymer REsin | 15 | 10 | | |
| N-Butyl Alcohol | 25 | 15 | | |
| | | | | |

SPECIAL HANDLING INSTRUCTIONS
spilled 68.2 gals waste 13.0 gals.

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 PAT OLOTOA

MO | DAY | YR

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 1 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.

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER: CA DO 422 45 001

DATE RECEIVED & ACCEPTED: MO 01 DAY 24 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-67987

of California · Health and Welfare Agency
ARDOUS WASTE MANAGEMENT BRANCH
744 P Street
amento, CA 95814

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

July 18, 1984

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

STATE ID NUMBER 83493834

GENERATOR NAME AND MAILING ADDRESS
Label House
9852 Dupree St.
S. El Monte, CA 91733
AREA CODE PHONE NUMBER Val--444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX00003448

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

VEH. CONTAINER NO. 42507
EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

AREA CODE/PHONE NUMBER 213/ 698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT. NO | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE,LIQUID N.O.S. ORM-E (FLEXOSOLVENT) | NA9189 | 00120 | G | 004 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| Photo Polymer Resin | 25 | 15 | | |
| N-Butyl Alcohol | 15 | 11 | | |

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 DAT OLUTOA — MO 7 DAY 20 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 Henry Solomon — DATE REC'D & ACCEPTED MO 7 DAY 20 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

STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 07 DAY 20 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

TO BE FILLED IN BY GENERATOR
TO BE FILLED IN BY TRANSPORTER
TO BE FILLED IN BY TSDF

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

06/22/84

# UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83493935

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE ST.
S. EL MONTE, CA. 91733
AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000034348

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

VEH/CONTAINER NO: 00042507
EPA ID NUMBER: CAD042224500 1

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER: CAD042245001

AREA CODE PHONE NUMBER 213/698-0991

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S - ORM-E | NA9189 | 120 | G | 04 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| PHOTO POLYMER RESIN | 25 | 15 | | |
| N-BUTYL ALCOHOL | 15 | 11 | | |

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 regulations of the Department of Transportation and the EPA

Printed or typed full name and signature PAT OLVIGA

MO 6 DAY 25 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon

DATE REC'D & ACCEPTED MO 6 DAY 25 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 06 DAY 25 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/19/2002 "ORIGINAL MANIFEST COPY"

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

# UNIFORM HAZARDOUS WASTE MANIFEST

May 31, 1984

Department of Health Services
Shipper 12567
P.O.# 1667

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

STATE ID NUMBER 83493963

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE (Val Fernandez)
9852 Dupree St.
So. El Monte, CA 91733
AREA CODE/PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000343148

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

VEH./CONTAINER NO. 42 UTOS
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER
CAD042245001

AREA CODE/PHONE NUMBER 213/698-0991

b

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid NOS -ORM-E (FLEXOSOLVENT) | NA 9189 | 1210 | G | 04 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

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 PAT OCTOA

MO 6 DAY 4 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon

DATE REC'D & ACCEPTED MO 6 DAY 4 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 06 DAY 04 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

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

# UNIFORM HAZARDOUS WASTE MANIFEST
May 4, 1984

Department of Health Services
Shipper 12605
P.O. # 1495

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

STATE ID NUMBER 83494076

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE (Val)
9852 Dupree St.
So. El Monte, CA 91733
AREA CODE/PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

VEH./CONTAINER NO 425097
EPA ID NUMBER CAD042245001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER CAD042245001

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S.-ORM-E (FLEXOSOLVENT) | NA9189 | 000060 | G | 002 | DM | 2110 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 50.0 gals. waste 7.8 gals.

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 PAT OLOTOA — MO 5 DAY 07 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Johnson — DATE REC'D & ACCEPTED MO 05 DAY 17 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 05 DAY 08 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento CA 95814 P.O.#1428

04/19/84

# UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83494135

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9652 DUPREE
S. EL MONTE, CA. 91733
AREA CODE PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF 90602
VEH CONTAINER NO D0082507
EPA ID NUMBER CAD042245001

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF 90602
AREA CODE PHONE NUMBER (213) 698-0991
EPA ID NUMBER CAD042245001

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 | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S (FLEXOSOLVENT) | NA9189 | 180 | G | 54 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| PHOTO POLYMER RESIN | 25 | 15 | | |
| N-BUTYL ALCOHOL | 15 | 11 | | |

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 AL M. FERNANDEZ

MO DAY YR

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Saturnino
DATE REC'D & ACCEPTED MO 4 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 CAD042245001

DATE RECEIVED & ACCEPTED MO DAY YR

Printed or typed full name and signature

FORM NO DHS 8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

13 95

06/19/2002 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST
MARCH 30, 1984

Department of Health Services
P.O.# 1317
Shipper 012

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

STATE ID NUMBER 83494173

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree Street
Wo. El Monte, CA 91733

AREA CODE PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX 000 003 143 48

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

VEH/CONTAINER NO: 412507
EPA ID NUMBER: CAD 042245 001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER: CAD 042245 001

AREA CODE PHONE NUMBER 213/698-0991

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S.-ORM-E (FLEXOSOLVENT) | NA 9189 | 090 | G | 03 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 15 | 11 | | |
| Photo Polymer Resin | 25 | 15 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 68.2 gals waste 13.1 gals.

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 4 DAY 2 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
Henry Solomon
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 4 DAY 02 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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD 042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 04 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87987

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

03/12/84

P.O.#1246
Shipper#287869

# UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83494190

MAY 14 1984

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree St.
S. El Monte, Ca. 91733
AREA CODE/PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000034348

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blv.d
Whittier, Ca. 90602

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

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER CAD042245001

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT. NO. | DISP. METH. |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid N.O.S (FLEXOSOLVENT) | NA9189 | 90 | G | 03 | DM | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 66 | | |
| Photo Polymer Resin | 15 | 11 | | |
| N-Butyl Alcohol | 25 | 15 | | |

Hazardous Waste Management Branch
MAY 08 1984
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
yield 69.4 gals. waste 14.0 gals

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 PAT OLOTOA — MO. 03 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 Henry Sobmer — DATE REC'D & ACCEPTED MO. 3 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.

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO. 03 DAY 15 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

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.# 2112-677
Shipper 308405

August 20, 1984

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

STATE ID NUMBER 83564081

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree St.
South El Monte, CA 91733
AREA CODE/PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
C AD0000 3 43 48

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

VEH./CONTAINER NO. 4 2 5 0 7
EPA ID NUMBER C A D0 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER
C AD0 4 2 245 0 01

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid NOS -ORM-E (FLEXOSOLVENT) | N A9 1189 | 1150 | G | 5 | DM | 2 11 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 20 | 15 | | |
| Photo Polymer Resin | 15 | 10 | | |

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 PAT OLOTCA Pat Olotca

MO 8 DAY 28 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 8 DAY 28 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER C AD0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO 08 DAY 28 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

63-87987

06/19/2002 "ORIGINAL MANIFEST COPY"

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

P.O.#2199-677

# UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83564114

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE
S. EL MONTE, CA. 91733
AREA CODE PHONE NUMBER (213) 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000034348

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

VEH./CONTAINER NO: 00425 07
EPA ID NUMBER: CAD042245001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO:
EPA ID NUMBER:

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

EPA ID NUMBER: CAD042245001

AREA CODE PHONE NUMBER 213/698-0991

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S - ORM-E FLEXOSOLVENT | NA9189 | 60 | G | 2 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROEHTYLENE | 70 | 60 | | |
| N-BUTYL ALCOHOL | 20 | 15 | | |
| PHOTO POLYMER RESIN | 15 | 10 | | |

SPECIAL HANDLING INSTRUCTIONS

I hereby 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 regulations of the Department of Transportation and the EPA.

Printed/Typed Name and Signature: PATREIL OLOTOA — MO 09 DAY 10 YR 84

If a continuation sheet is used, Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed/Typed Name and Signature: Henry Solorzano — DATE REC'D & ACCEPTED MO 09 DAY 10 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed/Typed Name and Signature: — DATE REC'D & ACCEPTED MO DAY YR

DISCREPANCY INDICATION SPACE

I certify the receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.

Printed/Typed Name and Signature: STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 09 DAY 10 YR 84

FORM NO. DHS 8022A (1/84)

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/20/2002 "ORIGINAL MANIFEST COPY"

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

P.O.#2324-652

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83564164

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE
S. EL MONTE, CA. 91733
AREA CODE PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

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

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
213/698-0991
AREA CODE PHONE NUMBER
EPA ID NUMBER CAD042245001

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 | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S -ORM-E FLEXOSOLVENT | NA9189 | ~~150~~ 120 | G | ~~15~~ 4 | DM | 21 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| PHOTO POLYMER RESIN | 40 | 20 | | |
| N-BUTYL ALCOHOL | 20 | 10 | | |

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 PRIMA OLOTOA — 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 Henry Solomon — DATE REC'D & ACCEPTED MO 10 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.

STEVE SIMPSON — Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 08 YR 84

FORM NO DHS 8022A 11 82 — TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS — 83-87967

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State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

P.O.#2709-677

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000034348
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
LABEL HOUSE
9852 Dupree St.
S. El Monte, CA. 91733

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 84341274
B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP,
6. US EPA ID Number: CAD042245001
C. State Transporter's ID
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S / UN 1693 flexosolvent | 04 | DM | 1440 | P | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PETCHLOROETHYLENE
PHOTO POLYMER RESIN
N-BUTYL ALCOHOL

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: P. OLD TOM
Signature: P. Old Tom
Date: Month 1 Day 9 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods Jr.
Signature: Isaac Woods Jr.
Date: Month 1 Day 9 Year 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE SIMPSON
Signature: Steve Simpson
Date: Month 01 Day 09 Year 85

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

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

84 80641

06/19/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348
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
Label House
9852 Dupree St.
S. El Monte, CA. 91733

4. Generator's Phone ( )

A. State Manifest Document Number 84341326
B. State Generator's ID CAX000034348

5. Transporter 1 Company Name: Omega Chemical Corp.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID 52699
D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID CAD042245001
H. Facility's Phone 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S NA 1693 (ORM-A) (Glycosolvent) | 03 | DM | 90 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCH LOROETHYLENE
PHOTO POLYMER RESIN
N-BUTYL ALCOHOL

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: PRIMA OLOTOR
Signature: [signature]
Date: Month 2 Day 6 Year 1985

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month 2 Day 6 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: STEVEN SIMPSON
Signature: [signature]
Date: Month 02 Day 06 Year 85

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

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84 82641

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March 15, 1985

Shipper 14115

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. CAX000034348 — 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
LABEL HOUSE
9852 Dupree St., So. El Monte, CA 91733

4. Generator's Phone ( 213 ) 444-7755

A. State Manifest Document Number 84341450

B. State Generator's ID CAX000034348

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 52699

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD 042 245 001

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 ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 4 | DM | 120 | G | 211 |
| b | | | | | |
| c | | | | | |
| d | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethlene
Butanol
Polyurethane Rubber

K. Handling Codes for Wastes Listed Above
R01

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: George Pena — Signature: George Pena — Date: Month Day Year 3/15/85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods Jr — Date: Month Day Year 3/15/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month Day Year 03/15/85

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84 80641

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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. CAX000034348 | 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
LABEL HOUSE
9852 Dupree St., S. El Monte, Ca. 91733

4. Generator's Phone ( )

A. State Manifest Document Number: 84341599

B. State Generator's ID: CAX000034348

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

C. State Transporter's ID: 605569

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S. NA 1693 ORM-A (Flexosolvent) | 04 | DM | 1,350 | P | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: [illegible] | Signature: [illegible] | Date: Month Day Year 7 22 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIM BALTERRA | Signature: [illegible] | Date: Month Day Year 07 22 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: STEVEN SIMPSON | Signature: [illegible] | Date: Month Day Year 07 22 85

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

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State of California—Health and Welfare Agency

4-22-85

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. CAX000023238 — 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
LABEL HOUSE
9852 Dupree St., S. El Monte, CA 91733
4. Generator's Phone ( 818 ) 444-7755 Val Fernandez

A. State Manifest Document Number 84341604
B. State Generator's ID CAX000 023 238

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 62571
D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID CAD 042 245 001
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 ORM-A N.O.S. (FLEXOSOLVENT) UN1693 | 004 | DM | 1360 | P | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethylene
Butanol Alcohol
Photo Resin

K. Handling Codes for Wastes Listed Above
R01

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: George Peña — Signature: George Peña — Date (Month Day Year): 04 24 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date (Month Day Year): 04 24 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date (Month Day Year): 04 24 85

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84 80641

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State of California—Health and Welfare Agency

June 7, 1985

Shipper

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.

2. Page 1 of

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

3. Generator's Name and Mailing Address
LABEL HOUSE (Val)
9851 Dupree St., So. El Monte, CA 91733

4. Generator's Phone (213) 444-7755

A. State Manifest Document Number
84341719

B. State Generator's ID

5. Transporter 1 Company Name
Omega Chemical Corp.

6. US EPA ID Number
CAD042245001

C. State Transporter's ID 62570

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number
CAD042245001

G. State Facility's ID
CAD042245001

H. Facility's Phone
213/698-0991

11. US DOT Description (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 ORM-A N.O.S. NA 1693 ORM-A N.O.S (FLEXOSOLVENT) | 04 | DM | 120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE N-Butyl Acetate
PHOTO POLYMES RESIN

K. Handling Codes for Wastes Listed Above
R01

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: PETE TOVAR
Signature: Pete Tovar
Date: Month 6 Day 10 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month 6 Day 10 Year 85

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

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 06 Day 10 Year 85

GENERATOR

TRANSPORTER

FACILITY

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DHS 8022 A (7/84)

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State of California—Health and Welfare Agency

C

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. CAX000034348
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
LABEL HOUSE
9852 Dupree St., S. El Monte, Ca. 91733

4. Generator's Phone ( )

A. State Manifest Document Number 84341949
B. State Generator's ID CAX000034348

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID 62570
D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID CAD042245001
H. Facility's Phone 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a WASTE ORM-A N.O.S NA 1693 ORM-A (Flexosolvent) | 05 | DM | [illegible] | G | 211 |
| b | | | | | |
| c | | | | | |
| d | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCLOROETHYLENE
PHOTO POLYMES RESINS
N-BUTYL ALCOHOL

K. Handling Codes for Wastes Listed Above
a) R01

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: JERRY [illegible] | Signature: [illegible] | Date: Month 10 Day 30 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr | Date: Month 10 Day 30 Year 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON | Signature: Steve Simpson | Date: Month 10 Day 30 Year 85

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

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

84 80641

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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. CAX000034348 — 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
LABEL HOUSE
9852 Dupree St., S. El Monte, Ca. 91733

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 84345265

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, Ca. 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S, NA 1693, ORM-A (Flexosolvent) | 04 | DM | 120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTYL ALCOHOL
PHOTO POLYMER RESIN

K. Handling Codes for Wastes Listed Above
R01

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: PAL FERNANDEZ — Signature: [signature] — Date (Month Day Year): 032486

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC WOODS JR — Signature: [signature] — Date (Month Day Year): 32486

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: STEVE SIMPSON — Signature: [signature] — Date (Month Day Year): 032486

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

DHS 8022 A (1/84)
(EPA 8700-22)

84 80541

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State of California—Health and Welfare Agency

April 18, 1986

Shipper 10175

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: CAX000034348
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
Label House
9852 Dupree, El Monte, Calif.
4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 84345336
B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 701737
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. (Flexosolvent) NA 1693 ORM-A | 4 | DM | 120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
PHOTO POLYMER RESIN
N-BUTYL ALCOHOL

K. Handling Codes for Wastes Listed Above
R01

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: VAL FERNANDEZ
Signature: [signature]
Date: Month Day Year 04 22 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC WOODS
Signature: [signature]
Date: Month Day Year 04 22 86

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON
Signature: [signature]
Date: Month Day Year 04 22 86

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

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

84 80541

06/20/2002 "ORIGINAL MANIFEST COPY"

January 20, 1986

C

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. CAX000034338 — 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
Label House
9852 Dupree St., So. El Monte, CA 91733

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 84720035

B. State Generator's ID: CAX000034338

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. (Flexosolvent) ORM-A NA 1693 | 4 | DM | 20 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethylene N-Butyl Acetate
Photo Polymes Resin

K. Handling Codes for Wastes Listed Above
R01

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: Howard Williams — Signature: [signature] — Date (Month Day Year): 1 13 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods II — Signature: [signature] — Date (Month Day Year): 01 13 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: [signature] — Date (Month Day Year): 01 29 86

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

DHS 8022 A (11/84)
(EPA 8700-22)

04/25/2000 "ORIGINAL MANIFEST COPY"

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. CAX000034348 — 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
LABEL HOUSE
9852 Dupree St., El Monte, Ca.

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 86534423

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 70737

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E Whittier Blvd.
Whittier, Ca. 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S,NA 1693 ORM-A (Flexosolvent) | 04 | DM | 120 | G X | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
PHOTO POLYMER RESIN
N-BUTYL ALCOHOL

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional information

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: VAL FERNANDEZ — Signature — Month Day Year: 05 27 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year: 05 27 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
RECEIVED 93.1 GAL.

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

Printed/Typed Name: STEVEN SIMPSON — Signature — Month Day Year: 05 27 86

DHS 8022 A (11/85)
(EPA 8700—22)

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

86534423

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16327

June 30, 1986

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 X 0 0 0 3 4 3 4 8 — 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
Label House
9852 Dupree, So. El Monte, CA

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 86534466

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

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

C. State Transporter's ID: 706737

D. Transporter's Phone: ~~213/698-0991~~

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

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

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

| 11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)* | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. (Flexosolvent) NA 1693 ORM-A | 005 | DM | 1150 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethylene
Photo Polymer Resin
n-Butyl Alcohol

K. Handling Codes for Wastes Listed Above
Rol

15. Special Handling Instructions and Additional information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: Gilbert Tellez — Signature: Gilbert Tellez — Month Day Year: 7 17 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 07 07 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: STEVEN SIMPSON — Signature: Steven Simpson — Month Day Year: 07 07 86

GENERATOR — TRANSPORTER — FACILITY

86534466

DHS 8022 A (11/85)
(EPA 8700—22)

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

25

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16406

7/18/86

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 X 0 0 0 3 4 3 4 8 — 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
Label House
9852 Dupree, So. El Monte, CA

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 86534514

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

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

C. State Transporter's ID: 701737

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E.Whittier, Blvd.
Whittier, CA 90602

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

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

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 ORM-A N.O.S. (Flexosllvent) NA 1693 ORM-A | 0 0 3 | DM | 90 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
PHOTO POLYMER RESIN
N-BUTYL ALCOHOL

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: VAL FERNANDEZ — Signature: [signature] — Month Day Year: 07 21 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: [signature] — Month Day Year: 07 21 86

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: STEVEN SIMPSON — Signature: [signature] — Month Day Year: 07 21 86

86534514

DHS 8022 A (11/85)
(EPA 8700—22)

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

8.15

06/20/2002 "ORIGINAL MANIFEST COPY"

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. CAX000034348 — 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
LABEL HOUSE
9852 Dupree St., So. El Monte, Ca. 91733

4. Generator's Phone ( )

A. State Manifest Document Number: 86534574

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES — 6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 701736

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602 — 10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

| 11. US DOT Description (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 ORM-A N.O.S, NA 1693 ORM-A (Flexosolvent) | 7 06 | DM | APPROX 200 GALS | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Keochsolve - N-Butanol Acetate
Dispose [illegible]

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: Nick Bor[illegible] — Signature — Month Day Year: 8 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature — Month Day Year: 8 26 86

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

19. Discrepancy Indication Space
RECEIVED 132.6 gal

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON — Signature — Month Day Year: 8 26 86

DHS 8022 A (11/85)
(EPA 8700—22)

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

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16676

10/1/86

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. CAX000034348 — 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
Label House
9852 Dupree, So. El Monte, California

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 86534674

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 70173

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Service
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. (Flexosolvent) ORM-A NA 1693 | 004 | DM | 120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: X Gerald R. White — Signature: X [signature] — Month Day Year: 10 10 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: [signature] — Month Day Year: 10 02 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: Frank Ford — Signature: [signature] — Month Day Year: 10 02 86

86534674

DHS 8022 A (11/85)
(EPA 8700—22)

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To: P.O. Box 1000, Sacramento, CA 95812

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11/18/86

Shipper 16819

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 X 0 0 0 0 3 4 3 4 8 — 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
Label House
9852 Dupree, So. El Monte, CA

4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 86534778

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

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

C. State Transporter's ID: 701737

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

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

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 0 04 | DM | 001120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethylene
N-Butanol + Photo Resin

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: GERALD P. WHITLE — Signature: Gerald P. Whitle — Month Day Year: 11 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 11 12 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 — Signature — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

86534778

DHS 8022 A (11/85)
(EPA 8700—22)

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To P.O. Box 3000, Sacramento CA 95812

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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. CAX000034348 | 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
LABEL HOUSE
9852 Dupree, S. El Monte, Ca.

4. Generator's Phone ( )

A. State Manifest Document Number: 86544077

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 701735

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. Whittier Bvd.
Whittier, Ca. 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S, NA 1693 ORM-A ORM-A (Flexosolvent) | 04 | DM | 1420 | P | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Jerobeka Barrera | Signature: Jerobeka Barrera | Month Day Year: 11 12 1 8 17

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIM BALTIERRA | Signature: Jim Baltierra | Month Day Year: 10 2 1 8 17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 10 2 1 8 17

86544077

DHS 8022 A (11/85)
(EPA 8700—22)

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3/25/87

Shipper # 17191

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. CAX000034348 — 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
LABEL HOUSE
9852 Dupree, S. El Monte, Ca

4. Generator's Phone ( )

A. State Manifest Document Number 86544189

B. State Generator's ID CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID 170 735

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, Ca 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S, NA 1693 ORM-A (Flexosolvent) | 05 | DM | 00150 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethylene
Butanol
Photo Resin

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: VAL M FRAUNDER — Signature — Month Day Year 03 27 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Frank Woods Jr — Signature — Month Day Year 03 27 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

86544189

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(EPA 8700—22)

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5/14/87 SHIPPER# 17380

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX 000 343 48
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
LABEL HOUSE
9852 DUPREE S. EL MONTE, CA 91733
4. Generator's Phone ( ) 818 444-7755

A. State Manifest Document Number 87114029
B. State Generator's ID CAX 000 343 48
C. State Transporter's ID 803785
D. Transporter's Phone 213/698-0991
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD 042 245 001
H. Facility's Phone 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S., NA1693 ORM-A (FLEXOSOLVENT) | 004 | DM | 1120 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
BUTANOL
PHOTO RESIN

K. Handling Codes for Wastes Listed Above
a. a1
b.
c.
d.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 05 19 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Warts Signature: [illegible] Month Day Year: 05 19 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: FRANK FORD Signature: Frank Ford Month Day Year: 05 19 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

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7-16-87 SHIPPER 17585

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX0000343348
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
LABEL HOUSE
9852 DUPREE S. EL MONTE, CA 91733
4. Generator's Phone (818) 444-7755

A. State Manifest Document Number: 87114179
B. State Generator's ID: CAX000343348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID:
D. Transporter's Phone: 213 698-0991
7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S. NA 1693 ORM-A (FLEXOSOLVENT) | 004 | DM | 120 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
BUTANOL
PHOTO RESIN

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: GERALD R. WHITTLE
Signature: Gerald R. Whittle
Month Day Year: 7 20 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BATTERSA
Signature: Tim Batterson
Month Day Year: 07 20 87

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 07 20 87

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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08/20/87 Shipper 17687

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: C A X 0 00 0 3 43 4 8
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
Label House
9852 Dupree, So. El Monte, CA 91733
4. Generator's Phone ( 818 444 7755

A. State Manifest Document Number: 87114250
B. State Generator's ID: C A X 0 00 0 34 34 8

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CA D 04 2 2 45 001
C. State Transporter's ID: CA560
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CA D 04 2 2 45 001
G. State Facility's ID: C A D 0 42 24 5 00 1
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. NA 1693 ORM-A (Flexosolvent) | 4 | DM | 120 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. 01 b. c. d.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: VAL FERNANDEZ
Signature: Val Fernandez
Month Day Year: 8 26 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Hute
Signature: John
Month Day Year: 8 26 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: FRANK FORD
Signature: Frank Ford
Month Day Year: 8 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

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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete

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10/13/87

Shipper 17840

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000034348
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
Label House
9852 Dupree, So. El Monte, CA 91733

4. Generator's Phone ( 818 444-7755

A. State Manifest Document Number: 87114356

B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 903785

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 004 | DM | 120 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: x PETE TOVAR
Signature: x Pete Tovar
Month Day Year: 10/16/87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM BALTIERRA
Signature: Jim Baltierra
Month Day Year: 10/16/87

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: FRANK FORD
Signature: Frank Ford
Month Day Year: 10/16/87

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

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04-14-88 SHIPPER 15238

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.: CAX 000 034 348
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
LABEL HOUSE
9852 DUPREE, SO ELMONTE, CA 91733
4. Generator's Phone ( 818 ) 444-7755

A. State Manifest Document Number: 87118719
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID:
D. Transporter's Phone: (213) 698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245001
H. Facility's Phone: (213) 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT) | 006 | DM | 180 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: VAL M. FERNANDEZ
Signature: Val M Fernandez
Month Day Year: 04 12 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Month Day Year: 04 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: FRANK FORD
Signature: Frank Ford
Month Day Year: 04 12 88

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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08-30-88 SHIPPER 18370

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 034 348
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
LABEL HOUSE
9852 DUPREE, SO EMONTE, CA 91733

A. State Manifest Document Number: 87119125

4. Generator's Phone (818) 444-7755

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA REDCVERY SERVICES
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 904878
D. Transporter's Phone: (213) 698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA REDCOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001
H. Facility's Phone: (213) 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT) | 006 | DM | 00180 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Nick Burrio
Signature:
Month Day Year: 09 01 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Cringuore
Signature: Robert J. Cringuore
Month Day Year: 09 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: FRANK FORD
Signature: Frank Ford
Month Day Year: 09 01 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

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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10-25-88 SHIPPER 18593

Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. CAX 000 034 348 | 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
LABEL HOUSE
9852 DUPREE., SO. EL MONTE, CA 91733

4. Generator's Phone (818) 444-7752

A. State Manifest Document Number 87119283

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 904879

D. Transporter's Phone (213) 698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD042245001

H. Facility's Phone (213) 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT) | 003 ~~003~~ | DM | 00060 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: NICK BUENIP | Signature | Month Day Year 10 25 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J. CIRIMEONI | Signature | Month Day Year 10 25 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: FRANK FORD | Signature | Month Day Year 10 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

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

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
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11/28/88 SHIPPER #18760

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: CAX 000 034 348
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
LABEL HOUSE
9852 DUPREE, SO. . MONTE, CA 91733
4. Generator's Phone (818) 444-7755

A. State Manifest Document Number: 87119458
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 904879
D. Transporter's Phone: 213/698-0991
Transporter 2 Company Name:
7. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 00 1
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S. NA 1693 ORM-A (FLEXOSOLVENT) | 0013 | DM | 900090 | G | State 211 / EPA/Other F001 |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. D1
b.
c.
d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: VAL M. FERNANDEZ
Signature: Val M. Fernandez
Month Day Year: 12 01 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CURINGEONI
Signature: Robert J. Curingeoni
Month Day Year: 12 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: FRANK FORD
Signature: Frank Ford
Month Day Year: 12 01 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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12/21/87 Shipper 18046

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: CAX000343148
Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number: 87119555

3. Generator's Name and Mailing Address
Label House
9852 Dupree, So. El Monte, CA 91733

B. State Generator's ID

4. Generator's Phone ( )

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

C. State Transporter's ID: 803785
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 005 | DM | | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: LYNN EVANS
Signature
Month Day Year: 12 30 87

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name: JAVIER HERNANDEZ
Signature
Month Day Year: 12 30 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: FRANK FORD
Signature
Month Day Year: 12 30 87

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EPA 8700—22
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02/13/89

Shipper 20541

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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: CAXD009434B
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:
Label House
9852 Dupree, Sc. 11 Gate, CA 91733
4. Generator's Phone: (818) 444-755

A. State Manifest Document Number: 8 8293534
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042245 001
C. State Transporter's ID: 904879
D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter 2 Phone:

9. Designated Facility Name and Site Address:
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. NA 1693 ORM_A (Flexosolvent) | 0013 | DM | 00090 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. D1 b. c. d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: VAL FERNANDEZ
Signature: Val Fernandez
Month Day Year: 02/15/89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Cirinelli
Signature: Robert J. Cirinelli
Month Day Year: 02/15/89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 02/13/89

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

8 8293534

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EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

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04-06-89 SHIPPER 20607

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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|X|0|0|0|3|4|3|4|8 — 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
LABEL HOUSE
9852 DUPREE., SO. EL MONTE, CA 91733

A. State Manifest Document Number: 8 8293749

B. State Generator's ID

4. Generator's Phone (818) 444-7755

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: C|A|D|0|4|2|2|4|5|0|0|1

C. State Transporter's ID: 904880

D. Transporter's Phone: (213) 698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: C|A|D|0|4|2|2|4|5|0|0|1

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

H. Facility's Phone: (213) 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT) | 0 1 0 1 3 | DM | 0 0 1 9 0 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. D1 b. c. d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: GERALD R. WHITTLE — Signature: Gerald R. Whittle — Month Day Year: 10/4/1989

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T. Cuarnieri — Signature: [signature] — Month Day Year: 10/4/1989

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: [signature] — Month Day Year: 10/4/1989

GENERATOR

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

8 8293749

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88345328

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.: CAD 980 814 321
Manifest Document No.: 415131218
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 DUPREE STREET, SOUTH EL MONTE, CA. 91733
4. Generator's Phone ( 818 444-7755

A. State Manifest Document Number: 88345328
B. State Generator's ID:
C. State Transporter's ID: 208452
D. Transporter's Phone: 213/698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602
10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S., NA 1693 (Flexosolvent) | 05 | DM | 1135 | G | State 211,212 / EPA/Other F001,F003 |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above
a.-Material for recycle

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
Profile #B10045

*Emergency#818/444-7755

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: JOE DI MOLA
Signature: Joe Di Mola
Month Day Year: 10-30-91 | 10 | 30 | 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jorge L. Gonzalez
Signature: Jorge Gonzalez
Month Day Year: 10 | 30 | 91

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: N. JAY SOLOMON
Signature: N. Jay Solomon
Month Day Year: 10 | 30 | 91

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08-02-89 SHIPPER 15454

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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. CAD980814321 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 88614641

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 DUPREE., SO. EL MONTE, CA 91733

B. State Generator's ID

4. Generator's Phone (818) 444-7755

C. State Transporter's ID 010-367

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001

D. Transporter's Phone (213) 698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER ~~BLVD~~, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone (213) 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXDSOLVENT) | 004 | DM | 00120 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. d b. c. d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: VAL FERNANDEZ — Signature — Month Day Year 08/11/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J CIRINGION — Signature — Month Day Year 08/11/89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature — Month Day Year 08/11/89

Do Not Write Below This Line

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

GENERATOR

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

88614641

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: CAD 98 08 11321
Manifest Document No:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 88614847

3. Generator's Name and Mailing Address
Label House
9852 Dupree St., So. El Monte, CA

B. State Generator's ID

4. Generator's Phone ( 818 ) 444-7755

C. State Transporter's ID: 016

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042 245 001

D. Transporter's Phone: 213/698-0991

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM--A (Flexosolvent) | 002 | DM | 000815 | G | State / EPA/Other: 0072 |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: VAL M. FERNANDEZ
Signature: [signature]
Month Day Year: 09 25 89

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CRINGEJM
Signature: [signature]
Month Day Year: 09 25 89

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: FRANK FORD
Signature: [signature]
Month Day Year: 09 25 89

FACILITY

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

88614847

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 980 814 321
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
LABEL HOUSE
9852 DUPREE ST.,SO EL MONTE CA 91733

4. Generator's Phone ( 818 444-7755

A. State Manifest Document Number 88615542
B. State Generator's ID
C. State Transporter's ID 110237
D. Transporter's Phone 213 698-0991

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES
6. US EPA ID Number CAD 042 245 001

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number CAD 042 245 001

G. State Facility's ID CAD042245001
H. Facility's Phone 213 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 6 | CY | DM | 01/1210 | State 211 / EPA/Other F001 |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B10045

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: WAYNE VAN DYNE
Signature: [signature]
Month Day Year: 11 01 5910

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T. Gringoon
Signature: [signature]
Month Day Year: 11 01 1588

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 HALTE
Signature: [signature]
Month Day Year: 11 01 1610

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88615542

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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.: CAD 980 814 321
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
LABEL HOUSE
9852 MAX SHAPIRO WAY.., SO EL MONTE, CALIF 91733
4. Generator's Phone ( 818 444-7755

A. State Manifest Document Number: 88676055
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 010.38
D. Transporter's Phone: 213/ 698-0891

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 042 245 001
H. Facility's Phone: 213/ 698-0891

| 11. US DOT Description (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 ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 003 ~~004~~ | DM | 00090 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER _____

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: VAL M. FERNANDEZ
Signature: Val M. Fernandez
Month Day Year: 1 20 8 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CIRINGEONI
Signature: Robert J. Ciringeoni
Month Day Year: 1 20 8 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 1 20 8 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

88676055

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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.: CAD 980 814 321
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
LABEL HOUSE
9852 DUPREE ST..,SO EL MONTE, CA 91733

4. Generator's Phone (818) 444-7755

A. State Manifest Document Number: 88684660
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110 237
D. Transporter's Phone: 213 698-0991

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 005 | DM | 00150 | G | State 211,212 / EPA/Other F001,F003 |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above
A) FOR RECYCLE

K. Handling Codes for Wastes Listed Above
a. 01.
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B 10045

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: NICK L. BURNIP
Signature:
Month Day Year: 03 14 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT I CARINGELLI
Signature:
Month Day Year: 03 14 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: N. JAY SOLOMON.
Signature:
Month Day Year: 03 14 91

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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