SDMS DOCID# 1118297

State of California—Health and Welfare Agency

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street
Sacramento, CA 95814

MAY 10 1983

Department of Health Services
Brad Smith
213/849-7281

# UNIFORM HAZARDOUS WASTE MANIFEST

CAD053855961

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

STATE ID NUMBER 8271364

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

Small generator

GENERATOR NAME AND MAILING ADDRESS
Hurst Label Company
3625 West Pacific, Burbank, Calif. 91505

AREA CODE/PHONE NUMBER 213/849-7281

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

VEH./CONTAINER NO.

EPA ID NUMBER CA D0 4 2 2 4 5 0 0 1

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd., Whittier CA

AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER CAD042245001

TO BE FILLED IN BY THE GENERATOR

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT. NO. |
|---|---|---|---|---|---|---|
| Hazardous waste, liquid N.O.S. (FLEXOSOLVENT) | NA 9189 | 210 | Gal. | 07 | DM | 211 |

| COMPONENTS | CONC. UPPER | RANGE LOWER | UNITS % | UNITS ppm |
|---|---|---|---|---|
| 75% PERC | | | | |
| 25% Butynol U210 | | | | |

Hazardous Waste Management Branch
MAR 03 1983
California Department of Health Services
SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS

7 @ 30 gal

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

PRINTED OR TYPED FULL NAME AND SIGNATURE [signature] MO. 02 DAY 01 YR. 83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE Isaac Woodsf MO. 02 DAY 1 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS — DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

yield 105.1 gals. waste 56.4 gals.

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. — DATE REC'D & ACCEPTED

[signature] STEVE SIMPSON

PRINTED OR TYPED FULL NAME AND SIGNATURE — EPA ID NUMBER CAD042245001 — MO. 01 DAY 31 YR. 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

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

April 7, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 1789
SHIPPER# 11169

Please print or type with ELITE type (12 characters per inch). JUN 03 1983

STATE ID NUMBER 83029747

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HURST LABEL COMPANY
3625 W. PACIFIC
BURBANK, CA. 91505
AREA CODE/PHONE NUMBER 213/849-7281

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAXOOD38521

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

VEH./CONTAINER NO.
EPA ID NUMBER CA D0 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 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 ( FLEXOSOLVENT ) ORM-E | NA 9188 | 180 | G | 06 | M | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| 75% Perc | | | | |
| 25% Butyral | | | | |
| U210 | | | | |

SPECIAL HANDLING INSTRUCTIONS
yield 94.2 gals.
Waste 50.2 gals.
630

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 Bradley Smith MO. 4 DAY 11 YR. 82

☐ 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 Pearce Woods Jr
DATE REC'D & ACCEPTED MO. 4 DAY 11 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 D0 42245001
DATE RECEIVED & ACCEPTED MO. 04 DAY 12 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

May 31, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #1916
Shipper#11436

STATE ID NUMBER 83029894

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HURST LABEL
3625 E. Pacific
Burbank, Ca. 91505
AREA CODE/PHONE NUMBER 849-7281

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAD980815716

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.
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 | NA9188 | 1100 | G | 06 | DM | 211 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLROETHYLENE | 70 | 50 | ✓ | |
| N-BUTYL ALCOHOL | 20 | 10 | ✓ | |
| PHOTO POLYMER RESIN | 20 | 10 | ✓ | |

SPECIAL HANDLING INSTRUCTIONS
Spill 102.4 gals. waste 68.8 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 Brody Hurst

MO. 6 DAY 1 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 R. Mera

DATE REC'D & ACCEPTED MO. 06 DAY 01 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 5 DAY 31 YR. 83

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
714-744 P Street
Sacramento, CA 95814

10/26/83

P.O.#2233
Shipper #12033

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER: 83376185

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HURST LABEL
3625 E. Pacific
Burbank, Ca. 91505
AREA CODE/PHONE NUMBER 849-7281

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX0 0038521

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

VEH./CONTAINER NO. 0 0 04 25 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.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
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 Waste, Liquid N.O.S. [redacted] XX (FLEXOSOLVENT) | None | 180 | G | 5 | 30 | | |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 50 | | |
| N-Butyl Alcohol | 20 | 10 | | |
| Photo Polymer Resin | 20 | 10 | | |

SPECIAL HANDLING INSTRUCTIONS
Spill 87.6 gals. Waste 28.0 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 X [signature] MO. 10 DAY 31 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature [signature] DATE REC'D & ACCEPTED MO. 10 DAY 31 YR. 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON [signature] EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO. 11 DAY 01 YR. 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

3.98

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

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

Shipper#12343

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

STATE ID NUMBER 83410957

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HURST LABEL COMPANY
3625 W. Pacific Ave.
Burbank, Ca. 91505

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X 000 38521

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

VEH./CONTAINER NO.: 0042507
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.

AREA CODE/PHONE NUMBER (213) 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 Waste, Liquid N.O.S~~ FLEXOSOLVENT | | 180 | G | 06 | DM | 211 | 01 |
| | | | | | | | |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 50 | | |
| Photo Polymer REsin | 20 | 10 | | |
| N-Butyl Alcohol | 20 | 10 | | |
| | | | | |

SPECIAL HANDLING INSTRUCTIONS
yield 103.9 gls. waste 33 gls

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 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 DAY YR

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED MO 01 DAY 24 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency
Form Approved OMB No. 2060—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

04-06-88 SHIPPER 15206

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 032 521
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
HURST LABELING SYSTEMS
3625 W. PACIFIC AVE., BURBANK, CA 91505
4. Generator's Phone (213) 849-7281

A. State Manifest Document Number: 87118706
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 SERIVCES
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) | 0081 | DM | [illegible] | | 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: DANILO A. BUAN
Signature: [signature]
Month Day Year: 4 14 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARLOS E. MARTINEZ
Signature: [signature]
Month Day Year: 04 14 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: [signature]
Month Day Year: 04 14 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. 9-80) Previous editions are obsolete.

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

INSTRUCTIONS ON THE BACK

OFFICIAL MANIFEST
RECORD COPY

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

04-08-88 SHIPPER 15216

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 038 521
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
HURST LABELING SYSTEMS
3625 W. PACIFIC AVE., BURBANK, CA 91505
4. Generator's Phone (213) 849-7281

A. State Manifest Document Number: 87118708
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERIVCES
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) | 00 8 | DM | | 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: Signature: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHAS E. MARTINEZ
Signature: Month Day Year: 04 11 88
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year

FACILITY

19. Discrepancy Indication Space

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

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

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

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

INSTRUCTIONS ON THE BACK

05/30/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX 000 038 521
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
HURST LABELING CO.
3655 W PACIFIC AVE.,,BURBANK, CA 91505

A. State Manifest Document Number 88615413

4. Generator's Phone ( 213 849-7281

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 110237

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 (FLEXOSOLVENT) | 208 | DM | 208 | | State 211 / EPA/Other F001 |
| 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 A 14404

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: ANDREW Y. INOUYE
Signature
Month Day Year: 10 8 24 90

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: Robert J. Carney
Signature
Month Day Year: 10 8 24 90

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: N. Jay Solomon
Month Day Year: 10 8 24 90

GENERATOR — TRANSPORTER — FACILITY

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

88615413

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

Do Not Write Below This Line

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

05/29/2001 "ORIGINAL MANIFEST COPY"

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

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

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: CA XO 0 0 3 8 5 21
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
Hirst Labeling Co.
3625 W. Pacific, Burbank, CA
4. Generator's Phone 213 )849-7281

A. State Manifest Document Number: 88675875
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: 010384
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. ORM-A (Flexosolvent) NA 1693 | 008 | DM | 002440 | 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

Profile No. A 14404

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: ANDREW T. INNUYE
Signature:
Month Day Year: 1/10/27/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cirinkeon
Signature: Robert J. Cirinkeon
Month Day Year: 1/10/27/89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 1/10/27/89

HS 8022 A (1/86)
PA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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

02/11/2000 "ORIGINAL MANIFEST COPY"