generator_name	HLM LABELING CO.
lc_name:	HLM Labeling Incorporated
lc_calc_volume:	4.0324 tons

manifest_number	manifest_quantity_ton
83029699	0.2502 tons
83029788	0.2502 tons
83029888	0.2502 tons
83029990	0.2502 tons
83212294	0.2502 tons
83212374	0.00834 tons
83301662	0.18765 tons
83301689	0.2502 tons
83352437	0.3753 tons
83376165	0.3753 tons
83389880	0.2502 tons
83410604	0.2502 tons
83410696	0.2502 tons
83410964	0.2502 tons
83493967	0.3336 tons
83494157	0.2502 tons

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

March 21, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

JUN 01 1983

Department of Health
P.O. #5466
Shipper# 110

STATE ID NUMBER 83029599

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX 000042168
~~SMALL GENERATOR~~

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

VEH./CONTAINER NO.

EPA ID NUMBER
CA DD 142245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER
CA DD 142245001

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
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	02	DM	2111

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNIT %
PERCHLOROETHELYNE	70	55	
POLYMER RESIDUAL	40	10	
N-BUTYL ALCOHOL			

SPECIAL HANDLING INSTRUCTIONS
gold 36.7 gals. waste 15.8 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 Thomas Miles

MO. 3 DAY 22

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

TO BE FILLED IN BY TRANSPORTER

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

DATE REC'D & ACCEPTED MO. 3 DAY

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 DD 142245001

DATE RECEIVED & ACC
MO. 03 DAY 24

TSDF SENDS THIS COPY TO BOHS WITHIN 15 DAYS

fornia—Health and Welfare Agency
US WASTE MANAGEMENT BRANCH
, CA 95814

April 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 5485
Shipper #11262

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

STATE ID NUMBER 83029788

JUN 03 1983

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3920 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 4 2 5 0 7
EPA ID NUMBER CA D0 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 D0 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)	NA 9188	60	G	02	DM	21	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHELYNE	70	55		
POLYMER RESIDUAL	40	10		
N-BUTHL ALCOHOL				

SPECIAL HANDLING INSTRUCTIONS
spilled 37.0 gals
waste 13.5 gals.

2$30 cal

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 Thomas E. Tile 4/29/83 MO. 4 DAY 29 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Isaac Woods Jr
DATE REC'D & ACCEPTED MO. 4 DAY 29 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 indicated space above. Note: TSDF must complete waste number. (See instructions)

Printed or typed full name and signature Steve Simpson

EPA ID NUMBER CA D0 42245001

DATE RECEIVED & ACCEPTED MO. 04 DAY 02 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
Shipper#11437
P.O.# 3004

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

STATE ID NUMBER 8 3029888

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
~~3920~~ 5340 E. Willow
Long Beach, Ca. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 42907
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	NA 9188	60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-BUTYL ALCOHOL	40	10		
PHOTO POLYMER RESIN				

SPECIAL HANDLING INSTRUCTIONS
yield ~~37.0 gals~~ 37.5 gals.
waste ~~13.3 gals~~ 13.9 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 Thomas E. Tile — MO. 6 DAY 6 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
Henry Solomon — Henry Solomon
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 6 DAY 6 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~~ 06 DAY ~~31~~ 06 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

JULY 7, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #3025
SHPR. 312644

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

STATE ID NUMBER 8 3029990

GENERATOR NAME AND MAILING ADDRESS
H.L.M. LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA XO 000421168

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

VEH./CONTAINER NO.: 42507

EPA ID NUMBER: CA DO 422245001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER
CA DO 422245001

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.	DISPOSAL METHOD
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (PERCHLOROETHYLENE) FORM E	NA 9188	00	G	02	DM	211	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
PERCHLOROETHYLENE	70	55	
N-BUTYL ALCOHOL	40	10	
PHOTO POLYMER RESIN			

SPECIAL HANDLING INSTRUCTIONS
gold 454 gals
waste 113 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: Charles Pfaff — MO. 7 DAY 12 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: Henry Lemon — DATE REC'D & ACCEPTED MO. 7 DAY 12 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 — EPA ID NUMBER CA DO 422245001 — DATE RECEIVED & ACCEPTED MO. 7 DAY 13 YR.

Printed or typed full name and signature

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

ORIGINAL—RETAINED BY GENERATOR

2—RETURNED BY TRANSPORTER

3—RETURNED BY TSDF

STATE ID NUMBER: 85212294

GENERATOR NAME AND MAILING ADDRESS
NLM LABELING COL
3290 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 213/427-7830

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA DO 0 8 42 38 8

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd., Whittier CA
V.EH./CONTAINER NO.
EPA ID NUMBER CA DO 4 2 24 5 0 01

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
EPA ID NUMBER
AREA CODE/PHONE NUMBER 213/698-0997
CA DO 4 2 245 0 01

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)	NA 9189	060	G	02	DM	203	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO. 08 DAY 21 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 08 DAY 26 YR 03

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 CA DO 4 2245 0 0 1

DATE RECEIVED & ACCEPTED MO 08 DAY 24 YR 03

Printed or typed full name and signature Steve Simpson

FORM NO. DHS 8022A 11 82 TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

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

September 13, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83212374

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow
Long Beach, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAXO D0042168

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

VEH./CONTAINER NO: 42607
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	02	G	2	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 39.7 gals. waste 12.7 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: Thomas G. Miles — MO 09 DAY 14 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO 09 DAY 14 YR 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: STEVE SIMPSON

EPA ID NUMBER: CA D0 42245001

DATE RECEIVED & ACCEPTED — MO 09 DAY 16 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

Department of Health Services

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

STATE ID NUMBER 83301662

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM Labelle Company
3290 E. Willow
Long Beach, Ca 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X 0 0 0 1 4 2 1 6 8

TRANSPORTER NO. 1
C & W Chemicals
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO.: 43058
EPA ID NUMBER: CAD 0 2 0 3 8 0 0 1 / CAD 0 4 8 1 4 7 8 1 4 9 1 9

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E Whittier Blvd.
Whittier, Ca 90602
AREA CODE/PHONE NUMBER

EPA ID NUMBER
CAD 0 4 2 2 4 5 0 0 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISP. METH
Waste ORM-E NOS	UN 1693	45	GAL	003	DM	2 1 2	0 1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	95	85	X	
Oil	15	05	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Joan Lind
Printed or typed full name and signature — X Joan Lind

MO. 6 DAY 7 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
JOE TURNER
Printed or typed full name and signature — X Joseph Turner

DATE REC'D & ACCEPTED: MO. 6 DAY 7 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
X JOSE GARCIA
Printed or typed full name and signature — Jose Garcia

DATE REC'D & ACCEPTED: MO. 08 DAY 09 YR 84

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.
Omega Chemical
Tom Bulterna
Printed or typed full name and signature — Tom Bulterna

EPA ID NUMBER: CAD 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED: MO. 08 DAY 09 YR 84

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

Department of Health Service

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83301689

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LAB. CO.
3290 E. Willow
Long Beach Ca, 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168
~~SMA/H/ GENERATOR~~

TRANSPORTER NO. 1
CBW Chemicals Co.
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD041841784

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E. Whittier
Whittier Ca
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD042245041

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.
Waste ORM-A NOS	NA 1693	000060	GAL	002	DM	F12

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %
Perchlorethylene	95	65	X
N/Butyl Alcohol	15	20	X
Oil	10	15	X

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Thomas Niles
Printed or typed full name and signature — MO. 7 DAY 17 YR 81

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
JOE TURNER
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 7 DAY 17 YR 81

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
~~Flor~~ JOSE GARCIA
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 08 DAY 09 YR 81

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. Omega Chemical
TIM BALTIERRA
Printed or typed full name and signature
EPA ID NUMBER CAD042245041
DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR 81

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83352437

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABLEING CO.
3290 E. WILLOW
LONG BEACH, CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

TRANSPORTER NO. 1
C&W CHEMICALS CO. INC.
1328 WILLOW ST.
LOS ANGELES, CA 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD048478499

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICALS
12504 E. WHITTER
WHITTER, CA.
AREA CODE/PHONE NUMBER

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.
WASTE ORM-A	UN 1693	000040	G	003	DM	212	02

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLORETHYLENE	95	85%		
OIL	15	05%		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

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

Thomas Niles
Printed or typed full name and signature
X Thomas Niles

MO. 8 DAY 17 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
JOSE GARCIA
Printed or typed full name and signature
X Jose Garcia

DATE REC'D & ACCEPTED MO. 8 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.

JOHN HAUTE
Printed or typed full name and signature

EPA ID NUMBER CA4D0041212451001

DATE RECEIVED & ACCEPTED MO. 09 DAY 20 YR 84

FORM NO. DHS 9022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California
HAZARDOUS WASTE MANAGEMENT BRANCH
714/744 P Street, P.O. 3137
Sacramento, CA 95814 Shipper #11986

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83376165

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow Street
Signal Hill, Ca. 90806
AREA CODE/PHONE NUMBER 427-4323

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA XO 0 00 4 21 68

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

VEH./CONTAINER NO. 0 00 4 2 507
EPA ID NUMBER CA D 042 2 4 5 00 1

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 D0 4 22 4 5 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 N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	90	G	3	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
spent 54.7 gals unused 15.9 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 20 YR 03

☐ 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 20 YR 03

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 [signature] STEVE SIMPSON

EPA ID NUMBER CA D 0 42 2 4 5 001

DATE RECEIVED & ACCEPTED MO 10 DAY 24 YR 03

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

11/18/83

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. # ~~[illegible]~~ 3181
Shipper # 12122

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

STATE ID NUMBER 83389880

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.V.M Vaseline Co.
3290 E. Willow St.
Signal Hill, CA 90806

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

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 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.							
(Fluxosolvent) ORM-E	NA2189	160	G	02	DM	X11	C1

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 42.8 gals. waste 10.7 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: Thomas G. Miles — MO. 11 DAY 21 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: [illegible] — 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.

Printed or typed full name and signature: Steve Simpson STEVE SIMPSON

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED: MO. 11 DAY 23 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

Dec. 19, 1983

Department of Health Services
Shipper 12258

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

STATE ID NUMBER 83410604

GENERATOR NAME AND MAILING ADDRESS
HLM LABELLING CO.
3290 E. Willow
Signal Hill, CA 90802
AREA CODE PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042468

TRANSPORTER NO. 1
[illegible]
VEH. CONTAINER NO.
EPA ID NUMBER [illegible]

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
[illegible]
EPA ID NUMBER
AREA CODE PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISP METH
Hazardous Waste, Liquid N.O.S. - ORM-E	NA 9189	0 60	G	02	DM	211	01
(FLEXOSOLVENT)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
PERCHLOROETHYLENE	70	55	
N-Butyl Alcohol	40	10	
Photo Polymer Resin			

SPECIAL HANDLING INSTRUCTIONS
Spill 4/13/83 waste 8.3 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 Thomas E. Kile — MO 12 DAY 22 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 Henry Lo Bono — 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

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 section. See instructions.

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD 022430021

DATE RECEIVED & ACCEPTED MO 12 DAY 23 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILED BY TRANSPORTER

TO BE FILED BY TSDF

FORM NO. DHS 8022 A (1/82)

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH
7 4 744 P Street
Sacramento CA 95814

P.O.# 3178
SHIPPER# 12486

UNIFORM HAZARDOUS WASTE MANIFEST

2/22/84

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

STATE ID NUMBER 83410696

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE PHONE NUMBER Joan 231/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CIAX 01 00 04 21 68

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

VEH./CONTAINER NO 00 04 26 01 1
EPA ID NUMBER CIADD 4 22 4 5 00 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 CIADD 4 22 4 5 00 1

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		00 06 10	GAL	01 02	DM	2 11 1	0 1
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroedthylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
gold 46.7 gals. waste 5.9 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 Thomas E. Miles

MO 02 DAY 24 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Jim Ballerree

DATE REC'D & ACCEPTED MO 02 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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER CIADD 4 22 4 5 00 1

DATE RECEIVED & ACCEPTED MO 02 DAY 27 YR 84

FORM NO DHS-3022A 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

01/24/84

Shipper #12369
P.O.#3169

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83410964

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. Willow St.
Signal Hill, Ca. 90806

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX 000 042 168

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

VEH./CONTAINER NO: 00 042 507
EPA ID NUMBER: CAD 042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

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

AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER: CAD 042245001

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)		60	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
spilled 44.5 gals. waste 10.1 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: Elizabeth P Fogel — MO 01 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: Jerry Solomon — DATE REC'D & ACCEPTED MO 1 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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER: CAD 042245001

DATE RECEIVED & ACCEPTED: MO 01 DAY 26 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

MAY 16, 1984

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

STATE ID NUMBER 83493967

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO. (Marks)
3290 E. Willow
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

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

VEH./CONTAINER NO 421507
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	DISI MET
Hazardous Waste, Liquid N.O.S-ORM-E (FLEXOSOLVENT)	NA 9111 89	80	G	03	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butanol	40	15		
Photo Polymer Resin	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 E P Foegue — MO 05 DAY 18 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 05 DAY 18 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 05 DAY 22 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

UNIFORM HAZARDOUS WASTE MANIFEST
March 23, 1984

Department of Health Services
Shipper 297369
P.O.# 3199

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

STATE ID NUMBER 83494157

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX 010 010 142 1618

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

VEH./CONTAINER NO. 425097
EPA ID NUMBER CAD 041 21 24 5 0 01

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 042 245 0 01
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 NOS -ORM-E~~ (FLEXOSOLVENT)	NA 3189	060	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

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

SPECIAL HANDLING INSTRUCTIONS
yield 46.3 gals. waste 10.4 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

MO 03 DAY 26 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Salazar
DATE REC'D & ACCEPTED MO 03 DAY 26 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER C A D 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO 03 DAY 27 YR 84

FORM NO DHS-8022A 11-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

generator_name	HLM LABELING CO.
lc_name:	HLM Labeling Incorporated
lc_calc_volume:	4.0324 tons

manifest_number	manifest_quantity_ton
83029699	0.2502 tons
83029788	0.2502 tons
83029888	0.2502 tons
83029990	0.2502 tons
83212294	0.2502 tons
83212374	0.00834 tons
83301662	0.18765 tons
83301689	0.2502 tons
83352437	0.3753 tons
83376165	0.3753 tons
83389880	0.2502 tons
83410604	0.2502 tons
83410696	0.2502 tons
83410964	0.2502 tons
83493967	0.3336 tons
83494157	0.2502 tons

generator_name	HLM LABELING CO.
lc_name:	HLM Labeling Incorporated
lc_calc_volume:	4.0324 tons

manifest_number	manifest_quantity_ton
83029699	0.2502 tons
83029788	0.2502 tons
83029888	0.2502 tons
83029990	0.2502 tons
83212294	0.2502 tons
83212374	0.00834 tons
83301662	0.18765 tons
83301689	0.2502 tons
83352437	0.3753 tons
83376165	0.3753 tons
83389880	0.2502 tons
83410604	0.2502 tons
83410696	0.2502 tons
83410964	0.2502 tons
83493967	0.3336 tons
83494157	0.2502 tons

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

March 21, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

JUN 01 1983

Department of Health
P.O.#5466
Shipper# 11(

STATE ID NUMBER 83029599

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX 000042168
~~SMALL GENERATOR~~

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

VEH./CONTAINER NO.

EPA ID NUMBER
CA DD 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 DD 42245001

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	02	DM	2111

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNI %
PERCHLOROETHELYNE	70	55	
POLYMER RESIDUAL	40	10	
N-BUTYL ALCOHOL			

SPECIAL HANDLING INSTRUCTIONS
guild 36.7 gals. waste 15.8 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.

MO. 3 DAY 22

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D & ACCEPTED MO. 3 DAY

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D & ACCEPTED MO. DAY

Printed or typed full name and signature

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 CA DD 42245001

DATE RECEIVED & ACC MO. 03 DAY 24

Steve Simpson
Printed or typed full name and signature

TSDF SEND THIS COPY TO DOHS WITHIN 15 DAYS

fornia—Health and Welfare Agency
US WASTE MANAGEMENT BRANCH
, CA 95814

April 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 5485
Shipper #11262

STATE ID NUMBER 83029788

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

JUN 03 1983

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3920 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 4250 7

EPA ID NUMBER CA D042245001

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 D042245001

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	21	10

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHELYNE	70	55		
POLYMER RESIDUAL	40	10		
N-BUTYL ALCOHOL				

SPECIAL HANDLING INSTRUCTIONS
gelled 37.0 gals
waste 13.5 gals.

2@30 cal

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 Thomas E. Lile 4/29/83 MO. 4 DAY 29 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Isaac Woods Jr
DATE REC'D & ACCEPTED MO. 4 DAY 29 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 D042245001

DATE RECEIVED & ACCEPTED MO. 04 DAY 02 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
Shipper#11437
P.O.# 3004

STATE ID NUMBER 83029888

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
~~3920~~ E. Willow
~~3340~~ Long Beach, Ca. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 42907
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	NA 9188	60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-BUTYL ALCOHOL	40	10		
PHOTO POLYMER RESIN				

SPECIAL HANDLING INSTRUCTIONS
yield ~~37.0 gals~~ 37.5 gal.
waste ~~13.3 gals~~ 13.9 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 Thomas E. Tile — MO. 6 DAY 6 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
Henry Solomon
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO. 6 DAY 6 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~~ 06 DAY ~~31~~ 06 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1441 P Street
Sacramento, CA 95814

JULY 7, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #3025
SHPR. 312644

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

STATE ID NUMBER 83029990

GENERATOR NAME AND MAILING ADDRESS
H.L.M. LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA XO 000 4 1 0 8

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

VEH. CONTAINER NO. 12507

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 CORPORATION

EPA ID NUMBER

AREA CODE/PHONE NUMBER 698-0991

CA DO 42245001

PROPER D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT NO.	DI ME
HAZARDOUS SUBSTANCE LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	02	DM	211	0

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS	PP
PERCHLOROETHYLENE	70	55		
N-BUTYL ALCOHOL	40	10		
PHOTO POLYMER RESIN				

SPECIAL HANDLING INSTRUCTIONS
gold 45.4 gals
waste 113.5 L

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: Elizabeth Perez

MO. 7 DAY 12 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: Henry Lebano

DATE REC'D & ACCEPTED MO. 7 DAY 12 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

Printed or typed full name and signature

EPA ID NUMBER CA DU 0 0 2 1 2 9 6 1

DATE RECEIVED & ACCEPTED MO. 7 DAY 13 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED OUT BY GENERATOR

TO BE FILLED OUT BY TRANSPORTER

TO BE FILLED OUT BY TSDF

[illegible] MANIFEST

STATE ID NUMBER: 83212294

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
NLM LABELING COL
3290 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER: CA 00 0 8 42 38 8

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd., Whittier CA
VEH./CONTAINER NO.
EPA ID NUMBER: CA DQ 4 2 24 5 0 07

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
AREA CODE/PHONE NUMBER 213/698-0997
EPA ID NUMBER: C A D0 4 2 2 4 5 0 0 1

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)	NA 9189	060	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO. 08 DAY 21 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 08 DAY 21 YR

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

EPA ID NUMBER: C A D0 4 2245 0 0 1

DATE RECEIVED & ACCEPTED: MO 08 DAY 21 YR 83

Printed or typed full name and signature: Steve Simpson

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

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

September 13, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83212374

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow
Long Beach, CA. 90806

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAXO 00042168

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

VEH./CONTAINER NO: 42607
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.

EPA ID NUMBER: CA DO 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 MFTH
Hazardous Waste Liquid N.O.S. ~~(FLEXOSOLVENT) ORM-E~~	NA 9188	0.2	G	1	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 39.7 gals. waste 12.7 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 Thomas G. Miles — MO 09 DAY 14 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
DATE REC'D & ACCEPTED MO 09 DAY 14 YR 83

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

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 09 DAY 16 YR 83

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83301662

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM Labelme Company
3290 E. Willow
Long Beach Ca 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD009421618

TRANSPORTER NO. 1
C & W Chemicals
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO. 43058
EPA ID NUMBER CAD028809479

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E Whittier Blvd.
Whittier, Ca 90602
AREA CODE/PHONE NUMBER
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
Waste ORM-E NOS	NA1693	45	GAL	003	DM	212	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	95	85	X	
Oil	15	05	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Joan Wind
Printed or typed full name and signature — X Joan Wind — MO. 06 DAY 17 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
JOE TURNER
Printed or typed full name and signature — X Joseph Turner — DATE REC'D & ACCEPTED MO. 06 DAY 17 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
JOSE GARCIA
Printed or typed full name and signature — X Jose Garcia — DATE REC'D & ACCEPTED MO. 08 DAY 09 YR. 84

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.
Omega Chemical
Tom Bilterna
Printed or typed full name and signature — Tom Bilterna

EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR. 84

FORM NO. DHS-8022A 1/1/82

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

Department of Health Servi

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

STATE ID NUMBER 83301689

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LAB. CO.
3790 E. Willow
Long Beach Ca, 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168
~~SMMA/I GENERATOR~~

TRANSPORTER NO. 1
CBW Chemicals Co.
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD048417841

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Omega Chemicals
12504 E. Whittier
Whittier Ca
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD042245091

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.
Waste ORM-A NOS	NA 1693	000060	GAL	002	DM	F1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PI
Perchlorethylene	75	65	X	
N/Butyl Alcohol	15	20	X	
Oil	10	15	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Thomas Niles
Printed or typed full name and signature

MO 07 DAY 17 YR 81

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

TO BE FILLED IN BY TRANSPORTER

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

DATE REC'D & ACCEPTED MO 07 DAY 17 YR 81

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
~~FRED~~ JOSE GARCIA
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO 08 DAY 09 YR 81

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. Omega Chemical

TIM BATTIERA
Printed or typed full name and signature

EPA ID NUMBER CAD042245091

DATE RECEIVED & ACCEPTED MO 08 DAY 09 YR 81

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83352437

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABLEING CO.
3290 E. WILLOW
LONG BEACH, CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

TRANSPORTER NO 1
C&W CHEMICALS CO. INC.
1328 WILLOW ST.
LOS ANGELES, CA 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD048478499

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICALS
12504 E. WHITTER
AREA CODE/PHONE NUMBER WHITTER, CA.

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.
WASTE ORM-A	UN 1693	000040	G	003	DM	212	02

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLORETHYLENE	95	85%		
OIL	15	05%		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

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

Thomas Niles X Thomas Niles
Printed or typed full name and signature

MO. 8 DAY 17 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
JOSE GARCIA X Jose C. Garcia
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 8 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.

JOHN HALTE
Printed or typed full name and signature

EPA ID NUMBER CA4D0041212415001

DATE RECEIVED & ACCEPTED MO. 09 DAY 20 YR 84

FORM NO. DHS 9022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California — Department of Health Services
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street, P.O. 3137
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #11986

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

STATE ID NUMBER 83376165

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow Street
Signal Hill, Ca. 90806
AREA CODE/PHONE NUMBER 427-4323

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER C A X0 0 00 4 21 68

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

VEH./CONTAINER NO. 0 00 4 2 507
EPA ID NUMBER CA D 042 2 4 5 00 1

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 D0 4 22 4 5 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 N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	70	G	3	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
spent 54.7 gals waste 15.9 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. 10 DAY 20 YR. 93

☐ 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 20 YR. 93

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 [signature] STEVE SIMPSON

EPA ID NUMBER CA D 0 42 2 4 5 001

DATE RECEIVED & ACCEPTED MO. 10 DAY 24 YR. 93

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

11/18/83

P.O. # ~~12132~~ 3181
Shipper # 12122

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83389880

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.V.M Labeling Co.
3290 E. Willow St.
Signal Hill CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

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 (TSDF) FACILITY
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD.
WHITTIER, CALIF. 90602
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.							
(Flux solvent) ORM-E	NA 1989	60	G	00	DM	31	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 42.8 gals. waste 10.7 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 Thomas G. Niles — MO 11 DAY 21 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Sherry Lohman — 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.

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 11 DAY 23 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

Dec. 19, 1983

Department of Health Services
Shipper T2258

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

STATE ID NUMBER 83410604

GENERATOR NAME AND MAILING ADDRESS
HLM LABELLING CO.
3290 E. Willow
Signal Hill, CA 90802

AREA CODE PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

TRANSPORTER NO. 1
[illegible]
VEH/CONTAINER NO. [illegible] EPA ID NUMBER [illegible]

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

TREATMENT, STORAGE, OR DISPOSAL TSD FACILITY
[illegible]
EPA ID NUMBER [illegible]

AREA CODE PHONE NUMBER [illegible]

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DISP. METH.
Hazardous Waste, Liquid N.O.S. - ORM-E N.A. 9189		0 60	G	02	DM	2 11	01
(FLEXOSOLVENT)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
[illegible] waste 83 gal

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 or typed full name and signature: Thomas E. Hale — MO 12 DAY 24 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: Henry Sotomo — DATE REC'D & ACCEPTED MO 12 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

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 [illegible]
EPA ID NUMBER CAL000245004
DATE RECEIVED & ACCEPTED MO 12 DAY 23 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
7 4 744 P Street
Sacramento CA 95814

P.O.# 3178
SHIPPER# 12486

UNIFORM HAZARDOUS WASTE MANIFEST

2/22/84

Department of Health Services

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

STATE ID NUMBER 83410696

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER Joan 231/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX 000 041 268

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

VEH./CONTAINER NO 00 04 26 01
EPA ID NUMBER CAD 042 245 001

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 042 245 001

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		00006	GAL	002	DM	211	01
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
guide 46.7 gals. waste 5.9 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 Thomas E. Miles — MO 02 DAY 24 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Jim Ballerree — DATE REC'D & ACCEPTED MO 02 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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson — EPA ID NUMBER CAD 042 245 001 — DATE RECEIVED & ACCEPTED MO 02 DAY 27 YR 84

FORM NO DHS-3022A 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

01/24/84

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #12369
P.O.#3169

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

STATE ID NUMBER 83410964

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. Willow St.
Signal Hill, Ca. 90806

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000042168

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 CHEMCIAL 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)		60	G	02	DM	2 11	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
spilled 44.5 gals. waste 10.1 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: Elizabeth P Fogel — MO 01 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: Jerry Solomon — DATE REC'D & ACCEPTED MO 01 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 Steve Simpson

EPA ID NUMBER: CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 26 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

MAY 16, 1984

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

STATE ID NUMBER 83493967

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO. (Marks)
3290 E. Willow
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

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

VEH./CONTAINER NO 142597
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	DISI MET
Hazardous Waste, Liquid N.O.S-ORM-E (FLEXOSOLVENT)	NA 9189	80	G	03	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butanol	40	15		
Photo Polymer Resin	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 E P Fogue — MO 05 DAY 18 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 05 DAY 18 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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 05 DAY 22 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

UNIFORM HAZARDOUS WASTE MANIFEST

March 23, 1984

Department of Health Services
Shipper 297369
P.O.# 3199

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

STATE ID NUMBER 83494157

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX010010142161 8

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

VEH./CONTAINER NO. 425097
EPA ID NUMBER CAD004212451001

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 NOS -ORM-E~~ (FLEXOSOLVENT)	NA 9189	0 60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

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

SPECIAL HANDLING INSTRUCTIONS
yield 46.3 gals. waste 10.4 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

MO 03 DAY 26 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Salomon

DATE REC'D & ACCEPTED MO 03 DAY 26 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 27 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
744 P Street
Sacramento, CA 95814

March 21, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUN 01 1983

Department of Health
P.O.#5466
Shipper# 110

STATE ID NUMBER 83029699

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX 000042168
~~SMALL GENERATOR~~

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

VEH./CONTAINER NO.

EPA ID NUMBER
CA DD 422450011

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSDI FACILITY
OMEGA CHEMICAL CORP.

EPA ID NUMBER
CA DD 422450011

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
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	02	DM	2111

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNI %
PERCHLOROETHELYNE	70	55	
POLYMER RESIDUAL	10	10	
N-BUTYL ALCOHOL			

SPECIAL HANDLING INSTRUCTIONS
guild 36.7 gals. waste 15.8 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.

MO. 3 DAY 22

Printed or typed full name and signature

☐ 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. 3 DAY

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 DD 422450011

DATE RECEIVED & ACC MO. 03 DAY 24

TSDF SENDS THIS COPY TO BOARD WITHIN 15 DAYS

fornia—Health and Welfare Agency
US WASTE MANAGEMENT BRANCH
, CA 95814

April 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 5485
Shipper #11262

STATE ID NUMBER 83029788

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

JUN 03 1983

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3920 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 4 2 5 0 7

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 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	21	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHELYNE	70	55		
POLYMER RESIDUAL	40	10		
N-BUTYL ALCOHOL				

SPECIAL HANDLING INSTRUCTIONS
yield 37.0 gals
waste 13.5 gals.

2 @ 30 est.

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 Thomas E. Tile 4/29/83 MO. 4 DAY 29 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Isaac Woods Jr. DATE REC'D & ACCEPTED MO. 4 DAY 29 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 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
Shipper#11437
P.O.# 3004

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

STATE ID NUMBER 83029888

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
~~2920~~ 2540 E. Willow
Long Beach, Ca. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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	NA 9188	60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-BUTYL ALCOHOL	40	10		
PHOTO POLYMER RESIN				

SPECIAL HANDLING INSTRUCTIONS
yield ~~37.0 gals~~ 37.5 gals.
waste ~~13.3 gals~~ 13.9 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 Thomas E. Tile — MO. 6 DAY 6 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 — Henry Solomon
DATE REC'D & ACCEPTED MO. 6 DAY 6 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~~ 06 DAY ~~31~~ 06 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

JULY 7, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #3025
SHPR. 312644

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

STATE ID NUMBER 83029990

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA XO 000421 08

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

VEH./CONTAINER NO. 42507

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 CORPORATION

EPA ID NUMBER

AREA CODE/PHONE NUMBER 698-0991

CA D0 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.	DOT ME
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	00	G	012	DM	21	0

COMPONENTS	CONC RANGE UPPER	LOWER	UNITS
PERCHLOROETHYLENE	10	55	
N-BUTYL ALCOHOL	40	10	
PHOTO POLYMER RESIN			

SPECIAL HANDLING INSTRUCTIONS
yield 454 gals
waste 113 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 [illegible] — MO. 7 DAY 12 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 [illegible] — DATE REC'D & ACCEPTED MO. 7 DAY 12 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 wastes 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 D0 42245001 — DATE RECEIVED & ACCEPTED MO. 7 DAY 12 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TOTAL NUMBER OF PAGES INCLUDED IN THIS SHIPMENT

TOTAL NUMBER OF PAGES RECEIVED BY TRANSPORTER

TOTAL NUMBER OF PAGES RECEIVED BY GENERATOR

STATE ID NUMBER: 03212294

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
NLM LABELING COL
3290 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA [illegible] 0 0 [illegible] 2 3 8 0

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd., Whittier CA
VEH./CONTAINER NO.
EPA ID NUMBER
CA D0 4 2 2 4 5 0 0 7

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL
AREA CODE/PHONE NUMBER 213/698-0997
EPA ID NUMBER
C A D0 4 2 2 4 5 0 0 1

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)	NA 9189	060	G	02	DM	203	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO. 6 DAY 2 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. 6 DAY 6 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

Printed or typed full name and signature Steve Simpson

EPA ID NUMBER C A D0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO 0 8 DAY 2 4 YR 0 3

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

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

September 13, 1983

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83212374

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow
Long Beach, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAXO 00042168

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

VEH./CONTAINER NO: 42607
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)~~ ~~ORM E~~	NA 9188	0.2	G	2	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
~~Perchloroethylene~~	70	55		
~~N-Butyl Alcohol~~	40	10		
~~Photo Polymer Resin~~				

SPECIAL HANDLING INSTRUCTIONS
yield 39.7 gals. waste 12.7 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: Thomas G. Miles — MO 09 DAY 14 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED: MO 09 DAY 14 YR 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: STEVE SIMPSON

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED: MO 09 DAY 16 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

Department of Health Services

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

STATE ID NUMBER 83301662

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM Labelling Company
3290 E. Willow
Long Beach, Ca 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAK000142168

TRANSPORTER NO. 1
C & W Chemicals
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO.: 43058
EPA ID NUMBER: CAD020380DM CAD014814791491 9

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E Whittier Blvd.
Whittier, Ca 90602
AREA CODE/PHONE NUMBER

EPA ID NUMBER
CAD014224501

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO	DISP. METH
Waste ORM-E NOS	UN1693	45	GAL	0003	DM	2112	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	95	85	X	
Oil	15	05	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

JOAN WIND — X Joan Wind — MO. 06 DAY 07 YR 84

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
JOE TURNER — X Joseph Turner — DATE REC'D & ACCEPTED MO. 06 DAY 07 YR 84
Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
X JOSE GARCIA — DATE REC'D & ACCEPTED MO. 08 DAY 09 YR 84
Printed or typed full name and signature

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. Omega Chemical

Tom Bulterra — Tom Bulterra
Printed or typed full name and signature

EPA ID NUMBER CAD014224501 — DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR 84

FORM NO. DHS-8022A 1/1/82

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

Department of Health Service

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83301689

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LAB. CO.
3790 E. Willow
Long Beach Ca, 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168
~~SMALL GENERATOR~~

TRANSPORTER NO. 1
CBW Chemicals Co.
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO. 0A20318DM
EPA ID NUMBER CAD041841784

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E. Whittier
Whittier Ca
AREA CODE/PHONE NUMBER

EPA ID NUMBER
CAD042245090

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.
Waste ORM-A NOS	~~UN~~ NA1693	000060	GAL	002	DM	F12

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PI
Perchlorethylene	95	65	X	
N/Butyl Alcohol	15	20	X	
Oil	20	15	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Thomas Niles
Printed or typed full name and signature

MO. 7 DAY 17 YR 81

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

TO BE FILLED IN BY TRANSPORTER

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

DATE REC'D & ACCEPTED MO. 7 DAY 17 YR 81

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
~~Flor~~ JOSE GARCIA
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 08 DAY 09 YR 81

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. Omega Chemical
TIM BALTIERRA
Printed or typed full name and signature

EPA ID NUMBER CAD042245090

DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR 81

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83352437

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABLEING CO.
3290 E. WILLOW
LONG BEACH, CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

TRANSPORTER NO. 1
C&W CHEMICALS CO. INC.
1328 WILLOW ST.
LOS ANGELES, CA 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD048478499

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICALS
12504 E. WHITTER
WHITTER, CA.
AREA CODE/PHONE NUMBER

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
WASTE ORM-A	UN 1693	000040	G	003	DM	212	02

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLORETHYLENE	95	85%		
OIL	15	05%		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

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

Thomas Niles X Thomas Niles
Printed or typed full name and signature

MO 8 DAY 17 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
JOSE GARCIA X Jose C. Garcia
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 8 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

JOHN HACKE
Printed or typed full name and signature

EPA ID NUMBER CA4010142124510101

DATE RECEIVED & ACCEPTED MO. 09 DAY 20 YR 84

FORM NO. DHS 9022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California — Department of Health Services
HAZARDOUS WASTE MANAGEMENT BRANCH
714/744 P Street, P.O. 3137
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #11986

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

STATE ID NUMBER 83376165

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow Street
Signal Hill, Ca. 90806
AREA CODE/PHONE NUMBER 427-4323

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA X0 0 00 4 21 68

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

VEH./CONTAINER NO. 0 00 4 2 507
EPA ID NUMBER CA D 042 2 4 5 00 1

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 D0 4 22 4 5 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 N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	90 GR	G	3	DM	210	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
spill 54.7 gals waste 15.9 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] MD 10 DAY 20 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 20 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 D 0 42 2 4 5 001

DATE RECEIVED & ACCEPTED MO 10 DAY 24 YR 93

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

11/18/83

P.O. # ~~12122~~ 3151
Shipper # 12122

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83389880

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.V.M Labeling Co.
3390 E. Willow St.
Signal Hill, CA 90806

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

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 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.							
(Flux solvent) ORM-E	NA2189	60	G	02	DM	X11	C1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 42.8 gals. waste 10.7 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 Thomas G. Miles — MO. 11 DAY 21 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Sherry Solomon — 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.

Printed or typed full name and signature Steve Simpson STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 11 DAY 23 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

Dec. 19, 1983

Department of Health Services
Shipper 12258

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

STATE ID NUMBER 83410604

GENERATOR NAME AND MAILING ADDRESS
HLM LABELLING CO.
3290 E. Willow
Signal Hill, CA 90802
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042468

TRANSPORTER NO. 1
ONE [illegible] CORP
250 E. [illegible]
[illegible] 90[illegible]
VEH./CONTAINER NO.
EPA ID NUMBER

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
[illegible]
EPA ID NUMBER
[illegible]
AREA CODE/PHONE NUMBER
[illegible]

PROPER U.S.D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DISP. METH.
Hazardous Waste, liquid N.O.S. - ORM-E	N.A. 9189	0 60	G	02	DM	211	01
(FLEXOSOLVENT)							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
PERCHLOROETHYLENE	70	55	
N-Butyl Alcohol	40	10	
Photo Polymer Resin			

SPECIAL HANDLING INSTRUCTIONS
Well 4.5 gls. waste 8.3 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 regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature [illegible] MO. 12 DAY 22 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 [illegible] 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.

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 [illegible]
Printed or typed full name and signature

EPA ID NUMBER
CAD[illegible]

DATE RECEIVED & ACCEPTED MO. 12 DAY 23 YR. 83

TO BE FILED IN TSDF BY TRANSPORTER

TO BE FILED IN TSDF BY TSDF

FORM NO. DHS 8022A 3/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency

HAZARDOUS WASTE MANAGEMENT BRANCH
7 4 744 P Street
Sacramento CA 95814

P.O.# 3178
SHIPPER# 12486

UNIFORM HAZARDOUS WASTE MANIFEST
2/22/84

Department of Health Services

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

STATE ID NUMBER 83410696

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE PHONE NUMBER Joan 231/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX 000 041 211 68

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

VEH./CONTAINER NO 00 094 26 01 1
EPA ID NUMBER CAD 041 228 415 001

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 041 228 415 001

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		00006 0	GAL	01 02	DM	211 1	0 1
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroedthylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
gold 46.7 gals. waste 8.9 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 Thomas E. Miles

MO 02 DAY 24 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Jim Batterson
DATE REC'D & ACCEPTED MO 02 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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER CAD 041 228 415 001

DATE RECEIVED & ACCEPTED MO 02 DAY 27 YR 84

FORM NO DHS 3022A 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

01/24/84

Shipper #12369
P.O.#3169

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410964

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. Willow St.
Signal Hill, Ca. 90806

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000042168

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

VEH/CONTAINER NO 000425 07

EPA ID NUMBER CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMCIAL 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)		60	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 44.5 gals. waste 10.1 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 Elizabeth P Fogel — MO 01 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 Sidney Solomon — DATE REC'D & ACCEPTED MO 1 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 Steve Simpson

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 26 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Raw Water MAY 16, 1984

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

STATE ID NUMBER 83493967

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO. (Marks)
3290 E. Willow
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

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.
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	DISI MET
Hazardous Waste, Liquid N.O.S-ORM-E (FLEXOSOLVENT)	NA 9189	80	G	03	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butanol	40	15		
Photo Polymer Resin	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 E P Foegue MO 05 DAY 18 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 05 DAY 18 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 05 DAY 22 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

UNIFORM HAZARDOUS WASTE MANIFEST
March 23, 1984

Department of Health Services
Shipper 297369
P.O.# 3199

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

STATE ID NUMBER 83494157

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX010010142411618

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

VEH./CONTAINER NO. 425807
EPA ID NUMBER CAD041212415001

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 NOS -ORM-E~~ (FLEXOSOLVENT)	NA 3189	060	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

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

SPECIAL HANDLING INSTRUCTIONS
yield 46.5 gals. waste 10.4 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

MO 03 DAY 26 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Salazar
DATE REC'D & ACCEPTED MO 03 DAY 26 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 27 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Dec. 19, 1983

Shipper 12258

STATE ID NUMBER 83410604

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELLING CO.
3290 E. Willow
Signal Hill, CA 90802
AREA CODE PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER CALIF 90602

VEH CONTAINER NO
EPA ID NUMBER
CAD981245001

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) 698-8811

EPA ID NUMBER
CAD981245001

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	N A 9 189	0 60	G	02	DM	2 11	01
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 47.3 gals waste 8.3 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 Thomas E Nile

MO 12 DAY 22 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry LaRoma

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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CAD981245001

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

06/13/2001 "ORIGINAL MANIFEST COPY"

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

JULY 7, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Service
P.O. #3025
SHPR. 312644

STATE ID NUMBER 8 3029990

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

— TO BE FILLED IN BY GENERATOR —

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA XO 000042108

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 CORPORATION
AREA CODE PHONE NUMBER 698-0991

EPA ID NUMBER
CA DO 2245 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.	DISPOSAL METHOD
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-BUTYL ALCOHOL	40	10		
PHOTO POLYMER RESIN				

SPECIAL HANDLING INSTRUCTIONS
yield - 45.4 gals
Waste 11.3 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 regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature Elizabeth PF [illegible] MO 7 DAY 12 YR 83

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

— TO BE FILLED IN BY TRANSPORTER —

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon

DATE RECD & ACCEPTED MO 7 DAY 12 YR 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE RECD & ACCEPTED MO DAY YR

— TO BE FILLED IN BY TSDF —

DISCREPANCY INDICATION SPACE

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

STELLE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER CA

DATE RECEIVED & ACCEPTED MO DAY 7 YR

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

generator_name	HLM LABELING CO.
lc_name:	HLM Labeling Incorporated 1543
lc_calc_volume:	4.0324 tons

manifest_number	manifest_quantity_ton
83029699	0.2502 tons
83029788	0.2502 tons
83029888	0.2502 tons
83029990	0.2502 tons
83212294	0.2502 tons
83212374	0.00834 tons
83301662	0.18765 tons
83301689	0.2502 tons
83352437	0.3753 tons
83376165	0.3753 tons
83389880	0.2502 tons
83410604	0.2502 tons
83410696	0.2502 tons
83410964	0.2502 tons
83493967	0.3336 tons
83494157	0.2502 tons

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

March 21, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

JUN 01 1983

Department of Health
P.O.#5466
Shipper# 110

STATE ID NUMBER 83029699

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX 000042168
~~SMALL GENERATOR~~

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

VEH./CONTAINER NO.

EPA ID NUMBER
CA DD 422450011

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER
CA DD 422450011

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
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	D2	DM	2111

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNIT %
PERCHLOROETHELYNE	70	55	
POLYMER RESIDUAL	40	10	
N-BUTYL ALCOHOL			

SPECIAL HANDLING INSTRUCTIONS
guild 36.7 gals. waste 15.8 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 Thomas Giles

MO. 3 DAY 22

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 3 DAY

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 DD 422450011

DATE RECEIVED & ACC MO. 03 DAY 24

TSDF SENDS THIS COPY TO BOARD WITHIN 15 DAYS

fornia—Health and Welfare Agency
US WASTE MANAGEMENT BRANCH
CA 95814

April 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 5485
Shipper #11262

STATE ID NUMBER 83029788

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

JUN 03 1983

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3920 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 4250 7
EPA ID NUMBER CA D042245001

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 D042245001

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	21	10

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHELYNE	70	55		
POLYMER RESIDUAL	40	10		
N-BUTYL ALCOHOL				

SPECIAL HANDLING INSTRUCTIONS
gelled 37.0 gals
waste 13.5 gals.

2@30 est

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 Thomas E. Lile 4/29/83 MO. 4 DAY 29 YR. 83

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

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Isaac Woods Jr.
DATE REC'D & ACCEPTED MO. 4 DAY 29 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 D042245001

DATE RECEIVED & ACCEPTED MO. 05 DAY 02 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
Shipper#11437
P.O.# 3004

STATE ID NUMBER 83029888

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
~~3920~~ E. Willow
~~3340~~
Long Beach, Ca. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000042168

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

VEH./CONTAINER NO. 42907
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	NA 9188	60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-BUTYL ALCOHOL	40	10		
PHOTO POLYMER RESIN				

SPECIAL HANDLING INSTRUCTIONS
yield ~~37.0 gals~~ 37.5 gals.
waste ~~13.3 gals~~ 13.9 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 Thomas E. Tile — MO. 6 DAY 6 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
Henry Solomon — Henry Solomon
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 6 DAY 6 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~~ 06 DAY ~~31~~ 06 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1041 E Street
Sacramento, CA 95814

JULY 7, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #3025
SHPR: 312644

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

STATE ID NUMBER 83029990

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. WILLOW
LONG BEACH, CA. 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA XO 000431108

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

VEH./CONTAINER NO. 42507

EPA ID NUMBER CA DO 422450001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER CA DO 422450001

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.	DISPOSAL METHOD
HAZARDOUS SUBSTANCE LIQUID N.O.S. (FLEXOSOLVENT) CORM E	NA 9188	60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
PERCHLOROETHYLENE	70	55	%
N-BUTYL ALCOHOL	40	10	%
PHOTO POLYMER RESIN			

SPECIAL HANDLING INSTRUCTIONS
Gold 454 gal
Waste 1138 LB

I CERTIFIED BY GENERATOR: 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 [illegible] — MO. 7 DAY 12 YR. 83

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES (TO BE FILLED IN BY TRANSPORTER)

Printed or typed full name and signature [illegible] — DATE REC'D & ACCEPTED MO. 7 DAY 12 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.

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

EPA ID NUMBER CA DO 422450001

DATE RECEIVED & ACCEPTED MO. 7 DAY 13 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

STATE ID NUMBER 03212294

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
NLM LABELING COL
3290 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 213/427-7830

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA DO 0 1 0 1 4 2 3 8 8

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

VEH./CONTAINER NO.
EPA ID NUMBER
CA DO 4 2 2 4 5 0 0 7

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

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

AREA CODE/PHONE NUMBER 213/698-0997

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)	NA 9189	060	G	02	DM	203	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO. 6 DAY 2 YR 1

☐ 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 6 DAY 6 YR 1

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 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO 0 8 DAY 2 4 YR 8 3

FORM NO DHS-8022A 11 82

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

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

September 13, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83212374

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow
Long Beach, CA. 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAXO 00042168

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

VEH./CONTAINER NO: 42607
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) ORM E~~	NA 9188	0.2	G	2	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
~~Perchloroethylene~~	70	55		
~~N-Butyl Alcohol~~	40	10		
~~Photo Polymer Resin~~				

SPECIAL HANDLING INSTRUCTIONS
yield 39.7 gals. waste 12.7 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: Thomas G. Miles — MO 09 DAY 14 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO 09 DAY 14 YR 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: STEVE SIMPSON

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED — MO 09 DAY 16 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

Department of Health Services

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

STATE ID NUMBER 83301662

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM Labelme Company
3290 E. Willow
Long Beach, Ca 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X 0 0 0 1 4 2 1 6 8

TRANSPORTER NO. 1
C & W Chemicals
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO.: 43058
EPA ID NUMBER: CAD 0 4 8 1 4 7 8 1 4 9 9

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E Whittier Blvd.
Whittier, Ca 90602
AREA CODE/PHONE NUMBER

EPA ID NUMBER
CAD 0 4 2 2 4 5 0 0 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO	DISP. METH
Waste ORM-E NOS	NA 1693	45	GAL	003	DM	2 1 2	0 1

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	95	85	X	
Oil	15	05	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Joan Lind
Printed or typed full name and signature — X Joan Lind

MO. 6 DAY 7 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
JOE TURNER
Printed or typed full name and signature — X Joe Turner

DATE REC'D & ACCEPTED: MO. 6 DAY 7 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
JOSE GARCIA
Printed or typed full name and signature — X Jose Garcia

DATE REC'D & ACCEPTED: MO. 08 DAY 09 YR. 84

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.

Omega Chemical
Tim Bilterra
Printed or typed full name and signature — Tim Bilterra

EPA ID NUMBER: CAD 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED: MO. 08 DAY 09 YR. 84

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

Department of Health Servi

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

STATE ID NUMBER 83301689

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LAB. CO.
3790 E. Willow
Long Beach Ca, 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168
~~SMMA/ GENERATOR~~

TRANSPORTER NO. 1
CBW Chemicals Co.
1328 Willow St
Los Angeles Ca 90013

VEH./CONTAINER NO. 0A20388DM
EPA ID NUMBER CAD048417841

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA Chemicals
12504 E. Whittier
Whittier Ca
AREA CODE/PHONE NUMBER
EPA ID NUMBER CAD042245011

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.
Waste ORM-A NOS	NA 1693	000060	GAL	007	DM	F1 2

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS P
Perchlorethylene	75	65	X	
N/Butyl Alcohol	15	20	X	
Oil	10	15	X	

SPECIAL HANDLING INSTRUCTIONS
Gloves

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

Thomas Niles
Printed or typed full name and signature — Thomas Niles — MO. 7 DAY 17 YR 8

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
JOE TURNER
Printed or typed full name and signature — Joe Turner — DATE REC'D & ACCEPTED MO. 7 DAY 17 YR 8

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
~~FRED~~ JOSE GARCIA
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 08 DAY 09 YR 8

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. Omega Chemical

TIM BATTIERE
Printed or typed full name and signature — Tim Battiere — EPA ID NUMBER CAD042245011 — DATE RECEIVED & ACCEPTED MO. 08 DAY 09 YR 8

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83352437

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABLEING CO.
3290 E. WILLOW
LONG BEACH, CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

TRANSPORTER NO 1
C&W CHEMICALS CO. INC.
1328 WILLOW ST.
LOS ANGELES, CA 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD048478499

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICALS
12504 E. WHITTER
AREA CODE/PHONE NUMBER WHITTER, CA.

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
WASTE ORM-A	UN 1693	000090	G	003	DM	212	02

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLORETHYLENE	95	85%		
OIL	15	05%		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

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

Thomas Niles X Thomas Niles
Printed or typed full name and signature

MO. 8 DAY 17 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
JOSE GARCIA X Jose Garcia
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 8 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

JOHN HALTE
Printed or typed full name and signature

EPA ID NUMBER CA4D0042245001

DATE RECEIVED & ACCEPTED MO. 09 DAY 20 YR 84

FORM NO. DHS 9022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

State of California — Department of Health Services
HAZARDOUS WASTE MANAGEMENT BRANCH
714/744 P Street, P.O. 3137
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #11986

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

STATE ID NUMBER 83376165

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow Street
Signal Hill, Ca. 90806
AREA CODE/PHONE NUMBER 427-4323

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX00 00421 68

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

VEH./CONTAINER NO.: 0 00 4 2 507
EPA ID NUMBER: CA D 042 2 4 5 00 1

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 D0 4 22 4 5 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 N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	70	G	3	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
spent 54.7 gals unused 15.9 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. 10 DAY 20 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 20 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 [signature] STEVE SIMPSON

EPA ID NUMBER: CA D 0 42 2 4 5 001

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

11/18/83

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. # ~~12132~~ 3181
Shipper # 12122

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

STATE ID NUMBER 83389880

GENERATOR NAME AND MAILING ADDRESS
H.V.M Vaseline Co.
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000942168

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 (TSDI 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.							
(Flux solvent) ORM-E	NA 1989	60	G	00	DM	21	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 42.8 gals. waste 10.7 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 Thomas G. Niles — MO. 11 DAY 21 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE 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 TSDI

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 11 DAY 23 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

Dec. 19, 1983

Department of Health Services
Shipper 12258

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

STATE ID NUMBER 83410604

GENERATOR NAME AND MAILING ADDRESS
HLM LABELLING CO.
3290 E. Willow
Signal Hill, CA 90802

AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

TRANSPORTER NO. 1
[illegible]

VEHICLE/CONTAINER NO. [illegible]
EPA ID NUMBER [illegible]

TRANSPORTER NO. 2 ALTERNATE FACILITY

VEHICLE/CONTAINER NO.
EPA ID NUMBER

TREATMENT/STORAGE/DISPOSAL FACILITY
[illegible]

EPA ID NUMBER
CAD[illegible]

AREA CODE/PHONE NUMBER
[illegible]

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DISP. METH.
Hazardous Waste, Liquid N.O.S. - ORM-E (FLEXOSOLVENT)	N.A. 9189	0 60	G	02	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
[illegible] 47.3 gals. waste 8.5 gals

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 Thomas E. Hale — MO 12 DAY 22 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 [illegible] — 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

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 CAD[illegible]

DATE RECEIVED & ACCEPTED MO 12 DAY 23 YR 83

FORM NO. DHS 8022A 1/1/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH
7 4 744 P Street
Sacramento CA 95814

P.O.# 3178
SHIPPER# 12486

UNIFORM HAZARDOUS WASTE MANIFEST

2/22/84

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

STATE ID NUMBER 83410696

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3290 E. Willow St.
Signal Hill, CA 90806

AREA CODE/PHONE NUMBER Joan 231/427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CIAX 0 0 0 4 2 1 6 8

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

VEH/CONTAINER NO 00 04 26 01 1

EPA ID NUMBER CIAD 0 4 2 8 4 5 0 0 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 CIAD 0 4 2 8 4 5 0 0 1

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		00 06 10	GAL	01 02	DM	2 11 1	0 1
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroedthylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
gold 46.7 gals. waste 5.9 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 Thomas E. Miles

MO 02 DAY 24 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Jim Ballerree

DATE REC'D & ACCEPTED MO 02 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

Printed or typed full name and signature STEVE SIMPSON Steve Simpson

EPA ID NUMBER CAD 0 4 2 2 4 5 0 0 1

DATE RECEIVED & ACCEPTED MO 02 DAY 27 YR 84

FORM NO DHS-3022A 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

01/24/84

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #12369
P.O.#3169

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

STATE ID NUMBER 83410964

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
H.L.M LABELING
3290 E. Willow St.
Signal Hill, Ca. 90806

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000421618

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 CHEMCIAL 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. (FLEXOSOLVENT)		60	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	10		
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
gulled 44.5 gals. waste 10.1 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 Elizabeth P Fogel — MO 01 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 Sidney Solomon — DATE REC'D & ACCEPTED MO 01 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

STEVE SIMPSON Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 26 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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Ravi Mathur MAY 16, 1984

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

STATE ID NUMBER 83493967

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO. (Marks)
3290 E. Willow
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000042168

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.
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	DISI MET
Hazardous Waste, Liquid N.O.S-ORM-E (FLEXOSOLVENT)	NA 9119	80	G	03	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	55		
N-Butanol	40	15		
Photo Polymer Resin	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 E P Foegue — MO 05 DAY 18 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 05 DAY 18 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 05 DAY 22 YR 84

Printed or typed full name and signature STEVE SIMPSON

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

UNIFORM HAZARDOUS WASTE MANIFEST
March 23, 1984

Department of Health Services
Shipper 297369
P.O.# 3199

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

STATE ID NUMBER 83494157

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING CO.
3290 E. Willow St.
Signal Hill, CA 90806
AREA CODE/PHONE NUMBER 213/427-7630

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX 010 010 421 618

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

VEH./CONTAINER NO. 425017
EPA ID NUMBER CAD 041 21 241 5 0 01

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
CAD 042 245 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)	NA 9189	060	G	02	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	55		
N-Butyl Alcohol	40	15		
Photo Polymer Resin				

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

SPECIAL HANDLING INSTRUCTIONS
yield 46.3 gals. waste 10.4 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

MO 03 DAY 26 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Salomon
DATE REC'D & ACCEPTED MO 03 DAY 26 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD 042 245 0 01

DATE RECEIVED & ACCEPTED MO 03 DAY 27 YR 84

FORM NO DHS-8022A 11-82

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83-87967

fornia—Health and Welfare Agency
US WASTE MANAGEMENT BRANCH
, CA 95814

April 26, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 5485
Shipper #11262

STATE ID NUMBER 83029788

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

JUN 03 1983

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABELING
3920 E. Willow
Long Beach, CA 90806
AREA CODE/PHONE NUMBER 427-7630

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA X000042168

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

VEH./CONTAINER NO. 4 2 5 0 7

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 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	21	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHELYNE	70	55		
POLYMER RESIDUAL	40	10		
N-BUTYL ALCOHOL				

SPECIAL HANDLING INSTRUCTIONS
gelled 37.0 gals
water 13.5 gals.

2$30 cal

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 Thomas E. Nile 4/29/83 MO. 4 DAY 29 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Isaac Woods Jr

DATE REC'D & ACCEPTED MO. 4 DAY 29 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 D0 42245001

DATE RECEIVED & ACCEPTED MO. 05 DAY 02 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83352437

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
HLM LABLEING CO.
3290 E. WILLOW
LONG BEACH, CA 90806
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000042168

TRANSPORTER NO 1
C&W CHEMICALS CO. INC.
1328 WILLOW ST.
LOS ANGELES, CA 90013

VEH./CONTAINER NO. 0A2038DM
EPA ID NUMBER CAD048478499

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICALS
12504 E. WHITTER
WHITTER, CA.
AREA CODE/PHONE NUMBER

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
WASTE ORM-A	UN 1693	000040	G	003	DM	212	02

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLORETHYLENE	95	85%		
OIL	15	05%		

SPECIAL HANDLING INSTRUCTIONS
GLOVES

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

Thomas Niles X Thomas Niles
Printed or typed full name and signature

MO 8 DAY 17 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
JOSE GARCIA X Jose G. Garcia
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 8 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

JOHN HALTE
Printed or typed full name and signature

EPA ID NUMBER C|A|D|0|4|2|2|4|5|0|0|1

DATE RECEIVED & ACCEPTED MO 09 DAY 20 YR 84

FORM NO. DHS 8022A 11/82

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