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

May 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUL 6 1983

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

STATE ID NUMBER 83029837

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

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X000034348

AREA CODE/PHONE NUMBER

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

VEH CONTAINER NO: 42507
EPA ID NUMBER: CA DO 4224500 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
CA D 4224500 1

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	670	G	02	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 382 gals
waste 14.2 gals.

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

Printed or typed full name and signature: Steve Clarke 5-16-83 MO 5 DAY 16

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

TO BE FILLED IN BY TRANSPORTER

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

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: Steve Simpson

EPA ID NUMBER: CA DO 4224500 1

DATE RECEIVED & ACCEPTED: MO. 5 DAY 16 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

14.34

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

May 31, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

JUL 6 1983

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

STATE ID NUMBER 83029895

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

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000084348

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

VEH/CONTAINER NO 42507

EPA ID NUMBER CA DO 42245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO

EPA ID NUMBER

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

EPA ID NUMBER CA DO 42245001

AREA CODE PHONE NUMBER 698-0991

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

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

SPECIAL HANDLING INSTRUCTIONS
yield 60.1 gals. waste 234 gals.
4 @ $30 GAL

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

Printed or typed full name and signature Steven Clarke

MO 6 DAY 2 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Dennis Woodard

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

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

DATE RECEIVED & ACCEPTED MO 5 DAY 31 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

JUNE 16, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83029918

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

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CA XO 00039545

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

VEH. CONTAINER NO. 42507
EPA ID NUMBER CAD0 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH. CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
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)	NA9188	160	G	02	DIM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
gallon 38.0 gal. waste 14.4 gal.

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

Printed or typed full name and signature Steve Clark MO. 6 DAY 16 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Tony Lebron
DATE REC'D & ACCEPTED MO. 6 DAY 16 YR. 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA D0 42245001

DATE RECEIVED & ACCEPTED MO. 6 DAY 16 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

JUNE 22, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

P.O.# 3911
SHIPPER# 039

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

STATE ID NUMBER 830299955

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA XO 00034348

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

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

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER
CA D 42245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP METH
HAZARDOUS SUBSTANCE, LIQUID N.O.S. (FLEXOSOLVENT) ORM-E	NA9188	610	G	02	DM	2111	01

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

SPECIAL HANDLING INSTRUCTIONS
filled 34.5 gals waste 21.1 gals.

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

Printed or typed full name and signature H. ~~[illegible]~~ Steve Clark

MO. 6 DAY 23 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature [illegible]
DATE REC'D & ACCEPTED MO. 6 DAY 23 YR. 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER CA DO 42245001

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

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

05/16/2000 "ORIGINAL MANIFEST COPY"

JULY 12, 1983

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #110
SHIPPER #11527

STATE ID NUMBER 8 30229996

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

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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA XO 000032348

TRANSPORTER NO 1
OMEGA CHEMICAL CORPORATION
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	90	G	08	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
spilled 45 gals waste 7.4 gals.

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

Printed or typed full name and signature: [illegible] 3 mins 2 retnc

MO 7 DAY 13 YR 83

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: Henry Solomi

DATE REC'D & ACCEPTED MO 7 DAY 13 YR 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature:

DATE REC'D & ACCEPTED MO DAY YR

DISCREPANCY INDICATION SPACE

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

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

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED MO 7 DAY 12 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

California—Health and Welfare Agency
DOUS WASTE MANAGEMENT BRANCH
Street
, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

August 5, 1983

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

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

STATE ID NUMBER 83212219

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000 0 8 2 2 4 8

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

VEH CONTAINER NO
EPA ID NUMBER CAD 0 4 224 5 0 01

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD 0 4 2 24 5 0 0

PROPER U S DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous waste, Liquid N.O.S. - ORM-E	N A 9 1 89	0 ~~00~~ 90	G	~~02~~ 2	DM	2 1 1	01
(FLEXOSOLVENT)							

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

SPECIAL HANDLING INSTRUCTIONS
Gall 64.6 gals. waste 17.8 gals. ft. 6 gals. Regarding for customer future use

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

Printed or typed full name and signature Steve Smith

MO 8 DAY 8 YR

☒ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

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

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 CAD 0 4 2 24 5 0 01

DATE RECEIVED & ACCEPTED MO 0 8 DAY 09 YR 8 3

TSDF SENDS THIS COPY TO DOUS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

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

JULY 25, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83212270

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE STREET
SO. EL MONTE, CA. 91733

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA XO 00034348

AREA CODE/PHONE NUMBER

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

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

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER
CA DO 42245001

AREA CODE/PHONE NUMBER 698-0991

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
HAZARDOUS SUBSTANCE, LIQUID N.O.S (FLEXOSOLVENT) ORM-E	NA 9188	90 ~~60~~	G	3 ~~4~~	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
field E.P. gals waste 60 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: Steve Clark 3 drums returned 3 drums?

MO 7 DAY 27 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: Harry Solomon

DATE REC'D & ACCEPTED MO 7 DAY 27 YR 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature: STEVE SIMPSON

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED MO 7 DAY 26 YR 83

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1414 744 P Street
Sacramento CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST
AUGUST 18, 1983

Shipper 11708
P.O.# 228

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

STATE ID NUMBER 83212290

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD 000 3 4 8 4 8

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

VEH CONTAINER NO
EPA ID NUMBER
CAD 042 245 0

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
CAD 042 245 0

PROPER U S DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYP	WASTE CAT NO	DS M
Hazardous waste, Liquid N.O.S.-ORM-E	NA 9189	060	G	02	DM	211	0
(FLEXOSOLVENT)							

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

SPECIAL HANDLING INSTRUCTIONS
full 45.5 gals waste 11.0 gals.

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

Printed or typed full name and signature Steven Clarke

MO 8 DAY 9 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
Printed or typed full name and signature Amy Solomon
DATE REC'D & ACCEPTED MO 8 DAY 19 YR 83

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

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 CAD 042 245 001
DATE RECEIVED & ACCEPTED MO 8 DAY 24 YR 83

Printed or typed full name Steve Simpson

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

ARDOUS WASTE MANAGEMENT BRANCH
'44 P Street
mento CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.# 249
Shipper #11757

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

STATE ID NUMBER 83212318

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA K0000 3448

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

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

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP

EPA ID NUMBER: CA DO 42245001

AREA CODE PHONE NUMBER 698-0991

PROPER U S D O T SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Substance, Liquid N.O.S. (FLEXOSOLVENT) ORM-E	NA 9188	60	G	02	DM	21 1	01

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

SPECIAL HANDLING INSTRUCTIONS
Gold 43.0 gals. waste 7.4 gals.

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

Printed or typed full name and signature: Steve Clark

MO 8 DAY 3 YR 83

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

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

DATE REC'D & ACCEPTED: MO 8 DAY 30 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: Steve Simpson

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED: MO 08 DAY 31 YR 83

DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/27/2000 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

Sept. 14, 1983

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

STATE ID NUMBER 83212371

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

TO BE FILLED IN BY GENERATOR

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

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

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

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

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER
C A D0 4 2 245 0 01

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S.- ORM-E	N A9 1 8 9	0 9 0	G	0 3	DM	2 11 01	
(FLEXOSOLVENT)							

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

SPECIAL HANDLING INSTRUCTIONS
yield 63.3 gals. waste 7.0 gals.

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

Printed or typed full name and signature Pat Olsen

MO 9 DAY 15 YR 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon

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

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature Steve Simpson

EPA ID NUMBER C A D0 4 2 245 0 01

DATE RECEIVED & ACCEPTED MO. 0 9 DAY 16 YR 8 3

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST

Oct. 4, 1983

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

STATE ID NUMBER 83376124

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

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

AREA CODE PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAD 100 134 348

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

VEH/CONTAINER NO
EPA ID NUMBER CAD 042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER 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 TYP	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S.-ORM-E	NA 9189	0 60	G	04	DM	2 1 01	
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	LOWER	UNITS %	PPM

SPECIAL HANDLING INSTRUCTIONS
yield 86.1 gals waste 23.9 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.

PAT OLCTA
Printed or typed full name and signature

MO 10 DAY 07 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 10 DAY 07 YR 83

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

DATE REC'D & ACCEPTED MO DAY YR

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 04 YR 83

04/27/2000 "ORIGINAL MANIFEST COPY"

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

10/13/83

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#634
Shipper #11958

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

STATE ID NUMBER 83376135

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA KQ 000034348

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

MAY 14 1984

VEH./CONTAINER NO.: 00 01 42 5 07
EPA ID NUMBER: CA DO 42245001

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

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

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

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

MAY 10 1984 California Department of Health Services SACRAMENTO

SPECIAL HANDLING INSTRUCTIONS
yield 48.2 gals. waste 9.6 gals

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

Printed or typed full name and signature PAT OLOTOA — MO. 10 DAY 13 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 10 DAY 13 YR. 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON — EPA ID NUMBER CA DO 42245001 — DATE RECEIVED & ACCEPTED MO. 10 DAY 14 YR. 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/19/2002 "ORIGINAL MANIFEST COPY"

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

10/20/83

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #11999
P-01-648-E

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

STATE ID NUMBER 83376170

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 Dupree
S. ElMonte, Ca. 91733

AREA CODE/PHONE NUMBER 444-7755

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

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

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

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSDI FACILITY
OMEGA CHEMICAL CORP.

AREA CODE/PHONE NUMBER 698-0991

EPA ID NUMBER CA D 0 42 2 45 00 1

TO BE FILLED IN BY GENERATOR

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

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

SPECIAL HANDLING INSTRUCTIONS
yield 45.9 gals. waste 8.7 gals

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

Printed or typed full name and signature PAT OLUTOA

MO DAY YR

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Harry Gelona

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 C AD 04 2 2 45 001

DATE RECEIVED & ACCEPTED MO 12 DAY 24 YR 83

FORM NO. DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

UNIFORM HAZARDOUS WASTE MANIFEST
12/21/83

Department of Health Services
Shipper # 12267

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

STATE ID NUMBER 83410607

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX00003434 8

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

VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid NOS -ORM-E (FLEXOSOLVENT)	NA 9189	0010	G	003	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 71.9 gals. waste 11.5 gals

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

PAT OLOTCA
Printed or typed full name and signature

MO DAY YR

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 12 DAY 22 YR 83

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 12 DAY 23 YR 83

FORM NO DHS-8022A 11-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

12.81

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

P.O.# 1110
SHIPPER#12454

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410676

TO BE FILLED IN BY GENERATOR

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

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

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E WHITTIER BLVD
WHITTIER CALIF 90602
VEH CONTAINER NO 00043507
EPA ID NUMBER CAD042245001

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

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

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
HAZARDOUS WASTE, LIQUID N.O.S.		0000910	GAL	0013	D M	211.011	
FLEXOSOLVENT							

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

SPECIAL HANDLING INSTRUCTIONS
yield 71.7 gals. waste 17.2 gals

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

MO DAY YR

Printed or typed full name and signature PAT A OTOA

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 02 DAY 15 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 02 DAY 16 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

83-07967

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

P.O.#2565-677

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

STATE ID NUMBER 83410834

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

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

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

SPECIAL HANDLING INSTRUCTIONS

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

VAL FERNANDEZ
Printed or typed full name and signature

MO 11 DAY 27 YR 84

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

TO BE FILLED IN BY TRANSPORTER

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

DATE REC'D & ACCEPTED MO 11 DAY 27 YR 84

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

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 11 DAY 27 YR 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87987

06/19/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

01/19/84

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

P.O.#990
Shipper#12347

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410958

TO BE FILLED IN BY GENERATOR

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

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA X 00 00 34 34 8

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

VEH/CONTAINER NO 0 00 4 25 07

EPA ID NUMBER C AD 0 4 22 45 001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.

EPA ID NUMBER C A D0 422 45001

AREA CODE/PHONE NUMBER 213/698-0991

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

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

SPECIAL HANDLING INSTRUCTIONS
spilled 68.2 gals waste 13.0 gals.

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

MO DAY YR

Printed or typed full name and signature PAT OLOTOA

☐ 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 1 DAY 23 YR 84

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D & ACCEPTED MO DAY YR

Printed or typed full name and signature

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 422 45 001

DATE RECEIVED & ACCEPTED MO 01 DAY 24 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

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

July 18, 1984

STATE ID NUMBER 83493834

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

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX00003448

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

VEH CONTAINER NO 412507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

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

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

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature PAT OLETOA MO 7 DAY 20 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Coleman
DATE REC'D & ACCEPTED MO 7 DAY 20 YR 84

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

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 07 DA 20 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

04/27/2000 "ORIGINAL MANIFEST COPY"

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

06/22/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83493935

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000034348

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

VEH/CONTAINER NO: 00042507
EPA ID NUMBER: CAD042245001

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

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

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

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

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature PAT OLIVER

MO 6 DAY 25 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 6 DAY 25 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 06 DAY 25 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

May 31, 1984

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

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

STATE ID NUMBER 83493963

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000034348

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

VEH/CONTAINER NO 42WTOS
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.
AREA CODE/PHONE NUMBER 213/698-0991
b
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)	NA9189	120	G	04	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature PAT OKADA

MO 6 DAY 4 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 6 DAY 4 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Printed or typed full name and signature STEVE SIMPSON
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 06 DAY 04 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-67967

06/19/2002 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST
May 4, 1984

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

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

STATE ID NUMBER 83494076

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

VEH./CONTAINER NO. 412507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

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

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

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

SPECIAL HANDLING INSTRUCTIONS
yield 50.0 gals. waste 7.8 gals.

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

Printed or typed full name and signature PAT OLOTOA — MO 5 DAY 07 YR 84

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

TO BE FILLED IN BY TRANSPORTER

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

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Printed or typed full name and signature STEVE SIMPSON Steve Simpson
EPA ID NUMBER CAD042245001
DATE RECEIVED & ACCEPTED MO 05 DAY 08 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

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

P.O.#1428

04/19/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83494135

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000034348

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

VEH CONTAINER NO: 00082507
EPA ID NUMBER: CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER: CAD042245001

PROPER US DOT SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
HAZARDOUS WASTE, LIQUID N.O.S (FLEXOSOLVENT)	NA9189	120	G	54	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature: AL M. FERNANDEZ

MO. DAY YR

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 4 DAY 24 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. DAY YR

Printed or typed full name and signature

FORM NO DHS 8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST
MARCH 30, 1984

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

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

STATE ID NUMBER 83494173

TO BE FILLED IN BY GENERATOR

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

AREA CODE PHONE NUMBER 213/444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX 000 003 143 148

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

VEH/CONTAINER NO: 425017
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 DOT SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
Hazardous Waste, Liquid N.O.S.-ORM-E (FLEXOSOLVENT)	NA 9189	090	G	03	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS
yield 68.2 gals waste 13.1 gals.

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

Printed or typed full name and signature

MO 4 DAY 2 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

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

DATE REC'D & ACCEPTED MO 4 DAY 02 YR 84

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

DATE REC'D & ACCEPTED MO DAY YR

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD 042 245 001

DATE RECEIVED & ACCEPTED MO 03 DAY 04 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-67987

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

P.O.#1246
Shipper#287869

03/12/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83494190

MAY 14 1984

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

AREA CODE/PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

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

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

AREA CODE/PHONE NUMBER 213/698-0991

TO BE FILLED IN BY GENERATOR

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

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

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

SPECIAL HANDLING INSTRUCTIONS
yield 69.4 gals. waste 14.0 gals

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

Printed or typed full name and signature PAT OLOTOA — MO. 03 DAY 14 YR 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon — DATE REC'D & ACCEPTED MO. 3 DAY 14 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

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

FORM NO. DHS-8022A 11/82 — TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS — 83-87987

06/19/2002 "ORIGINAL MANIFEST COPY"

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

UNIFORM HAZARDOUS WASTE MANIFEST

August 20, 1984

Department of Health Services
P.O. # 2112-677
Shipper 308405

STATE ID NUMBER 83564081

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

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
C A D 0 0 0 3 4 3 4 8

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

VEH./CONTAINER NO. 4 2 5 0 7
EPA ID NUMBER C A D 0 4 2 2 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.
AREA CODE/PHONE NUMBER 213/698-0991
EPA ID NUMBER C A D 0 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
Hazardous Waste, Liquid NOS -ORM-E (FLEXOSOLVENT)	N A9 1 1 8 9	1150	G	5	DM	2 1 1	01

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

SPECIAL HANDLING INSTRUCTIONS

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

PAT OLOTCA Pat Olotca
Printed or typed full name and signature

MO. 8 DAY 28 YR 84

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

TO BE FILLED IN BY TRANSPORTER

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

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON 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. 08 DAY 20 YR 84

FORM NO DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

63-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

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

P.O.#2199-677

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83564114

GENERATOR NAME AND MAILING ADDRESS	MANIFEST DOCUMENT NUMBER / EPA ID NUMBER
LABEL HOUSE 9852 DUPREE S. EL MONTE, CA. 91733 AREA CODE PHONE NUMBER (213) 444-7755	CAX000034348

TRANSPORTER NO 1	VEH /CONTAINER NO	EPA ID NUMBER
OMEGA CHEMICAL CORP. 12504 E. WHITTIER BLVD. WHITTIER, CA. 90602	00425 07	CAD042245001

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

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

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

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROEHTYLENE	70	60		
N-BUTYL ALCOHOL	20	5		
PHOTO POLYMER RESIN	15	10		

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature PATREIL OLOTOA | MO 9 | DAY 10 | YR 84

( ) Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Sotoro | DATE REC'D & ACCEPTED MO 09 | DAY 10 | YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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

DISCREPANCY INDICATION SPACE

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	DATE RECEIVED & ACCEPTED MO	DAY	YR
CAD042245001	09	10	84

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

FORM NO 8022A 1-82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/20/2002 "ORIGINAL MANIFEST COPY"

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

P.O.#2324-652

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83564164

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

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

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

VEH CONTAINER NO 00042507
EPA ID NUMBER CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

TO BE FILLED IN BY GENERATOR

PROPER U S D O T SHIPPING NAME AND HAZARD CLASS	UN NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
HAZARDOUS WASTE, LIQUID N.O.S -ORM-E FLEXOSOLVENT	NA9189	120 ~~50~~	G	4 ~~2~~	D M	21 1	0 1

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

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature PRIMA OLOTOA — MO 10 DAY 08 YR 84

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Henry Solomon — DATE REC D & ACCEPTED MO 10 DAY 08 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 10 DAY 08 YR 84

FORM NO DHS 8022A 11 82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

06/19/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

P.O.#2709-677

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St.
S. El Monte, CA. 91733

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

A. State Manifest Document Number: 84341274

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP,

6. US EPA ID Number: CAD042245001

C. State Transporter's ID:

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

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

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

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

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: P. OLOTOA — Signature: P. Olota — Date (Month Day Year): 1 9 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr. — Signature: Isaac Woods Jr. — Date (Month Day Year): 1 9 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVE SIMPSON — Signature: Steve Simpson — Date (Month Day Year): 10 10 85

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

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

84 59541

06/19/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of

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

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

4. Generator's Phone

A. State Manifest Document Number: 84341326

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Chemical Corp.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 52699

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

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

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

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: PRIMA OLOTOA — Signature: [signature] — Date (Month Day Year): 2 6 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr. — Date (Month Day Year): 2 6 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: [signature] — Date (Month Day Year): 0 2 06 85

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

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

84 82541

06/19/2002 "ORIGINAL MANIFEST COPY"

March 15, 1985

Shipper 14115

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., So. El Monte, CA 91733

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

A. State Manifest Document Number: 84341450

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 52699

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD 042 245 001

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

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

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Peña — Signature: George Peña — Date (Month Day Year): 3/15/85

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

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

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

84 80541

06/19/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of

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

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., S. El Monte, Ca. 91733

4. Generator's Phone ( )

A. State Manifest Document Number: 84341599

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 605569

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

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

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: [illegible] — Signature: [illegible] — Date (Month Day Year): 7 22 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIM BALTERRA — Signature: [illegible] — Date (Month Day Year): 07 22 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: [illegible] — Date (Month Day Year): 07 22 85

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

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

84 80541

06/20/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

2

4-22-85

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000023238 | Manifest Document No.

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., S. El Monte, CA 91733

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

A. State Manifest Document Number: 84341604

B. State Generator's ID: CAX000 023 238

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 62571

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD 042 245 001

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

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S. UN1693 (FLEXOSOLVENT)	004	DM	1360	P	
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Peña | Signature: George Peña | Date (Month Day Year): 04 24 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr. | Date (Month Day Year): 04 24 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON | Signature: Steve Simpson | Date (Month Day Year): 04 24 85

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

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

84 86841

04/26/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

June 7, 1985

Shipper

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE (Val)
9852 Dupree St., So. El Monte, CA 91733
4. Generator's Phone (213) 444-7755

A. State Manifest Document Number: 84341719

B. State Generator's ID

5. Transporter 1 Company Name: Omega Chemical Corp.
6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62526

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

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp.
1504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. Waste ORM-A N.O.S. NA 1693 ORM-A N.O.S. (FLEXOSOLVENT)	01	DT	120	G	211
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: PETE TOVAR | Signature: Pete Tovar | Date: Month 6 Day 10 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr. | Date: Month 6 Day 10 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

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

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

DHS 8022 A (7/84)

04/26/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

C

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of

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

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., S. El Monte, Ca. 91733

4. Generator's Phone ( )

A. State Manifest Document Number 84341949

B. State Generator's ID CAX000034348

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

C. State Transporter's ID 62520

D. Transporter's Phone 213/698-0991

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

E. State Transporter's ID

F. Transporter's Phone

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

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S NA 1693 ORM-A (Flexosolvent)	05	DM	15 GAL	G	211
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a) R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: JERRY SMALL — Signature: Jerry Small — Date: Month 10 Day 30 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date: Month 10 Day 30 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Date: Month 10 Day 30 Year 85

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

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

84 89641

06/20/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., S. El Monte, Ca. 91733

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

A. State Manifest Document Number: 84345265

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECCVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62592

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

GENERATOR

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

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

K. Handling Codes for Wastes Listed Above
R01

15 Special Handling Instructions and Additional Information
GLOVES, GOGGLES

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

Printed/Typed Name: VAL FERNANDEZ — Signature: [signature] — Date: Month Day Year 032486

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC WOODS II — Signature: [signature] — Date: Month Day Year 3 24 86

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

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: STEVEN SIMPSON — Signature: [signature] — Date: Month Day Year 032486

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

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

84 60541

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16175

State of California—Health and Welfare Agency

April 18, 1986

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000034348
Manifest Document No:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Label House
9852 Dupree, El Monte, Calif.
4. Generator's Phone (818) 444-7755

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

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

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

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

GENERATOR

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

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: VAL FERNANDEZ
Signature: [signature]
Date: Month Day Year 04 22 86

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

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

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

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

84 89541

06/20/2002 "ORIGINAL MANIFEST COPY"

January 20, 1986

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034338 | Manifest Document No.

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

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

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

A. State Manifest Document Number: 84720035

B. State Generator's ID: CAX000034338

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

D. Transporter's Phone: 213/698 0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

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

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Howard Williams | Signature | Date: Month Day Year 1 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Sam Woods Jr | Signature | Date: Month Day Year 01 12 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON | Signature | Date: Month Day Year 01 12 86

GENERATOR — TRANSPORTER — FACILITY

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

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

84 89641

04/25/2000 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., El Monte, Ca.
4. Generator's Phone (818) 444-7755

A. State Manifest Document Number: 86534423
B. State Generator's ID: CAX000034348

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

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

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

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

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR — Printed/Typed Name: VAL FERNANDEZ | Signature | Month Day Year: 05 27 86

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES WOODS | Signature | Month Day Year: 05 27 86

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

FACILITY — 19. Discrepancy Indication Space
RECEIVED 93.1 GAL.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON | Signature | Month Day Year: 05 27 86

DHS 8022 A (11/85)
(EPA 8700—22)

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

86534423

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16327

June 30, 1986

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A X 0 0 0 0 3 4 3 4 8 — Manifest Document No.

2. Page 1 of

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

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

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

A. State Manifest Document Number: 86534466

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

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

C. State Transporter's ID: 701737

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

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

G. State Facility's ID: CAD042245001

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

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste ORM-A N.O.S. NA 1693 ORM-A (Flexosolvent)	005	DM	1519	G	211
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
Rol

15. Special Handling Instructions and Additional information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Gilbert Tellez — Signature: Gilbert Tellez — Month Day Year: 7 1 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 07 01 86

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Month Day Year: 07 01 86

GENERATOR — TRANSPORTER — FACILITY

86534466

DHS 8022 A (11/85)
(EPA 8700—22)

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

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16406

7/18/86

State of California—Health and Welfare Agency

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAXD003434348 — Manifest Document No.

2. Page 1 of

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

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

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

A. State Manifest Document Number: 86534514

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CADO42245001

C. State Transporter's ID: 701737

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CADO42245001

G. State Facility's ID: CAD042245001

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

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste ORM-A N.O.S. (Flexosllvent) NA 1693 ORM-A	003	DM	90	G	211
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: VAL FERNANDEZ — Signature: [signature] — Month Day Year: 07/21/86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: [signature] — Month Day Year: 07/21/86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: [signature] — Month Day Year: 07/21/86

86534514

GENERATOR — TRANSPORTER — FACILITY

DHS 8022 A (11/85)
(EPA 8700—22)

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

8.15

06/20/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348

Manifest Document No.

2. Page 1 of

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

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree St., So. El Monte, Ca. 91733

4. Generator's Phone ( )

A. State Manifest Document Number 86534574

B. State Generator's ID ~~CAX000000000~~ CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID 701736

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S, NA 1693 ORM-A (Flexosolvent)	7 06	DM	APPROX 200 GAL	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Perchloroethylene N-Butanol Methyl Ethylketone Xylol

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Nick Bowers | Signature | Month Day Year: 8 12 86

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space
RECEIVED 132.6 gal

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON | Signature | Month Day Year: 08 26 86

DHS 8022 A (11/85)
(EPA 8700—22)

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

86534574

06/20/2002 "ORIGINAL MANIFEST COPY"

Shipper 16676

10/1/86

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

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

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

A. State Manifest Document Number: 86534674

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 70173

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

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

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: X Gerald R. Whitte — Signature: X [signature] — Month Day Year: 10 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

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

86534674

DHS 8022 A (11/85)
(EPA 8700—22)

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

06/20/2002 "ORIGINAL MANIFEST COPY"

11/18/86

Shipper 16819

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A X 0 0 0 0 3 4 3 4 8 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

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

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

A. State Manifest Document Number: 86534778

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: Omega Recovery Services

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

C. State Transporter's ID: 701737

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

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

G. State Facility's ID: CAD042245001

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

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent)	0 04	DM	00120	G	211
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: GERALD R. WHITTLE — Signature: Gerald R. Whittle — Month Day Year: 11 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC WOODS JR — Signature: Isaac Woods Jr — Month Day Year: 11 12 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name — Signature — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

86534778

DHS 8022 A (11/85)
(EPA 8700—22)

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

06/20/2002 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 — Manifest Document No.

2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree, S. El Monte, Ca.

4. Generator's Phone ( )

A. State Manifest Document Number: 86544077
B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 701735
D. Transporter's Phone: 213/698-0991

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

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

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

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: e/

15. Special Handling Instructions and Additional Information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Jenobeba Baeran — Signature: Jenobeba Baeran — Month Day Year: 1/1 12/1/87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM BATIERRA — Signature: Jim Batiera — Month Day Year: 10/2/87

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10/2/87

DHS 8022 A (11/85)
(EPA 8700—22)

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

86544077

06/20/2002 "ORIGINAL MANIFEST COPY"

3/25/87

Shipper # 17191

State of California — Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000034348
Manifest Document No:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 Dupree, S. El Monte, Ca

4. Generator's Phone ( )

A. State Manifest Document Number: 8254 1 89

B. State Generator's ID: CAX000034348

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

C. State Transporter's ID: 170,735

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

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

E. State Transporter's ID

F. Transporter's Phone

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

G. State Facility's ID: CAD042245001

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a. WASTE ORM-A N.O.S, NA 1693 ORM-A (Flexosolvent)	01	DM	00150	P	211
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 03 27 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Frank Woods Jr | Signature: [illegible] | Month Day Year: 03 27 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month Day Year

DHS 8022 A (11/85)
(EPA 8700—22)

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

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

5/14/87 SHIPPER# 17380

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CI AX 0 0 0 0 3 4 3 4 8
Manifest Document No:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

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

A. State Manifest Document Number: 87114029
B. State Generator's ID: CI AX 0 0 0 0 3 4 3 4 8
C. State Transporter's ID: 803785
D. Transporter's Phone: 213/698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CI AD 0 4 2 2 4 5 0 0 1
7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD.
WHITTIER, CA 90602
10. US EPA ID Number: CI AD 0 4 2 2 4 5 0 0 1
G. State Facility's ID: CI AD 0 4 2 2 4 5 0 0 1
H. Facility's Phone: 213/698-0991

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

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

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

15. Special Handling Instructions and Additional Information

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

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Weeks III Signature: [illegible] Month Day Year: 05/19/87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD Signature: Frank Ford Month Day Year: 05/19/87

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

06/20/2002 "ORIGINAL MANIFEST COPY"

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

7-16-87 SHIPPER 17585

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348
Manifest Document No.

2. Page 1 of 1

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

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

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

A. State Manifest Document Number: 87114179

B. State Generator's ID: CAX000034348

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID

D. Transporter's Phone: 213 698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S. NA 1693 ORM-A (FLEXOSOLVENT)	004	DM	110	G	State 211 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

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

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

15. Special Handling Instructions and Additional Information

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

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

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

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 07 20 87

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

06/20/2002 "ORIGINAL MANIFEST COPY"

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

08/20/87 Shipper 17687

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000343348 — Manifest Document No:

2. Page 1 of — Information in the shaded areas is not required by Federal law.

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

4. Generator's Phone (818 444 7755

A. State Manifest Document Number: 87114250

B. State Generator's ID: CAX000343348

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: CA560

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Kuta — Signature — Month Day Year: 8 26 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature — Month Day Year: 8 26 87

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

06/20/2002 "ORIGINAL MANIFEST COPY"

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

10/13/87

Shipper 17840

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A X 00 0 0 34 3 48
Manifest Document No.

2. Page 1 of 1

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

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

4. Generator's Phone (818 444-7755

A. State Manifest Document Number: 87114356

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CA D 0 4 2 2 4 5 00

C. State Transporter's ID: 803745

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CA D 0 4 2 24 5 001

G. State Facility's ID: CAD042245001

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

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

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

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 10/16/87

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

06/20/2002 "ORIGINAL MANIFEST COPY"

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

04-14-88 SHIPPER 15238

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX 000 034 348
Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 DUPREE, SO ELMONTE, CA 91733
4. Generator's Phone (818) 444-7755

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

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

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID CAD042245991
H. Facility's Phone (213) 698-0991

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: VAL M. FERNANDEZ
Signature: Val M. Fernandez
Month Day Year: 04 22 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Month Day Year: 04 22 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 04 22 88

GENERATOR
TRANSPORTER
FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

06/20/2002 "ORIGINAL MANIFEST COPY"

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

08-30-88 SHIPPER 18370

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 034 348
Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 DUPREE, SO ELMONTE, CA 91733
4. Generator's Phone (818) 444-[illegible]55

A. State Manifest Document Number: 87119125
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA REOCVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 904878
D. Transporter's Phone: (213) 698-0991

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

9. Designated Facility Name and Site Address
OMEGA REOCOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245901
H. Facility's Phone: (213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT)	006	DM	001800	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Cunningham
Signature: Robert J. Cunningham
Month Day Year: 09 01 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 09 01 88

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88) 10-25-88 SHIPPER 18593
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX 000 034 348 — Manifest Document No.

2. Page 1 of 1

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

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

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

A. State Manifest Document Number 87119283

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 904879

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD042245001

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

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

GENERATOR

Printed/Typed Name: NICK BURNIP — Signature — Month Day Year 10 31 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J. CIRINGIONI — Signature — Month Day Year 10 31 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature — Month Day Year 10 31 88

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

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

INSTRUCTIONS ON THE BACK

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

11/28/88 SHIPPER #18760

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX 000 034 348

Manifest Document No.

2. Page 1 of 1

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

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

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

A. State Manifest Document Number 87119458

B. State Generator's ID

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES

6. US EPA ID Number CAD 042 245 001

C. State Transporter's ID 904879

D. Transporter's Phone 213/698-0991

Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number CAD 042 245 001

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S. NA 1693 ORM-A (FLEXOSOLVENT)	013	DM	900190	G	State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: VAL M. FERNANDEZ — Signature — Month Day Year 1/20/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J. Curinleon — Signature — Month Day Year 1/20/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature — Month Day Year 1/20/88

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

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

12/21/87 Shipper 18046

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000034348
Manifest Document No.

2. Page 1 of 1

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

A. State Manifest Document Number: 87119555

B. State Generator's ID

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

4. Generator's Phone ( )

C. State Transporter's ID: 803785

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

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

E. State Transporter's ID

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

F. Transporter's Phone

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

G. State Facility's ID: CAD042245001

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

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: LYNN EVANS
Signature:
Month Day Year: 12/30/87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature:
Month Day Year: 12/30/87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature:
Month Day Year: 12/30/87

GENERATOR — TRANSPORTER — FACILITY

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

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

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

INSTRUCTIONS ON THE BACK

05/30/2001 "ORIGINAL MANIFEST COPY"

02/13/89

Shipper 20541

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA XO 0 0 0 0 3 4 3 4 8

Manifest Document No.

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Label House
9852 Dupree, Sc. 11 Cute, CA 91733

4. Generator's Phone (818) 444-755

A. State Manifest Document Number: 88293534

B. State Generator's ID

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD 042245 001

C. State Transporter's ID: 904879

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001

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

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: VAL FERNANDEZ — Signature: [signature] — Month Day Year: 02/15/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J. Cringean — Signature: [signature] — Month Day Year: 02/15/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature: [signature] — Month Day Year: 02/13/89

GENERATOR 1 2 3 4 — TRANSPORTER — FACILITY

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

88293534

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

Do Not Write Below This Line

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

8902 24 0073 197

04-06-89 SHIPPER 20607 See Instructions on Back of Page 6 and Front of Page 7

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX000034348 | Manifest Document No.

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

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

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

A. State Manifest Document Number: 8 8293749

B. State Generator's ID

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

C. State Transporter's ID: 904880

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT)	013	DM	010910	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J Cirignani | Signature: Robert J Cirignani | Month Day Year: 10/4/1989

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 10/4/1989

GENERATOR — TRANSPORTER — FACILITY

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

88293749

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

Do Not Write Below This Line

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

06/20/2002 "ORIGINAL MANIFEST COPY"

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 980 814 321
Manifest Document No. 415131218
2. Page 1 of
Information in the shaded areas is not required by Federal law.

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

A. State Manifest Document Number 88345328
B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 208452
D. Transporter's Phone 213/698-0991

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

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

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

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

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

15. Special Handling Instructions and Additional Information
Profile #B10045
*Emergency#818/444-7755

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

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

Printed/Typed Name: JOE DI MOLA
Signature: Joe Di Mola
Month Day Year: 10-30-91 | 10 | 30 | 91

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON
Signature: N. Jay Solomon
Month Day Year: 10 | 30 | 91

GENERATOR
TRANSPORTER
FACILITY

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

88345328

Do Not Write Below This Line

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

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

08-02-89 SHIPPER 15454

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD980814321 Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.
A. State Manifest Document Number 88614641
B. State Generator's ID
3. Generator's Name and Mailing Address
LABEL HOUSE
9852 DUPREE., SO. EL MONTE, CA 91733
4. Generator's Phone (818) 444-7755
C. State Transporter's ID 010-285
D. Transporter's Phone (213) 698-0991
5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES
6. US EPA ID Number CAD042245001
E. State Transporter's ID
7. Transporter 2 Company Name
8. US EPA ID Number
F. Transporter's Phone
9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number CAD042245001
G. State Facility's ID CAD042245001
H. Facility's Phone (213) 698-0991

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

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

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

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

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

Do Not Write Below This Line

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

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

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

EMERGENCY

88614641

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD 980961321
Manifest Document No:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 88614847
B. State Generator's ID:
C. State Transporter's ID: 072
D. Transporter's Phone: 213/698-0991
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

3. Generator's Name and Mailing Address
Label House
9852 Dupree St., So. El Monte, CA
4. Generator's Phone (818 444-7755

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042 245 001
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Waste ORM-A NOS NA 1693 ORM--A (Flexosolvent)	002	DM	00985	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: VAL M. FERNANDEZ
Signature: Val M. Fernandez
Month Day Year: 09 25 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T CIRINCIONI
Signature: Robert T Cirincioni
Month Day Year: 09 25 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 09 25 89

Do Not Write Below This Line

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

DTSC 8022 A (1/88)
DHS 5700—22
(Rev. 9-88) Previous editions are obsolete.

88614847

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

DETACH HERE

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 980 814 321
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: 88615542

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

B. State Generator's ID

4. Generator's Phone (818 444-7755

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

C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

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

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)	6	DM	001/120		State 211 / EPA/Other F001
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B10045

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

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

Printed/Typed Name: WAYNE VAN DYNE
Signature: Wayne Van Dyne
Month Day Year: 11 01 5910

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert [illegible]
Signature: [illegible]
Month Day Year: 11 01 5910

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: John HALTE
Signature: [illegible]
Month Day Year: 11 01 1990

Do Not Write Below This Line

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

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

GENERATOR

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

88615542

05/29/2001 "ORIGINAL MANIFEST COPY"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 6-30-91)
Please print or type. (Form designed for use on elite (12-pitch) typewriter).

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 980 814 331
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
LABEL HOUSE
9852 MAX SHAPIRO WAY.., SO EL MONTE, CALIF 91733
4. Generator's Phone (818 444-7755

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

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 012337
D. Transporter's Phone: 213/ 698-0991

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD 041 224 580 1
H. Facility's Phone: 213/ 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)	003 ~~004~~	DM	00090	G	State / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER _____

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

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

Printed/Typed Name: VAL M. FERNANDEZ
Signature: Val M. Fernandez
Month Day Year: 1 20 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CIRINGIONI
Signature: Robert J. Ciringioni
Month Day Year: 1 20 8 9

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 1 20 8 9

GENERATOR
TRANSPORTER
FACILITY

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

88676055

Do Not Write Below This Line

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

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

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 980 814 321
Manifest Document No
2. Page 1 of
Information in the shaded areas is not required by Federal law.

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

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

A. State Manifest Document Number 88684660
B. State Generator's ID
C. State Transporter's ID 110237
D. Transporter's Phone 213 698-0991
E. State Transporter's ID
F. Transporter's Phone

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

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

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)	005	DM	001150	G	State 211,212 / EPA/Other F001,F003
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

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

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

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

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

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

Printed/Typed Name: NICK L. BURVIP
Signature
Month Day Year: 03 14 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J CARINGEONI
Signature
Month Day Year: 03 14 91

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 03 14 91

GENERATOR
TRANSPORTER
FACILITY

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

88684660

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

Do Not Write Below This Line

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

generator_name	LABEL HOUSE
lc_name:	L.A. SUPPLY COMPANY
lc_calc_volume:	29.199 tons

manifest_number	manifest_quantity_ton
83029837	0.2502 tons
83029895	0.5004 tons
83029918	0.2502 tons
83029955	0.2502 tons
83029996	0.3753 tons
83212219	0.3753 tons
83212270	0.3753 tons
83212290	0.2502 tons
83212318	0.2502 tons
83212371	0.3753 tons
83376124	0.2502 tons
83376135	0.2502 tons
83376170	0.2502 tons
83410607	0.3753 tons
83410676	0.3753 tons
83410834	0.5004 tons
83410958	0.3753 tons
83493834	0.5004 tons
83493935	0.5004 tons
83493963	0.5004 tons
83494076	0.2502 tons
83494135	0.5004 tons
83494173	0.3753 tons
83494190	0.3753 tons
83564081	0.6255 tons
83564114	0.2502 tons

83564164	0.5004 tons
84341274	0.72 tons
84341326	0.3753 tons
84341450	0.5004 tons
84341599	0.69 tons
84341604	0.68 tons
84341719	0.5004 tons
84341949	0.6255 tons
84345265	0.5004 tons
84345336	0.5004 tons
84720035	0.5004 tons
86534423	0.388225 tons
86534466	0.6255 tons
86534514	0.3753 tons
86534574	0.55294 tons
86534674	0.5004 tons
86534778	0.5004 tons
86544077	0.71 tons
86544189	0.6255 tons
87114029	0.5004 tons
87114179	0.5004 tons
87114250	0.5004 tons
87114356	0.5004 tons
87118719	0.7506 tons
87119125	0.7506 tons
87119283	0.2502 tons
87119458	0.3753 tons
87119555	1.14675 tons
88293534	0.3753 tons
88293749	0.3753 tons

88345328	0.56295 tons
88614641	0.5004 tons
88614847	0.35445 tons
88615542	0.5004 tons
88676055	0.3753 tons
88677509	0.3753 tons
88684660	0.6255 tons

generator_name	LABEL HOUSE
lc_name:	L.A. SUPPLY COMPANY
lc_calc_volume:	31.1421 tons

manifest_number	manifest_quantity_ton
83029837	0.2502 tons
83029895	0.5004 tons
83029919	1 tons
83029955	0.2502 tons
83029996	0.3753 tons
83212219	0.3753 tons
83212270	0.3753 tons
83212290	0.2502 tons
83212318	0.2502 tons
83212371	0.3753 tons
83376124	0.2502 tons
83376135	0.2502 tons
83376145	0.8 tons
83376170	0.2502 tons
83410607	0.3753 tons
83410676	0.3753 tons
83410834	0.5004 tons
83410958	0.3753 tons
83493834	0.5004 tons
83493935	0.5004 tons
83493963	0.5004 tons
83494076	0.2502 tons
83494135	0.5004 tons
83494173	0.3753 tons
83494190	0.3753 tons
83564081	0.6255 tons

83564114	0.2502 tons
83564164	0.5004 tons
84341274	0.72 tons
84341326	0.3753 tons
84341450	0.5004 tons
84341599	0.69 tons
84341604	0.68 tons
84341719	0.5004 tons
84341949	0.6255 tons
84345265	0.5004 tons
84345336	0.5004 tons
84720035	0.5004 tons
86534423	0.5004 tons
86534466	0.6255 tons
86534514	0.3753 tons
86534574	0.834 tons
86534674	0.5004 tons
86534778	0.5004 tons
86544077	0.71 tons
86544189	0.6255 tons
87114029	0.5004 tons
87114179	0.5004 tons
87114250	0.5004 tons
87114356	0.5004 tons
87118719	0.7506 tons
87119125	0.7506 tons
87119283	0.2502 tons
87119458	0.3753 tons
87119555	1.14675 tons
88293534	0.3753 tons

88293749	0.3753 tons
88345328	0.56295 tons
88614641	0.5004 tons
88614847	0.35445 tons
88615542	0.5004 tons
88676055	0.3753 tons
88677509	0.3753 tons
88684660	0.6255 tons

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

JUNE 16, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83029918

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

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA XO 00039545

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

VEH. CONTAINER NO. 42507
EPA ID NUMBER CAD041224500 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 CA D0 42245001

AREA CODE/PHONE NUMBER 698-0991

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

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

SPECIAL HANDLING INSTRUCTIONS
yield 38.0 gals. waste 14.4 gals.

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

Printed or typed full name and signature [signature] MO. 6 DAY 16 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

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

EPA ID NUMBER CA D0 42245001

DATE RECEIVED & ACCEPTED MO. 6 DAY 16 YR. 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS