generator_name	MOORE BUSINESS FORMS
lc_name:	Moore Wallace North America, Inc. 2237
lc_calc_volume:	3.2526 tons

manifest_number	manifest_quantity_ton
83029657	0.6255 tons
83029988	0.8757 tons
83376176	0.2502 tons
83410960	0.8757 tons
83494175	0.6255 tons

TSD

California Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
Sacramento, CA 90814

UNIFORM HAZARDOUS WASTE MANIFEST

February 24, 1983

Department of Health Services
714/526-2271
P.O.# 200348

STATE ID NUMBER 83029657

GENERATOR NAME AND MAILING ADDRESS
MOORE BUSINESS FORMS
800 So. Raymond Ave.
Fullerton, CA 92631
P.O. Box 3160 (92634)

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
Small generator

AREA CODE PHONE NUMBER

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

VEH. CONTAINER NO. | EPA ID NUMBER
CAD042245001

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH. CONTAINER NO. | EPA ID NUMBER

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

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. (FLEXOSOLVENTO - ORM-E	NA BT 89	150	Gal.	015			

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Methylene chloride	70	50		
Toluene	25	10		
Acetone	40	10		

SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION
4/4 to 62
5430-00

I 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. 02 DAY 23 YR. 83

Printed or typed full name and signature

Back if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D ACCEPTED MO. 2 DAY 25 YR. 83

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTE

DATE REC'D & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

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 23 YR. 83

Printed or typed full name and signature

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

TO BE FILED BY GENERATOR

TO BE FILED BY TRANSPORTER

TO BE FILED BY TSDF

RECEIVING 7:00 to 3:00

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

UNIFORM HAZARDOUS WASTE MANIFEST

July 6, 1983

Department of Health Services
Shipper 312632
P.O.#FTN 0000-193

STATE ID NUMBER 83029988

Please print or type with ELITE type (1-2 characters per inch).

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MOORE BUSINESS FORMS
300 So. Raymond Ave.
Fullerton, CA 92631
AREA CODE/PHONE NUMBER 714/526-2271

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAX000041921

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

VEH./CONTAINER NO.

EPA ID NUMBER CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER CAD042245001

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP. METH.
Hazardous waste, Liquid N.O.S.-ORM-E							
(FLEXOSOLVENT)	UN 9189	210	G	07	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	50		
N-Butanol	15	10		
Photo Polymer Resin	40	10		

SPECIAL HANDLING INSTRUCTIONS
guld 133.6 gals
waste 36.6 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.

MO. DAY YR.

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

H.S. Henry Solomon

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

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.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER CAD042245001 MO. 07 DAY 13 YR 83

STEVE SIMPSON

Printed or typed full name and signature

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

10/21/89

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

STATE ID NUMBER 83376176

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MOORE BUSINESS FORMS
800 S. Raymond
Fullerton, Ca. 92631

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000041901

AREA CODE/PHONE NUMBER

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

VEH. CONTAINER NO. 00 042 507
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

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. (FREEXOSOLVENT) ORM-E	NA 9189	60	G	2	DM	411	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Ethylene Glycol	20	50		
10 Butanol	15	40		
Phenol Polymer Resin	40	10		

SPECIAL HANDLING INSTRUCTIONS
2 PID Empties Also — 1 empty capacity 55 Gal. waste 16 Gal.

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

MO 10 DAY 20 YR 89

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE REC'D & ACCEPTED MO 10 DAY 25 YR 89

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 42245001

DATE RECEIVED & ACCEPTED MO 10 DAY 27 YR 89

Printed or typed full name and signature STEVE SIMPSON

FORM NO. DHS 8022A 1/78

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
January 23, 1984

Department of Health Services
P.O.# 6201576
Shipper 12356

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

STATE ID NUMBER 83410960

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MOORE BUSINESS FORMS
3730 So. Capitol Ave.
City of Industry, CA 91749
AREA CODE PHONE NUMBER 213/692-9653

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000041921

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

VEH./CONTAINER NO
EPA ID NUMBER
CAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
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	NA 9189	210 ~~270~~	G	7	~~DT~~ DM	211	01
(FLEXOSOLVENT)							

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	50		
N-Butyl Alcohol	15	10		
Photo Polymer Resin	40	10		

SPECIAL HANDLING INSTRUCTIONS
P/u 2 deposit drums. H.S. yield 124.1 gals. waste 37.5 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

MO DAY YR

Printed or typed full name and signature

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO 01 DAY 25 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

Steve Simpson STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 01 DAY 25 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87987

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

04/02/84

SHIPPER #018
P.O.#6208363

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83494175

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
MOORE BUSINESS FORMS
3730 S. CAPITOL AVE.
CITY OF INDUSTRY, CA. 91749

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000041921

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 213/698-0991

EPA ID NUMBER CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	CONTAINER TYPE	WASTE CAT NO	DISP METH
HAZARDOUS WASTE, LIQUID N.O.S							
FLEXOSOLVENT	NA 9189	160	G	05	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	70	50		
PHOTO POLYMER RESIN	40	10		
N-BUTYL ALCOHOL	15	10		

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

SPECIAL HANDLING INSTRUCTIONS
yield 76 gals. waste 21.3 gals

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

Printed or typed full name and signature S.R. [illegible] 4-6-84 MO 04 DAY 06 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 [signature]
DATE REC'D & ACCEPTED MO 04 DAY 06 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 [signature]
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 04 DAY 10 YR 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

4 NO DHS 8022A 11/82

83-8796