# POOR LEGIBILITY

**ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ DUE TO THE QUALITY OF THE ORIGINAL**

SFUND RECORDS CTR
2294902

# Revised Manifest Summary Report

**PARA PLATE**
**Para-Plate Plastics Co., Inc.**

| | Manifest Date | Bates# | Manifest# | Quantity | Units | Gallons | Code | # Trips | Assessed (gl) Volume | |
|---|---|---|---|---|---|---|---|---|---|---|
| ↑ | 10·17·83 | | 83376131 | | 917.4 | LBS | | CMP | | |
| | 6·22·83 | | 83029937 | | 250.2 | LBS | | CMP | | |
| PRE | 8·5·83 | | 83212218 | | 667.2 | LBS | | CMP | | |
| 1986 | 9·7·83 | | 83212340 | | 750.6 | LBS | | CMP | | |
| | 3·28·84 | | 83494162 | | 500.4 | LBS | | CMP | | |
| ↓ | 10·28·85 | | 84341942 | | 917.4 | LBS | | CMP | | |
| ↓ | 4·19·88 | | 87114436 | | 500.4 | LBS | | CMP | | |
| POST | 3·16·88 | | 87118639 | | 375.3 | LBS | | CMP | | |
| 1986 ↑ | 5·9·88 | | 87118777 | | 500.4 | LBS | | CMP | | |
| ↓ | 04/04/1983 | | 83029734 | | 1000.8 | LBS | | CMP | | |
| | 06/08/1983 | | 83029903 | | 750.6 | LBS | | CMP | | |
| | 01/31/1984 | | 83410733 | | 500.4 | LBS | | CMP | | |
| | 05/10/1984 | | 83494051 | | 500.4 | LBS | | CMP | | |
| | 08/14/1984 | | 83564065 | | 500.4 | LBS | | CMP | | |
| | 09/27/1984 | | 83564148 | | 250.2 | LBS | | CMP | | |
| | 11/07/1984 | | 83410809 | | 500.4 | LBS | | CMP | | |
| | 12/19/1984 | | 84341247 | | 720 | LBS | | CMP | | |
| | 01/23/1985 | | 84341307 | | 250.2 | LBS | | CMP | | |
| | 03/07/1985 | | 84341420 | | 1834.8 | LBS | | CMP | | |
| | 03/28/1985 | | 84341476 | | 250.2 | LBS | | CMP | | |
| PRE | 04/16/1985 | | 84341518 | | 750.6 | LBS | | CMP | | |
| | 05/13/1985 | | 84341650 | | 250.2 | LBS | | CMP | | |
| 1986 | 06/12/1985 | | 84341723 | | 500.4 | LBS | | CMP | | |
| | 07/24/1985 | | 84341726 | X | 1000.8 | LBS | | CMP | | |
| | 08/21/1985 | | 84341798 | | 360 | LBS | | CMP | | |
| | 10/10/1985 | | 84341894 | | 1000.8 | LBS | | CMP | | |
| | 12/12/1985 | | 84881768 | | 750.6 | LBS | | CMP | | |
| | 01/21/1986 | | 84720033 | | 458.7 | LBS | | CMP | | |
| | 03/24/1986 | | 84345264 | | 1000.8 | LBS | | CMP | | |
| | 04/16/1986 | | 84345323 | | 1376.1 | LBS | | CMP | | |
| | 05/07/1986 | | 84345354 | | 250.2 | LBS | | CMP | | |
| | 05/19/1986 | | 86534416 | | 375.3 | LBS | | CMP | | |
| | 06/24/1986 | | 86534457 | | 208.5 | LBS | | CMP | | |
| | 08/07/1986 | | 86534545 | | 750.6 | LBS | | CMP | | |
| | 10/06/1986 | | 86534705 | | 1000.8 | LBS | | CMP | | |
| ↑ | 12/04/1986 | | 86534799 | | 750.6 | LBS | | CMP | | |
| ↓ | 01/16/1987 | | 86544073 | | 300 | LBS | | CMP | | |
| TO END | 02/26/1987 | | 86544135 | | 1000.8 | LBS | | CMP | | |
| POST 1986 | | | | | | | | | | |

## Revised Manifest Summary Report

**PARA PLATE**
**Para-Plate Plastics Co., Inc.**

| Manifest Date | Bates# | Manifest# | Quantity | Units | Gallons | Code | # Trips | Assessed (gl) Volume | |
|---|---|---|---|---|---|---|---|---|---|
| 03/27/1987 | | 86544176 | | 750.6 | LBS | | CMP | | |
| 05/11/1987 | | 87114012 | | 834 | LBS | | CMP | | |
| 08/14/1987 | | 87114229 | | 750.6 | LBS | | CMP | | |
| 09/14/1987 | | 87114288 | | 500.4 | LBS | | CMP | | |
| 10/02/1987 | | 87114318 | | 500.4 | LBS | | CMP | | |
| 11/25/1987 | | 87119016 | | 1000.8 | LBS | | CMP | | |
| 01/08/1988 | | 87119560 | | 750.6 | LBS | | CMP | | |
| 01/22/1988 | | 87118531 | | 250.2 | LBS | | CMP | | |
| 02/15/1988 | | 87118559 | | 750.6 | LBS | | CMP | | |
| 02/25/1988 | | 87118582 | | 250.2 | LBS | | CMP | | |
| 03/24/1988 | | 87118663 | | 500.4 | LBS | | CMP | | |
| 06/01/1988 | | 87118830 | | 417 | LBS | | CMP | | |
| 06/12/1988 | | 87118810 | | 500.4 | LBS | | CMP | | |
| 07/13/1988 | | 87118908 | | 500.4 | LBS | | CMP | | |
| 07/28/1988 | | 87118967 | | 667.2 | LBS | | CMP | | |
| 08/17/1988 | | 87119063 | | 500.4 | LBS | | CMP | | |
| 09/20/1988 | | 87119180 | | 750.6 | LBS | | CMP | | |
| 09/22/1988 | | 87119183 | | 250.2 | LBS | | CMP | | |
| 10/07/1988 | | 87119222 | | 500.4 | LBS | | CMP | | |
| 10/26/1988 | | 87119280 | | 500.4 | LBS | | CMP | | |
| 11/17/1988 | | 87119433 | | 500.4 | LBS | | CMP | | |
| 12/02/1988 | | 87119437 | | 500.4 | LBS | | CMP | | |
| 01/04/1989 | | 87119619 | | 1000.8 | LBS | | CMP | | |
| 01/17/1989 | | 88293421 | | 8214.9 | LBS | | CMP | | |
| 01/27/1989 | | 88293463 | | 1000.8 | LBS | | CMP | | |
| 02/06/1989 | | 88293500 | | 500.4 | LBS | | CMP | | |
| 02/15/1989 | | 88293536 | | 500.4 | LBS | | CMP | | |
| 03/01/1989 | | 88293578 | | 500.4 | LBS | | CMP | | |
| 03/22/1989 | | 88293668 | | 500.4 | LBS | | CMP | | |
| 04/04/1989 | | 88293722 | | 500.4 | LBS | | CMP | | |
| 04/20/1989 | | 88293780 | | 500.4 | LBS | | CMP | | |
| 04/27/1989 | | 88677330 | | 500.4 | LBS | | CMP | | |
| 05/12/1989 | | 88677394 | | 500.4 | LBS | | CMP | | |
| 05/26/1989 | | 88677452 | | 500.4 | LBS | | CMP | | |
| 06/13/1989 | | 88676928 | | 500.4 | LBS | | CMP | | |
| 06/19/1989 | | 88677505 | | 500.4 | LBS | | CMP | | |
| 07/10/1989 | | 88677598 | | 458.7 | LBS | | CMP | | |
| 07/26/1989 | | 88614613 | | 500.4 | LBS | | CMP | | |

## Revised Manifest Summary Report

**PARA PLATE**
**Para-Plate Plastics Co., Inc.**

| Manifest Date | Bates# | Manifest# | Quantity | Units | Gallons | Code | # Trips | Assessed (gl) Volume | |
|---|---|---|---|---|---|---|---|---|---|
| 08/17/1989 | | 88614738 | | 500.4 | LBS | | CMP | | |
| 09/12/1989 | | 88614793 | | 1251 | LBS | | CMP | | |
| 09/23/1989 | | 88614855 | | 500.4 | LBS | | CMP | | |
| 10/17/1989 | | 88675855 | | 750.6 | LBS | | CMP | | |
| 11/03/1989 | | 88675905 | | 750.6 | LBS | | CMP | | |
| 12/01/1989 | | 88676039 | | 750.6 | LBS | | CMP | | |
| 01/15/1990 | | 88676146 | | 1000.8 | LBS | | CMP | | |
| 02/07/1990 | | 88683229 | | 500.4 | LBS | | CMP | | |
| 02/26/1990 | | 88683306 | | 750.6 | LBS | | CMP | | |
| 03/14/1990 | | 88683364 | | 750.6 | LBS | | CMP | | |
| 03/30/1990 | | 88683443 | | 750.6 | LBS | | CMP | | |
| 04/20/1990 | | 88683498 | | 750.6 | LBS | | CMP | | |
| 05/11/1990 | | 88676962 | | 750.6 | LBS | | CMP | | |
| 05/25/1990 | | 88677028 | | 750.6 | LBS | | CMP | | |
| 06/15/1990 | | 88677093 | | 750.6 | LBS | | CMP | | |
| 06/28/1990 | | 88677161 | | 750.6 | LBS | | CMP | | |
| 07/18/1990 | | 88677229 | | 1376.1 | LBS | | CMP | | |
| 08/01/1990 | | 88615329 | | 500.4 | LBS | | CMP | | |
| 08/20/1990 | | 88615400 | | 1000.8 | LBS | | CMP | | |
| 09/20/1990 | | 88615478 | | 1251 | LBS | | CMP | | |
| 10/05/1990 | | 88615518 | | 708.9 | LBS | | CMP | | |
| 10/17/1990 | | 88615544 | | 750.6 | LBS | | CMP | | |
| 10/24/1990 | | 88615562 | | 500.4 | LBS | | CMP | | |
| 11/05/1990 | | 88615615 | | 750.6 | LBS | | CMP | | |
| 11/20/1990 | | 88681472 | | 750.6 | LBS | | CMP | | |
| 11/30/1990 | | 88681510 | | 750.6 | LBS | | CMP | | |
| 12/11/1990 | | 88681558 | | 750.6 | LBS | | CMP | | |
| 01/09/1991 | | 88681636 | | 2251.8 | LBS | | CMP | | |
| 01/17/1991 | | 88681652 | | 208.5 | LBS | | CMP | | |
| 01/28/1991 | | 88681701 | | 500.4 | LBS | | CMP | | |
| 02/12/1991 | | 88681756 | | 1501.2 | LBS | | CMP | | |
| 03/01/1991 | | 88684604 | | 2335.2 | LBS | | CMP | | |
| 03/14/1991 | | 88684665 | | 2502 | LBS | | CMP | | |
| 03/27/1991 | | 88684704 | | 1709.7 | LBS | | CMP | | |
| 04/01/1991 | | 88684711 | | 458.7 | LBS | | CMP | | |
| 05/01/1991 | | 88684801 | | 1501.2 | LBS | | CMP | | |
| 05/16/1991 | | 88684824 | | 1668 | LBS | | CMP | | |
| 05/31/1991 | | 88684891 | | 1251 | LBS | | CMP | | |

## Revised Manifest Summary Report

**PARA PLATE**
**Para-Plate Plastics Co., Inc.**

| Manifest Date | Bates# | Manifest# | Quantity | Units | Gallons | Code | # Trips | Assessed (gl) Volume | |
|---|---|---|---|---|---|---|---|---|---|
| 06/07/1991 | | 88684913 | | 1000.8 | LBS | | CMP | | |
| 07/03/1991 | | 88346409 | | 2001.6 | LBS | | CMP | | |
| 07/16/1991 | | 88346450 | | 700.56 | LBS | | CMP | | |
| 08/01/1991 | | 88346491 | | 1501.2 | LBS | | CMP | | |
| 08/14/1991 | | 88346554 | | 1084.2 | LBS | | CMP | | |
| 08/28/1991 | | 88346570 | | 1000.8 | LBS | | CMP | | |
| 09/26/1991 | | 88346646 | | 2001.6 | LBS | | CMP | | |
| 10/14/1991 | | 88345303 | | 750.6 | LBS | | CMP | | |
| 11/06/1991 | | 88345368 | | 1668 | LBS | | CMP | | |
| 12/16/1991 | | 88345451 | | 2460.3 | LBS | | CMP | | |

Total Records: 124 Default Volume: 0 Total Waste Volume: 52.3938

2453

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1-744 P Street
Sacramento, CA 95814

10/12/83

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

Shipper #11955
P.O.#3107

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

STATE ID NUMBER 83376131

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARAPPLATE
3242 E. Olympic Blvd.
Los Angeles, Ca. 90023
AREA CODE/PHONE NUMBER 268-4288

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAXOOOO36483

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

VEH./CONTAINER NO. 0 00 42 5 08
EPA ID NUMBER CA D0 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO
EPA ID NUMBER

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

EPA ID NUMBER
CA D0 42245001

AREA CODE/PHONE NUMBER 698-0991

| PROPER U.S. D.O.T SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT. NO. | DISP. METH. |
|---|---|---|---|---|---|---|---|
| Hazardous Waste Liquid N.O.S. (FLEXOSOLVENT) | NA 9188 | 08 | G | 02 | DM | 111 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 14 | 12 | | |
| Photo Polymer Resin | 30 | 20 | | |

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO. 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. 10 DAY 12 YR. 83

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

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

EPA ID NUMBER CA D0 42245001

DATE RECEIVED & ACCEPTED MO. DAY YR.

FORM NO. DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

05/31/2001 "ORIGINAL MANIFEST COPY"

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

# UNIFORM HAZARDOUS WASTE MANIFEST

June 20, 1983

Department of Health Services
Shipper #020
P.O.# 3681

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

STATE ID NUMBER 83029937

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE (Tony)
3242 E. Olympic Blvd.
Los Angeles, CA 90023
AREA CODE/PHONE NUMBER 213/268-4281

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX00003483

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.
12504 E. Whittier Blvd.
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. | | 30 | | 1 | DM | 211 | 9 |
| (FLEXOSOLVENT) | NA9189 | ~~150~~ | G | ~~02~~ | ~~DM~~ | ~~211~~ | ~~01~~ |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLORETHYLENE | 70 | 60 | | |
| BUTANOL | 14 | 12 | | |
| PHOTOPOLYMER RESIN | 30 | 20 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 13.7 gals waste 88 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. DAY YR.

☐ Check if continuation sheet is used Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 6 DAY 21 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 CAD042245001

DATE RECEIVED & ACCEPTED MO 06 DAY 24 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/01/2001 "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 4, 1983

Department of Health Services
P.O.# 3962
Shipper 11634

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

STATE ID NUMBER 83212218

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE (Max)
3242 E. Olympic Blvd.
Los Angeles, CA 90023

AREA CODE/PHONE NUMBER 213/268-4281

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CA X0 00 0 36 4 83

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

VEH./CONTAINER NO

EPA ID NUMBER CAD 0 4 2 24 5 0 01

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO

EPA ID NUMBER

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

AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER CA D0 4 2 245 0 01

| PROPER U.S. D.O.T SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO. | DISP. METH |
|---|---|---|---|---|---|---|---|
| Hazardous waste, Liquid N.O.S.-ORM-E | N A 9 189 | 080 | G | 0 2 | DM | 2 11 | 01 |
| (FLEXOSOLVENT) | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butyl Alcohol | 14 | 12 | | |
| Photo Polymer Resin | 30 | 20 | | |
| | | | | |

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

MO 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 8 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

EPA ID NUMBER CA D0 4 2 245 0 0 1

DATE RECEIVED & ACCEPTED MO 0 8 DAY YR 8 3

NO DHS-8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER: 83494162

GENERATOR'S NAME AND MAILING ADDRESS
CHEMPLATE
222 E. OLYMPIC BLVD.
LOS ANGELES, CA.

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: CAX000035483

TRANSPORTER NO. 1: OMEGA CHEMICAL CORP.
1250 E. WHITTIER BLVD.
WHITTIER, CA. 90602

TRANSPORTER NO. 2: 00042507 CAD042245001

TRANSPORTER NO. 3 (ALTERNATE FSD FACILITY)

AREA WASTE STORAGE, OR DISPOSAL FSD FACILITY
OMEGA CHEMICAL CORP.

AREA CODE/PHONE NUMBER: 213 688-0984

CAD042245001

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | TYPE | WASTE CODE |
|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S | NA9189 | 60 | G | 02DM | 21 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| PHOTO POLYMER RESIN | 30 | 20 | | |
| N-BUTYL ALCOHOL | 14 | 12 | | |

SPECIAL HANDLING INSTRUCTIONS

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

Printed or typed full name and signature

☐ Check if additional sheets are used. Number of additional sheets

TRANSPORTER 1 ACKNOWLEDGMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED: MO 5 DAY 20 YR 84

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGMENT OF RECEIPT OF ABOVE WASTES — 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 Discrepancy Indication Space above. EPA ID number, name and complete waste number. See instructions.

EPA ID NUMBER: CAD042245001 — DATE RECEIVED & ACCEPTED: MO DAY YR

Printed or typed full name and signature

GENERATOR SENDS THIS COPY TO DOHS WITH WASTE

04/26/2000 "ORIGINAL MANIFEST COPY"

Shipper 14613

State of California—Health and Welfare Agency

October 28, 1985

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: CAX000036483

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
Para Plate
3242 E. Olympic Blvd., LA, CA 90023

4. Generator's Phone ( 213 ) 258-4281

A. State Manifest Document Number: 84341942

B. State Generator's ID: CAX000036483

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. ORM-A NA 1693 (Flexosolvent) | 02 | DM | | 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

VOID

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 | Signature | Date (Month Day Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

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 | Signature | Date (Month Day Year)

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 83541

05/31/2001 "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).*

04-15-88 SHIPPER 15253

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX 000 036 483
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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87114438

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: 9480

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) | 002 | DM | 60 | 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: Frank E. Hernandez
Signature: [signature]
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gil Solomon
Signature: [signature]
Month Day Year: 4/1/88

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: [signature]
Month Day Year: 4/1/88

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). 3-10-88 SHIPPER 18157

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA[illegible]000035483
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
PARA PLATE
15910 SHOEMAKER., CERRITOS, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87118639
B. State Generator's ID:

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 NOS NA 1693 ORM-A (FLEXOSOLVENT) | 002 | DM | ≈45 | 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: Julia V. Rosales
Signature:
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS E. MARTINEZ
Signature: [signature]
Month Day Year: 3 16 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: FRANK FORD
Signature: [signature]
Month Day Year: 03 16 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))

Shipper 18410 5/6/88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 0 00 0 3 64 83
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 218 404-3434

A. State Manifest Document Number: 87118777
B. State Generator's ID:
C. State Transporter's ID: 904880
D. Transporter's Phone: 213-698-0991
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: CAD04224500 1
H. Facility's Phone: 213-698-0991

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: C AD 04 2 2 4 50 0 1

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: C AD 04 2 2 4 50 01

| 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) | 2 | DM | 60 | 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.

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 05 09 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: 05 09 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

California—Health and Welfare Agency
IDOUS WASTE MANAGEMENT BRANCH
...ret
...mento, CA 95814

March 28, 1983

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #3585
Shipper # 11117

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

STATE ID NUMBER 83029734

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE
3242 E. Olympic
Los Angeles, CA.
AREA CODE/PHONE NUMBER 268-4281

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAX000136488

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

VEH./CONTAINER NO.

EPA ID NUMBER
CA DO 122450001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER
CA DO 122450001

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. | DIS MET |
|---|---|---|---|---|---|---|---|
| Hazardous Substance, Liquid N.O.S. Flexosolvent - ORM-E | NA 9188 | 120 | G | 4 | DN | 21 | 01 |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchlorethylene | 70 | 60 | | |
| N-Butanol | 14 | 12 | | |
| Photopolymer resin | 30 | 20 | | |

SPECIAL HANDLING INSTRUCTIONS
Gross 119.1 gals
tare 30.2 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 regulations of the Department of Transportation and the EPA.

Printed or typed full name and signature

MO. 04 DAY 04 YR. 83

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature Isaac Woods Jr.

DATE REC'D & ACCEPTED MO. 4 DAY 4 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 CA DO 122450001

DATE RECEIVED & ACCEPTED MO. 4 DAY 15 YR. 83

06/13/2001 "ORIGINAL MANIFEST COPY"

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

# UNIFORM HAZARDOUS WASTE MANIFEST

June 8, 1983

Department of Health Services
Shipper 11478
P.O.# 3672

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

STATE ID NUMBER 83029903

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS (Tony)
PARA PLATE
3242 E. Olympic Blvd.
Los Angeles, CA 90023
AREA CODE/PHONE NUMBER 213/268-4281

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: CAX00 00 36 4 83

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

VEH/CONTAINER NO

EPA ID NUMBER: CAD04 22 45 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: CAD04 22 45 0 01

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT NO. | DISP. METH |
|---|---|---|---|---|---|---|---|
| Hazardous Substance, Liquid NOS-ORM-E | NA 9 1 B9 | 90 | G | 3 | DM | 211 | 01 |
| (FLEXOSOLVENT) | | | | | | | |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| Butanol | 14 | 12 | | |
| Photo Polymer Resin | 30 | 20 | | |

SPECIAL HANDLING INSTRUCTIONS
yield 39.3 gals waste 26 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 8 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 8 YR 83

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

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: CAD04 22 45 0 01

DATE RECEIVED & ACCEPTED MO 06 DAY 15 YR 83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

ate of California – Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4 744 P Street
cramento CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
February 29, 1983

Department of Health Services
P.O.# 7251
Shipper 358666

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

STATE ID NUMBER 83410733

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE CO.
3242 E. Olympic Blvd.
Los Angeles, CA 90023
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000036483

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 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) | NA9189 | 60 | G | 02 | DM | 2111 | 01 |
| | | | | | | | |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylene | 70 | 60 | | |
| N-Butanol | 14 | 12 | | |
| Photo Polymer Resin | 30 | 20 | | |
| | | | | |

SPECIAL HANDLING INSTRUCTIONS
yield 29.4 gals waste 10.1 gals.

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

Printed or typed full name and signature — MO 02 DAY 1 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 — DATE REC'D & ACCEPTED MO 03 DAY 1 YR 84

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

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

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

STEVE SIMPSON
Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO 03 DAY 02 YR 84

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

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

05/09/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 03494051

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE
3242 E. OLYMPIC
LOS ANGELES, CA.
AREA CODE/PHONE NUMBER 213/268-4281

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000036423

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 213/268-4281
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 FLEXOSOLVENT | NA9189 | 60 | G | 02 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | 70 | 60 | | |
| PHOTO POLYMER RESIN | 30 | 20 | | |
| N-BUTYL ALCOHOL | 14 | 12 | | |

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 [signature] MO 05 DAY 10 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 [signature] DATE REC'D & ACCEPTED MO 05 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

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. 05 DAY 10 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

P.O.#7485

08/13/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83564065

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE PLASTICS
3242 E. OLYMPIC BLVD.
LOS ANGELES, CA. 90023

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CA X 00 00 3 6 48 3

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

VEH./CONTAINER NO. 0 00 42 5 07

EPA ID NUMBER C AD 0 4 22 45 0 01

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER C AD 04 2 2 4 500 1

AREA CODE/PHONE NUMBER 213/698-0991

| PROPER U S D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| HAZARDOUS WASTE, LIQUID N.O.S - ORM-E FLEXOSOLVENT | N A9 1 89 | 60 | G | 08 | D M | 21 1 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| PERCHLOROETHYLENE | | 65 | | |
| PHOTO POLYMER RESIN | | 20 | | |
| N-BUTYL ALCOHOL | | 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 MAX STEVANUS

MO 08 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

DATE REC'D & ACCEPTED MO 08 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.

STEVE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER CA D 0 4 22 45 00 1

DATE RECEIVED & ACCEPTED MO 08 DAY 14 YR 84

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

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

# UNIFORM HAZARDOUS WASTE MANIFEST
Sept. 25, 1984

Department of Health Services
P.O.# 8074
Shipper 13047

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

STATE ID NUMBER 83564148

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
PARA PLATE PLASTICS
3242 E. Olympic Blvd.
Los Angeles, CA 90023
AREA CODE/PHONE NUMBER 213/268-4281

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX000036483

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

VEH/CONTAINER NO: 42507
EPA ID NUMBER: CAD042245001

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

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

| PROPER U S D O T SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid NOS. -ORM- E (FLEXOSOLVENT) | NA9189 | 030 | G | 02 | DM | 211 | 01 |

| COMPONENTS | CONC RANGE UPPER | CONC RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Perchloroethylen | 70 | 60 | | |
| N-Butyl Alcohol | 14 | 12 | | |
| Photo Polymer Resin | 30 | 20 | | |

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

TONY SKRATULIA
Printed or typed full name and signature Tony Skratulia

MO 9 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
Printed or typed full name and signature Henry Solomon Henry Solomon
DATE REC D & ACCEPTED MO 9 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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER: CAD042245001
DATE RECEIVED & ACCEPTED MO 09 DAY 27 YR 84

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

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814 P.O.#6011

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410809

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Para Plate
3242 E. Olympic Blvd.
Los Angeles, Ca.
AREA CODE/PHONE NUMBER 213/268-4281

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000036483

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 FLEXOSOLVENT | NA 9189 | 60 | G | 02 | DM | 211 | 01 |

| 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

MAX STEVANUS — MO 11 DAY 07 YR 84

Printed or typed full name and signature

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
ISAAC Woods Jr — DATE REC'D & ACCEPTED MO 11 DAY 07 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

11-07-84

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

STEVE SIMPSON — EPA ID NUMBER CAD042245001 — DATE RECEIVED & ACCEPTED MO 11 DAY 07 YR 84

Printed or typed full name and signature

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

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)

**A UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No: CAX000036483
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
PARA PLATE
3242 E. Olympic Blvd.
Los Angeles, Ca. 90023 213/698-0991
4. Generator's Phone ( )

A. State Manifest Document Number: 84341247
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID:
D. Transporter's Phone: 213/696-0991

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 (flexosolvent) ORM-A | 02 | DM | 720 | P | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
* PERCHLORETHYLENE
* ~~[illegible]~~ BUTANOL
* PHOTOPOLYMER RESIN

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: MAX STEVANUS
Signature: [signature]
Date (Month Day Year): 12 1 9 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr.
Signature: Isaac Woods Jr.
Date (Month Day Year): 12 1 9 84

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: STEVE SIMPSON
Signature: [signature]
Date (Month Day Year): 12 1 9 84

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

PERMANENT EPA # to follow

State of California—Health and Welfare Agency

January 21, 1985

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 0000 36483
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
PARA PLATE (TONY)
3242 E. Olympic Blvd.
Los Angeles, CA 90023

4. Generator's Phone 213/268-4281

A. State Manifest Document Number: 84341307
B. State Generator's ID: CAX 0000 36483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 55-19
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. Hazardous Waste, Liquid NOS ORM-E NA 9189 (FLEXOSOLVENT) | 1 | DM | 030 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PER CHLORETHYLENE
BUTYL ALCOHOL
PHOTO RESISTER RESIN

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: MAX STEVANUS
Signature: MAX STEVANUS
Date: Month 1 Day 23 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month 1 Day 23 Year 85

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE SIMPSON
Signature: Steve Simpson
Date: Month 01 Day 23 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)

State of California—Health and Welfare Agency

3-7-85

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000036483
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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, CA 90023
4. Generator's Phone ( 213 ) 268-4281 Tony

A. State Manifest Document Number: 84341420
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 5267
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. HAZARDOUS WASTE, LIQUID N.O.S. ORM-A NA1693 (FLEXOSOLVENT) | 6 | DM | 220 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLORETHYLINE
BUTANOL
PACTOPOLYMER

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information
*** 4 Drums - 30 Gallon Drums
2 Drums - 55 Gallon Drums.

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: MAX STEVENS
Signature:
Date: Month 3 Day 7 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date: Month 3 Day 7 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 03 Day 07 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 89541

State of California—Health

Department of Health Services
Toxic Substances Control Division
Sacramento, California

3-27-85

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**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No: CAX000036483
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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, CA 90023
4. Generator's Phone ( 213 ) 268-4281 Tony

A. State Manifest Document Number: 84341476
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
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 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. NA9189 (FLEXOSOLVENT) | 1 | DM | 30 | G | 211 |
| b | | | | | |
| c | | | | | |
| d | | | | | |

J. Additional Descriptions for Materials Listed Above
* PERCHLORETHYLENE
* BUTANOL
* PHOTOPOLYMER RESIN

K. Handling Codes for Wastes Listed Above: D01

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: MAX STEVANUS
Signature: Max Stevanus
Date: Month Day Year 3 27 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Isaac Woods
Signature: Isaac Woods
Date: Month Day Year 3 27 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 03 28 85

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

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

84 80641

Shipper 13653

State of California - Health and Welfare Agency

April 15, 1985

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. CAX000036483 — 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
PARA PLATE
3242 E. Olympic Blvd. L.A., CA 90032

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number 84341518

B. State Generator's ID CAX000036483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID 62569

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 042245001

H. Facility's Phone 213/698-0991

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S. NA 1693 (Flexosolvent) | 3 | DM | 90 | G | 211 |
| b. U. PERCHLOROETHYLENE | | | | | |
| c. U. BUTYL ALCOHOL | | | | | |
| d. U. PHENOLIC RESIN | | | | | |

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: MAX STEVANUS — Signature: [signature] — Date (Month Day Year): 4 15 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr — Signature: Isaac Woods Jr — Date (Month Day Year): 4 15 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: [signature] — Date (Month Day Year): 4 15 85

MAX STEVANUS

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 88541

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CAX000036483 | 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
Para Plate
3242 E. Olympic Blvd., Los Angeles, Ca. 90032

4 Generator's Phone ( )

A. State Manifest Document Number: 84341650

B. State Generator's ID: CAX000036483

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

C. State Transporter's ID: 62369

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

7 Transporter 2 Company Name
8 US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

G. State Facility's ID: CAD042245001

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

| 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12 Containers No | Type | 13 Total Quantity | 14 Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S , NA 1693 (FLEXOSOLVENT) ORM-A | 1 | DM | 30 | G | 211 |
| b. PERCHLORETHYLENE | | | | | |
| c. BUTANOL | | | | | |
| d. PHOTOPOLYMER RESIN | | | | | |

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: MAX STEVANUS | Signature: Max Stevanus | Date: Month 5 Day 13 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month 5 Day 13 Year 85

18. Transporter 2 Acknowledgement or 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 05 Day 13 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 69541

Shipper 14156

State of California—Health and Welfare Agency

June 10, 1985

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: CAX000036483
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
Para Plate
3242 E. Olympic Blvd., Los Angeles, CA 90032

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 84341723
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 62569
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 | Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S NA 1693 ORM-A N.O.S (Flexosolvent) | 02 | DM | 66 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchlorothyl, Butyl Alcohol, Rubberism

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: Tony Skratula
Signature: Tony Skratula
Date: Month 6 Day 12 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month 6 Day 12 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 12 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

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: cax000036483

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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, Ca.

4 Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 84341726

B. State Generator's ID: cax000036483

5 Transporter 1 Company Name: OMEGA CHEMICAL CORP.

6 US EPA ID Number: CAD042245001

C. State Transporter's ID: 52272

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 | 120 | G | 211 |
| b | | | | | |
| c | | | | | |
| d | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLORETHLENE
BUTANOL
PHENOL POLYMERIZED 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: NAT STEVANOS — Signature — Date (Month Day Year): 7 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): 7 24 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19 Discrepancy Indication Space
REC 71.6 gals.

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): 07 24 85

White 15DF 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

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: CAX000036483
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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, Ca.

4. Generator's Phone:

A. State Manifest Document Number: 84341798
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: OMEGA CHEMICAL CORP.
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 CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, Ca. 90602
10. US EPA ID Number: CAD042245001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 ORM-A (Flexosolvent) | 1 | DM | 200 | P | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

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

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: [illegible] Signature: [signature] Date: Month 8 Day 21 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [signature] Date: Month 8 Day 21 Year 85

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

19. Discrepancy Indication Space
RECIEVED 250 lbs

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name: STEVE SIMPSON Signature: [signature] Date: Month 08 Day 21 Year 85

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

DHS 8702-A (7/84)
(EPA 8700-22)

84 89541

State of California—Health and Welfare Agency

October 7, 1985

C

Shipper 14550

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: CAX000036483
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
Para Plate
3242 E. Olympic Blvd., Los Angeles, Calif.
4. Generator's Phone (213) 268-4281

A. State Manifest Document Number: 84341894
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: Omega Chemical Corp.
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 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. ORM-A NA 1693 (Flexosolvent) | 4 | DM | 120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLORETHYLENE
BUTANOL
PHOTOPOLYMER 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: MAX STEVANS
Signature: [signature]
Date: Month 10 Day 10 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J. SAAC Woods Jr
Signature: [signature]
Date: Month 10 Day 10 Year 85

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

FACILITY

19. Discrepancy Indication Space
RELIEVED 76.0 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: [signature]
Date: Month 10 Day 10 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 89541

Para Plate 84341894

Unless I am a small generator who has been exempted by statute or by 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:

Authorized Signature: 10-10-85

Date:

Shipper 14713

Dec. 6, 1985

State of California — Health and Welfare Agency

C

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000036483 | 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
Para Plate
3242 E. Olympic Blvd., Los Angeles, CA

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 84881768

B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: Omega Chemical Corp.

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 Chemical Corp.
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. (Flexosolvent) ORM-A NA 1693 | ~~002~~ 3 | DM | ~~3~~ 90 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
* PERCHLORETHYLENE
* BUTANOL
* PHOTOPOLYMER

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 | Signature | Date (Month Day Year) |
|---|---|---|
| MAX STEVANUS | [signature] | 12 12 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| ISAAC Woods Jr | Isaac Woods Jr. | 12 12 85 |

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space
RECEIVED 701 LACS.

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 | Date (Month Day Year) |
|---|---|---|
| STEVEN SIMPSON | Steve Simpson | 12 12 85 |

84881768

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

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: CAX000036483

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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, Ca.

4. Generator's Phone ( )

A. State Manifest Document Number: 84720033

B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 6257

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) | 02 | DM | 55 | 6 | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
*PERCHLORETHYLENE
*BUTANOL
*1 PHOTOPOLYMER

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: MAX STEVANS
Signature: [signature]
Date: Month Day Year: 1 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date: Month Day Year: 01 22 86

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

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month Day Year: 01 22 86

GENERATOR

TRANSPORTER

FACILITY

84720033

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

White CODE SENDS THIS COPY TO DOHS WITHIN 10 DAYS
Toxic O Box 3000 Sacramento CA 95812

84 69541

Para Plate 84720033

Unless I am a small generator who has been exempted by statute or by 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:

Authorized Signature:

Date: 1-22-86

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.: CAX000036483

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
PARA PLATE
3242 E. Olympic, Los Angeles, Ca. 90023

4 Generator's Phone ( )

A. State Manifest Document Number: 84345254

B. State Generator's ID: CAX000036483

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: 62572

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) | 4 | DM | 120 | G | 211 |
| b | | | | | |
| c | | | | | |
| d | | | | | |

J. Additional Descriptions for Materials Listed Above
Perchloroethylene
N-Butanol
Photopolymer

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: PRESTON ROBIN LEDESMA
Signature: Preston Robin Ledesma
Date: Month 3 Day 24 Year 86

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Date: Month 3 Day 24 Year 86

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

FACILITY

19 Discrepancy Indication Space
RECEIVED 577 GALS

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name: STEVEN SIMPSON
Signature: Steven Simpson
Date: Month 05 Day 24 Year 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 8 00-22)

84 89541

Unless I am a small generator who has been exempted by statute or by 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:

Authorized Signature: Peter R. Leder

Date: 3-24-86

Para Plate 84345264

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: CAX000036483 | 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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, Ca.

A. State Manifest Document Number: 84345323
B. State Generator's ID: CAX000036483

4 Generator's Phone ( )

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 701734
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) | 03 | DM | 75 gallons | G | 211 |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |

J Additional Descriptions for Materials Listed Above: Perchloroethylene Butnol photopolymer

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 | Signature | Date (Month Day Year) |
|---|---|---|
| Preston Robin Ledesma | Preston Robin Ledesma | 4/16/86 |

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| ISAAC Woods Jr | Isaac Woods Jr | 04/16/86 |

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19 Discrepancy Indication Space
RECEIVED 53 GALS.

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 | Date (Month Day Year) |
|---|---|---|
| STEVEN SIMPSON | Steve Simpson | 04/16/86 |

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

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

84 80541

05/31/2001 "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.: CAX000036483
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
PARA PLATE
3242 E. Olympic Blvd., Whittier, Ca. 90602
4. Generator's Phone ( 213 ) 698-0991

A. State Manifest Document Number: 84345354
B. State Generator's ID: CAD042245001
C. State Transporter's ID: 701735
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

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

| 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 | 30 | G | 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 | Signature | Date Month Day Year |
|---|---|---|
| PRESTON ROBIN LEDESMA | Preston R. Ledesma | 5 7 86 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| TIM BALLICKIEL | Tim Ballicki | 05 07 86 |

18. Transporter 2 Acknowledgement or 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 | Signature | Date Month Day Year |
|---|---|---|
| STEVEN SIMPSON | Steve Simpson | 05 09 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

Para Plate 8434554

Unless I am a small generator who has been exempted by statu[illegible]
[illegible] by regulation [illegible] minimization
[illegible] certify that [illegible]
[illegible] of waste
[illegible] economically
[illegible] or
[illegible] present
[illegible] environment.

Generator [illegible]

Authorized Signature [illegible]

Date 5-7-86

May 19, 1986

Shipper 15185

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. CAX000036483 — 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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, CA 90023

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 86534416

B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 70113

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 NOS NA 1693 ORM-A (Flexosolvent) | 002 | DM | 45 | G | 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 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: PRESTON ROBIN LEDESMA — Signature: Preston R. Ledesma — Month Day Year: 05/19/86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TIM BALTERRA — Signature: Tim Balterra — Month Day Year: 05/19/86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Month Day Year: 05/19/86

86534416

DHS 8022 A (11/85)
(EPA 8700—22)

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State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No: CAX000036483 | 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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, Ca. 90023

4. Generator's Phone ( )

A. State Manifest Document Number: 86534457
B. State Generator's ID: CAX000036483

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

C. State Transporter's ID: 701732
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 | Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S, NA1693 ORM-A (Flexosolvent) Z | 1 | DM | 25 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE
N-BUTANOL
PHOTOPOLYMER

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: MAX STEVENS | Signature: [signature] | Month Day Year: 06 24 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods JR | Signature: [signature] | Month Day Year: 06 24 86

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

FACILITY

19. Discrepancy Indication Space
RECEIVED 19.3 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: [signature] | Month Day Year: 06 24 86

86534457

DHS 8022 A (11/85)
(EPA 8700—22)

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Shipper 16447

August 1, 1986

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. CAX000036483 — 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
Para Plate
3242 E. Olympic Blvd., Los Angeles, CA 90023

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 86534545

B. State Generator's ID: CAX000036483

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) | 00 | DM | 90 | G | 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 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: Preston R. LEDESMA — Signature: Preston R. Ledesma — Month Day Year: 08 07 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John HACTE — Signature: [illegible] — Month Day Year: 08 07 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVEN SIMPSON — Signature: Steve Simpson — Month Day Year: 08 07 86

86534545

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(EPA 8700—22)

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10/6 / 86

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No: CAXD 0 0 0 3 6 4 8 3 — 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
Para Plate
3242 E. Olympic Blvd., Los Angeles, CA 90023

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 86534705

B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: Omega Recovery Services — 6 US EPA ID Number: CA D0 4 2 2 4 5 0 0 1

C. State Transporter's ID: 701734

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 D0 4 2 2 4 5 0 0 1

G. State Facility's ID: CAD 042245 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 ORM-A (FLEXOSOLVENT) | 0 04 | 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: Preston Robin Ledesma — Signature: Preston Robin Ledesma — Month Day Year: 10 06 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 10 06 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: Frank Ford — Month Day Year: 10 06 86

GENERATOR

TRANSPORTER

FACILITY

86534705

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(EPA 8700—22)

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State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. CIAIX|0|0|0|0|1|3|6|4|8|3 — 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
Para Plate
3242 E. Olympic Blvd., Los Angeles, Ca. 90023

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 86534799

B. State Generator's ID: CAX000036483

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: 701734

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: |C|A|D|0|4|2|2|4|5|0|0|1

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213/69880991

| 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 N.O.S, NA 1693 ORM-A (Flexosolvent) | 3 | DM | 00019 | 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: PRESTON ROBIN LEDESMA — Signature: Preston Robin Ledesma — Month Day Year: 1/12/04 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods Jr — Signature: Isaac Woods Jr — Month Day Year: 1/12/04 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: Frank Ford — Month Day Year: 1/12/04 86

86534799

DHS 8022 A (11/85)
(EPA 8700—22)

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State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: CAX000036483

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
Para Plate
3242 E. Olympic Blvd., Los Angeles, Ca. 90023

4. Generator's Phone ( 213 268-4281

A. State Manifest Document Number: 86544073

B. State Generator's ID: CAX000036483

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) | 01 | DM | 300 | P | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: X Tony Skratulia — Signature: X Tony Skratulia — Month Day Year: 01 16 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TIM BALTIERRA — Signature: Tim Baltierra — Month Day Year: 01 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: 01 16 87

86544073

DHS 8022 A (11/85)
(EPA 8700—22)

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State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. CAX000036483 | 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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles, Ca. 90023

4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 86544135

B. State Generator's ID: CAX000036483

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 Blv.d
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 (Flexosolvent) | 4 | DM | 120 | G | 211 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

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

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: ALBERT KOIKE | Signature: Albert Koike | Month Day Year: 10 21 6 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ISAAC Woods Jr | Signature: Isaac Woods Jr | Month Day Year: 10 21 6 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 LORD | Signature: Frank Lord | Month Day Year: 10 21 6 87

86544135

DHS 8022 A (11/85)
(EPA 8700—22)

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State of California—Health and Welfare Agency

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No: C|A|X|0|0|0|0|3|6|4|8|3|
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
PARA PLATE
3242 E. Olympic Blvd., Los Angeles
4. Generator's Phone ( 213 ) 268-4281

A. State Manifest Document Number: 86544176
B. State Generator's ID: CAX000036483

5. Transporter 1 Company Name: Omega Chemical Corp.
6. US EPA ID Number: |C|A|D|0|4|2|2|4|5|0|0|1|
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 Chemical Corp.
12504 E. WhittierBlvd.
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 (Flexosolvent) ORM-A | [illegible] | DM | [illegible] | G | [illegible] |
| b. | 003 | DF | 000910 | G | 211 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE 60/50
N. BUTYL ALCOHOL 15/15
PHOTO POLYMER RESIN 25/35

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: ALBERT KOIKE
Signature: [illegible]
Month Day Year: 03 27 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC 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:

86544176

DHS 8022 A (11/85)
(EPA 8700—22)

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State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-88)
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08/13/87

Shipper

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CA X 0 0 00 3 64 83
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
Para Plate
3242 E. Olympic Blvd., Los Angeles, CA 90023
4 Generator's Phone ( 213 268-4281

A State Manifest Document Number: 87114229
B State Generator's ID: C A X 00 0 0 3 64 8 3

5 Transporter 1 Company Name: Omega Recovery Services
6 US EPA ID Number: C A D 0 4 2 24 5 00 1
C. State Transporter's ID: 807783
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 04 2 24 5 001
G State Facility's ID: C A D 0 42 24 5 00 1
H Facility's Phone: 213/698-0991

| 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12 Containers No | Type | 13 Total Quantity | 14 Unit Wt/Vol | I Waste No. |
|---|---|---|---|---|---|
| a Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 003 | DM | 90 | 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: ALBERT KOIKE
Signature: Albert Koike
Month Day Year: 08 14 87

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: Tim Baltierra
Month Day Year: 08 14 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 FUED
Signature: Frank Fued
Month Day Year: 08 14 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

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INSTRUCTIONS ON THE BACK

State of California—Health and Welfare Agency
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9-11-87 SHIPPER 17742

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000036483
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
PARA PLATE
3242 E. OLYMPIC BLVD. LOS ANGELES, CA 90023
4. Generator's Phone (213) 268-4281

A. State Manifest Document Number: 87114288
B. State Generator's ID: CAX000036483

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

C. State Transporter's ID: [illegible]
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) | 002 | DM | 060 | 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: ALBERT KOIKE
Signature: Albert Koike
Month Day Year: 09 11 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BALTIERRA
Signature: [illegible]
Month Day Year: 09 11 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature: ALBERT KOIKE
Month Day Year: 09 11 87

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 11 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
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10-1-87 SHIPPER 17796

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.: CAX000036483
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

**GENERATOR**

3. Generator's Name and Mailing Address
PARA PLATE
3242 E. OLYMPIC BLVD. LOS ANGELES, CA 90023
4. Generator's Phone (213) 268-4281

A. State Manifest Document Number: 87114318
B. State Generator's ID: CAX000036483

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

C. State Transporter's ID: 803755
D. Transporter 1 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) | 002 | DM | 160 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: ALBERT KOIKE
Signature: Albert Koike
Month Day Year: 11 01 12 87

**TRANSPORTER**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TIM BATTERRA
Signature: Tim Batterra
Month Day Year: 11 01 12 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: 11 01 12 87

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EPA 8700—22
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11-23-87 SHIPPER 17963

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAX0000 36483 — 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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90701

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 87119016

B. State Generator's ID

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 803785

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD042245001

G. State Facility's ID: CAD042245001

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

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

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Printed Typed Name: Tony Skratulia — Signature: Tony Skratulia — Month Day Year: 11 25 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 11 25 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: 11 25 87

GENERATOR — TRANSPORTER — FACILITY

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

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

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42 CY Jan. 4, 1987 Shipper 18072

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX000364883
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701
4 Generator's Phone (213) 404-3434

A State Manifest Document Number: 87119560
B State Generator's ID:

5 Transporter 1 Company Name: Omega Chemical Corp.
6 US EPA ID Number: CAD042245001
C State Transporter's ID: 303735
D Transporter's Phone: 213/698-0991

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

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

| 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12 Containers No | Type | 13 Total Quantity | 14 Unit Wt/Vol | I Waste No. |
|---|---|---|---|---|---|
| a Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 003 | DM | 190 | C | State 211 / EPA/Other |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J Additional Descriptions for Materials Listed Above

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

15 Special Handling Instructions and Additional Information

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

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Printed/Typed Name: MAX SIEVANUS
Signature: [signature]
Month Day Year: 01 08 88

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 01 08 88

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

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD
Signature: [signature]
Month Day Year: 01 08 88

GENERATOR — TRANSPORTER — FACILITY

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

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EPA 8700—22
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01/21/88 Shipper 14941

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A X 0 0 0 0 36483 — 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
Para Plate
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number 87118531

B. State Generator's ID

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

G. State Facility's ID CAD042245001

H. Facility's Phone 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 001 | DM | 30 | 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
N-Butyl Alcohol
Photo Resist Resin

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

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: ALBERT KOIKE — Signature: Albert Koike — Month Day Year 1 2 2 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Fred Mittwer — Signature: Fred Mittwer — Month Day Year 1 2 2 8 8

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 2 2 8 8

GENERATOR — TRANSPORTER — FACILITY

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

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02-10-88 SHIPPER 15008

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000036483
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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87118559
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 803783
D. Transporter's Phone: (213) 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A NOS NA 1693 ORM-A (FLEXOSOLVENT) | 003 | DM | 90 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: ALBERT KOIKE
Signature: Albert Koike
Month Day Year: 02 15 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 02 15 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: 02 15 88

GENERATOR

TRANSPORTER

FACILITY

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

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EPA 8700—22
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02/24/88

Shipper 15068

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: C A X 0 0 00 3 6 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
Para Plate
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 213 ) 404-3434

A. State Manifest Document Number: 87118582

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: C AD 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 NOS NA 1693 ORM-A (Flexosolvent) | 001 | DM | 310 | G | State 211 / EPA/Other |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: JULIO A. ROSALES — Signature: Julio A. Rosales — Month Day Year: 02 25 88

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 02 25 88

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19 Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 02 25 88

GENERATOR

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

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

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

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03/23/88

Shipper 15

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: C A X 0 00 0 364 8 3
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701
4. Generator's Phone (213 404-3434

A. State Manifest Document Number: 87118663
B. State Generator's ID:

5. Transporter 1 Company Name: Omega RecoveryServices
6. US EPA ID Number: C A D 04 2 245 00 1
C. State Transporter's ID: 803283
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 04 2 2 45 001
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) | 00 2 | DM | 60 | 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: Tony Skratulia
Signature: Tony Skratulia
Month Day Year: 03 24 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 03 24 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 03 29 88

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

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

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05/27/88 Shipper

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: C A X 9 00 0 3 64 8 3
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701

4 Generator's Phone ( 218 404-3434

A. State Manifest Document Number: 87118830
B. State Generator's ID

5 Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: C A D 04 22 4 5 0 01
C. State Transporter's ID: 904880
D. Transporter's Phone: 213/698-0991

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

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10 US EPA ID Number: C AD 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 NOS NA 9189 ORM-A (Flexosolvent) | 002 | DM | 00050 | G | State 211 / EPA/Other |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15 Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: Tony Skratulia
Signature: Tony Skratulia
Month Day Year: 10 6 0 1 1 88

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods
Month Day Year: 10 6 0 1 1 88

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

FACILITY

19 Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10 6 0 1 1 88

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

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INSTRUCTIONS ON THE BACK

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Ref. 20172 06/10/88

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX 0 0 0 3 6 4 8 3
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 213 ) 404-3434

A. State Manifest Document Number: 87118810
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 0 4 2 2 4 5 0 0 1
C. State Transporter's ID: 904879
D. Transporter's Phone:

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 0 4 2 2 4 5 0 0 1
G. State Facility's ID: CAD 0 4 2 2 4 5 0 0 1
H. Facility's Phone: 213-698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A N.O.S. NA 1693 ORM-A (Flexosolvent) | 2 | DM | 00060 | | 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.

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 6 11 2 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr
Month Day Year: 0 6 1 2 8 8

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: 0 6 2 8 8 8

GENERATOR
TRANSPORTER
FACILITY

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

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EPA 8700—22
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8807 08 0074 2086

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Form Approved OMB No 2050—0039 (Expires 9-30-88)
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06-30-88 SHIPPER 18835

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX 000 036 483
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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701
4 Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87118908
B. State Generator's ID

5 Transporter 1 Company Name: OEMGA RECOVERY 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 RECOVERY SERVICES
12504 E. WHITTIER BLV
WHITTIER, CA 90602
10 US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245091
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) | 002 | DM | 010160 | 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. O1
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: ALBERT FOIKE
Signature: Albert Foike
Month Day Year: 0 7 1 1 3 8 8

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 0 7 1 1 3 8 8

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: 0 7 1 1 3 8 8

GENERATOR
TRANSPORTER
FACILITY

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

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EPA 8700—22
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07/27/88 Shipper 18202

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C AX 0 0 0 03 6 483
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87118967
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: C AD 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: C A D 042 245 001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 0 03 | DM | 80 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: [signature] Signature: FRANK E. HERNANDEZ Month Day Year: 7 28 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS E. MARTINEZ Signature: [signature] Month Day Year: 7 28 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD Signature: [signature] Month Day Year: 7 28 88

GENERATOR / TRANSPORTER / FACILITY

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

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

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08-12-88 SHIPPER 18202

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX 000 036 483
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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87119063
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: 904378
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 REOCVERY 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) 6980991

| 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) | 002 | DM | 010060 | 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.

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Printed/Typed Name: FRANK E. Hernandez
Signature: [signature]
Month Day Year: 10 8 11 7 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 10 8 11 7 8 8

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 8 11 7 8 8

GENERATOR — TRANSPORTER — FACILITY

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

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EPA 8700—22
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09-12-88 SHIPPER 20105

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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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 000 036 483

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
PARA PLATE
15910 SHOEMAKER., CERRITOS, CA 90701

4 Generator's Phone (213) 404-3434

A State Manifest Document Number: 87119180

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 (FLEXOSOLVNET) | 003 ~~002~~ | DM | 01090 | G | State / EPA/Other |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15 Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: ALBERT KOIKE — Signature — Month Day Year: 09 12 88

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J CURINGEON — Signature — Month Day Year: 09 12 88

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19 Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature — Month Day Year: 09 20 88

DHS 8022 A (1/87)
EPA 8700—22
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Form Approved OMB No. 2050—0039 (Expires 9-30-88)
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09-21-88 SHIPPER 18943

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 036 483
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
PARA PLATE
15010 SHOEMAKER,, CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87119183
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: 90486 [illegible]
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) | 001 | DM | 00030 | 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

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Printed/Typed Name: JULIO A. ROSALES
Signature: J A Rosales
Month Day Year: 09 22 88

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

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To P O Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

ite of California—Health and Welfare Agency
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ase print or type. (Form designed for use on elite (12-pitch typewriter).

10/05/88 Shipper 1900

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A D 0 0 0 3 6 4 8 3
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 87119222

B. State Generator's ID:

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: 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: CA D 04 2 2 45 001

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 (Flexosolvent) | 0 02 | DM | 00060 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Tony Skratulia | Tony Skratulia | 10 07 88 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Robert J CIRINGEONI | Robert J Ciringeoni | 10 07 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 | Signature | Month Day Year |
|---|---|---|
| FRANK FORD | Frank Ford | 10 07 88 |

? A (1/87)
—22
8) Previous editions are obsolete.

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03/28/2000 "ORIGINAL MANIFEST COPY"

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SHIPPER 20120 10-23-88

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 000 036 483
Manifest Document No:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
PARA PLATE
15919 SHOEMAKER, CERRITOS, CA 90702

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87119280
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: 90478
D. Transporter's Phone: (213) 698-0991

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

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

10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245001
H. Facility's Phone: (213) 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 002 | DM | 010160 | 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.

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Printed/Typed Name: FRANK E. HERNANDEZ
Signature: Frank E. Hernandez
Month Day Year: 10 26 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT T. CIRINGEONI
Signature: Robert T. Ciringeoni
Month Day Year: 10 26 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 10 26 88

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

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11-16-88 SHIPPER 18676

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: CAX000036483
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
PARA PLATE
15919 SHOEMAKER, CERRITOS, CA 90702
4 Generator's Phone 213 ) 404-3434

A State Manifest Document Number: 87119433
B. State Generator's ID:

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6 US EPA ID Number: CAD042245001
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 RECOVERY SERVICES
2504 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 (FLEXOSOLVENT) | 0012 | DM | 160 | 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.

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Printed/Typed Name: Francisco L. Mata
Signature:
Month Day Year: 11 17 88

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature:
Month Day Year: 11 17 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: 11 17 88

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

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11-28-88 SHIPPER 18745

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: CAX000036483
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
PARA PLATE
15919 SHOEMAKER., CERRITOS, CA 90702

4 Generator's Phone 213 404-3434

A State Manifest Document Number: 87119437

B. State Generator's ID

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

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: 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 | Waste No. |
|---|---|---|---|---|---|
| a WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 01012 | DIM | 010060 | 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.

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Printed/Typed Name: Jose M. Dimas
Signature: [signature]
Month Day Year: 11 28 88

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J. Carrington
Signature: [signature]
Month Day Year: 11 28 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: [signature]
Month Day Year: 11 28 88

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX 000 036 483 — 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:
PARA PLATE
15919 SHOEMAKER, CERRITOS, CA 90702

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 87119619

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 (FLEXOSOLVENT) | 002 | 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.

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Printed/Typed Name: Frank E. Hernandez — Signature: Frank E. Hernandez — Month Day Year: 01 04 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J CIRINGEONI — Signature: Robert J Ciringeoni — Month Day Year: 01 04 89

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space:

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

Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 01 04 89

GENERATOR — TRANSPORTER — FACILITY

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

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX 000 036 483
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
COATINGS RESOURCE
2552 LEE AVENUE, SO. EL MONTE, CA 91733

4. Generator's Phone (818) 579-9000

A. State Manifest Document Number: 8 8293421
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: 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 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 FLAMMABLE LIQUID N.O.S UN 1993 (WASH THINNER) | 019 | DM | 00940 | G | State / EPA/Other |
| b. HAZARDOUS WASTE LIQUID N.O.S NA 9189 (OIL) | 001 | DM | 45 | G | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above
A) WASH THINNER
B) WASTE OIL

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

15. Special Handling Instructions and Additional Information

16.
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Printed/Typed Name: JOHN GARCIA
Signature: [signature]
Month Day Year: 01 17 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 01 17 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: 01 17 89

GENERATOR

TRANSPORTER

FACILITY

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

8 8293421

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See Instructions on Back of Page 8 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: CA X 0 0 0 0 3 0 4 8 3
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
PARA PLATE
15919 SHOEMAKER., CERRITOS, CA 90702

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 8 8293463

B. State Generator's ID

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: 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: 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 (FLEXOSOLVENT) | 004 | DM | 00112 10 | 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.
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Printed/Typed Name: Frank E. Hernandez
Signature: F. E. Hernandez
Month Day Year: 01 12 78 19

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT J CIRINGION
Signature: Robert J Ciringion
Month Day Year: 01 12 78 19

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: 01 12 78 19

GENERATOR — TRANSPORTER — FACILITY

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

8 8293463

DHS 8022 A (1/88)
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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C A X 0 0 0 3 6 4 8 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
Para Plate
15919 Shoemaker, Cerritos, CA
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88293500
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: C AD 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
Imega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042245 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) | 002 | DM | 00060 | 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
A) Recycle back to customer.

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: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 02 06 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cirinbeoni
Signature: Robert J Cirinbeoni
Month Day Year: 02 06 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 02 06 89

GENERATOR

TRANSPORTER

FACILITY

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

8 8293500

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

8 8293536

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: CAX000036483 | 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
PARA PLATE
15919 SHOEMAKER., CERRITOS, CA 90702

4 Generator's Phone (213) 404-3434

A State Manifest Document Number: 8 8293536

B State Generator's ID:

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

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: 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 (FLEXOSOLVENT) | 002 | DM | 00060 | G | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15 Special Handling Instructions and Additional Information

16

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

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

Printed/Typed Name: LUIS TIELEMANS | Signature: Luis Tielemans | Month Day Year: 02 15 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J CIRINGEONI | Signature: Robert J Ciringeoni | Month Day Year: 02 15 89

18 Transporter 2 Acknowledgement of Receipt of Materials

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

19 Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 02 15 89

GENERATOR

TRANSPORTER

FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

8 8293578

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.: CAX000036483
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
PARA PLATE
15919 SHOEMAKER., CERRITOS, CA 90702

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88293578
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 904878
D. Transporter's Phone: (213) 698-0991

7. Transporter 2 Company Name:
6. 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 (FLEXOSOLVENT) | 002 | 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

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Printed/Typed Name: Frank E. Hernandez
Signature: [signature]
Month Day Year: 03 01 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 03 01 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: 03 01 89

GENERATOR / TRANSPORTER / FACILITY

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

8 8293668

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: CAX000036483
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
PARA PLATE
15919 SHOEMAKER, CERRITOS, CA 90702

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 8 8293668
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 | I. Waste No. |
|---|---|---|---|---|---|
| a WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 002 | 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.

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Printed/Typed Name: FRANK E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 03 22 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIBINGEONI
Signature: [signature]
Month Day Year: 03 22 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: 03 22 89

GENERATOR / TRANSPORTER / FACILITY

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX0 0008 6483 — 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
PARA PLATE
15919 SHOEMAKER, CERRITOS, CA 90702

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88293722
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 | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 002 | DM | 00960 | 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.

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| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Tony Skratulia | Tony Skratulia | 04 04 89 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Robert J CIBINGEON | Robert J Cibingeon | 04 04 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 | Signature | Month Day Year |
|---|---|---|
| FRANK FORD | Frank Ford | 04 04 89 |

GENERATOR

TRANSPORTER

FACILITY

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

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04-17-89 SHIPPER 20659

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

8 8293780

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.: CAK000036483 — 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
PARA PLATE
15919 SHOEMAKER, CERRITOS, CA 90702

4. Generator's Phone ( 213 404-3434'

A. State Manifest Document Number: 8 8293780

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 | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 002 | 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.

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Printed/Typed Name: Frank E. Hernandez — Signature: Frank E. Hernandez — Month Day Year: 04 20 89

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J Ciringe-01-1 — Signature: Robert J. Ciringiani — Month Day Year: 04 20 89

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 04 20 89

GENERATOR / TRANSPORTER / FACILITY

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

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04/26/89 Shipper 20716

State of California—Health and Welfare Agency
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA X 0000 3 8 483
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
Para Plate
15919 Shoemaker, Cerritos, CA 90701
4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88677330
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: 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 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 NOS NA 1693 ORM-A (Flexosolvent) | 002 | 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.

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 042789

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 042789

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: 042789

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

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

Do Not Write Below This Line

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To P.O. Box 3000 Sacramento CA 95812

03/28/2000 "ORIGINAL MANIFEST COPY"

05/09/89 Shipper 19396

State of California—Health and Welfare Agency
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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

88677394

GENERATOR

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No: CA X0000 364 83
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701
4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88677394
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: 910389
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 RecoveryServices
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 NOS NA 1693 ORM-A (Flexosolvent) | 002 | DM | 00060 | 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
A) Recycle

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

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

Printed/Typed Name: | Signature: | Month Day Year: 10 5 1 2 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGANI | Signature: Robert J Ciringani | Month Day Year: 10 5 1 2 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK E Hernandez | Signature: Frank E Hernandez | 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 5 1 2 89

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

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0522-89 SHIPPER 20811

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000036483 — 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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88677452
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010384
D. Transporter's Phone: (213) 698-0991

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

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602
10. US EPA ID Number: 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) | 002 | 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.

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Printed/Typed Name: Tony Skratulia — Signature: Tony Skratulia — Month Day Year: 05 26 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGEONI — Signature: Robert J Ciringeoni — Month Day Year: 05 26 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Frank Ford — Signature: FRANK FORD — Month Day Year: 05 26 89

GENERATOR — TRANSPORTER — FACILITY

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

88677452

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

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

88676928

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

GENERATOR

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX000013648 3
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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701

4 Generator's Phone (213) 404-3434

A State Manifest Document Number: 88676928

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6 US EPA ID Number: CAD042245001

C. State Transporter's ID: 010389

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) | 002 | 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.

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Printed/Typed Name: Frank E. Hernandez
Signature: [signature]
Month Day Year: 06 13 89

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J Cirigeoni
Signature: [signature]
Month Day Year: 06 13 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: 06 13 89

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

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Item 1-5

Shipper 19442

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAK000036483
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
Para Plate
15910 Shoemaker, Cerritos, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88677505
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010389
D. Transporter's Phone:

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) | 002 | DM | 00060 | | State / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

OFFICIAL MANIFEST RECORD COPY

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: Frank E. Hernandez
Signature: [signature]
Month Day Year: 06 19 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Cibingeoni
Signature: [signature]
Month Day Year: 06 19 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: 06 19 89

GENERATOR / TRANSPORTER / FACILITY

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

88677505

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

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8905 19 0089 2128

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88677598

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.: CAX000036483 — 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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88677598

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 010384

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

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

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

10. US EPA ID Number: 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) | 002 | DM | 00055 | 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.

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Printed/Typed Name: Tony Skratulia — Signature: Tony Skratulia — Month Day Year: 07 10 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ — Signature: Javier Hernandez — Month Day Year: 07 10 89

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 07 10 89

GENERATOR — TRANSPORTER — FACILITY

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EPA 8700—22
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8907 14 0089 0800

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000036483 — 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
PARA PLATE
15910 SHOEMAKER., CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88614613
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 012389
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 N A 1693 ORM-A (~~FLEXOSOLVENT~~) (FLEXOSOLVENT) | 002 | DM | 0010610 | 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.

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Printed/Typed Name: FRANK E. Hernandez — Signature: [signature] — Month Day Year: 07 26 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J CIRINGEAU — Signature: [signature] — Month Day Year: 07 26 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: 07 28 89

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-552-7550

88614613

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08-14-89 SHIPPER 15505

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD008252983
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
PARA PLATE
15910 SHOEMAKER., CERRITOS, CA 90703

4. Generator's Phone 213 404-3434

A. State Manifest Document Number: 88614738
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010384
D. Transporter's Phone: (213) 698-0991

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

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

10. US EPA ID Number: 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 (FLEXOSOLVENT) | 002 | 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.

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Printed/Typed Name: Frank F. Hernandez
Signature: [signature]
Month Day Year: 08 17 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 08 17 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: 08 17 89

GENERATOR / TRANSPORTER / FACILITY

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

88614738

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PA 8700—22
(Rev. 6-88) Previous editions are obsolete.

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

0001 0080

09-07-89 SHIPPER 15580

State of California—Health and Welfare Agency
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000036483
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
PARA PLATE
15910 SHOEMAKER., CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88614793
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD042245001
C. State Transporter's ID: 010371
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) | 005 ~~0004~~ | DM | 00150 | G | State / EPA/Other FOD2 |
| 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: Frank E. Hernandez
Signature: [signature]
Month Day Year: 09 12 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Clairmont
Signature: [signature]
Month Day Year: 09 12 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: 09 12 89

GENERATOR / TRANSPORTER / FACILITY

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

88614793

FIG 8022 A (1/88)
CA 8700—22
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA KQ 0 00 3 6 1483
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
PARA PLATE
15910 Shoemaker, Cerritos, Calif.
4. Generator's Phone ( 213 ) 404-3434

A. State Manifest Document Number: 88614855
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: 010389
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 90603
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 NOS NA 1693 ORM-A (Flexosolvent) | 002 | 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. D1 b.
c. d.

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: Tony Skratulia
Signature: Tony Skratulia
Month Day Year: 09 18 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGEONI
Signature: Robert J Ciringeoni
Month Day Year: 09 18 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature:
Month Day Year: 09 25 89

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

88614855

GENERATOR

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX000036483 — 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
PARA PLATE
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88675855
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: 010349
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 Blve.
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 NOS NA 1693 ORM-A (Flexosolvent) | 003 | 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

Profile No. 14464

16.

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

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

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| FRANK E. Hernandez | Frank E. Hernandez | 10 17 89 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Robert J. CIRINGEONI | Robert J. Ciringeoni | 10 17 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 | Signature | Month Day Year |
|---|---|---|
| FRANK FORD | Frank Ford | 10 17 89 |

GENERATOR — TRANSPORTER — FACILITY

88675855

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CA X0 0 0 0 3 6 483
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
PARA PLATE
15910 Shoemaker, Cerritos, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88675905
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 24 5 001
C. State Transporter's ID: 010384
D. Transporter's Phone: 213/698-0991

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

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602
10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: 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 NOS NA 1693 ORM-A (Flexosolvent) | 003 | DM | 000910 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

Profile No. 14464

16.

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

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Printed/Typed Name: FRANK E. HERNandez
Signature: Frank E. Hernandez
Month Day Year: 11 10 3 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINDEAU
Signature: Robert J Cirindeau
Month Day Year: 11 10 3 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: ER
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: 11 10 3 89

GENERATOR

TRANSPORTER

FACILITY

88675905

SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CA X 0 0 0 3 6483
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
PARA PLATE
15910 Shoemaker, Cerritos, CA 90701
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88676039
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: 010382
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 Bvld.
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 NOS NA 1693 ORM-A (Flexosolvent) | 003 | 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

Profile No. A14464

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

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Printed/Typed Name: Frank E. Hernandez
Signature: FK C. Hernandez
Month Day Year: 1/20/89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1/20/89

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

FACILITY

19. Discrepancy Indication Space

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

GENERATOR

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

88676039

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 036488 — Manifest Document No.:

2. Page 1 of

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3. Generator's Name and Mailing Address
PARA PLATE
15916 SHOEMAKER AVE.., CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88676146

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 010384

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

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: 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.OS 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
PROFILE NUMBER A-14464

16.
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Printed/Typed Name: Frank E. Hernandez — Signature: [signature] — Month Day Year: 01 15 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIBINGEON — Signature: [signature] — Month Day Year: 01 15 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD — Signature: [signature] — Month Day Year: 01 15 90

GENERATOR — TRANSPORTER — FACILITY

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

88676146

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX000364 83 — 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
PARAPLATE
15910 Shoemaker, Carritos, CA 90701

4. Generator's Phone ( 213

A. State Manifest Document Number: 88683229
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 010384
D. Transporter's Phone: 213/698-0991

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

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

10. US EPA ID Number: CAD 042 245 001
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213/698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No |
|---|---|---|---|---|---|
| a. WASTE ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 002 | DM | 00060 | G | State 211 / EPA/Other |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

Profile No.

16.

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Printed/Typed Name: Tony Skratulia — Signature: Tony Skratulia — Month Day Year: 02 07 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGEONI — Signature: Robert J Cringeoni — Month Day Year: 02 07 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD — Signature: Frank Ford — Month Day Year: 02 07 90

GENERATOR — TRANSPORTER — FACILITY

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

88683229

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA X0 00 0 364 83
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
PARA PLATE
15910 Shoemaker, Cerritos, CA 90701
4 Generator's Phone ( 213 404-3434

A. State Manifest Document Number 88683306
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 010389
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 NOS NA 1693 ORM-A (FLEXOSOLVENT) | 0103 | DM | 00096 | G | State 211 / EPA/Other |
| b | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

Profile No.

16.

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Printed/Typed Name: FRANK E. HERNANDEZ
Signature: Frank E. Hernandez
Month Day Year: 02 26 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGION
Signature
Month Day Year: 02 26 90

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

19 Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 02 26 90

GENERATOR — TRANSPORTER — FACILITY

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

88683306

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX 000 036 483 | 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
PARA PLATE
15910 SHOEMAKER, CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88683364

B. State Generator's ID:

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

C. State Transporter's ID: 010 384

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 NOS NA 1693 ORM-A (FLEXOSOLVENT) | 003 | DM | 00090 | G | State 211 / EPA/Other F002 |
| b. | | | | | State / EPA/Other |
| c. | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER _____

16.

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

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Printed/Typed Name: Frank E. Hernandez | Signature: Frank E. Hernandez | Month Day Year: 03 14 90

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert T CIRINGEONI | Signature: Robert T Ciringeoni | Month Day Year: 03 14 90

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 03 14 90

GENERATOR / TRANSPORTER / FACILITY

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

88683364

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX 000 036 483
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
PARA PLATE
15910 SHOEMAKER AVE.., CERRITOS, CA 90701
4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88683443
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: 010389
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 NOS NA 1693 orm-a (FLEXOSOLVENT) | 003 | DM | 000090 | G | State 211 / EPA/Other F002 |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d. | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

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

15 Special Handling Instructions and Additional Information

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 03 30 90

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Ciriugeoni
Signature: Robert J. Ciriugeoni
Month Day Year: 03 30 90

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: 03 30 90

GENERATOR

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

88683443

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88683498

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

GENERATOR

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX1000 036483
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
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS, CA 90701

A. State Manifest Document Number: 88683498

4 Generator's Phone (213) 404-3434

B. State Generator's ID

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

C. State Transporter's ID: 010384
D. Transporter's Phone: 213 698-0991

7 Transporter 2 Company Name
8. US EPA ID Number

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

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

10 US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD104124510 01
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 (WASTE FLEXOSOLVENT) | 003 | DM | 010090 | 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

PROFILE NUMBER A15618

16

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

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Printed/Typed Name: JULIO A ROSALES
Signature: J Rosales
Month Day Year: 04 20 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Ciringione
Signature: [illegible]
Month Day Year: 04 20 90

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 the manifest except as noted in Item 19.
Printed/Typed Name: FRANK FORD
Signature: [illegible]
Month Day Year: 04 20 90

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAXXXXXXXXXXXXXX / CAX000036483 — 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
PARA PLATE
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( )

A. State Manifest Document Number: 88676962

B. State Generator's ID

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

C. State Transporter's ID: 010 389

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 NOS NA 1693 ORM-A (Flexosolvent) | 003 | 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
Profile NO. A15618

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

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Printed/Typed Name: Frank E. Hernandez — Signature: [signature] — Month Day Year: 05 11 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert T Cirinegani — Signature: [signature] — Month Day Year: 05 11 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD — Signature: [signature] — Month Day Year: 05 11 90

GENERATOR — TRANSPORTER — FACILITY

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

88676962

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CA XO 0 003 6 483
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
Para Plate
15910 Shoemaker Ave., Cerritos, CA 90701
4. Generator's Phone ( 213 404-3434

A State Manifest Document Number 88677028
B. State Generator's ID

5 Transporter 1 Company Name OMEGA RECOVERY SERVICES
6. US EPA ID Number CAD 042 245 001
C State Transporter's ID 010384
D. Transporter's Phone 213/698-0991

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

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

| 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12 Containers No | Type | 13. Total Quantity | 14 Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 003 | DM | 00090 | G | State 211 / EPA/Other F002 |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J Additional Descriptions for Materials Listed Above

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

15 Special Handling Instructions and Additional Information

Profile No. A15618

16
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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 05 25 90

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Ciringeoni
Signature: Robert J Ciringeoni
Month Day Year: 05 25 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed Typed Name: FRANK FORD
Signature: Frank Ford
Month Day Year: 05 25 90

GENERATOR
TRANSPORTER
FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAK 000 036 483 | 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
PARA PLATE
15910 SHOEMAKER AVE.., CERRITOS, CA. 90701

4 Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88677093

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: 010589

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 (WASTE FLEXOSOLVENT) | 003 | DM | 00090 | 9 | State 211 / EPA/Other F002 |
| 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 A 15618

16
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Printed/Typed Name: Frank E. Hernandez | Signature: Frank E. Hernandez | Month Day Year: 06 15 90

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGEONI | Signature: Robert J Ciringeone | Month Day Year: 06 15 90

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

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: FRANK FORD | Signature: Frank Ford | Month Day Year: 06 15 90

GENERATOR / TRANSPORTER / FACILITY

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAX 000 036 483 | 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
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS, CA 90701

4 Generator's Phone (213) 268-4281

A. State Manifest Document Number: 88677161

B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6. US EPA ID Number: CAD 042 245 001

C. State Transporter's ID: 110237

D. Transporter's Phone: 213 698-0991

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213 698-0991

| 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12 Containers No. | Type | 13 Total Quantity | 14 Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE FLEXOSOLVENT N.O.S ORM-A NA 1693 | 003 | DM | 00090 | G | State 211 / EPA/Other F002 |
| b | | | | | State / EPA/Other |
| c | | | | | State / EPA/Other |
| d | | | | | State / EPA/Other |

J. Additional Descriptions for Materials Listed Above

A) FOR RECYCLE

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER A 14464

16

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Printed/Typed Name: FRANK E. Hernandez | Signature: [signature] | Month Day Year: 06 28 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J Cirinderi | Signature: [signature] | Month Day Year: 06 28 90

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FORD | Signature: [signature] | Month Day Year: 06 28 90

GENERATOR — TRANSPORTER — FACILITY

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

88677161

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 036 483
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90701

A. State Manifest Document Number: 88677229
B. State Generator's ID:

4. Generator's Phone (213) 268-4281

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 410237
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. VASTE FLEXOSOLVENT, ORM-A N.O.S NA 1693 | 003 | DM | 000010 | G | State 211 / EPA/Other F002 |
| 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. D1
b.
c.
d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 14464

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: Tony Skratulia
Signature: Tony Skratulia
Month Day Year: 01 21 88 10

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CIAMBEONI
Signature: Robert J. Ciambeoni
Month Day Year: 01 21 88 10

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: 01 21 89 10

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

88677229

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EPA 8700-22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX0000 36483 — 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
PARA PLATE
15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88615329

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: 110236

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 2 45 001

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) | 002 | DM | 00060 | G | State 211 / EPA/Other F002 |
| 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
A) Recycle back to customer.
Profile No. A-15618

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

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| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| X FRANK E. HERNANDEZ | X Frank E. Hernandez | 08 01 90 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| JAVIER HERNANDEZ | Javier Hernandez | 08 01 90 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| | | |

19. Discrepancy Indication Space

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

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| N. JAY Solomon | N. Jay Solomon | 08 01 90 |

GENERATOR

TRANSPORTER

FACILITY

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PA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAX 000 036 483
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88615400
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:
G. State Facility's ID:
H. Facility's Phone: 213 698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
7. Transporter 2 Company Name:
8. US EPA ID Number:
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 | 15. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 004 | PM | 0120 | | State 211 / EPA/Other F002 |
| 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. b. c. d.

15. Special Handling Instructions and Additional Information
PROFILE NUMBER A 14464

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: Frank E. Hernandez
Signature: [signature]
Month Day Year: 08 20 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. GIRINGEON
Signature: [signature]
Month Day Year: 08 20 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Frank E. Hernandez
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: John HALTE
Signature: [signature]
Month Day Year: 8 22 90

GENERATOR — TRANSPORTER — FACILITY

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

88615400

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EPA 8700—22
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Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAX 000 086 488
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88615478
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 015 | DM | 20/150 | | State 211 / EPA/Other F002 |
| 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 A 14464

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 09 20 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Gibbucconi
Signature: Robert J. Gibbucconi
Month Day Year: 09 20 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON
Signature: N. Jay Solomon
Month Day Year: 10 10 90

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GENERATOR

TRANSPORTER

FACILITY

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88615478

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 Shoemaker Ave., Cerritos, CA 90703
4. Generator's Phone (213 404-3434

A. State Manifest Document Number: 88615518
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 0422 45 001
C. State Transporter's ID: 110236
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 NOS NA 1693 (Flexosolvent) | 003 | DM | 000085 | 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

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

15. Special Handling Instructions and Additional Information

Profile No. B10016

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

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| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Frank E. Hernandez | Frank E. Hernandez | 110105910 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| JAVIER HERNANDEZ | Javier Hernandez | 110105910 |

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 |
|---|---|---|
| N. JAY SOLOMON | N. Jay Solomon | 110105910 |

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88515544
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: 110226
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) | 003 | DM | 000190 | 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

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

15 Special Handling Instructions and Additional Information

PROFILE NUMBER B-10016

16

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 1/01/7/90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1/01/7/90

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

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: John Hartt
Signature:
Month Day Year: 1/01/8/90

GENERATOR
TRANSPORTER
FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS, CA 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number 86615562
B. State Generator's ID
C. State Transporter's ID 110236
D. Transporter's Phone 213 698-0991

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 002 | DM | 000160 | 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

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

15. Special Handling Instructions and Additional Information
PROFILE NUMBER B-10016

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 1/10/94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 1/10/94

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

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
Month Day: 1/10

(11/88)
22
Previous editions are obsolete

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER CERRITOS, CA 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88615615
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: 110236
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) | 003 | DM | 010090 | 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

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B 10016

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

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

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Frank E. Hernandez | Frank E. Hernandez | 1/10/90 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| JAVIER HERNANDEZ | Javier Hernandez | 1/10/90 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| | | |

19. Discrepancy Indication Space

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

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| N. JAY SOLOMON. | N. Jay Solomon | 1/10/90 |

(1/88)
22
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88681472
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 003 | DM | 000910 | | 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

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B 10016

16.

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 11 20 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Cirincione
Signature: [signature]
Month Day Year: 11 20 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON
Signature: N. Jay Solomon
Month Day Year: 11 20 90

GENERATOR

TRANSPORTER

FACILITY

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

88681472

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 008 252 983 | 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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number 88681510

B. State Generator's ID

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

C. State Transporter's ID 110237

D. Transporter's Phone 213 698-0991

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

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID CAD042245001

H. Facility's Phone 213 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S. NA 1693 (FLESOSOLVENT) | 008 | DM | 60990 | | 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

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B 10016

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Printed/Typed Name: Frank E. Hernandez | Signature: Frank E. Hernandez | Month Day Year: 11 30 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert J. Cirinbeoni | Signature: [signature] | Month Day Year: 11 30 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: N. JAY SOLOMON | Signature: N. Jay Solomon | Month Day Year: 11 30 90

GENERATOR

TRANSPORTER

FACILITY

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

88681510

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88681558
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: 110257
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: CAD042245091
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) | 0013 | DM | 0100F10 | | 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

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B 10016

16.

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| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Tony Skratulia | Tony Skratulia | 12 11 90 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Robert J Cirington | [signature] | 12 11 90 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| | | |

19. Discrepancy Indication Space

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

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| John Halte | [signature] | 12 12 90 |

GENERATOR / TRANSPORTER / FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703

A. State Manifest Document Number: 88681636

4. Generator's Phone: (213) 404-3434

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: 10237
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 | 15. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 009 | DM | 00870 | | 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

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B10016

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

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Printed/Typed Name: Tony Skeatulia
Signature: Tony Skeatulia
Month Day Year: 01 09 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Cirnigay
Signature:
Month Day Year: 10 10 91

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Gilbert Solomon
Signature:
Month Day Year: 1 1 91

Do Not Write Below This Line

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

88681636

GENERATOR

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88681652

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 008 252 983 | 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
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number 88681652

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 110236

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) | 0101 | DM | 0101215 | 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

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

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B 10016

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GENERATOR

Printed/Typed Name: Frank E. Hernandez | Signature: Frank E. Hernandez | Month Day Year: 10/1/91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAVIER HERNANDEZ | Signature: Javier Hernandez | Month Day Year: 10/1/91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: N. JAY SOLOMON. | Signature: N. Jay Solomon | Month Day Year: 10/1/91

Do Not Write Below This Line

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA 90703

4. Generator's Phone: 213 404-3434

A. State Manifest Document Number: 88681701
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S ORM-A NA 1693 (FLEXOSOLVENT) | 002 | DM | 90610 | | 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 B10016

16.
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Printed/Typed Name: JULIO A ROSALES
Signature: [signature]
Month Day Year: 01 28 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. CARINGEON
Signature: [signature]
Month Day Year: 01 28 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: John HALTE
Signature: [signature]
Month Day Year: 1 29 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

88681701

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE.., CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88681756
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

9. Designated Facility Name and Site Address
OMEGA REOCVERY 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 FLEXOSOLVENT, ORM-A N.O.S NA 1693 | 006 | DM | 001800 | E | 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 10016

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: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 02 12 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J. Cirinigon
Signature: [signature]
Month Day Year: 02 12 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: John Haute
Signature: [signature]
Month Day Year: 2 13 91

GENERATOR — TRANSPORTER — FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 008 252 982 — 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
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88684604
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: 11037
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. Container No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S ORMA-A NA 1693 (FLEXOSOLVENT) | 009 | DM | 001280 | 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 10016

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name: Frank E. Hernandez — Signature: [signature] — Month Day Year: 03 01 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John J. Cirineon — Signature: [signature] — Month Day Year: 03 01 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Frank E. Hernandez — Signature: [signature] — Month Day Year: 03 01 91

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 Hart — Signature: [signature] — Month Day Year: 3 3 91

Do Not Write Below This Line

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

88684604

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD 008 252 983
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
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88684665
B. State Generator's ID

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6 US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 01/10 | DM | 02300 | 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 10016

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Printed/Typed Name: FRANK E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 03 14 91

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T CIRINEON
Signature
Month Day Year: 03 14 91

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 03 14 91

GENERATOR

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

88684665

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD 008 252 983
Manifest Document No.: 84704
2 Page 1 of
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4 Generator's Phone (213) 404-3434

A State Manifest Document Number: 88684704
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: 110236
D. Transporter's Phone: 213 698-0991

7 Transporter 2 Company Name
6. 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: CA 4000 1227 4 STOU
H. Facility's Phone: 213 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12 Containers No | Type | 13 Total Quantity | 14 Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a WASTE ORM-A N.O.S ORM-A NA 1693 (FLEXOSOLVENT) | 001 | DM | 002105 | 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 10016
EMERGENCY RESPOND PHONE # 213 404-3434

16.
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Printed/Typed Name: MAX STEVANCS
Signature: [signature]
Month Day Year: 03 27 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 03 27 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: John H. Lute
Signature: [signature]
Month Day Year: 3 28 91

GENERATOR
TRANSPORTER
FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CAD 008 252 983 | 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
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number 88684711
B. State Generator's ID

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID 110237
D. Transporter's Phone 213 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 001 | DM | 000055 | 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 10016
EMERGENCY RESPOND PHONE NUMBER 213 404-3434

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Printed/Typed Name: Frank E. Hernandez | Signature | Month Day Year 04 09 91

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ | Signature | Month Day Year 04 09 91

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

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: John HALTE | Signature | Month Day Year 4 1 91

GENERATOR

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

88684711

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD 008 252 983 | Manifest Document No.: 88684801
2. Page 1 of

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

3. Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE ..,CERRITOS, CA 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88684801
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: 213 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 006 | DM | 001/180 | 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 10016
EMERGENCY PHONE NUMBER (213) 404-3434

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

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Printed/Typed Name: Tony Skratulia | Signature: Tony Skratulia | Month Day Year: 10 5 01 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert T Cirincione | Signature: [signature] | Month Day Year: 10 5 01 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: John HALTE | Signature: [signature] | Month Day Year: 5 1 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

88684801

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
Manifest Document No: 84824
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4. Generator's Phone ( 213 404-3434

A. State Manifest Document Number: 88684821
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: 110236
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) | 007 | PM | 00200 | 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 10016
EMERGENCY PHONE NUMBER 213 404-3434

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Printed/Typed Name: GARY MITCHELL
Signature: [signature]
Month Day Year: 05 16 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: [signature]
Month Day Year: 05 16 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: [signature]
Month Day Year: 05 16 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

88684824

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EPA 8700—22
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[redacted] [redacted] [redacted]

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
Manifest Document No.: 84891
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Para Plate
15910 Shoemaker Ave.,Cerritos, CA. 90703
4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88684891
B. State Generator's ID:

5. Transporter 1 Company Name: Omega Recovery Services
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: (213) 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A, N.O.S. , NA 1693 (Perchloroethylene,N-Butyl Alcohol) | 5 | DM | 150 | 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 to be recycled

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

15. Special Handling Instructions and Additional Information
Profile#B10016 *Emergency#(213) 404-3434

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: Tony Skratulig
Signature: Tony Skratulig
Month Day Year: 5 31 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRIS E. MARTINEZ
Signature: [signature]
Month Day Year: 05 31 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: 05 31 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

88684891

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EPA 8700—22
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983 — Manifest Document No: 84913

2. Page 1 of

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88684913

B. State Generator's ID:

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

C. State Transporter's ID: 110237

D. Transporter's Phone: 213 698-0991

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

E. State Transporter's ID:

F. Transporter's Phone:

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

10. US EPA ID Number: CAD 042 245 001

G. State Facility's ID: CAD042245001

H. Facility's Phone: 213 698-0991

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | 0014 | DM | 001200 | 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 10016
EMERGENCY CONTACT 213 404-3434

16.
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Printed/Typed Name: Tony Skratulia — Signature: Tony Skratulia — Month Day Year: 06 07 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGEON — Signature: [signature] — Month Day Year: 06 07 91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tony Skratulia — Signature: Tony Skratulia — 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: 06 07 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

88684913

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
Manifest Document No.: 46409
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA. 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88346409
B. State Generator's ID:

5. Transporter 1 Company Name: OMEGA RECOVERY SERVICES
6. US EPA ID Number: CAD 042 245 001
C. State Transporter's ID: 110237
D. Transporter's Phone: (213) 698-0991

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

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

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE ORM-A N.O.S., ORM-A NA 1693 (Flexosolvent) | 008 | DM | 002410 | 6 | 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. OK b.
c. d.

15. Special Handling Instructions and Additional Information
Profile#B10016 *Emergency#(213)404-3434

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: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 07 03 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J CIRINGEONI
Signature: Robert J Ciringeoni
Month Day Year: 07 03 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: 07 03 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

88346409

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88346450

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

GENERATOR

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: CAD 008 252 983
Manifest Document No: 46450
2 Page 1 of
Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS, CA. 90703
4. Generator's Phone ( 213 404-3434

A State Manifest Document Number: 88346450
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: 203451
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) | 0103 | DM | 000184 | 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 disposal

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

15. Special Handling Instructions and Additional Information
Profile#B10016 *Emergency#(213) 404-3434

16.
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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 07 16 91

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 07 16 91

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

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 07 16 91.

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD 008 252 983
Manifest Document No 88346491
2 Page 1 of
Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE..,CERRITOS, CA 90703
4. Generator's Phone ( 213 404-3434

A State Manifest Document Number 88346491
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) | 006 | DM | 001/180 | 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 10016
emergency contact 213 404-3434

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 08 01 91

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert J Ciringeon
Signature: Robert J. Ciringeon
Month Day Year: 08 01 91

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

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 08 01 91

Do Not Write Below This Line

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

88346491

GENERATOR

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CAD008252983 Manifest Document No. 46554

2. Page 1 of

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE, CERRITOS, CA. 90703

4 Generator's Phone (213) 404-3434

A. State Manifest Document Number 88346554

B. State Generator's ID

5 Transporter 1 Company Name: OMEGA RECOVERY SERVICES

6 US EPA ID Number: CAD042245001

C. State Transporter's ID 208451

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 C40042245001

H. Facility's Phone 213/6980991

| 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 | DIM | 010130 | 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#B10016
*Emergency#213/404-3434

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

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Printed/Typed Name: Frank E. Hernandez — Signature — Month Day Year 08 14 91

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ — Signature — Month Day Year 08 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: JOHN HALTE — Signature — Month Day Year 08 15 91

GENERATOR — TRANSPORTER — FACILITY

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

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88346570

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. CAD008252983 Manifest Document No. 84891

2 Page 1 of

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

3 Generator's Name and Mailing Address
Para Plate
15910 Shoemaker Ave., Cerritos, CA. 90703

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number 88346570

B. State Generator's ID

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

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: CAD042245001

G. State Facility's ID: CAD042245091

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 (Perchloroethylene, N-Butyl Alcohol) | 008 | DM | 00V120G | | State 211, 212 EPA/Other F003, F001 |
| b | | | | | State EPA/Other |
| c | | | | | State EPA/Other |
| d | | | | | State EPA/Other |

J. Additional Descriptions for Materials Listed Above
a. Material to be recycled

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

15 Special Handling Instructions and Additional Information
Profile #B10016 *Emergency# (213) 404-3434

16

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| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Frank E. Hernandez | Frank E. Hernandez | 08 28 91 |

17 Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Robert J Cirinegna | Robert J Cirinegna | 08 28 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 | Signature | Month Day Year |
|---|---|---|
| John Hartt | [signature] | 8 29 91 |

GENERATOR

TRANSPORTER

FACILITY

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EPA 8700—22
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAD 008 252 983
Manifest Document No.: 46646
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS,CA. 90703

4. Generator's Phone ( 218 404-3434

A. State Manifest Document Number: 88346646
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 | 008 | DM | 00240 | 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#B10016
*Emergency#213/404-3434

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: Frank E. Hernandez
Signature: [signature]
Month Day Year: 09 26 91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert I Cirinbeon
Signature: [signature]
Month Day Year: 09 26 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: John HALTE
Signature: [signature]
Month Day Year: 9 24 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

88346646

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EPA 8700—22
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State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No.: CAD 008 252 983
Manifest Document No: 45 3 0 3
2 Page 1 of
Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE., CERRITOS, CA. 90703

4 Generator's Phone (213) 404-3434

A. State Manifest Document Number: 88345303
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: 208451
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) | 004 | DM | 00090 | G | State 211,212; EPA/Other F001,F003 |
| b | | | | | State; EPA/Other |
| c | | | | | State; EPA/Other |
| d a.material for recycle | | | | | State; EPA/Other |

J. Additional Descriptions for Materials Listed Above
Profile#B10016
*Emergency#213/404-3434

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

15 Special Handling Instructions and Additional Information

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 10 14 91

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 10 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: 10 14 91

GENERATOR
TRANSPORTER
FACILITY

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

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

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~~3000 3000 1150 3997~~

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

Department of Health Services
Toxic Substances Control Division
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. CAD 008 252 983
Manifest Document No. 415316 8
2 Page 1 of
Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS,CA. 90703
4. Generator's Phone (213) 404-3434

A State Manifest Document Number 883453E8
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 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 | 007 | DM | 002000 | 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#B10016
*Emergency#213/404-3434

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

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 11 10 91

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Jav Hernandez
Month Day Year: 11 10 91

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

FACILITY

19 Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 11 10 91

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To P.O. Box 3000 Sacramento, CA 95812

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EPA 8700—22
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GENERATOR

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

883453368

State of California—Health and Welfare Agency
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

88345451

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

GENERATOR

# UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No.: CAD 008 252 983
Manifest Document No: 415141511
2 Page 1 of
Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address
PARA PLATE
15910 SHOEMAKER AVE.,CERRITOS,CA. 90703

4 Generator's Phone ( 213 ) 404-3434

A. State Manifest Document Number: 88345451
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: 208451
D. Transporter's Phone: 310/698-0991

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 (Perchloroethylene,N-Butyl Alcohol) | 011 | DM | 001295 | 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#B10016

*Emergency#213/404-3434

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Printed/Typed Name: Frank E. Hernandez
Signature: Frank E. Hernandez
Month Day Year: 11 21 91

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAVIER HERNANDEZ
Signature: Javier Hernandez
Month Day Year: 11 21 91

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

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: N. JAY SOLOMON.
Signature: N. Jay Solomon
Month Day Year: 11 21 91

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