...f California—Health and Welfare Agency
...RDOUS WASTE MANAGEMENT BRANCH
...street
...nento, 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 CAX000036483

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

VEH./CONTAINER NO.

EPA ID NUMBER CA DO 422450011

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

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

EPA ID NUMBER CA DO 422450011

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	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchlorethylene	70	60		
N-Butanol	14	12		
Photo PDLtner Resin	30	20		

SPECIAL HANDLING INSTRUCTIONS
guard 49.1 gals
ure 2 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 requirements 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 422450011

DATE RECEIVED & ACCEPTED MO. 04 DAY 05 YR. 83

06/13/2001 "ORIGINAL MANIFEST COPY"