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
CAXO 0 0 03 64 83

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

VEH/CONTAINER NO: 4 2 5 0 7
EPA ID NUMBER: CA D0 4 2 2 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
CA D0 4 2 2 45 0 01

| PROPER US DOT SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO | CONTAINER TYPE | WASTE CAT NO | DISP METH |
|---|---|---|---|---|---|---|---|
| Hazardous Waste, Liquid NOS. -ORM- E | N A 9 189 | 030 | G | 02 | DM | 2 11 | 01 |
| (FLEXOSOLVENT) | | | | | | | |

| 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

Printed or typed full name and signature: TONY SKRATULIA 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: CA D0 4 2 245 0 01

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