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

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 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
PHENO POLYMER 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

TRANSPORTER

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

FACILITY

19. Discrepancy Indication Space

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

DI 5641