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

September 6, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.#3981
Shipper #11796

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

STATE ID NUMBER 83212340

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX01000364483

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

VEH./CONTAINER NO: 42507
EPA ID NUMBER: CA DO 42245001

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

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
OMEGA CHEMICAL CORP.
EPA ID NUMBER: CA DO 42245001
AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO	DISP METH
Hazardous Substance, Liquid N.O.S (FLEXOSOLVENT) ORM-E	NA 9188	90	G	3	DM	211	08

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
gold 50.2 gals waste 17.2 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
Henry Solomon
Printed or typed full name and signature: Henry Solomon
DATE REC'D & ACCEPTED MO 09 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: Steve Simpson STEVE SIMPSON
EPA ID NUMBER: CA DO 42245001
DATE RECEIVED & ACCEPTED MO 09 DAY 12 YR 83

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

03/29/2000 "ORIGINAL MANIFEST COPY"