ate of California – Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4 744 P Street
ncramento 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.
AREA CODE/PHONE NUMBER 213/698-0991

EPA ID NUMBER
CAD042245001

PROPER U.S. 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	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
N-Butanol	19	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