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

JULY 25, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O.# 160
SHIPPER #11582

STATE ID NUMBER 83212270

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE STREET
SO. EL MONTE, CA. 91733
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA XO 00034348

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 698-0991

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 ~~60~~	G	3 ~~12~~	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROETHYLENE	~~70%~~ 60%			
N-BUTYL ALCOHOL	15	11		
PHOTO POLYMER RESIN	25	15		

SPECIAL HANDLING INSTRUCTIONS
gold 6.4 gals waste 6.0 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 Steve Clark 3 drums returned 3 drums

MO 7 DAY 27 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
DATE REC'D & ACCEPTED MO 7 DAY 27 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 Steve Simpson
Printed or typed full name and signature

EPA ID NUMBER: CA DO 42245001

DATE RECEIVED & ACCEPTED: MO 7 DAY 26 YR 83

FORM NO. DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/13/2001 "ORIGINAL MANIFEST COPY"