State of California—Health and Welfare Agency

01/19/84

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

P.O.#990
Shipper#12347

UNIFORM HAZARDOUS WASTE MANIFEST

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

STATE ID NUMBER 83410958

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Label House
9852 Dupree
S. El Monte, Ca. 91733

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CA X 00 00 34 34 8

TRANSPORTER NO 1
Omega Chemical Corp.
12504 E. Whittier Blvd.
Whittier, Ca. 90602

VEH/CONTAINER NO: 0 00 4 25 07
EPA ID NUMBER: C AD 0 4 22 45 001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO
EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY
Omega Chemical Corp.

EPA ID NUMBER: C A D0 422 45001

AREA CODE/PHONE NUMBER 213/698-0991

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 N.O.S FLEXOSOLVENT		90	G	03	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene	70	60		
Photo Polymer REsin	15	10		
N-Butyl Alcohol	25	15		

SPECIAL HANDLING INSTRUCTIONS
spilled 68.2 gals waste 13.0 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

MO DAY YR

Printed or typed full name and signature PAT OLOTOA

☐ 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 1 DAY 23 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

Printed or typed full name and signature STEVE SIMPSON

EPA ID NUMBER CA D0 422 45 001

DATE RECEIVED & ACCEPTED MO 01 DAY 24 YR 84

FORM NO DHS 8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87987