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

01/26/84

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#12380
Shipper#6965

Please print or type with ELITE type (12 characters per inch) Cindy 868-0757

STATE ID NUMBER 83410972

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Cal Tape + Label Co.
8571 Whittaker
Buena Park, CA. 90701

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

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

VEH./CONTAINER NO. 00042507

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. 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 Waste, liquid N.O.S. (Flexo solvent)		30	G	01	DM	211	01

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Perchloroethylene				
N-Butyl Alcohol				
Photo Polymer Resin				

SPECIAL HANDLING INSTRUCTIONS
yield 15.7 gals. waste 6.8 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 Mary Garcia

MO. 01 DAY 30 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. 01 DAY 30 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 Steve Simpson

Printed or typed full name and signature

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO. 01 DAY 31 YR 83

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

03/29/2000 "ORIGINAL MANIFEST COPY"