State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento CA 95814 P.O.#1428

04/19/84

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83494135

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9652 DUPREE
S. EL MONTE, CA. 91733
AREA CODE PHONE NUMBER 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER CAX000034348

TRANSPORTER NO 1
OMEGA CHEMICAL CORP
12504 E. WHITTIER BLVD
WHITTIER, CALIF 90602
VEH CONTAINER NO 00082507
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
12504 E. WHITTIER BLVD.
WHITTIER, CALIF 90602
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 (FLEXOSOLVENT)	NA9189	180	G	54	DM	211	01

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

SPECIAL HANDLING INSTRUCTIONS

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 AL M. FERNANDEZ

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
Printed or typed full name and signature Henry Solomon
DATE REC'D & ACCEPTED MO 4 DAY 24 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

EPA ID NUMBER CAD042245001

DATE RECEIVED & ACCEPTED MO DAY YR

Printed or typed full name and signature

FORM NO DHS 8022A 11/82

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967

13 95

06/19/2002 "ORIGINAL MANIFEST COPY"