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

P.O.#2199-67Z

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

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

STATE ID NUMBER 83564114

GENERATOR NAME AND MAILING ADDRESS
LABEL HOUSE
9852 DUPREE
S. EL MONTE, CA. 91733
AREA CODE/PHONE NUMBER (213) 444-7755

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAX00 00 34 3 48

TRANSPORTER NO. 1
OMEGA CHEMICAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH/CONTAINER NO: 0 00 4 25 07
EPA ID NUMBER: CAD04 22 45 001

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: CAD04 2 24 50 01

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 - ORM-E FLEXOSOLVENT	NA9189	60	G	2	DM	211	01

COMPONENTS	CONC RANGE UPPER	CONC RANGE LOWER	UNITS %	UNITS PPM
PERCHLOROEHTYLENE	70	60		
N-BUTYL ALCOHOL	20	15		
PHOTO POLYMER RESIN	15	10		

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: PATREK OLOTOA [signature] MO 9 DAY 10 YR 84

[ ] Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: Henry Solomon [signature] DATE REC'D & ACCEPTED MO 9 DAY 10 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: DATE REC'D & ACCEPTED MO DAY YR

DISCREPANCY INDICATION SPACE

Certify 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 [signature]
Printed or typed full name and signature

EPA ID NUMBER: CAD 04 2 2 45 001
DATE RECEIVED & ACCEPTED: MO 09 DAY 10 YR 84

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

FORM NO. DHS-8022A

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

06/20/2002 "ORIGINAL MANIFEST COPY"