State of California—Health and Welfare Agency

June 7, 1985

Shipper

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
LABEL HOUSE (Val)
9852 Dupree St., So. El Monte, CA 91733

4. Generator's Phone (213) 444-7755

A. State Manifest Document Number
84341719

B. State Generator's ID

5. Transporter 1 Company Name
Omega Chemical Corp.

6. US EPA ID Number
CAD042245001

C. State Transporter's ID 62570

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Chemical Corp.
12504 E Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number
CAD042245001

G. State Facility's ID
CAD042245001

H. Facility's Phone
213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. Waste ORM-A N.O.S. NA 1693 ORM-A N.O.S (FLEXOSOLVENT)	04	DM	120	G	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PERCHLOROETHYLENE N-Butyl Acetate
PHOTO POLYMES RESIN

K. Handling Codes for Wastes Listed Above
R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: PETE TOVAR
Signature: Pete Tovar
Date: Month 6 Day 10 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ISAAC Woods Jr
Signature: Isaac Woods Jr.
Date: Month 6 Day 10 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STEVEN SIMPSON
Signature: Steve Simpson
Date: Month 06 Day 10 Year 85

GENERATOR

TRANSPORTER

FACILITY

DHS 8022 A (7/84)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

04/26/2000 "ORIGINAL MANIFEST COPY"