January 20, 1986

C

State of California — Health and Welfare Agency

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. CAX000034338 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Label House
9852 Dupree St., So. El Monte, CA 91733

4. Generator's Phone (818) 444-7755

A. State Manifest Document Number: 84720035

B. State Generator's ID: CAX000034338

5. Transporter 1 Company Name: Omega Recovery Services

6. US EPA ID Number: CAD042245001

C. State Transporter's ID: 62572

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 Recovery Services
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. (Flexosolvent) ORM-A NA 1693	4	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: Howard Williams — Signature — Date (Month Day Year): 1 13 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Isaac Woods II — Signature — Date (Month Day Year): 01 13 86

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 — Date (Month Day Year): 01 29 86

GENERATOR — TRANSPORTER — FACILITY

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento CA 95812

DHS 8022 A (11/84)
(EPA 8700-22)

84 8964

04/25/2000 "ORIGINAL MANIFEST COPY"