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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAFD #: 026645-001-6 PAGE 1 OF 1

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS WASTE ON THIS FORM)

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS MATERIALS ARE LOCATED. USE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS MATERIALS LISTED ON THIS FORM.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Electrodynamics Division ADDRESS: 11600 Sherman Way North Hollywood

ROOM NAME OR NUMBER: S1 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Trichloroethane Tank

2. WHEN SUBMITTING A BUSINESS PLAN INVENTORY, ONLY INCLUDE HAZARDOUS MATERIALS HANDLED OR STORED IN AMOUNTS TOTALING 55 GALLONS, 500 POUNDS, 200 CUBIC FEET, OR MORE, AND NOT PRE-PACKAGED FOR DIRECT DISTRIBUTION TO, AND USE BY, THE GENERAL PUBLIC. COMPLETE ITEMS 1-10 FOR EACH HAZARDOUS MATERIAL STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE. INCLUDE RAW MATERIALS, FINISHED CHEMICAL PRODUCTS, AND CHEMICALS MANUFACTURED OR REPACKAGED. US THE ENCLOSED TABLE OF CODES FOR ITEMS 4, 5, and 7.

ADDITIONAL INSTRUCTIONS: ITEM 1: ENTER PRODUCT NAME. ITEM 2: ENTER MAXIMUM QUANTITY HANDLED OR STORED AT ANY ONE TIME AT THE ABOVE LOCATION; INCLUDE UNITS (POUNDS, GALLONS, CUBIC FEET). ITEM 3: ENTER TOTAL YEARLY QUANTITY HANDLED OR STORED AT THE ABOVE LOCATION; INCLUDE UNITS (POUNDS, GALLONS, CUBIC FEET). ITEM 4: ENTER ALL TYPES OF CONTAINERS USED TO STORE THE PRODUCT (USE TABLE 1) ITEM 5: ENTER ALL THE HEALTH AND PHYSICAL HAZARD CODES THAT APPLY T EACH PRODUCT (USE TABLE 2). ITEM 6: ENTER THE PHYSICAL STATE OF THE PRODUCT (S = SOLID, L = LIQUID, G = GAS). ITEM 7: ENTER THE ONE HAZARD CLASS THAT APPLIES TO THE PRODUCT (USE TABLE 3). ITEM 8: (X) THIS ITEM IF PRODUCT OR ANY INGREDIENT IS EXTEREMLY HAZARDOUS. ITEM 9: ENTER INGREDIENTS AND PERCENT C CONCENTRATION. ITEM 10: ENTER THE CAS (CHEMICAL ABSTRACT SERVICE) NUMBERS FOR EACH HAZARDOUS INGREDIENT.

-1- CHEMICAL OR PRODUCT NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	%	-10- CAS NUMBERS OF EACH INGREDIENT
P-3576	.975 gal.	4,860 gal.	B	1 X 2 X 3 4 5	S L X G	1D		1,1,1-Trichloroethane	94	71-55-6
									%	
									%	
									%	
									%	

-1- CHEMICAL OR PRODUCT NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	%	-10- CAS NUMBERS OF EACH INGREDIENT
				1 2 3 4 5	S L G				%	
									%	
									%	
									%	
									%	

SFUND RECORDS CTR
2166-03649

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 1 OF 1

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S2 Building name, outdoor area, or underground tank number: Pressurized Cylinders

-1- CHEMICAL OR PRODUCT NAME: CARBON DIOXIDE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
400 gal.	1600 gal.	J	1. X	S	1A	
			2.			
			3.	L		
			4. X			
			5.	G X		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Carbon Dioxide	99.5%	124-38-9
Nitrogen	0.34 %	7727-37-9
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: NITROGEN

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
6000 gal.	15000 gal.	J	1. X	S	1A	
			2.			
			3.	L		
			4. X			
			5.	G X		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Nitrogen	100 %	7727-37-9
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 1 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: SODIUM HYDROXIDE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
500 lb.	2000 lb.	A	1. X	S		
			2.			
			3.	L X	2A	
			4.			
			5. X	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium Hydroxide	50%	1310-73-2
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME:

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
			1.	S		
			2.			
			3.	L		
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 2 OF 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: SODIUM META BISULFITE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
1000 lbs.	5000 lbs.	G	1. X	S X		
			2.			
			3.	L	1D	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium Meta Bisulfite	100%	None
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: SODIUM CYANIDE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
400 lbs.	1300 lbs.	A	1. X	S X		
			2. X			
			3.	L	5B	X
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium Cyanide	98 %	000-143-339
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #:026645-001-6 PG 3 OF 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: POTASSIUM CYANIDE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
600 lb.	2400 lb.	A	1. X	S X		
			2.			
			3.	L	5B	X
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Potassium Cyanide	95 %	000-151-508
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: SODIUM DICHROMATE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
500 lb.	1200 lb.	A	1. X	S		
			2.			
			3.	L X	1D	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium Dichromate	%	7789-12-0
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 4 OF 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: M&T HEEF 25-B

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS	-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
110 gal.	110 gal.	B	1. X 2. X	S			Chromic Acid 30-40%	1333-82-0
			3.	L X	2A			
			4.					
			5.	G				

-1- CHEMICAL OR PRODUCT NAME: OAKITE 90

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS	-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
1600 lb.	8000 lb.	G	1. X	S X			Sodium hydroxide 45-55 %	1310-73-2
			2.				Sodium metasilicate pentahydrate 20-30%	6834-92-0
			3.	L	2A		Sodium carbonate 5-15%	497-19-8
			4.				Tetrasodium pyrophosphate 5-15%	7722-88-5
			5.	G				

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD # 026645-001-6 PG 5 OF 18

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: ALTREX 1097

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
1150 lb.	6000 lb.	G	1. X	S X		
			2.			
			3.	L	2A	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium metasilicate	30 %	6834-92-0
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: ANOKLEEN COMPOUND

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
50 lb.	200 lb.	G	1. X	S X		
			2.			
			3.	L	2A	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium Hydroxide	45-55%	1310-73-2
Organic Sodium Salt	45-55%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD # 026645-001-6 PG 6 OF 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form befor completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: CHROMIC ACID, FLAKE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
400 lbs.	1500 lbs.	A	1. X 2. X	S X		
			3.	L	3B	
			4. 5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Chromium Trioxide	>95 %	001-333-82
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: CHROMIC ACID, SOLID

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
400 lbs.	1500 lbs.	A	1. X 2. X	S X		
			3.	L	3B	
			4. 5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Chromium Trioxide	100 %	001-333-82
	%	
	%	
	%	
	%	

FOR OFFICE USE ONLY:
Insp. ID _____ Insp. Int. ____ Date: _____ Data Entry ID _____ Data Entry Init ___ Date: _____

BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 7 OF 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form befor completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S3 Building name, outdoor area, or underground tank number: ~~Acid Room~~

-1- CHEMICAL OR PRODUCT NAME: 1081 CHROMIC ACID

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
100 lb.	2000 lb.	G	1. X	S X		
			2.			
			3.	L	3B	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Chromic Acid (major)	%	7738-94-5
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: 2487 ALUMINUM DEOXIDIZER

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
800 lb.	5100 lb.	G	1. X	S X		
			2.			
			3.	L	3B	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Sodium Bisulfate	80 %	7789-12-0
Chromic Acid	10 %	7738-94-5
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-RG 8 OF 8

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 3 Building name, outdoor area, or underground tank number: Acid Room

-1- CHEMICAL OR PRODUCT NAME: Sulfuric Acid, Concentrated

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
52 Gal.	260 Gal	B	1. X 2. 3. 4. 5.	S L X G	3 B	X

-9- HAZARDOUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
~~Hydrogen Sulfate 93-98~~ %	~~007-664-939~~
%	
%	
%	
%	

-1- CHEMICAL OR PRODUCT NAME: Unichrome C-10-XB Liquid

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
65 Gal	50 Gal	B	1. 2. 3. 4. 5.	S L X G	Nonregular	

-9- HAZARDOUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
Inert Liquid <50 %	None
Copper Pyrophosphate <20 %	None
Inorganic Phosphate 40-50 %	None
Potassium Nitrate <15 %	None
%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 1 OF 6

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 7 Building name, outdoor area, or underground tank number: Flammable Storage

-1- CHEMICAL OR PRODUCT NAME: Fremont 753 Low Temperature Cleaner

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
250 gal	800 gal	B	1. x 2. 3. 4. 5.	S L x G	2A	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
	%	
Potassium Hydroxide	%	
(Caustic Potash)	4 %	1310-58-3
	%	

-1- CHEMICAL OR PRODUCT NAME

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
			1. 2. 3. 4. 5.	S L G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
	%	
	%	
	%	
	%	

FOR OFFICE USE ONLY:
Insp. ID _____ Insp. Int. ____ Date: _____ Data Entry ID _____ Data Entry Init___ Date: _____

BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 2 OF 6

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S7 Building name, outdoor area, or underground tank number: Flammable Storage

-1- CHEMICAL OR PRODUCT NAME: CHEVRON SOLVENT 450

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
165 gal.	165 gal.	B	1. X 2. 3. 4. 5.	S L X G	1B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Paraffins (incl. naphthenes)	98 %	
Aromatics C8+	2 %	
Benzene	0.1 %	100-14-1
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: HYDRAULIC FLUID

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
330 gal.	330 gal.	B	1. x 2. 3. 4. 5.	S L x G	1B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Solv. Ref. Petr. Base Stock	<85%	64742-46-7
	%	
	%	
	%	
	%	

FOR OFFICE USE ONLY:
Insp. ID _____ Insp. Int. ____ Date: _____ Data Entry ID _____ Data Entry Init ___ Date: _____

BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 3 OF 6

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S7 Building name, outdoor area, or underground tank number: Flammable Storage

-1- CHEMICAL OR PRODUCT NAME: SHELL PELLA(R) OIL A

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
55 gal.	220 gal.	A	1. 2. X 3. 4. 5.	S L X G	1D	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Shell Pella Oil A	100 %	64742-46-7
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: EXCELENE 5631

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
55 gal.	220 gal.	B	1. X 2. 3. X 4. 5.	S L X G	1B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
PETROLEUM OIL	88%	NONE
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 4 OF 6

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 7 Building name, outdoor area, or underground tank number: Flammable Storage

-1- CHEMICAL OR PRODUCT NAME: MIL-H-5606, Aircraft Hydraulic Fluid

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
335 Gal	935 gal	B	1. x 2. 3. 4. 5.	S L x G	1B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
Solv. Ref. Petr.	%	
Base Stock	%	64742-46-7
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: Petrofluid 3806, Hydraulic Fluid MIL-H-6083D

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
500 gal	935 gal	B	1. x 2. 3. 4. 5.	S L X G	1 B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
SOLV. REF. PETR.	%	
Base Stock	%	64741-97-5
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD # 026645-001=6PG 5 OF 6

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 7 Building name, outdoor area, or underground tank number: Flammable Storage

-1- CHEMICAL OR PRODUCT NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS	-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
MIL-H-46170B, Type I	220 Gal.	750 Gal	B	1. X 2. 3. 4. 5.	S L X G	1B		Syn Hydrocarbon Base <70 % By Vol	
								Lubricant Ester <25 % By Vol	

-1- CHEMICAL OR PRODUCT NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS	-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
MIL-H-46170B , Type II	220 Gal	750 Gal	B	1. X 2. 3. 4. 5.	S L X G	1B		Polyalphaolefin Base Stock <65 % By Vol	
								Lubricant Base Ester 33 % By Vol.	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 6 OF 6

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 7 Building name, outdoor area, or underground tank number: Flammable Storage

-1- CHEMICAL OR PRODUCT NAME: Kester-Freon 5120 Vapor Degreasing Solvent

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
55 Gal	165 Gal	B	1. 2. X 3. 4. 5.	S L X G	I D	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
~~Isoproply Alcohol~~ 12 %	67-63-0
~~Methyl Cholroform~~ 60 %	71-55-6
Tr~~ichlorotrifluoroethan~~ %	
Freon TF 9 %	76-13-1
Trichloromonofluoromethane 16 %	75-69-4

-1- CHEMICAL OR PRODUCT NAME: NC-803

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
		A	1. X 2. 3. 4. 5.	S L X G	ID	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH	-10- CAS #'S OF EACH INGREDIENT
%	
Sodium Nitrate 20 %	7632-00-0
%	
%	
%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6 PG 1 OF 2

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S8 Building name, outdoor area, or underground tank number: Cutting/coolants

-1- CHEMICAL OR PRODUCT NAME: METHYL ETHYL KETONE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
55 gal.	175 gal.	A	1. X	S		
			2.			
			3. X	L X	1B	
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Methyl Ethyl Ketone	100 %	
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME:

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
			1.	S		
			2.			
			3.	L		
			4.			
			5.	G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
	%	
	%	
	%	
	%	

FOR OFFICE USE ONLY:
Insp. ID _____ Insp. Int. ____ Date: _____ Data Entry ID _____ Data Entry Init___ Date:_____

BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-00HG-6 2 OF 2

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S8 Building name, outdoor area, or underground tank number: Cutting/coolants

-1- CHEMICAL OR PRODUCT NAME: HEPTANE

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
297 gal.	2039 gal.	A	1. 2. 3. X 4. 5.	S L X G	3A	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Heptane	95 %	142-82-5
	%	
	%	
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME: ISOPROPYL ALCOHOL

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
136 gal.	144 gal.	A	1. X 2. 3. X 4. 5.	S L X G	1B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Isopropyl Alcohol	100%	000-067-630
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6G PG 1 OF 1

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 10 Building name, outdoor area, or underground tank number: Shipping/Recieving

-1- CHEMICAL OR PRODUCT NAME: INSTAPAK-40B COMPOUND

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
55 gal.	550 gal.	B	1. X	S		
			2.			
			3.	L X	1B	
			4.			
			5.	G		

-9- HAZARDOUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Trichloromonofluoromethane	%	
	15 %	75-69-4
Diethanolamine	1.5%	109-89-7
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
			1.	S		
			2.			
			3.	L		
			4.			
			5.	G		

-9- HAZARDOUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS MATERIALS INVENTORY (BP-2) DATE: 2-3-88 LAPD #: 026645-001-6G 1 OF 1

INSTRUCTIONS: Read all the instructions on the front side and photocopy extra copies of this form before completing it. (Do not report hazardous waste on this form). Complete a separate form for each building, outdoor area, or room where hazardous materials are located. Use box below to specify the location of the hazardous materials listed on this form.

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX

Business name: Allied Signal Electrodynamics Division Address: 11600 Sherman Way North Hollywood

Room name or number: S 10 Building name, outdoor area, or underground tank number: Shipping/Recieving

-1- CHEMICAL OR PRODUCT NAME: INSTAPAK-40B COMPOUND

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
55 gal.	550 gal.	B	1. X 2. 3. 4. 5.	S L X G	1B	

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
Trichloromonofluoromethane	%	
	15 %	75-69-4
Diethanolamine	1.5%	109-89-7
	%	
	%	

-1- CHEMICAL OR PRODUCT NAME

-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- HEALTH & PHYSICAL HAZARDS table 2	-6- PHYS. STATE	-7- HAZARD CLASS table 3	-8- (x) EXTREMELY HAZARDOUS
			1. 2. 3. 4. 5.	S L G		

-9- HAZAROUS CHEMICAL INGREDIENTS & % OF EACH		-10- CAS #'S OF EACH INGREDIENT
	%	
	%	
	%	
	%	
	%	

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 1 OF 4

INSTRUCTIONS: READ THE INSTRUCTIONS BELOW AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM)

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W1 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Waste Oil (Recyclable) Storage Tank

2. IMPORTANT NOTICE: WHEN SUBMITTING A BUSINESS PLAN INVENTORY, ONLY INCLUDE HAZARDOUS WASTES HANDLED OR STORED IN AMOUNTS TOTALING 55 GALLONS, 500 POUNDS, 200 CUBIC FEET, OR MORE, AND NOT PREPACKAGED FOR DIRECT DISTRIBUTION TO, AND USE BY, THE GENERAL PUBLIC. COMPLETE ITEMS 1-10 FOR EACH HAZARDOUS WASTE HANDLED OR STORED AT THE LOCATION SPECIFIED ABOVE. USE THE CODES ON THE ENCLOSED TABLE OF CODES TO FILL IN ITEMS 4, 5, AND 7. FOR ITEM 6 USE TABLE III ON THE BACK OF YOUR UNIFORM HAZARDOUS WASTE MANIFEST.

ADDITIONAL INSTRUCTIONS: ITEM 1: ENTER HAZARDOUS WASTE NAME. ITEM 2: ENTER THE MAXIMUM QUANTITY HANDELED OR STORED AT ANY ONE TIME AT THE ABOVE LOCATION; INCLUDE UNITS (POUNDS, GALLONS, CUBIC FEET). ITEM 3: ENTER TOTAL YEARLY QUANTITY HANDELED OR STORED AT THE ABOVE LOCATION; INCLUDE UNITS (POUNDS GALLONS, CUBIC FEET). ITEM 4: LIST ALL TYPES OF CONTAINERS USED TO STORE THE WASTE (USE TABLE 1). ITEM 5: USE ALL TREATMENT AND DISPOSAL METHODS THAT APPLY (USE TABLE 4). ITEM 6: ENTER THE HAZARDOUS WASTE CODE USED ON YOUR HAZARDOUS WASTE MANIFEST (TABLE III ON THE BACK OF THE MANIFEST). ITEM 7: ENTER THE ONE HAZARD CLASS THAT APPLIES TO THE WASTE (USE TABLE 3). ITEM 8: (X) THIS ITEM IF THE WASTE OR ANY INGREDIENT IS EXTREMELY HAZARDOUS. ITEM 9: ENTER HAZARDOUS INGREDIENTS AND PERCENT OF CONCENTRATION. ITEM 10: ENTER THE CAS (CHEMICAL ABSTRACT SERVICE) NUMBER FOR EACH HAZARDOUS INGREDIENT.

-1- HAZARDOUS WASTE NAME	Waste Combustible Liquid N.O.S. UN 1270 (Waste Petroleum Oil)						-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT & DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS		
2,500 gal.	7,300 gal.	B D	02	221	1B		%	

-1- HAZARDOUS WASTE NAME	Waste III Trichloroethane ORM-A UN 2831 EPA# F001						-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT & DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS		
350 gal.	1,300 gal.	B D	02	211	1B		1,1,1- Trichloroethane %	71-55-6
							Specified spent halogenated %	F001
							solvents used degreasing and %	
							sludges fr. rec %	
							%	

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 2 OF 4

INSTRUCTIONS: READ ALL THE INSTRUCTIONS ON THE REVERSE SIDE AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM). COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W1 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Waste Oil (Recyclable) Storage Tank

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT & DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
Hazardous Waste Liquid N.O.S. ORM-E NA 9189 (Waste Freon) EPA# F001	50 gal.	250 gal.	B, D	02	221	1D		Specified spent halogenated solvents used degreasing and sludges fr. rec	F001
Flammable Liquid UN 1219 (Waste Isopropanol) EPA# F003	100 gal.	100 gal.	B, D	02	214	3A		Specified spent non-halogenated solvents and still bottoms fr. recovery	F003
Waste Flammable Liquid N.O.S. UN 1993 (Waste Kerosene) EPA# F003	100 gal.	300 gal.	B, D	02	213	3A		Specified spent non-halogenated solvents and still bottoms fr. recovery	F003

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 3 OF 4

INSTRUCTIONS: READ ALL THE INSTRUCTIONS ON THE REVERSE SIDE AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM). COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W1 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Waste Oil (Recyclable) Storage Tank

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT & DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
Waste Flammable Liquid N.O.S. UN 1993 (Waste Paint & Thinners) EPA# F003	100 gal.	300 gal.	B, D	02	461	3A		Specified spent non-halogenated solvents and still bottoms fr. recovery	F003

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT & DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
Waste Flammable Liquid N.O.S. UN 1993/1206 (Waste Red Oil & Heptane) EPA# F005	150 gal.	550 gal.	B, D	02	214	3A		Specified spent non-halogenated solvents and still bottoms fr. recovery except...	F005

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT & DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
Hazardous Waste Liquid N.O.S. ORM-E NA 9189 (Waste Skydrol Oil) EPA# F005	950 gal.	2,350 gal.	B, D	02	221	1D		Specified spent non-halogenated solvents and still bottoms fr. recovery except...	F005

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 4 OF 4

INSTRUCTIONS: READ ALL THE INSTRUCTIONS ON THE REVERSE SIDE AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM). COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W1 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Waste Oil (Recyclable) Storage Tank

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
Waste Combustible Liquid N.O.S. NA 1993 (Waste Thinner) EPA# F003	50 gal.	150 gal.	B D	02	214	1B		Specified spent non-halogenated solvents and still bottoms fr. recovery	F003

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 1 OF 1

INSTRUCTIONS: READ THE INSTRUCTIONS BELOW AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W3 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Waste Coolant (Recyclable) Storage Tanks

2. IMPORTANT NOTICE: WHEN SUBMITTING A BUSINESS PLAN INVENTORY, ONLY INCLUDE HAZARDOUS WASTES HANDLED OR STORED IN AMOUNTS TOTALING 55 GALLONS, 500 POUNDS, 200 CUBIC FEET, OR MORE, AND NOT PREPACKAGED FOR DIRECT DISTRIBUTION TO, AND USE BY, THE GENERAL PUBLIC. COMPLETE ITEMS 1-10 FOR EACH HAZARDOUS WASTE HANDLED OR STORED AT THE LOCATION SPECIFIED ABOVE. USE THE CODES ON THE ENCLOSED TABLE OF CODES TO FILL IN ITEMS 4, 5, AND 7. FOR ITEM 6 USE TABLE III ON THE BACK OF YOUR UNIFORM HAZARDOUS WASTE MANIFEST.

ADDITIONAL INSTRUCTIONS: ITEM 1: ENTER HAZARDOUS WASTE NAME. ITEM 2: ENTER THE MAXIMUM QUANTITY HANDELED OR STORED AT ANY ONE TIME AT THE ABOVE LOCATION; INCLUDE UNITS (POUNDS, GALLONS, CUBIC FEET). ITEM 3: ENTER TOTAL YEARLY QUANTITY HANDELED OR STORED AT THE ABOVE LOCATION; INCLUDE UNITS (POU GALLONS, CUBIC FEET). ITEM 4: LIST ALL TYPES OF CONTAINERS USED TO STORE THE WASTE (USE TABLE 1). ITEM 5: USE ALL TREATMENT AND DISPOSAL METHODS THAT APPLY (USE TABLE 4). ITEM 6: ENTER THE HAZARDOUS WASTE CODE USED ON YOUR HAZARDOUS WASTE MANIFEST (TABLE III ON THE BACK OF THE MANIFEST). ITEM 7: ENT THE ONE HAZARD CLASS THAT APPLIES TO THE WASTE (USE TABLE 3). ITEM 8: (X) THIS ITEM IF THE WASTE OR ANY INGREDIENT IS EXTREMELY HAZARDOUS. ITEM 9: ENT HAZARDOUS INGREDIENTS AND PERCENT OF CONCENTRATION. ITEM 10: ENTER THE CAS (CHEMICAL ABSTRACT SERVICE) NUMBER FOR EACH HAZARDOUS INGREDIENT.

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
Hazardous Waste Liquid N.O.S. ORM-E NA 9189 Water Soluble Oils & Lubricating Oils	3,000 gal.	21,500 gal.	B D	02	221	1D		%	

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	-10- CAS NUMBERS OF EACH INGREDIENT
								%	

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 1 OF 2

INSTRUCTIONS: READ THE INSTRUCTIONS BELOW AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM)

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W2 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Hazardous Waste Storage Area

2. IMPORTANT NOTICE: WHEN SUBMITTING A **BUSINESS PLAN INVENTORY**, ONLY INCLUDE HAZARDOUS WASTES HANDLED OR STORED IN AMOUNTS TOTALING 55 GALLONS, 500 POUNDS, 200 CUBIC FEET, OR MORE, AND NOT PREPACKAGED FOR DIRECT DISTRIBUTION TO, AND USE BY, THE GENERAL PUBLIC. COMPLETE ITEMS 1-10 FOR EACH HAZARDOUS WASTE HANDLED OR STORED AT THE LOCATION SPECIFIED ABOVE. USE THE CODES ON THE ENCLOSED TABLE OF CODES TO FILL IN ITEMS 4, 5, AND 7. FOR ITEM 6 USE TABLE III ON THE BACK OF YOUR UNIFORM HAZARDOUS WASTE MANIFEST.

ADDITIONAL INSTRUCTIONS: ITEM 1: ENTER HAZARDOUS WASTE NAME. ITEM 2: ENTER THE MAXIMUM QUANTITY HANDELED OR STORED AT ANY ONE TIME AT THE ABOVE LOCATION; INCLUDE UNITS (POUNDS, GALLONS, CUBIC FEET). ITEM 3: ENTER TOTAL YEARLY QUANTITY HANDELED OR STORED AT THE ABOVE LOCATION; INCLUDE UNITS (POUND GALLONS, CUBIC FEET). ITEM 4: LIST ALL TYPES OF CONTAINERS USED TO STORE THE WASTE (USE TABLE 1). ITEM 5: USE ALL TREATMENT AND DISPOSAL METHODS THAT APPLY (USE TABLE 4). ITEM 6: ENTER THE HAZARDOUS WASTE CODE USED ON YOUR HAZARDOUS WASTE MANIFEST (TABLE III ON THE BACK OF THE MANIFEST). ITEM 7: ENTER THE ONE HAZARD CLASS THAT APPLIES TO THE WASTE (USE TABLE 3). ITEM 8: (X) THIS ITEM IF THE WASTE OR ANY INGREDIENT IS EXTREMELY HAZARDOUS. ITEM 9: ENTER HAZARDOUS INGREDIENTS AND PERCENT OF CONCENTRATION. ITEM 10: ENTER THE CAS (CHEMICAL ABSTRACT SERVICE) NUMBER FOR EACH HAZARDOUS INGREDIENT.

-1- HAZARDOUS WASTE NAME	Hazardous Waste Solid N.O.S. ORM-E NA 9189 (Sand/Soil 99%, Hydraulic Oil 1%)						-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH		-10- CAS NUMBERS OF EACH INGREDIENT
-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS			
17 Yards	155 Yards	M	27	611	1D			%	
								%	
								%	
								%	
								%	
								%	

-1- HAZARDOUS WASTE NAME	RQ Waste Corrosive Liquid N.O.S. UN 1760 (Waste Wyandotte)						-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH		-10- CAS NUMBERS OF EACH INGREDIENT
-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	Unlisted Hazardous Waste	%	D002
200 gal.	200 gal.	B	07	792	2A		Chromium, Unlisted Haz. Waste	%	D007
								%	
								%	
								%	
								%	

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BUSINESS PLAN HAZARDOUS WASTE INVENTORY (BP-3) Date: 1/13/88 LAFD #: 026645-001-6 PAGE 2 OF 2

INSTRUCTIONS: READ ALL THE INSTRUCTIONS ON THE REVERSE SIDE AND PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (DO NOT REPORT HAZARDOUS MATERIALS ON THIS FORM). COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE: COMPLETE ALL ITEMS IN BOX

BUSINESS NAME: Allied Signal Inc. Electrodynamics Division ADDRESS: 11600 Sherman Way No. Hollywood, CA 91605-5887

ROOM NAME OR NUMBER: W2 BUILDING NAME, OUTDOOR AREA, OR UNDERGROUND TANK NUMBER Hazardous Waste Storage Area

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	%	-10- CAS NUMBERS OF EACH INGREDIENT
Waste Corrosive Solid N.O.S. UN 1759 (Alkaline Cleaner, Solidified)	55 gal.	75 gal.	B	27	141	2A		Unlisted Hazardous Waste	%	D002
									%	
									%	
									%	
									%	
									%	

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	%	-10- CAS NUMBERS OF EACH INGREDIENT
Waste Corrosive Solid N.O.S. UN 1759 (Chromic Acid, Solidified)	12 Yards	12 Yards	B	27	181	2A		Unlisted Hazardous Waste	%	D002
									%	
									%	
									%	
									%	
									%	

-1- HAZARDOUS WASTE NAME	-2- MAXIMUM QUANTITY ANY TIME	-3- TOTAL YEARLY QUANTITY	-4- STORAGE TYPES table 1	-5- TREAT &. DISPOSAL table 4	-6- WASTE CODE	-7- HAZARD CLASS table 3	-8- (X) EXTREMELY HAZARDOUS	-9- HAZARDOUS CHEMICAL INGREDIENTS & PERCENTAGE OF EACH	%	-10- CAS NUMBERS OF EACH INGREDIENT
Waste Flammable Liquid N.O.S. UN 1993 (n-propyl Alcohol & butyl-Alcohol Waste)	90 gal.	90 gal.	B	03	214	3A		Unlisted Hazardous Waste	%	D001
									%	
									%	
									%	
									%	
									%	

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