Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02573

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling-wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ (Examples: incineration, neutralization, precipitation)-Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02555

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02542

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): [illegible] Code No.

Pick up Address: [illegible] (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: [illegible] Date: [illegible]

Type of Process which Produced Wastes: [illegible] Code No.
(Examples: metal plating, equipment cleaning, oil drilling-wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☒ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. [illegible]				
2. [illegible]				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH ☐ none ☐ toxic ☐ flammable ☒ corrosive ☐ explosive

Bulk Volume: [illegible] ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: No. of Loads or Trips: Unit No.:

Vehicle: ☐ vacuum truck barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Code No.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation)-Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: ___:___ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02573

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): [illegible] Code No.

Pick up Address: [illegible]
(Number) (Street) (City)

Telephone Number: ( ) [illegible] P.O. or Contract No.:

Order Placed By: [illegible] Date: [illegible]

Type of Process which Produced Wastes: [illegible] Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☒ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. [illegible]				
2. [illegible]				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH [illegible] ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: [illegible] ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: [illegible] (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): [illegible]

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: [illegible] No. of Loads or Trips: [illegible] Unit No.: [illegible]

Vehicle: ☒ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): [illegible] Code No.

Site Address: [illegible]

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): [illegible] State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☒ injection well ☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: [illegible]

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02590

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: ___:___ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02477

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ELECTRONIC CHROME Code No.

Pick up Address: (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Date: 6-12-

Type of Process which Produced Wastes: NICKEL PLATING Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☐ vacuum truck barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Code No.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation) Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02469

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ECE Crown Chrome — Code No.

Pick up Address: 9123 Rice SFS
(Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Frank Date: 8-2-80

Type of Process which Produced Wastes: Pickling — Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) — Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. Hydrochloric	10		✓	
2. Nitric	20		✓	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH ____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 200 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: 1 (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering — Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: 8-2-80 (Date) Time: 3: ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: 5-2-1 No. of Loads or Trips: 1 Unit No.: 5

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): — Code No.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 2.5 State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation) — Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): — Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 8-2-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02453

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): [illegible] Code No.

Pick up Address: [illegible]
(Number) (Street) (City)

Telephone Number: ( ) [illegible] P.O. or Contract No.:

Order Placed By: [illegible] Date: 5-18-78

Type of Process which Produced Wastes: [illegible] Code No.
(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. [illegible]	[illegible]			
2. [illegible]	[illegible]			
3. [illegible]	[illegible]			
4.				
5.				
6.				

Hazardous Properties of Waste:
pH [illegible] ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: [illegible] ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: [illegible] (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): [illegible]

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[illegible]
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: [illegible] (Date) Time: [illegible] ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: [illegible] No. of Loads or Trips: [illegible] Unit No.: [illegible]

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[illegible]
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): [illegible] Code No.

Site Address: [illegible]

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 12.79 State fee (if any): [illegible]

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 5-15-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[illegible]
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02642

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling-wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: ___:___ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02723

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): [illegible] Code No.

Pick up Address: [illegible] (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: [illegible] Date: 9-27-80

Type of Process which Produced Wastes: PLATING
(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining) Code No.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. CHROMIC	5		5	
2. WATER	95			
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 2 ☐ none ☐ toxic ☐ flammable ☒ corrosive ☐ explosive

Bulk Volume: 2001 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: 1 (Number) ☐ drums ☐ cartons ☐ bags ☒ other PLASTIC (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): ACID WASTE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: 9-29-80 (Date) Time: 1:_ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: 1121 No. of Loads or Trips: 1 Unit No.: 0

Vehicle: ☐ vacuum truck ___ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): [illegible] Code No.

Site Address: [illegible]

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): See 2722
(Examples: incineration, neutralization, precipitation)-Code No.

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☒ injection well
☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9-29-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02705

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____
(Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling-wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02697

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Electronic Chrome Co., Inc. Code No.

Pick up Address: 9132 Rice Rd. Santa Fe Springs CA 90670
(Number) (Street) (City)

Telephone Number: (213) 699-0901 P.O. or Contract No.:

Order Placed By: John Date: 8/27/80

Type of Process which Produced Wastes: Metal Finishing Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. Hydrochloric Acid				
2. Metals				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 1 ☐ none ☐ toxic ☐ flammable ☒ corrosive ☐ explosive

Bulk Volume: 200 ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670
(Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: No. of Loads or Trips: Unit No.:

Vehicle: ☐ vacuum truck barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK Co. Code No.

Site Address: 2210 Azusa W Covi

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any): 02703

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation) Code No.

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

02688

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering _____ Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: _____ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ (Examples: incineration, neutralization, precipitation)-Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): _____ Code No.

Pick up Address: _____ (Number) (Street) (City)

Telephone Number: ( ) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ Code No.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)	Concentration: Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste: pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 (Number) (Street) (City)

Telephone Number: (213) 944-1011 Pick Up: _____ (Date) Time: : ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☐ vacuum truck ____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Revised December 1974

PRODUCER EPA #

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

№ 02772

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Electronic Chrome — Code No.

Pick up Address: 9132 Dice Rd (Number) (Street) SFS (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Office Desk Date: 11-19-80

Type of Process which Produced Wastes: Plating — Code No.
(Examples: metal plating, equipment cleaning, oil drilling-wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☑ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

☐ Other (Specify) WASTE CATEGORY — Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

		Concentration: Upper	Lower	%	ppm
1.	Chromic			✓	
2.	Acid			9	
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:
pH 2 ☐ none ☐ toxic ☐ flammable ☑ corrosive ☐ explosive

Bulk Volume: 40 ☐ gal ☐ tons ☑ barrels (42 gal) ☐ other (specify)

Containers: n/a (Number) ☐ drums ☐ cartons ☐ bags ☑ other UNK (specify) CAT 080010283

Physical State: ☐ solid ☑ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): Acid well

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering CAD 056421779 — Code No.

Business Address: 12524 Telegraph Rd. (Number) (Street) Santa Fe Springs (City) 90670

Telephone Number: (213) 944-1011 Pick Up: 11-19-80 (Date) Time: 8:00 ☑ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: 7288 No. of Loads or Trips: 1 Unit No.: 5

Vehicle: ☑ vacuum truck ___ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): EPC Westside Disp. — Code No.

Site Address: Fellows Calif.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 40 bbls State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify):
(Examples: incineration, neutralization, precipitation)-Code No.

☑ disposal (specify): ☐ pond ☑ spreading ☐ landfill ☐ injection well
☐ other (specify): — Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 11-19-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

W 09948

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

PH6