Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015- 000628

SFUND RECORDS CTR
999000189

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ALUMINUM CO OF AMERICA — CODE NO.

Pick up Address (NUMBER) (STREET) (CITY): 5151 ALCOA AVE VERNON CALIF.

Telephone Number: 213 588-6411 P.O. or Contract No: 4A763 B33

Order Placed By: J. HERON Date: 5-1-75

Type of Process which Produced Wastes: SETTLING TANKS — 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	6. [ ] Tetraethyl lead sludge	11. [ ] Contaminated soil and sand
2. [ ] Alkaline solution	7. [ ] Chemical toilet wastes	12. [ ] Cannery waste
3. [ ] Pesticides	8. [ ] Tank bottom sediment	13. [ ] Latex waste
4. [ ] Paint sludge	9. [ ] Oil	14. [X] Mud and water
5. [ ] Solvent	10. [ ] Drilling mud	15. [ ] Brine

[ ] Other (specify) — CODE NO.

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

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

NONE

Hazardous Properties of Waste:

pH ___ [X] none [ ] toxic [ ] flammable [ ] corrosive [ ] explosive

Total Volume: 5000 [X] gal [ ] tons [ ] barrels (42 gal.) [ ] other (SPECIFY)

Containers (NUMBER) ___ [ ] drums [ ] cartons [ ] bags [ ] other (SPECIFY)

Physical State: [ ] solid [X] 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.

Karl E. Runner
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

CODE NO.

Pick Up (DATE) 8-1-75 Time 3 (am) pm

State Liquid Waste Hauler's Registration No. (if applicable) 15

Job No.: ___ No. of Loads or Trips: 9 Unit No. 5

Vehicle: [X] vacuum truck 100 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): OPEN IND. CONT. PITS — 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 [X] landfill [ ] injection well

[ ] other (specify): — CODE NO.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 8-1-75

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.

K001120

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

D.O.T. Proper Shipping Name