Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015- 000633

SFUND RECORDS CTR
999000190

PRODUCER OF WASTE (Must be filled by producer)

Name (Name of Firm): ALUMINUM CO OF AMERICA — CODE NO.
Pick up Address (Number, Street, City): 251 ALCOA AVE VERNON CALIF
Telephone Number: (213) 585-4411 P.O. or Contract No.: 4A763853
Order Placed by: J. HERON Date: 8-1-75
Type of Process Producing Waste: FILLING 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
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. [X] 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. NONE				
2.				
3.				
4.				
5.				
6.				

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

Total Volume: 500 [ ] 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 Brown
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: 8-1-75 (DATE) Time: 5 (Hour) (a.m. p.m.)

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

Job No.: No. of Loads or Trips: 10 Unit No.: 5

Vehicle: [X] vacuum truck 1000 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): OPTI LAB — CODE NO.
Site Address: MOJAVE, PA

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: 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.

K001121

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

D.O.T. Proper Shipping Name