ised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015- 002468

SFUND RECORDS CTR
999000209

ODUCER OF WASTE (Must be filled by producer)

me: ALUMINUM Co. OF AMERICA (PRINT OR TYPE) CODE NO.

k up Address: 5151 (NUMBER) ALCOA AVE. (STREET) VERNON, CA (CITY)

lephone Number: (___) ___ P.O. or Contract No.: ___

der Placed By: ___ Date: ___

pe of Process ich Produced Wastes: ___ CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

ESCRIPTION OF WASTE (Must be filled by producer)

eck 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.

mponents:
xamples: Hydrochloric acid, lime, caustic soda, enolics, solvents (list), metals (list), ganics (list), cyanide)

	Concentration: Upper	Lower	%	ppm

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

ulk Volume: ___ ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

ontainers: ___ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

hysical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

ecial Handling Instructions (if any): ___

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

ertify (or declare) under penalty of perjury at the foregoing is true and correct.

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: 7-31-76 (DATE) Time: ___ ☐am ☐pm

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

Job No.: ___ No. of Loads or Trips: 1 Unit No. 4

Vehicle: ☒ 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.

Steven F. Reidy
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Ind CODE NO.

Site Address: Monterey Park

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: 7-31-76

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.

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

D.O.T. Proper Shipping Name ___

DISPOSAL FACILITY COPY