CALIFORNIA LIQUID WASTE HAULER RECORD

015-4509

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR
999000296

[illegible] (Must be filled by producer)

ALCOA

CODE NO.

(NUMBER) (STREET) (CITY)

P.O. or Contract No.

Date

CODE NO.

(Samples, metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

[illegible] OF WASTE (Must be filled by producer)

[illegible]	6 [ ] Tetraethyl lead sludge	11 [ ] Contaminated soil and sand
[illegible]	7 [ ] Chemical toilet wastes	12 [ ] Cannery waste
[illegible]	8 [ ] Tank bottom sediment	13 [ ] Latex waste
[illegible]	9 [ ] Oil	14 [✓] Mud and water
[illegible]	10 [ ] Drilling mud	15 [ ] Brine

CODE NO.

[illegible] (lime, acid, lime, caustic soda, [illegible] metals (list), [illegible])

	Concentration Upper	Lower	%	ppm

[illegible] of Waste: [illegible] [ ] flammable [ ] corrosive [ ] explosive

9 100 [illegible] [ ] gal [ ] tons [✓] barrels (42 gal.) [ ] other (SPECIFY)

[illegible] [ ] tons [ ] bags [ ] other (SPECIFY)

[illegible] [ ] solid [✓] liquid [✓] sludge [ ] other (SPECIFY)

[illegible] (to the best of my ability, [illegible] as delivered to a licensed liquid waste hauler (if [illegible])

[illegible] penalty of perjury [illegible] 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: (DATE) Time: [illegible] (am) (pm)

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

Job No. [illegible] No. of Loads or Trips: [illegible] Unit No. 5

Vehicle [✓] vacuum truck [illegible] 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] INDUSTRIES

Site Address: MONTEREY PARK

CODE NO.

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: 12-3-79

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.

K001228

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 — STATE COPY