CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

(1) Manifest Number 015 - 001650

GENERATOR (Generator Must Complete)

(2) Name ALUMINUM CO. OF AMERICA VERNON WORKS
EPA NO. CAD074126681
Address 5151 ALCOA AVE. Phone No. 588-6141
City, State, Zip VERNON, CA. 90058

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name OPERATING INDUSTRIES INC.
EPA NO. CAD080012024
Address 900 N. POTRERO GRANDE DR.
City, State, Zip MONTEREY PARK, CA.

(4) Alternate TSD Facility
Name CHEMICAL WASTE MANAGMENT INC
EPA NO. CAT000646117
Address P.O. BOX 1104 430 W. ELM AVE.
City, State, Zip COALINGA, CA. 93210

SFUND RECORDS CTR
999000363

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: 1
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER

(6) WASTE CATEGORY #7 (7) EX. HAZ. WASTE PERMIT NO. (8) GENERATING PROCESS ALUMINUM FABRICATION

(9) LIST COMPONENTS:

	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A.			☐ % ☐ ppm.	E.			☐ % ☐ ppm.
B.			☐ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 100 %			

(10) WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

(11) PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES & WATER

(12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

(13) [signature] Signature of Authorized Agent and Title — 9-1-82 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

(15) PICK-UP DATE 9-1-82
TIME ☐ AM ☐ PM

(16) [signature] DRIVER Signature of Authorized Agent and Title — Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME [illegible]
EPA NO. [illegible]
PHONE NO.

(18) QUANTITY (If Measured)
(19) STATE FEE (If Any)

(21) HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

K001252

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

(22) NAME
EPA NO.

(23) [signature] Signature of Authorized Agent and Title — 9-1-82 Date Accepted

TO TRANSPORTER