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 015-001076

SFUND RECORDS CTR
999000377

GENERATOR (Generator Must Complete)

(2) Name: Aluminum Co. of America
EPA NO.
Address: 5151 Alcoa Ave. Phone No.
City, State, Zip: Vernon Ca.

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name
EPA NO.
Address
City, State, Zip

(4) Alternate TSD Facility
Name
EPA NO.
Address
City, State, Zip

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE none			100 BBL	
WASTE				

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

(6) WASTE CATEGORY 48 (7) EX. HAZ. WASTE PERMIT NO. (8) GENERATING PROCESS Equipment Cleaning

LIST COMPONENTS:

	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
(9) A. Water	98%	97%	☐ % ☐ ppm.	E.			☐ % ☐ ppm.
B. Oil	2%	3%	☐ % ☐ 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

(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) G Wuetch
Signature of Authorized Agent and Title — 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 12 30-80
TIME 12:30 ☐ AM ☑ PM

(16) Signature of Authorized Agent and Title — Date 12-30-80

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operator Ind Inc
EPA NO. CAT080012014
PHONE NO.

18 QUANTITY (If Measured) 100 Barrels
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:

K001306

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

(22) NAME
EPA NO.

(23) D Hamilton P6
Signature of Authorized Agent and Title — Date Accepted 1-7-81

TO TRANSPORTER