Revised December 1974 14523

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 13697

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): DOUGLAS AIRCRAFT CO. CODE NO.

Pick up Address: 3855 (NUMBER) LAKEWOOD BLVD (STREET) - LONG BEACH (CITY)

Telephone Number: (213) 593-3083 P.O. or Contract No.: SSD 16095-C

Order Placed By: J.F. STANG. Date: 6-10-80

Type of Process which Produced Wastes: 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. ☐ Sand water
15. ☐ Brine

☒ Other (Specify) BIODEGRADABLE MILL COOLANT CODE NO.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. SOLUBLE COOLANT	2		X	
2. MUD & WATER	98		X	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH ____ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 4200 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: 1-LOAD (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other VAC TANKER (SPECIFY)

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

Special Handling Instructions (if any): NONE

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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063

CODE NO.

Pick Up: 6-10-80 (DATE) Time: ____ ☐am ☐pm

State Liquid Waste Hauler's Registration No. (if applicable): 227

Job No.: 13556 No. of Loads or Trips: 1 Unit No. 10

Vehicle: ☒ vacuum truck 400 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 disposal)

Name (print or type): OPERATING INDUSTRIES, INC. CODE NO.

Site Address: 2425 S. Garfield Ave. Monterey Park, Calif. 91754

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: 6-10

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 ____

BOE-C6-0119662

Revised December 1974

14528

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 13700

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): DOUGLAS AIRCRAFT CO. CODE NO.

Pick up Address: 3855 LAKEWOOD BLVD (NUMBER) (STREET) - LONG BEACH (CITY)

Telephone Number: (213) 593-3025 P.O. or Contract No.: 643/6095-C

Order Placed By: J.F. STANG. Date: 6-24-80

Type of Process which Produced Wastes: CATCH SUMPS - PLANT WIDE 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. ☒ 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. PAINT SLUDGE.	2		X	
2. WASTE OIL	2		X	
3. MUD & WATER	96		X	
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 6 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 4200 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other _____ (SPECIFY)

Containers: 1-LOAD (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other VAC TANKER (SPECIFY)

Physical State: ☐ solid ☒ 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.

J. F. Stang
SIGNATURE OF AUTHORIZED AGENT AND TITLE

PERMIT NO. 2-0660

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063
CODE NO.

Pick Up: 6-24-80 (DATE) Time: _____ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 227

Job No.: 17773 No. of Loads or Trips: 1 Unit No. 17

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.

Glen Cain
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC. CODE NO.

Site Address: 2425 So. Garfield Ave.
Monterey Park, Calif. 91754

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): 100 State fee (if any): 17.00

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: 6-18-80

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.

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

D.O.T. Proper Shipping Name _____

BOE-C6-0119663