Torrance

Page	Quantity	Date	Bates #	Comment	
212	✓ 6300	-	014662	6-8-81 date ~~[illegible]~~ entered into data base	—
213	✓ 8400				
214	✓ 12600	2-11-77	013508	2 trips w/50 barrel truck manifest	-4200
215	✓ 8400			manifest qty 4200 gal not 8400	
216	✓ 8400				
217	✓ 8400				
218	✓ 8400				
219	✓ 8400				
220	✓ 8400	2-28-77	013521	data entry error component volume (4284) > manifest volume (4200)	—
221	✓ 8400				
222	✓ 8400				
223	✓ 8400				
224	✓ 8400				
225	✓ 5905	3-14-77	013533	no component data on manifest	—
226	✓ 8400				
227	✓ 8400				
228	✓ 8400				
229	✓ 8400				
230	✓ 8400				
231	✓ 8400				
232	✓ 8400				
233	✓ 6300				
234	✓ 8400				
235	✓ 8200				
236	✓ 8400				
237	✓ 8400				
238	✓ 8400				
239	✓ 8820	8-24-77	013567	110 bbl load - verify ✓	—
240	✓ 8400				
241	✓ 8400	9-06-77	013572	no component conc data on manifest	—
242	✓ 8442	9-14-77	013576	101 bbl load - verify ✓	
243	0	9-21-77	013580	quantity expressed = 100 (no units) 100 bbl truck	+4200
	0	9-21-77	013581	" " " 100 bbl truck	+4200
244	✓ 4200	9-23-77	013582	" " " 100 bbl truck	+4200
245	✓ 4200	9-26-77	013583	no quantity or units expressed " "	+4200
246	✓ 8400	10-03-77	013597	component quantity (588) < manifest qty (4200) ✓	—
247	✓ 8400				
248	✓ 4200	10-07-77	013592	quantity = 160 (unitless)	+4200
249	8400			manifest appears to read 160 (unitless) for qty	
	295967			and 160 bbl truck. Not aware of any	
				160 bbl trucks, will use	+16800

Ck-700-81-OPC-0009

CALIFORNIA HAZARDOUS WASTE MANIFEST

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

14662

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

(1) Manifest Number 227-020815

GENERATOR (Generator Must Complete)

(2) Name Douglas AIRCRAFT
EPA NO. CAD086510005
Address 190th & Normandie Phone No.
City, State, Zip TORRANCE CA

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name COUNTY DUMP
EPA NO.
Address 2800 WORKMAN MILL RD
City, State, Zip WHITTIER CAL.

(4) Alternate TSD Facility
Name OPERATING INDUSTRIES
EPA NO. CAT080012024
Address 2425 S. GARFIELD
City, State, Zip MONTEREY PARK, CA

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE Mud			50	BBLS.
WASTE WATER				

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

(6) WASTE CATEGORY 70
(7) EX. HAZ. WASTE PERMIT NO. 3-1804
(8) GENERATING PROCESS METAL POLISHING

LIST COMPONENTS:

(9)	CONC. UPPER	RANGE LOWER	UNITS
A. Mud		2	☒ % ☐ ppm.
B. WATER	98		☒ % ☐ ppm.
C.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.
E.			☐ % ☐ ppm.
F.			☐ % ☐ ppm.
G.			☐ % ☐ ppm.

Non Hazardous Material ____ %

(10) WASTE PROPERTIES: pH 8 ☐ 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 NONE

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) Suzie Letcher Buyer — Signature of Authorized Agent and Title — 6-8-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE) #9

(14) NAME OIL PROCESS CO. SERV. 17544
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 6-8-81
TIME ____ ☐ AM ☐ PM

(16) Danny De La Cruz DRIVER — Signature of Authorized Agent and Title — 6-8-81 Date

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

(17) NAME Operating Ind Inc
EPA NO. CAT080012024
PHONE NO.

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

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

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

(22) NAME
EPA NO.

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

(23) [signature] — Signature of Authorized Agent and Title — Date Accepted

BOE-C6-0119665

Revised December 1974

13521

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. CG-70-77-EP8-0055

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Douglas Aircraft Co. Code No.

Pick up Address: 190 The Normandie Ter. (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.: S4816695-CH

Order Placed By: SAMR Date: 2/28/77

Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No. 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)

	Upper	Concentration: Lower	%	ppm
1. Soap		3	☒	☐
2. Mud		3	☒	☐
3. Water	94		☒	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste: pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☒ other Slab TK (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.

[signature]
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): OIL PROCESS CO. Code No.

Business Address: 3540 Emery Street, Los Angeles, Calif. 90023 (Number) (Street) (City)

Telephone Number: (213) 261-3528 Pick Up: 2/28/77 (Date) Time: ☐ am ☐ pm

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

Job No.: 1150 No. of Loads or Trips: 1 Unit No.: 9

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.

[signature]
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): 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: 2/28/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature]
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.

pH 8

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

DISPOSER COPY No 1038

BOE-C6-0119666

Revised December 1974 13533

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002009
C1 - 329-700 OPC 0001

PRODUCER OF WASTE (Must be filled by producer)

Name: Douglas Aircraft Co (PRINT OR TYPE) CODE NO.

Pick up Address: 190 76 & Normandie Tor. (NUMBER) (STREET) (CITY)

Telephone Number: ( ) P.O. or Contract No.: S+816095-CH

Order Placed By: SAMR Date: 3/14/77

Type of Process which Produced Wastes: STORAGE 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.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

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

Bulk Volume: 31 ☐ gal ☐ tons ☐ barrels (42 gal.) ☒ other Drums (SPECIFY)

Containers: 31 (NUMBER) ☒ drums ☐ cartons ☐ bags ☐ other ____ (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.

J Rosa
J.D. Rosa, C6-401
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 3/14/77 (DATE) Time: ____ ☐am ☐pm

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

Job No.: 1202 No. of Loads or Trips: 1 Unit No. ____

Vehicle: ☐ vacuum truck ____ 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): Operating Industries, Inc. CODE NO.

Site Address: 2425 SO. GARFIELD AVE. MONTEREY PARK, CALIF. 91751

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: 3-14-77

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.

P8

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

D.O.T. Proper Shipping Name ____

BILLING COPY

BOE-C6-0119667

Revised December 1974

13567

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002484

C-6 700 77 gc 0081

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): Douglas Aircraft — CODE NO.

Pick up Address: 190th + Normandie (NUMBER) (STREET) Torr (CITY)

Telephone Number: ( ) ____ P.O. or Contract No.: S15 16095 CH

Order Placed By: Sam Date: 8/24/77

Type of Process which Produced Wastes: Mach — 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.	Mud		2	☒	
2.	Sol Water	98		☒	
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:
pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 110 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: 1 (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other Sump

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.

[signature] SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 8/24/77 (DATE) Time: ____ ☐ am ☐ pm

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

Job No.: 1371 No. of Loads or Trips: 1 Unit No. 10

Vehicle: ☒ vacuum truck 110 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.

Bill Valoff 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): ____ 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: 8/24/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature] 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-C6-0119668

Revised December 1974 13572

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002509

C-6 700 77 OPC

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): Douglas Aircraft Co — CODE NO.

Pick up Address: 190 Ist + Nannodie (NUMBER) (STREET) Torr (CITY)

Telephone Number: (____) _____ P.O. or Contract No.: SCS 16095 CA

Order Placed By: Sade Date: 9/6/77

Type of Process which Produced Wastes: Mach. (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) — CODE NO.

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.	Mud			X	
2.	Sol Water			X	
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:
pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 9/6/77 (DATE) Time: _____ (1)am (1)pm

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

Job No. 1467 No. of Loads or Trips: 1 Unit No. 9

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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC. 2425 So. Garfield Ave. Monterey Park, Calif. 91754 — CODE NO.

Site Address: _____

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: 9/6/77

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-C6-0119669

Revised December 1974

13576

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002246

C-6 700 77 opc 0084

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE) Douglas Aircraft Co — CODE NO.

Pick up Address: 190 Th + Normandie (NUMBER) (STREET) Torr (CITY)

Telephone Number: (____) _____ P.O. or Contract No.: SES 16095 CH

Order Placed By: Same Date: 9/14/77

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. ☒ 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.	Mud		10	X	
2.	Water	90		X	
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:

pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 10 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 9/14/77 (DATE) Time: _____ ☐ am ☐ pm

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

Job No. 1456 No. of Loads or Trips: 1 Unit No. 9

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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

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

Site Address: 2 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): _____ 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: 9/14/77

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.

P77

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

D.O.T. Proper Shipping Name _____

BILLING COPY

BOE-C6-0119670

Revised December 1974 13580

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002667

PRODUCER OF WASTE (Must be filled by producer)

Name McDonnell Douglas (PRINT OR TYPE) CODE NO.

Pick up Address: 190th (NUMBER) Nonoranaway (STREET) Torrance Cal (CITY)

Telephone Number: ( ) P.O. or Contract No.: SS 1609 CH

Order Placed By: S Napoletano Date: 9-21-77

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. ☒ 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. Water	60		☒	☐
2. Sludge		4.6	☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste:

pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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.

S Napoletano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up 9-21-77 (DATE) Time 10:00 am/pm

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

Job No.: 1814 No. of Loads or Trips: 1 Unit No. 11

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.

John Dader
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

OPERATING INDUSTRIES, INC.
2425 So. Garfield Ave
Monterey Park, Calif. 91754

Name (print or type): CODE NO.

Site Address:

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: 9/21/77

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.

Pg 8

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

D.O.T. Proper Shipping Name

BILLING COPY

BOE-C6-0119671

Revised December 1974

13581

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002668

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): MC DONNELL DOUGLAS — CODE NO.

Pick up Address: 190th St & Normandie (NUMBER) (STREET) Torrance Calif (CITY)

Telephone Number: ( ) _____ P.O. or Contract No.: SS 1609 CH

Order Placed By: DAVE Date: 9-21-77

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. ☒ 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. Water	80		☒	
2. Sludge		20	☒	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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.

S Napolitano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 9-21-77 (DATE) Time 1:00 ☐am ☐pm

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

Job No. 1815 No. of Loads or Trips: 1 Unit No. 11

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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

OPERATING INDUSTRIES, INC
2425 So. Garfield Ave
Monterey Park, Calif. 91754

Name (print or type): _____ CODE NO.

Site Address: _____

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: _____

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-C6-0119672

Revised December 1974 13582

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002674

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): McDonnell Douglas — CODE NO.

Pick up Address: 190th St (NUMBER) & Normandie (STREET) Torrance Calif (CITY)

Telephone Number: ( ) _____ P.O. or Contract No. 551609CH

Order Placed By: SPM Date: 9-23-77

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. ☒ 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. Water	80		☒	
2. Sludge		20	☒	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 8 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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.

S Capotelano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 9-23-77 (DATE) Time: _____ ☐am ☐pm

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

Job No.: 1872 No. of Loads or Trips: 1 Unit No. 11

Vehicle: ☒ vacuum truck 1000 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): 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): _____ 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: _____

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 _____

BILLING COPY

BOE-C6-0119673

Revised December 1974 13583

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002979 00 86

PRODUCER OF WASTE (Must be filled by producer)

Name: McDonnell Douglas (PRINT OR TYPE) CODE NO.

Pick up Address: 190th St (NUMBER) & Normandie (STREET) Torrance (CITY) Calif

Telephone Number: (___) ___ P.O. or Contract No.: SS 1609 - CH

Order Placed By: SAM Date: 9-26-77

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. ☒ 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. Water	70		☒	☐
2. Sludge		30	☒	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste:

pH 8 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

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

Containers: ___ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other ___ (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.

S Napolitano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 9-26-77 (DATE) Time: 8:45 am ☐ pm

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

Job No.: 1948 No. of Loads or Trips: 1 Unit No. 11

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.

[signature]
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. 91755

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: 9/26/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature]
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-C6-0119674

ber 1974

13597

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 003038

C-6700 77apc 0089

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): Douglas Aircraft — CODE NO.

Pick up Address: 190th Normandie (NUMBER) (STREET) Torr (CITY)

Telephone Number: ( ) _____ P.O. or Contract No.: SCS 16095 CH

Order Placed By: Sam Date: 10/13/77

Type of Process which Produced Wastes: Mach — 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.	Oil		12	☒	
2.	Mud		2	☒	
3.	Water				
4.					
5.					
6.					

Hazardous Properties of Waste:
pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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 S Napolitano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO. — CODE NO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

Pick Up: 10/13/77 (DATE) Time: _____ ☐am ☐pm

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

Job No.: 1996 No. of Loads or Trips: 1 Unit No. 9

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.

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. 9175

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: 10/13/77

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-C6-0119675

Revised December 1974

13592

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002995

PRODUCER OF WASTE (Must be filled by producer)

Name: McDonnell Douglas (PRINT OR TYPE) CODE NO.

Pick up Address: 190 [illegible] St (NUMBER) Normandie (STREET) Torrance (CITY) Calif

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Sam Date: 10-7-77

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. ☒ 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. Water	70		☐	☐
2. Sludge		30	☒	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste:

pH 8 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 160 ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (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.

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

CODE NO.

Pick Up: 10-7-77 (DATE) Time: 3:30 am/pm

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

Job No.: 2048 No. of Loads or Trips: Unit No. 11

Vehicle: ☒ vacuum truck 160 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]
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. 91764

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: 10/7/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature]
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

BILLING COPY

BOE-C6-0119676