CL Manifests

Page	Quantity	Date	Bates #	Comments (pgs 1-14 Tonnance not specified)
1	0	~~3-14-77~~	013585	units not specified on manifested quantity. Appropriate units are barrels (100 barrels ⇒ 4200 gallons) based on truck size, type of waste, etc.
2	4200	10-01-77	013586	
3	4200	11-19-77	013619	+4200
	4200	12-27-77	013647	+4200
4	4200	1-26-78	013661	
	4200	3-14-78	013686	
5	4200	4-27-78	013723	
6	4200	5-17-78	013741	
7	4200	5-22-78	013744	
	4200	11-29-78	013879	2 components listed, no conc values provided
8	4200	12-02-78	013883	
	4200	12-05-78	013884	
9	4200	12-05-78	013885	
	4200	12-28-78	013909	
10	4200	1-09-79	013924	
11	4200	1-02-80	014336	
	4200	5-30-80	014433	
12	2100	10-23-80	014576	
13	4200	11-21-80	014601	
	4200	7-11-81	014684	
14	4200	9-29-81	014748	
	3150	11-24-81	014792	no street address
	85050			
211	4200	5-21-79	014071	"Tonnance" data entry error - correct on manifest
804	4200	10-20-77	013600	"Tonnence" on manifest
	4200	10-20-77	013602	" "Ton" on man. obvious error, appropriate volume is 100 bbl +4200
805	0	12-23-77	013644	# Trips - zero in data base; manifest filled out as 100 trips
	0	11-24-79	014293	Quantity 25 (unitless) - material shipped in 50 bbl truck, inference is ½ full ⇒ 25 bbl = 1050 gallons +1050
	12600			
806	4200	1-20-79	013926	"Tonnance" - data entry error

85050 gallons
12600
4200
+4200
+4200
+1050
111,300 gallons (To be added to CL ALS data base)

Revised December 1974 13535

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002011
C6700770PR0057

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) (CITY)

Telephone Number: ( ) P.O. or Contract No.: 548160 95-CH

Order Placed By: Sam R Date: 3/16/77

Type of Process which Produced Wastes: Machine Shops 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. Sol		3	☒	☐
2. Water	97		☒	☐
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 Tk 1 (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.

N Apostolaro
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: 3/16/77 (DATE) Time: ____ ☐ am ☐ pm

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

Job No.: 1208 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): JERATING 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: 3/16/77

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.

P18

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-C6-0119690

14792

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 227-021460

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT
EPA NO. CAD086510005
Address _____ Phone No. _____
City, State, Zip _____

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name OPERATING INDUSTRIES
EPA NO. CAT080012024
Address 2425 S. GARFIELD
City, State, Zip MONTEREY PARK, CA

(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 TANK SEDIMENT	NON HAZARDOUS		75	BBLS
WASTE				

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

(6) WASTE CATEGORY 71
(7) EX. HAZ. WASTE PERMIT NO. 3-1804
(8) GENERATING PROCESS AIRCRAFT MFG.

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. MUD		2	☑ % ☐ ppm.	E.			☐ % ☐ ppm.
B. WATER	98		☑ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 100 %			

(10) WASTE PROPERTIES: pH 6 ☐ 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) [signature] Signature of Authorized Agent and Title — 11-24-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. #9-19240
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 11-24-81
TIME _____ ☐ AM ☐ PM

(16) F. Myares DRIVER Signature of Authorized Agent and Title — 11-24-81 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING TSD Inc
EPA NO. CAT080012024
PHONE NO. _____

18 QUANTITY (If Measured) 75 BBL
19 STATE FEE (If Any) 14.00

(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 — 11-24-81 Date Accepted

BOE-C6-0119691

evised December 1974 14071

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 009420

PRODUCER OF WASTE (Must be filled by producer)

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

Pick up Address: 190th & Normandie Torrance (NUMBER) (STREET) (CITY) 5+516095 CH

Telephone Number: ( ) P.O. or Contract No.: C6-700-74-0037

Order Placed By: Smith Date: 5-21-79

Type of Process which Produced Wastes: A/C Mfg 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) Bio-degradable CODE NO.

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

	Upper	Concentration: Lower	%	ppm
1. Sol. Oil		4	☒	☐
2. Water	96		☒	☐
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): 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.

Dorothy Stout
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: 5-21-79 (DATE) Time: ☐am ☐pm

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

Job No.: 8894 No. of Loads or Trips: 1 Unit No. 16

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): 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: 5/21/79

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.

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-C6-0119692

Revised December 1974

13602

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 002758

PRODUCER OF WASTE (Must be filled by producer)

Name: [illegible] Douglas Aircraft (PRINT OR TYPE) CODE NO.

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

Telephone Number: ( ) P.O. or Contract No.: S1S16095CH

Order Placed By: Same Date: 10/20/77

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)

	Upper	Concentration: Lower	%	ppm
1. Mud		2	☒	☐
2. Sol Water	98		☒	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste:

pH 7 ☑ 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]
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 10/20 (DATE) Time ____ (am/pm)

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

Job No.: ____ 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): OPERATI[illegible] 2425 S[illegible] Monterey Pa[illegible] 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: 10/20/77

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-C6-0119693

vised December 1974 13600

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 003858

C6-700-77 0 PC 0087

RODUCER OF WASTE (Must be filled by producer)

Name Mc Donnel Douglas (PRINT OR TYPE) CODE NO.

ick up Address #690 th St. + Normandie Torrence (NUMBER) (STREET) (CITY)

elephone Number: ( ) P O or Contract No. SS16095CH

rder Placed By: Sam Date: 10/20

ype of Process
hich 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)

heck 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.

omponents:
Examples: Hydrochloric acid, lime, caustic soda, henolics, solvents (list), metals (list), rganics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
Water	70		X	
Mud		30	X	

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)

pecial Handling Instructions (if any):

he waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if pplicable).

certify (or declare) under penalty of perjury hat 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: Oct 20 77 (DATE) Time ____ am pm

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

Job No.: 2083 No. of Loads or Trips: 1 Unit No 9

Vehicle: X 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 disposer)

OPERATING INDUSTRIES
2425 So. Garfield Ave.
Monterey Park, Calif. 9175

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: 10/20/77

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-C6-0119694

Revised December 1974

13644

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 004079

C6-700-77-OPC001

PRODUCER OF WASTE (Must be filled by producer)

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

Pick up Address: 190 & 38 (NUMBER) + Normandie (STREET) Torrance (CITY) Calif

Telephone Number: ( ) ____ P.O. or Contract No.: SS16095EH

Order Placed By: Son Date: 12-23-77

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. Coolant	90		X	
2. Sludge		80	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.

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: 12-23-77 (DATE) Time: ____ 11am 11pm

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

Job No.: 2606 No. of Loads or Trips: 100 Unit No. 9

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.

John Doe
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: 12-23-77

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-C6-0119695

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

13326

227-001144

PRODUCER OF WASTE (Must be filled by producer)

Name (PRINT OR TYPE): Douglas C-6 — CODE NO.

Pick up Address: 190 N Normandie Torrance (NUMBER) (STREET) (CITY)

Telephone Number: ( ) _____ P.O. or Contract No.: C6-709-79-0002

Order Placed By: SAME Date: 1/10/79

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) Bio degendable — CODE NO.

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

	Concentration: Upper	Lower	%	ppm
1. Sol. oil		10		
2. Water	90			
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): 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.

Timothy Stout
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: 1/10/79 (DATE) Time: _____ ☐am ☐pm

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

Job No.: 7587 No. of Loads or Trips: 1 Unit No. 10

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.

Bill Stott
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: 1-10-79

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.

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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-C6-0119696