SALVAGE (HRD)

CALIFORNIA HAZARDOUS WASTE MANIFEST

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

14995

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

(1) Manifest Number 227-025576

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT CO.
EPA NO. CAD086510005
Address 1904 NORMANDIE Phone No. 533-7612
City, State, Zip TORRANCE, CA 90502

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

(4) Alternate TSD Facility
Name BKK LANDFILL
EPA NO. CAD067786749
Address 2210 S. AZUSA
City, State, Zip WEST COVINA, CA.

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD + WATER	NON	N/A	100	BBLS.
WASTE				

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

(6) WASTE CATEGORY 70 (7) EX. HAZ. WASTE PERMIT NO. N/A (8) GENERATING PROCESS AIRCRAFT MFG.

LIST COMPONENTS:

(9)	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. MUD	10		☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. WATER			☒ % ☐ 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 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title — 9-22-82 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. S-0-22145
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

TRUCK NO. 22 TLR. NO. 111

(15) PICK-UP DATE 9-22-82
TIME 2:00 ☐ AM ☒ PM

(16) Mike Wagner - Driver — Signature of Authorized Agent and Title — 9-22-82 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Industries
EPA NO. CAT080012024
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:

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

(22) NAME
EPA NO.

(23) [signature] 10-6-82

BOE-C6-0119697

CALIFORNIA HAZARDOUS WASTE MANIFEST

15007

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

reverse side for Instructions.
ase type or print clearly. Press Hard.

(1) Manifest Number 227 - 025926

GENERATOR (Generator Must Complete)

(2) Name Douglas Air Craft Co.
EPA NO. CAD086510005
Address 19011 Vermandale Phone No. 533-2113
City, State, Zip Torrance Ca 90502

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name Operating Eng.
EPA NO. CAT
Address 900 Potrero Grande
City, State, Zip Monterey Park

(4) Alternate TSD Facility
Name BKK Landfill
EPA NO. CAD067786749
Address 2210 S Azusa ave
City, State, Zip W. Covina Ca.

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE Mud & Water	NON	N/A	4200	Gal
WASTE				

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

(6) WASTE CATEGORY 70 (7) EX. HAZ. WASTE PERMIT NO. N/A (8) GENERATING PROCESS Parts Wash

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. Mud	5		☐ % ☐ ppm.	E.			☐ % ☐ ppm.
B. Water	95		☐ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 100 %			

(10) WASTE PROPERTIES: pH 7.0 ☐ 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title
10-29-82 — Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

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

TRUCK NO. 17 TLR. NO. 117
(15) PICK-UP DATE 10-29-82
TIME 6:45 ☑ AM ☐ PM

(16) [illegible] — Signature of Authorized Agent and Title
10-29-82 — Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Eng. Inc.
EPA NO. CAT080012629
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:

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

(22) NAME
EPA NO.

(23) [illegible] — Signature of Authorized Agent and Title
10-29-82 — Date Accepted

BOE-C6-0119698

CALIFORNIA HAZARDOUS WASTE MANIFEST

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

15016

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

(1) Manifest Number 227 - 025724

GENERATOR (Generator Must Complete)

(2) Name: Douglas A/C
EPA NO. CAD086510005
Address: 190 th + Normandie Phone No.
City, State, Zip: Torrance Cal

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name: Operating Ind.
EPA NO. CAT030012024
Address: 900 Potrero Grande
City, State, Zip: Monterey Park Cal

(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 Mud	None	0	4200	Gal
WASTE Water				

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

(6) WASTE CATEGORY: 48
(7) EX. HAZ. WASTE PERMIT NO.: 0
(8) GENERATING PROCESS: Wash Rack

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. Water	100	99	☑ % ☐ ppm.	E.			☐ % ☐ ppm.
B. Mud	1	0	☑ % ☐ ppm.	F.			☐ % ☐ ppm.
C. Oil	.5	.1	☑ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 99 %			

(10) WASTE PROPERTIES: pH 8.5 ☐ 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title
11-5-82 — Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

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

TRUCK NO. 22 TLR. NO. 11

(15) PICK-UP DATE
TIME ☑ AM ☐ PM

(16) Bill Yaroff Driver — Signature of Authorized Agent and Title
11/5/82 — Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME: Operating Ind. Inc.
EPA NO. CAT030012024
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
11-17-82 — Date Accepted

BOE-C6-0119699

15019 STRIPPER SLAB

CALIFORNIA HAZARDOUS WASTE MANIFEST

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

15019

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

(1) Manifest Number 227 - 025339

GENERATOR (Generator Must Complete)

(2) Name: DOUGLAS AIRCRAFT Co.
EPA NO. CAD086510005
Address: 190TH NORMANDIE Phone No. 533-2412
City, State, Zip: TORRANCE, CA. 90502

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name: OPERATING INDUSTRIES
EPA NO. CAT080012024
Address: 900 POTRERO GRANDE
City, State, Zip: MONTEREY PARK, CA.

(4) Alternate TSD Facility
Name: BKK LANDFILL
EPA NO. CAD067786749
Address: 2210 S. AZUSA AVE.
City, State, Zip: WEST COVINA, CA. 91793

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD & WATER	NON	N.D.S.		
WASTE				

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

(6) WASTE CATEGORY 71 (7) EX. HAZ. WASTE PERMIT NO. N/A (8) GENERATING PROCESS PARTS CLEANING

LIST COMPONENTS:

		CONC. UPPER	RANGE LOWER	UNITS
(9) A.	MUD	10	5	☑ % ☐ ppm.
B.	WATER	95	90	☑ % ☐ ppm.
C.				☐ % ☐ ppm.
D.				☐ % ☐ ppm.
E.				☐ % ☐ ppm.
F.				☐ % ☐ ppm.
G.				☐ % ☐ ppm.

Non Hazardous Material 100 %

(10) WASTE PROPERTIES: pH 7.0 ☐ 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title
11-19-82 — Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. SO#22208
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

TRUCK NO. 17 TLR. NO. 117

(15) PICK-UP DATE 11-19-82
TIME 6:30 ☒ AM ☐ PM

(16) Will Wiatt — Signature of Authorized Agent and Title
11-19-82 — Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME CHEMICAL DEVELOPMENT
EPA NO. CAD070008824
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:

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

(22) NAME
EPA NO.

(23) [illegible] — Signature of Authorized Agent and Title
11-19-82 — Date

BOE-C6-0119700

SALVAGE YARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

15030

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 - 025983

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT CO.
EPA NO. CAD006510005
Address 190TH NORMANDIE Phone No. 533-7612
City, State, Zip TORRANCE, CA - 90502

(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 BKK LANDFILL
EPA NO. CAD067786749
Address 2210 S. AZUSA
City, State, Zip WEST COVINA, CA

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD + WATER	NON	N/A		
WASTE				

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

(6) WASTE CATEGORY 70
(7) EX. HAZ. WASTE PERMIT NO. N/A
(8) GENERATING PROCESS AIRCRAFT MFG.

(9) LIST COMPONENTS:

		CONC. UPPER	RANGE LOWER	UNITS
A.	MUD	10		☒ % ☐ ppm.
B.	WATER	90		☒ % ☐ ppm.
C.				☐ % ☐ ppm.
D.				☐ % ☐ ppm.
E.				☐ % ☐ ppm.
F.				☐ % ☐ ppm.
G.				☐ % ☐ 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 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title
11-30-82 — Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

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

TRUCK NO. 11 TLR. NO.
(15) PICK-UP DATE 11-30-82
TIME ☐ AM ☐ PM

(16) Bill Valoff Driver — Signature of Authorized Agent and Title
11-30-82 — Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING IND. INC.
EPA NO. CAT080012024
PHONE NO.
18 QUANTITY (If Measured) 100 BBL
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:

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

(22) NAME
EPA NO.

(23) [illegible] 12-1-82

BOE-C6-0119701

STEAM SLIB

CALIFORNIA HAZARDOUS WASTE MANIFEST

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

15038

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

(1) Manifest Number 227 - 026129

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT
EPA NO. CAD082510005
Address 190TH NORMANDIE Phone No. 533-7612
City, State, Zip TORRANCE, CA. 90502

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name OPERATING INDUSTRIES
EPA NO. CAT080012024
Address 900 POTRERO GRANDE
City, State, Zip MONTEREY PARK, CA.

(4) Alternate TSD Facility
Name BKK LANDFILL
EPA NO. CAD067786749
Address 2210 S. AZUSA AVE.
City, State, Zip WEST COVINA, CA. 91793

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD + WATER	NON	N.O.S.		
WASTE				

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

(6) WASTE CATEGORY 71 (7) EX. HAZ. WASTE PERMIT NO. N/A (8) GENERATING PROCESS PARTS CLEANING

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. MUD	10	5	☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. WATER	95	90	☒ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 100 %			

(10) WASTE PROPERTIES: pH 70 ☐ 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) Anthony Romano Gen Supr — Signature of Authorized Agent and Title — 12-10-82 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 22720
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

TRUCK NO. 4 TLR. NO. 111

(15) PICK-UP DATE 12-10-82
TIME 11 00 ☒ AM ☐ PM

(16) W. G. Hiatt — Signature of Authorized Agent and Title — 12-10-82 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Industries
EPA NO. CAT080012024
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:

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

(22) NAME
EPA NO.

(23) [signature] — Signature of Authorized Agent and Title — 12-10-82 Date Accepted

BOE-C6-0119702

BLDG. 20 SUMP + TANK 1

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard. 15065

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

(1) Manifest Number 227-026167

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT Co.
EPA NO. CAD086510005
Address 190TH NORMANDIE Phone No. 533-7612
City, State, Zip TORRANCE, CA. 90502

(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 BKK LANDFILL
EPA NO. CAD067786749
Address 2210 S. AZUSA
City, State, Zip WEST COVINA, CA

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE BIO-DEGRADABLE COOLANT	NON	NOS	4200	1
WASTE				

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

(6) WASTE CATEGORY 70
(7) EX. HAZ. WASTE PERMIT NO. N/A
(8) GENERATING PROCESS MACHINING PROCESS

LIST COMPONENTS:

(9)	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. BIO-DEGRADABLE COOLANT	4		☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. MUD	2		☒ % ☐ ppm.	F.			☐ % ☐ ppm.
C. WATER	94		☒ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 100 %			

(10) WASTE PROPERTIES: pH 7.5 ☐ 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title — 1-12-83 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. S/OH 33659
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

TRUCK NO. 11 TLR. NO. 11

(15) PICK-UP DATE 1-12-83
TIME ☐ AM ☐ PM

(16) F. Mijares driver — Signature of Authorized Agent and Title — 1-12-83 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)

(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:

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

(22) NAME
EPA NO.

(23) [signature] — Signature of Authorized Agent and Title — 1-13-83 Date Accepted

ORIGINAL

BOE-C6-0119703

CALIFORNIA HAZARDOUS WASTE MANIFEST

YARD 15076

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 227-026392

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT CO.
EPA NO. CAD086510005
Address 190TH & NORMANDIE Phone No. 533-7612
City, State, Zip TORRANCE, CA. 90502

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name OPERATING INDUSTRIES
EPA NO. CAT080012024
Address 900 POTRERO GRANDE
City, State, Zip MONTEREY PARK, CA.

(4) Alternate TSD Facility
Name BKK LANDFILL
EPA NO. CAD067786749
Address 2210 S. AZUSA AVE.
City, State, Zip WEST COVINA, CA

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD & WATER	NON	N/A	4200	GALS.
WASTE				

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

(6) WASTE CATEGORY 71 (7) EX. HAZ. WASTE PERMIT NO. N/A (8) GENERATING PROCESS PARTS CLEANING

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. MUD	10		☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. WATER	90		☒ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material 100 %			

(10) WASTE PROPERTIES: pH 7.0 ☐ 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title — 1-27-83 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 23140
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

TRUCK NO. 1 TLR. NO. 110

(15) PICK-UP DATE 1-27-83
TIME 1:45 ☐ AM ☒ PM

(16) [signature] DRIVER — Signature of Authorized Agent and Title — 1-27-83 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)

(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:

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

(22) NAME
EPA NO.

(23) [signature] — Signature of Authorized Agent and Title — 1-28-83 Date Accepted

ORIGINAL

BOE-C6-0119704

Revised December 1974

13642

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227 002558

PRODUCER OF WASTE (Must be filled by producer)

Name Doug (PRINT OR ... CODE NO.

Pick up Address ... in ... EACH

Telephone Number ... Ramon Round # 2605 ... 095-C

Order Placed By ... Mar # 2558 ... 22-7

Type of Process which Produced Wa... Bates 13542 ... PACKER CODE NO.

incorrectly entered as Bates

DESCRIPTION OF ... ing ... ng)

Check type of wast...

1. ☐ Acid solut... ...inated soil and sand
2. ☐ Alkaline s... ...waste
3. ☐ Pesticides ...aste
4. ☐ Paint slud... ...d water
5. ☐ Solvent

☐ Other (Specify) ... CODE NO.

Components: (Examples: Hydrocl... phenolics, solvents (...), metals (list), organics (list), cyanide)

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

Hazardous Properties of Waste:

pH ____ X none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 4000 X gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

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

Physical State: ☐ solid X 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

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: 12/22/77 (DATE) Time ____ (am) (pm)

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

Job No. 2801 No. of Loads or Trips: 1 Unit No. 10

Vehicle: X 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. 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: 12-22-77

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.

Dr. ... Proper Shipping Name ____

BILLING COPY

BOE-C6-0119705

evised December 1974 # 0035

CALIFORNIA LIQUID WASTE HAULER RECORD

13756

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 003286

PRODUCER OF WASTE (Must be filled by producer)

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

Pick up Address: 3856 LAKEWOOD BLVD - LONG BEACH (NUMBER) (STREET) (CITY)

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

Order Placed By: J.F. STANG

Type of Process which Produced Wastes: CATCH SUMP - (Examples: metal plating, ec wastewater treatment, pickl

Bats [illegible]

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 sluc
7. ☐ Chemical toilet wast
8. ☐ Tank bottom sedime
9. ☒ Oil SOLUBLE
10. ☐ Drilling mud

☐ Other (Specify)

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

1. SOLUBLE OIL				
2. MUD & WATER	98		X	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

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

Bulk Volume: 4000 ☒ 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

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: 6/2/78 (DATE) Time: ____ ☐am ☐pm

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

529 No. of Loads or Trips: 1 Unit No. 11

☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

d waste was hauled by me to the disposal d below and was accepted.

declare) under penalty of perjury oing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

WASTE (Must be filled by disposer)

type): OPERATING INDUSTRIES, INC. 2425 So. Garfield Ave. Monterey Park, Calif. 91754 CODE NO.

e delivered the described waste to this disposal facility and it was an acceptable he terms of RWQCB requirements, State Department of Health regulations, and

d at site (if applicable): ____ State fee (if any): ____

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: 6-2-78

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

BOE-C6-0119706

Revised December 1974 # 0037 13757

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 003287

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: 213 593-3083 P.O. or Contract No.: S&S 16095-C

Order Placed By: J. F. STANG Date: 6-2-78

Type of Process which Produced Wastes: CATCH SUMP - COMPACTOR 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 SOLUBLE
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. SOLUBLE OIL	2		X	
2. MUD & WATER	98		X	
3.				
4.				
5.				
6.				

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

Bulk Volume: 4000 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: 1-LOAD (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other VAC TRUCK (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. CODE NO.
3540 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

Pick Up: 6/2/78 (DATE) Time: ____ ☐am ☐pm

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

Job No. 4528 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)

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: 6-2-78

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

BOE-C6-0119707

Revised December 1974

13787

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 003290

PRODUCER OF WASTE (Must be filled by producer)

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

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

Telephone Number: (213) 593-3483 P.O. or Contract No.: S4S 16095-C

Order Placed By: J. F. STANG Date: 6-15-78

Type of Process which Produced Wastes: CATCH SUMP - BLDG #10 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 FUEL
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. FUEL OIL	2		X	
2. SOLVENT	2		X	
3. MUD & WATER.	96		X	
4.				
5.				
6.				

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

Bulk Volume: 4000 ☒ 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

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: 6/15/78 (DATE) Time: _____ ()am ()pm

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

Job No.: 4686 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.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIAL 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): 41 gal State fee (if any): 17.50

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: 6-30-78

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.

P6

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-C6-0119708

ised December 1974 14219

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 012988

RODUCER OF WASTE (Must be filled by producer)

me Douglas C-6 (PRINT OR TYPE) CODE NO.

ck up Address: 190th (NUMBER) Normandie (STREET) Torrance (CITY)

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

der Placed By: Sunne Date: 9/2/79

ype of Process hich Produced Wastes: A/C mfg CODE NO.
(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO. C6-700-79-0060 CODE NO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063

Pick Up: 9/2/79 (DATE) Time: ☐am ☐pm

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

Job No.: 10209 No. of Loads or Trips: 1 Unit No. 41

Vehicle: ☒ vacuum truck 100 d, ☐ other (SPECIFY)

NATURE OF AUTHORIZED AGENT AND TITLE

ESCRIPTION OF WASTE (Must be filled by producer)

eck 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 sanc
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Oil and water
15. ☐ Brine

Other (Specify) Biodegradable Coolant CODE NO.

omponents:
xamples: Hydrochloric acid, lime, caustic soda, enolics, solvents (list), metals (list), ganics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
Coolant		2	☒	☐
WATER	98		☒	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

azardous Properties of Waste:
pH 9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

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

ontainers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

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

pecial Handling Instructions (if any): None

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 at the foregoing is true and correct.

S Napolitano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

2-0317

P8 18
Bill # company initial

2 Inc. CODE NO.

al facility and it was an acceptable artment of Health regulations, and

State fee (if any):

ION, PRECIPITATION) CODE NO.
☐ injection well

CODE NO.

If or disposal elsewhere specify final location:

Disposal Date: 9-24-79

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.

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

DISPOSAL STATE COPY

BOE-C6-0119709

Revised December 1974

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

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

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

Telephone Number: ( ) — Contract No.: S+S16095CH

Order Placed By: Same

Type of Process which Produced Wastes: (Ex... wa... — CODE NO.

Fd 18
Damage ... # 2258

DESCRIPTION OF WASTE (M...

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent

and sand

☐ Other (Specify) — CODE NO.

Components:
(Examples: Hydrochloric acid phenolics, solvents (list), meta organics (list), cyanide)

ppm

1. Mica				
2. Water	95			
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: N/A (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.

S Napolitano
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

C6-700-79-0061 — CODE NO.

Pick Up: 9-11-79 (DATE) Time: ____ ☐am ☐pm

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

Job No.: 10335 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.

Will
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC. 0425 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: 9/11/79

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

3-0317

DISPOSAL STATE COPY

BOE-C6-0119710

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227-007806

PRODUCER OF W

Name: DOU
(PRINT OR T

Pick up Address:

Telephone Numbe

Order Placed By:

Type of Process which Produced W

incorrectly input into
[illegible] 10455

9 BEACH CODE NO.
16095-C
-24-79
DE CODE NO.
drilling –
efining)

DESCRIPTION OF

Check type of wast

1. ☐ Acid solu — ntaminated soil and sand
2. ☐ Alkaline — nery waste
3. ☐ Pesticide — ex waste
4. ☐ Paint sluc — d and water
5. ☐ Solvent — ne

☐ Other (Specify) _____ CODE NO.

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

	Upper	Lower	%	ppm
1. WASTE OIL - Sol.	2		X	
2. MUD + WATER	98		X	
3.				
4.				
5.				
6.				

Concentration: Upper, Lower, % / ppm

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

Bulk Volume: 4000 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

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

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

Special Handling Instructions (if any): 7/4/18

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: 4/24/79 (DATE) Time: ☐am ☐pm

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

Job No.: 9548 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)

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

Site Address: 2405 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: 4-24-79

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-C6-0119711

13313

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

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

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

Telephone Number: 213 593-3083 P.O. or Contract No.: S4S16095-C

Order Placed By: J. F. STANG Date: 1-3-79

Type of Process which Produced Wastes: CATCH SUMP - BIDG #12 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. WASTE OIL	50		X	
2. MUD & WATER	50		X	
3.				
4.				
5.				
6.				

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

Bulk Volume: 4000 ☒ 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

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 1-3-79 (DATE) Time: ____ (am) (pm)

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

Job No.: 7080 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]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING FOOD CODE NO.

Site Address: MONTEREY DR

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: 1-3-79

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

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

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D.O.T. Proper Shipping Name

DISPOSAL—STATE COPY

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