227- 002558

PRODUCER

Name: [illegible]

Telephone Number: 213 543-3053 P.O. or Contract No: SA516095-C

Order Placed By: J. E. STANG Date: 12-22-7

Type of Process which Produced Wastes: MILL COOLANT - BOILS [illegible]

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. [ ] Acid emulsion
2. [ ] Alkaline emulsion
3. [ ] Pesticides
4. [ ] Paint sludge
5. [ ] Solvents
6. [ ] Electroplating sludge
7. [ ] Chemical filter wastes
8. [ ] Tank bottom sediment
9. [X] SOLUBLE
10. [ ] Drilling mud
11. [ ] Contaminated soil
12. [ ] Cannery waste
13. [ ] Latex waste
14. [X] 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	Lower	%	Code
1. SOLUBLE OIL	2		X	
2. MUD & WATER	98		X	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste

pH: X none [ ] corr [ ] flammable [ ] explosive [ ] toxic

Bulk Volume: 4000 X gal [ ] tons [ ] drums (42 gal) [ ] other

Containers: 1-4000 (number) [ ] drums [ ] cartons [ ] bags X other TANK (specify)

Physical State: [ ] solid X liquid [ ] sludge [ ] other (specify)

Special Handling Instructions (if any):

I/We are in control to the best of my/our knowledge and belief [illegible]

I certify/declare under penalty of perjury that the foregoing is true and correct.

[signature]

PRODUCER'S WASTE [illegible] by trucker

OIL PROCESS CO.
3548 Emery Street, Los Angeles, California 90023
Phone: (213) 261-0321

Pick Up 12/22/77 Time _____

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

Truck No. 10

[illegible] AND TITLE

DISPOSER OF WASTE (Must be filled by [illegible])

Name (print or type): [illegible] INDUSTRIES

Site Address: 2425 So. Garfield Ave. Montebello Park, Calif. 90640 CODE NO.

The hauler above delivered the described waste to this disposal facility [illegible] in an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Disposal method or use (if applicable): [illegible]

Handling Methods:

[ ] recovery

[ ] treatment (specify) _____ CODE NO.

[ ] disposal (specify) [ ] none [ ] sanitary [X] landfill [ ] [illegible] [ ] other (specify) _____ CODE NO.

Disposal Date: [illegible]

[illegible] AGENT AND TITLE

[illegible] State Department of [illegible]

IN CASE OF ACCIDENT RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING [illegible] MATERIALS CALL (800) 424-9300

NOV 27 '90 14:01

BOE-C6-0119713

Date 1-3-79

Generator's Name: CATCH SUMP - BIDDHIZ

(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 waste:

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), pesticides (list), cyanides)

		Concentration Upper	Lower	%	Form
1.	WASTE OIL	50		X	
2.	MUD & WATER	50		X	
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:

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

Total 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): ____

The above described waste was picked up on 1-3-79 (DATE)

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

Job No.: 7080 No. of Loads or Trips: 1 Unit No.: ____

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): [illegible]

Site Address: [illegible]

CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable waste under the terms of RWQCB requirements, State Department of Health regulations, and local regulations.

Disposal manifest number (if applicable): ____ Volume (if any): ____

Handling (check):

☐ recovery

☐ treatment (specify): ____ CODE NO.

☐ disposal (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, EVAPORATION) ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify): ____ CODE NO.

If waste is hauled 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 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

NOV 27 1989

BOE-C6-0119714

NOV 27 '90 14:04

Oil Gas & T Mf. (Petroleum)

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining) code no.

OF WASTE (Must be filled by producer)

Check all of wastes:

- acid solution
- alkaline solution
- pesticides
- paint sludge
- 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

(specify) _____ code no.

hydrochloric acid, lime, caustic soda, solvents (list), metals (list), cyanide)

	Concentration: Upper	Lower	%	ppm
Mud		5	✓	
water	95		✓	

Physical Properties of Waste:

qty. 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

Job No. 10335 No. of Loads or Trips 1 Unit No.

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

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC. code

Site Address: 0 0825 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, local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☑ landfill ☐ injection well

☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 11/16/90

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

signature of authorized agent and

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

BOE-C6-0119715

227- 002558

PRODUCER OF WASTE (Mailing Address)

Name: Douglas Aircraft Co.

Pick up Address: 3855 Lakewood Blvd. Long Beach

Telephone Number: 213 593-3013 P.O. or Contract No. SQS16095-C

Order Placed By: J. F. Stang

Type of Process which Produced Waste: Mill Coolant Emulsions

DESCRIPTION OF WASTE (Please check appropriate)

Check type of waste:

1. [ ]
2. [ ]
3. [ ] Pesticides
4. [ ]
5. [ ]
6. [ ] Solvents
7. [ ]
8. [ ]
9. [ ] Cyanide waste
10. [ ] Oxidizing waste
11. [ ] Caustic waste
12. [X] Acid waste
13. [ ]

[ ] Other (Specify) _____ Code no.

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

	Upper	Concentration Lower	%	Code no.
1. Soluble oil	2		X	
2. Mud & water	98		X	
3.				
4.				
5.				
6.				

Hazardous Properties (Please check appropriate)

pH: [X] acid [ ] base [ ] flammable [ ] explosive

Bulk Volume: 4000 [X] gal. [ ] cubic yards [ ] tons

Containers: 1-4000 [ ] drums [ ] barrels [ ] bags [X] other Bulk

Physical State: [ ] solid [X] liquid [ ] sludge [ ] other (Specify)

Special Handling Instructions (if any):

I hereby certify that the waste described to the best of my ability and knowledge is a hazardous waste as defined by State law (if applicable).

I hereby further declare under penalty of perjury that the foregoing is true and correct.

HAULER OF WASTE (Mailing Address by hauler)

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

Code no.

Pick Up 12/22/77 Time _____ AM/PM

Truck Number _____ Registration No. (if applicable) 227

Trailer _____ 10

Driver _____ Code no.

Signature and Title

CONSIGNEE OF WASTE (Disposal Site Operator)

Name of Disposal Site: [illegible] 2625 Mt. Bedford Ave.

Site Address: Montebello Park, Calif.

Code no.

The hauler above delivered the described waste and this disposal facility accepts acceptable material under the terms of NPDES requirements, State Department of Health regulations, and local restrictions.

Quantity measured or estimated _____

Handling Method:

[ ] recovery

[ ] treatment (specify)

[ ] disposal (specify) [ ] ground [ ] underground [ ] ocean [ ] other (specify)

Code no.

Code no.

Signature and Title

State Department of

IN CASE OF SPILLS OR OTHER EMERGENCIES INVOLVING WASTE OR OTHER MATERIALS CALL (800) 424 9300

BILLING COPY

NOV 27 '90 14:01

BOE-C6-0119716

6,988,809	1-30-91 Oil & Bass
− 176,400	Record # 76,907 pg 828
6,812,409	
+ 4,200	
6,816,609	corrected volume
6,820,309	RMT calc (3700 gal diff) 0.05%

duplicate of Bates # 006258

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. C6-700-76-000-CC

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): [illegible] Code No.

Pick up Address: [illegible] TO2

Telephone Number: ( ) [illegible]

Order Placed by: [illegible] Date: 1/30/76

Type of Process which Pro[illegible] oil drilling--Code No.

[illegible] petroleum refining)

DESC[illegible] 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 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

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

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☒ other TK2 (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): RECOVERY

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]

HAULER OF WASTE (Must be filled by hauler)

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

Business Address: 2340 Emery Street, Los Angeles, Calif. 90023 (Number) (Street) (City)

Telephone Number: (213) 261-3523 Pick Up: 1/30/76 (Date) Time: ☐ am ☐ pm

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

Job No.: 2527 No. of Loads or Trips: 1 Unit No.: 7

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): [illegible] Code No.

Site Address: [illegible]

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): 10.20

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: 2/3/76

I certify (or declare) under penalty of perjury that the foregoing is true and correct. [signature]
Signature of authorized agent and [illegible]

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Ph 8
10.10

B006258

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

BOE-C6-0119718

duplicate Batch # 006294

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. ____

Invoice No. C1-700-76-PR-0011

PRODUCER OF WASTE (Must be filled by producer)

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

Pick up Address: 3855 Lakewood Blvd (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.: SB16095-C4

Order Placed By: Same Date: 9/11/76

Type of Process which Produced Wastes: Paint Booth - Bldg 85 — Code No.
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☒ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

☐ Other (Specify) ____ Code No.

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

	Concentration: Upper	Lower	%	ppm
1. Paint Sludge	35			
2. Water	65			
3.				
4.				
5.				
6.				

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

Bulk Volume: 50 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☒ other 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 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)

Telephone Number: (213) 261-3528 Pick Up: 9/11/76 (Date) Time: ____

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

Job No.: 2798 No. of Loads or Trips: 1 Unit No.: 9

Vehicle: ☒ vacuum truck 50 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) 5.40

Handling Method(s):

☐ recovery

☐ treatment (specify): ____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify): ____ Code No.

If waste is held for disposal elsewhere specify final location: ____

Disposal Date: 9/13/76

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.

P/G

B006295

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

DISPOSER COPY No. 74610

BOE-C6-0119719

duplicate of Bates # 006296

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. 07-LC-76-0[illegible]

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): DOUGLAS AIRCRAFT CO — Code No.

Pick up Address: 3855 LAKEWOOD BLVD - LONG BEACH (Number) (Street) (City)

Telephone Number: (213) 593-3083 P.O. or Contract No.: S45/16195-C

Order Placed By: J.F. STANG Date: 9-14-76

Type of Process which Produces Wastes: RAMP SUMP - COMPACTOR
(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 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		☒	
2. PAINT SLUDGE	4		☒	
3. WATER & MUD	94		☒	
4.				
5.				
6.				

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

Bulk Volume: 4200 gal ☒ ☐ tons ☐ barrels (42 gal) ☐ other (specify) VAC TANKER

Containers: 1 LOAD (Number) ☐ drums ☐ cartons ☐ bags ☒ other (specify) VAC TANKER ph 9

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

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it has been delivered to a licensed liquid waste hauler (if applicable).

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

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: 9/14/76 (Date) Time: ☐ am ☐ pm

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

Job No.: 2902 No. of Loads or Trips: 1 Unit No.: 0

Vehicle: ☒ vacuum truck 100 barrels, ☐ tanted, ☐ 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): [illegible] INDUSTRIES, INC. — Code No.

Site Address: [illegible] Garfield Ave. [illegible] Calif. 91[illegible]

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): 10 20

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: 9/14/76

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

Signature of authorized agent and

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

B006297

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 42[illegible]

DISPOSER COPY No. [illegible]27

BOE-C6-0119720

Duplicate of Bales #006298

CALIFORNIA LIQUID WASTE HAULER RECORD

Invoice No. C1-100760[illegible]

Revised December 1974

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 LAKEWOOD BLVD LONG BEACH (Number) (Street) (City)

Telephone Number: (213) 593-3083 P.O. or Contract No.: S45 16095-C

Order Placed By: J-F STANG Date: 9-14-76

Type of Process which Produced Wastes: COMPACTOR SUMP (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 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			
2. WATER + MUD	98			
3.				
4.				
5.				
6.				

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

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

Containers: 1-LOAD (Number) ☐ drums ☐ cartons ☐ bags 14 ☒ other VAC TANKER (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge 2 ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and is 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)

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: 9/14/76 (Date) Time: ☐ pm

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

Job No.: 2902 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 [illegible] — Code No.

Site Address: Monterey [illegible]

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 100 State fee (if any) 10.20

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: 9-14-76

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.

PG

B006299

FOR INFORMATION RELATED TO SPILLS OR OTHER [illegible] HAZARDOUS WASTE OR OTHER MATERIALS CALL [illegible] -9300.

DISPOSER COPY

1338

BOE-C6-0119721

duplicate of Batch #006300

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. [illegible]

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): DOUGLAS AIRCRAFT CO — Code No.

Pick up Address: 3855 LAKEWOOD BLVD - LONG BEACH (Number) (Street) (City)

Telephone Number: (213) 593-3083 P.O. or Contract No.: S45 16095-C

Order Placed By: J. F. STANG Date: 9-17-76

Type of Process which Produced Wastes: COMPACTOR SUMP. (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 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		☒	
2. WATER	98		☒	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste: pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

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

Containers: 1 LOAD (Number) ☐ drums ☐ cartons ☐ bags ☒ other VAC TANKER (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other ..... (specify)

Special Handling Instructions (if any): .....

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

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

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: 9/12/76 (Date) Time: ..... ☐ am ☐ pm

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

Job No.: 2966 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: .....

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): 10.20

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: 9/12/76

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.

Ph 7

B006301

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

DISPOSER COPY NO. 1339

BOE-C6-0119722

duplicate of Bates #006302

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. C6 20 2ax 0(-3)

PRODUCER OF WASTE (Must be filled by producer)

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

Pick up Address: 190 Th St Newport Beach Ca (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.: 5816025-C6

Order Placed By: Same Date: 9/21/76

Type of Process which Produced Wastes: Machine Coating — 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. ☐ Oil 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. Mixed Paint Sludge	3			
2. Water	87			
3. Mud	10			
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 (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)

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: 9/21/76 (Date) Time: ☒ am ☐ pm

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

Job No.: 2678 No. of Loads or Trips: 1 Unit No.: 5

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.

OPERATING ENGINEERS INC.
2425 So. Garfield Ave
Monterey Park, Calif. 91754
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): 10.00

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ Code No.
(Examples: incineration, neutralization, precipitation)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9/22/76

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.

ph 8

B006303

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

NO. 1618

BOE-C6-0119723

duplicate of Bates #006305

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. C1-200-2-026-001

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): DOUGLAS AIRCRAFT CO — Code No.

Pick up Address: 3855 LAKEWOOD B (Number) (Street) (City)

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

Order Placed By: ~~[illegible]~~ J.F. STANG Date: 9-24-76

Type of Process which Produced Wastes: CATCH SUMP - BLDG #10 (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 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)

	Upper	Concentration: Lower	%	ppm
1. FUEL OIL	6		☒	☐
2. SOLVENT	6		☒	☐
3. MUD & WATER	88		☒	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste: pH _____ ☐ none ☐ toxic ☒ flammable ☐ corrosive 3 ☐ explosive

Bulk Volume: 4000 ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: 1-LOAD (Number) ☐ drums ☐ cartons ☐ bags 14 ☒ other VAC TANKER (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge 2 ☐ 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]

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: 9/24/76 (Date) Time: ☐ am ☐ pm

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

Job No.: 2910 No. of Loads or Trips: 1 Unit No.: _____

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): _____ 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): 1002 State fee (if any) 10.2

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: 9-24-76

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.

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B006306

FOR INFORMATION RELATED TO SPILLS OR ... EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS ... CO.

DISPOSER COPY, No. 1342

BOE-C6-0119724

duplicate of Bates #001319

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Truck No. .....

Invoice No. C6-[illegible]

PRODUCER OF WASTE (Must be filled by producer)

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

Pick up Address: 190 Th & Normandie (Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.: S+8 16095-CH

Order Placed By: Same Date: 11/22/76

Type of Process which Produced Wastes: Machine Cooling (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. Soluble		3	☒	☐
2. Water	97		☒	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

Hazardous Properties of Waste: pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive 1 ☐ explosive

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

Containers: (Number) ☐ drums ☐ cartons ☐ bags 14 ☒ other TK 1 (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge 2 ☐ 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] 11/22/76
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: _____ (Date) Time: _____ am pm

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

Job No.: 2881 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): _____ Code No. 11

Site Address: _____

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

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 100 State fee (if any): 10.20

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ (Examples: incineration, neutralization, precipitation) — Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No. 5

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 11/22/76

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

B006320

FOR INFORMATI[illegible] HAZARDOUS WASTE OR OT[illegible]

[illegible]THER EMERGENCIES INVOLVING [illegible]ALL ([illegible]) 424-9300

DISPOSER COPY No. 1778

BOE-C6-0119725