vised December 1974 13950

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227-000090

RODUCER OF WASTE (Must be filled by producer)

lame Douglas Aircraft (PRINT OR TYPE) CODE NO.

ick up Address: 190th & Normandie Torrance (NUMBER) (STREET) (CITY) 52516095 -CH

elephone Number: ( ) P.O. or Contract No.: C6-700-79-0009

rder Placed By: Same Date: 2-1-79

ype of Process hich Produced Wastes: Mach Coolant CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

ESCRIPTION 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) Bio degradable CODE NO.

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

	Concentration: Upper	Lower	%	ppm
Sol. oil		5	☑	
Water	95		☑	

azardous Properties of Waste:

pH 8 ☑ 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.

[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: 2-1-79 (DATE) Time: ☐am ☐pm

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

Job No.: 7514 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): Operator for [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):

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: 2-1-79

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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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-C6-0119808