Revised December 1974

13508

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227-008090

PRODUCER OF WASTE (Must be filled by producer)

CODE NO.

Name: Douglas Aircraft (PRINT OR TYPE)

Pick up Address: 190th & Normandie (NUMBER) (STREET) Torrance (CITY) S+S16095-CH

Telephone Number: (___) ____ P.O. or Contract No.: C6-700-78-0009

Order Placed By: Same Date: 1-31-79

Type of Process which Produced Wastes: Metal Cleaning (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. Rainwater	100		☑	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐

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

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

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

Physical State: ☐ solid ☑ liquid ☐ sludge ☐ other ___ (SPECIFY)

...ties (if any): ...

HAULER OF WASTE (Must be filled by hauler)

CODE NO.

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

Pick Up: 1-31-79 (DATE) Time: ___ ☐am ☐pm

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

Job No.: 7508 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)

CODE NO.

Name (print or type): OPERATING INDUSTRIES, INC. 2425 So. Garfield Ave. Monterey Park, Calif. 91754

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: 2-11-79

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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BOE-C6-0119824