vised December 1974

14085

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 009757

Load

RODUCER OF WASTE (Must be filled by producer)

lame Douglas A/C (PRINT OR TYPE) CODE NO.

ick up Address: 140 Nasi ndie Torrance (NUMBER) (STREET) (CITY)

elephone Number: ( ) P.O. or Contract No.: SES 16095 C-H

rder Placed By: Same Date: 5/18/79

ype of Process hich Produced Waste: A/C Mfg. CODE NO.

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

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 sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

Other (Specify) CODE NO.

nponents:
amples: Hydrochloric acid, lime, caustic soda, nolics, solvents (list), metals (list), nics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
Mud		40	☒	☐
Water	60		☒	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

rdous Properties of Waste:

pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Volume: 50 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

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

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

l Handling Instructions (if any): None

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

y (or declare) under penalty of perjury e foregoing is true and correct.

W. A. Ryan
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063

CODE NO.

Pick Up: 5/18/79 (DATE) Time: ☐am ☐pm

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

Job No. 8796 No. of Loads or Trips: 1 Unit No. 11

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

The described waste was hauled by me to the disposal facility named below and was accepted.

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

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): [signature] 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: 6/1/79

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.

Permit # 3-0160

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

BOE-C6-0119908