CALIFORNIA LIQUID WASTE HAULER RECORD

227- 009917

Revised December 1974

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH C6-OPC-700-79-0044

14122

PRODUCER OF WASTE (Must be filled by producer)

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

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

Telephone Number: ( ) P.O. or Contract No.: STS16055CH

Order Placed By: Same Date: 7/2/79

Type of Process which Produced Wastes: Aircraft Mfg 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. ☒ [redacted] and water
15. ☐ Brine

☒ Other (Specify) Biodegradable Machine Coolant CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)	Concentration: Upper	Lower	%	ppm
1. Sol Coolant		4	X	
2. Water	96		X	
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 (SPECIFY)

HAULER OF WASTE (Must be filled by hauler)

CODE NO.

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

Pick Up: 7-2-79 (DATE) Time: ☐am ☐pm

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

Job No.: 94193 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): Operated Tid Inc CODE NO.

Site Address: Monterey Pk

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: 7-2-79

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

28

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