Revised December 1974

14351

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227- 010401

PRODUCER OF WASTE (Must be filled by producer)

Name: Douglas C-6 (PRINT OR TYPE) CODE NO.

Pick up Address: 1001 (NUMBER) NORMANDIE (STREET) TORRANCE (CITY)

Telephone Number: (___) ___ P.O. or Contract No. 26-700-79-OPC-0095

Order Placed By: SAME Date: 1/31/80

Type of Process which Produced Wastes: ___ 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) Bio Coolant CODE NO.

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

		Concentration: Upper	Lower	%	ppm
1.	Coolant		2	✓	
2.	Water	98		✓	
3.					
4.					
5.					
6.					

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

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrel (42 gal.) ☐ other (SPECIFY)

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

Dorothy [illegible]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO. CODE NO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063

Pick Up: 1/31/80 (DATE) Time: ___ ☐am ☐pm

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

Job No.: 11869 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.

[illegible]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Olson 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: 1/31/80

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

[illegible]
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.

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-C6-0120103