Revised December 1974

14398

CALIFORNIA LIQUID WASTE HAULER RECORD

227- 012314

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

66-ODC-701-50-0100

PRODUCER OF WASTE (Must be filled by producer)

Name: Daughters Oil Co. Inc. — CODE NO.

Pick up Address: 14th (street) Minnesota (street) Torrance (city)

Telephone Number: ( ) P.O. or Contract No.: 545166 CH

Order Placed By: [illegible] Date: 2-21-80

Type of Process which Produced Waste: Oil Cutting — 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 waste:

1. ☒ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☒ Chemical toilet waste
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Chromic acid
11. ☐ Contaminated soil and debris
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Tar and asphalt
15. ☐ Brine

☒ Other (Specify) Sulphuric Mixture — CODE NO.

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

	Concentration: Lower	Upper	% or PPM
a) Sulphuric Acid			
b) Water			
c)			
d)			
e)			

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

Bulk Volume: 1000 ☐ gal. ☐ tons ☒ drums (42 gal.) ☐ other (specify)

Containers: (number) ☐ drums ☐ cartons ☒ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): None

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.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
5766 Alba Street, Los Angeles, California 90058
Phone: (213) 585-6063

CODE NO.

Pick Up: 2-21-80 (date) Time: 4:00 a.m./p.m.

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

Job No.: 4909 No. of Loads or Trips: 1 Unit No. 17

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 of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): INTERNATIONAL INDUSTRIES, INC. — CODE NO.

Site Address: 2425 So. Garfield Ave. Monterey Park, Calif. 91754

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 received: [illegible] (if applicable) State fee (if any):

Handling Methods:

☐ recovery

☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) — CODE NO.

☒ disposal (specify): ☐ burial ☐ spreading ☒ landfill ☒ injection well

☐ other (specify) — CODE NO.

If waste is held for disposal elsewhere specify final recipient:

Disposal Site: [illegible]

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

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) 424-8300

D.O.T. Proper Shipping Name:

DISPOSAL FACILITY COPY

BOE-C6-0120134