Revised December 1974

14399

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227-009298

PRODUCER OF WASTE (Must be filled by producer)

Name (Print or Type): Douglas Aircraft Co Inc. — Code No.: 66666

Pick up Address: (Number) 190th & Alameda (Street) Torrance (City)

Telephone Number: 533-7731 P.O. or Contract No.: CA-700-OH-6099

Order Placed By: C. Dennis Date: 2-21-80

Type of Process Which Produced Waste: Waste water (oil) — 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 wastes
5. ☐ Solvents
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical other waste
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☑ Mixed oily water
15. ☐ Brine

☐ Other (Specify)

Components: (Examples: hydrochloric & acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

Concentration: Upper / Lower / Unit

1. Mixed Oily Water
2.
3.
4.
5.
6.

Hazardous Properties of Waste: pH 8 ☐ toxic ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 4200 ☑ gal. ☐ tons ☐ barrels ☐ yd³ ☐ 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.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-6063

Code No.:

Pick Up: 2-21-80 (Date) Time: ☐ am ☐ pm

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

Job No.: 11908 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): 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 measured at site (if applicable): State fee (if any):

Handling Method (Check):
☐ Incinerator
☐ Incinerator (Specify)
☐ Chemical treatment (Examples: incineration, neutralization, precipitation) — Code No.:
☐ Chemical treatment (Specify): ☐ solid ☐ shredding ☐ grinding ☐ filation cake
☐ other (Specify) — Code No.:

If waste is held for disposal elsewhere, locate final location:

Disposal Date: 2-21-80

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) 424-9300.

D.O.T. Proper Shipping Name:

DISPOSAL FACILITY COPY

BOE-C6-0120135