sed December 1974 14420

CALIFORNIA LIQUID WASTE HAULER RECORD

227- 14530

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

ODUCER OF WASTE (Must be filled by producer)

me Douglas Aircraft (PRINT OR TYPE) CODE NO.

k up Address 1900 Normandie Torrance (NUMBER) (STREET) (CITY)

ephone Number: ( ) P.O. or Contract No.: 700-800PC

der Placed By: Same Date: 5-17-80

pe of Process ich Produced Wastes: 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. ☑ Mud and water
15. ☐ Brine

☐ Other (Specify) CODE NO.

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

	Upper	Concentration: Lower	%	ppm
1. Mud		10	✓	
2. Water	90		✓	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste: pH 7 ☑ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 45 ☐ gal ☐ tons ☑ barrels (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.

P. J. Porter
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: 5-17-80 (DATE) Time: ____ ☐am ☐pm

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

Job No.: 13360 No. of Loads or Trips: 1 Unit No. 13

Vehicle: ☑ vacuum truck 60 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.

E. Fox
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 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: 5-17-80

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.

P8

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-C6-0120149