Revised December 1974 14586

CALIFORNIA LIQUID WASTE HAULER RECORD

227- 16587

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (MUST BE FILLED BY PRODUCER)

Name: Douglas Brisco (PRINT OR TYPE) — CODE NO.

Pick-up Address: 190 E Yarmouth (NUMBER) (STREET) (CITY) 213 6095-CW

Telephone Number: ( ) — P.O. or Contract No.: 700-70-2-K-834

Order Placed By: C Davis — Date: 8-8-80

Type of Process which Produced Waste: Mfg. (Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining) — CODE NO.

WASTE

Check type of waste:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Particulate
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Organic sludge
7. ☐ Inorganic sludge
8. ☐ Inorganic solid waste
9. ☐ Hydrocarbon solid
10. ☐ Soil
11. ☐ Inorganic liquid
12. ☐ Contaminated soil and water
13. ☐ Sanitary waste
14. ☐ Other
15. ☐ Brine

☐ Other (Specify): Bunker Oil Coal — Special Code

Components: (Examples: Hydrocarbons, heavy metals, phenolics, solvents (list), metals (list), organics (list), cyanide) — Concentration — Units — Special Code

1. Bunker Oil Coal 2
2. Water 98
3.
4.
5.
6.

Hazardous Properties of Waste: pH 8 ☐ None ☐ Toxic ☐ Persistent ☐ Corrosive ☐ Reactive ☐ Explosive

Bulk Volume: 100 ☐ gal. ☐ quart ☐ liters ☐ 1/2 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.

J Hopertton
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: 8-8-80 (DATE) Time: ____ ☐ AM ☐ PM

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

Job No.: 14237 No. of Loads or Tripping: 1 Unit No.: 11

Vehicle: ☐ Vacuum truck 100 barrels ☐ flatbed ☐ other (SPECIFY)

The bunker oil coal 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

DISPOSAL

Name and Address of Disposal Site: BURNING INDUSTRIES, INC. — CODE NO.
2425 So. Garfield Ave.
Monterey Park, Calif. 91754

The liquid waste described above was disposed at this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local ordinances.

Disposal Fee (if applicable): ____ Surcharge Fee (if any): ____

Disposal Method(s):

☐ incinerator
☐ evaporator (specify)
☐ disposal facility: ☐ none ☐ spreading ☐ injection well ☐ other (specify)

(EXAMPLES: incineration, spreading, injection, neutralization) — CODE NO.

Name and Title of disposal operator (print or type): ____

Disposal Date: 7-30-80

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 disposal 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: ____

3-0859

DISPOSAL - FACILITY COPY

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