14684

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

(1) Manifest Number 227-021387

GENERATOR (Generator Must Complete)

(2) Name Douglas Oil Craft Co.
EPA NO. CAD
Address 90th & Normandie Phone No.
City, State, Zip

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name Operating Ind
EPA NO. CAT080012024
Address 2425 S Garfield Ave
City, State, Zip Monterey Park Co.

(4) Alternate TSD Facility
Name
EPA NO.
Address
City, State, Zip

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE Mud + Water	N/A		4200	Gal
WASTE				

CONTAINERS NUMBER: 1
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS ☒ TANK TRUCK ☐ DUMP TRUCK ☐ OTHER

(6) WASTE CATEGORY 75
(7) EX. HAZ. WASTE PERMIT NO.
(8) GENERATING PROCESS Wash Rock

LIST COMPONENTS:

(9)		CONC. UPPER	RANGE LOWER	UNITS
A.	Mud	20	10	☒ % ☐ ppm.
B.	Water	90	80	☒ % ☐ ppm.
C.				☐ % ☐ ppm.
D.				☐ % ☐ ppm.
E.				☐ % ☐ ppm.
F.				☐ % ☐ ppm.
G.				☐ % ☐ ppm.

Non Hazardous Material 100 %

(10) WASTE PROPERTIES: pH 8 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
(11) PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other
(12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other NONE

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

(13) [signature] Signature of Authorized Agent and Title — 7-11-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 80# 17872
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 7-11-81
TIME 9:00 ☒ AM ☐ PM

(16) W. G. Hiett Signature of Authorized Agent and Title — 7-11-81 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERAT ING IND
EPA NO. CAT080012024
PHONE NO.

18 QUANTITY (If Measured) 100 BBL
19 STATE FEE (If Any)

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

(22) NAME
EPA NO.

(21) HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

(23) [signature] Signature of Authorized Agent and Title — 7-11-81 Date Accepted

ORIGINAL

BOE-C6-0120331