CALIFORNIA HAZARDOUS WASTE MANIFEST

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

14693

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

(1) Manifest Number 227-020880

GENERATOR (Generator Must Complete)

(2) Name DOUGLAS AIRCRAFT C6
EPA NO. CAD056510005
Address 190th & NORMANDIE Phone No.
City, State, Zip TORRANCE CA

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name OPERATING IND
EPA NO. CAT080011024
Address 2425 S. GARFIELD
City, State, Zip MONTEREY PK., CA.

(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	NON		100	BBLS
WASTE				

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

(6) WASTE CATEGORY 71 (7) EX. HAZ. WASTE PERMIT NO. N/A (8) GENERATING PROCESS STEAM CLEANING

LIST COMPONENTS:

		CONC. UPPER	RANGE LOWER	UNITS
(9) A.	MUD	4		☒ % ☐ ppm.
B.	WATER	96		☒ % ☐ ppm.
C.				☐ % ☐ ppm.
D.				☐ % ☐ ppm.
E.				☐ % ☐ ppm.
F.				☐ % ☐ ppm.
G.				☐ % ☐ ppm.

Non Hazardous Material 100 %

(10) WASTE PROPERTIES: pH 7 ☐ 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

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) Mitch Tipton — Signature of Authorized Agent and Title — 7/23/81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. #18162 #17
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 7/23/81
TIME 3:30 ☐ AM ☒ PM

(16) Andy Moyen - Driver — Signature of Authorized Agent and Title — 7/23/81 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING IND. INC.
EPA NO. CAT080011024
PHONE NO.

18 QUANTITY (If Measured)
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

(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 — 7-24-81 Date Accepted

ORIGINAL

BOE-C6-0120338