14694

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 227-020992

GENERATOR (Generator Must Complete)

(2) Name Douglas Aircraft
EPA NO. CAD006510005
Address 19[illegible] Glasmanlie Phone No.
City, State, Zip Torrance, Calif.

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name BKX
EPA NO. CAD067786949
Address 2210 Segus ave
City, State, Zip West Covina, 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 Biodegradable Coolant	none		4200	gals
WASTE				

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

(6) WASTE CATEGORY 45 (7) EX. HAZ. WASTE PERMIT NO. (8) GENERATING PROCESS metal Washing Tank

LIST COMPONENTS:

	CONC. UPPER	RANGE LOWER	UNITS
(9) A. Bio Coolant	3	1	☒ % ☐ ppm.
B.	97	97	☒ % ☐ 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] Ass't Foreman — Signature of Authorized Agent and Title — Date Shipped 7-11-81

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 17-17990
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 ☐ AM ☐ PM

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

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

(17) NAME [illegible] Tod Inc. QUANTITY (If Measured)
EPA NO. CAT080012024 19 STATE FEE (If Any)
PHONE NO.

(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 — Date Accepted 7-24-81

BOE-C6-0120339