14756

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 227-022240

GENERATOR (Generator Must Complete)

(2) Name Douglas Aircraft
EPA NO. CA008651 0005
Address Normandie 190th Phone No.
City, State, Zip Torrence

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name BKK Landfill
EPA NO. CA006770 7849
Address 2210 Azusa
City, State, Zip West Covina CA

(4) Alternate TSD Facility
Name OPERATING WD
EPA NO. CAT080012024
Address 2425 S. GARFIELD
City, State, Zip MONTEREY PK. CA.

(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE Waste Oil	None		100	bbls
WASTE Bio Coolant + Water				

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

(6) WASTE CATEGORY 48 (7) EX. HAZ. WASTE PERMIT NO. NA (8) GENERATING PROCESS

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. Bio Coolant	2		☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. Water	96		☒ % ☐ ppm.	F.			☐ % ☐ ppm.
C. Waste Oil	2		☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material ____ %			

(10) WASTE PROPERTIES: pH 7.5 ☐ 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 — 9-25-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 17-18766
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 9-25-81
TIME ____ ☐ AM ☐ PM

(16) Pat Owens Driver Signature of Authorized Agent and Title — 9-25-81 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Ind Inc
EPA NO. CAT080012024
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
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 — 10-1-81 Date Accepted

BOE-C6-0120382