C6-100-87-CA-0077

CALIFORNIA HAZARDOUS WASTE MANIFEST

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

reverse side for Instructions.
ase type or print clearly. Press Hard.

(1) Manifest Number 227-022556

GENERATOR (Generator Must Complete) 14766

(2) Name Douglas Acft.
PA NO. CAD086510005
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 Industries
EPA NO. CAD080012024
Address 900 Portrero Grande
City, State, Zip Monterey Park, 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		4200	GALS
WASTE				

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

(6) WASTE CATEGORY 71 (7) EX. HAZ. WASTE PERMIT NO. 3-1804 (8) GENERATING PROCESS Steam Cleaning

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
(9) A. Mud	10	5	☑ % ☐ ppm.	E.			☐ % ☐ ppm.
B. Water	95	90	☑ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material ____ %			

(10) WASTE PROPERTIES: pH 8.0 ☐ 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) Suzie Letcher Buyer — Signature of Authorized Agent and Title — 10-20-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE) S.O. # 19130

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

(15) PICK-UP DATE 10-20-81
TIME 300 ☐ AM ☑ PM

(16) J Toussaint Driver — Signature of Authorized Agent and Title — 10-20-81 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING IND
PA NO. CAD080912024
HONE NO.

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

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

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

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

(22) NAME
EPA NO.

(23) [signature] — Signature of Authorized Agent and Title — 10-24-81 Date Accepted

BOE-C6-0120389