14792

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 227-021460

GENERATOR (Generator Must Complete)

(2) Name: DOUGLAS AIRCRAFT
EPA NO. CAD086511005
Address: _____ Phone No. _____
City, State, Zip: _____

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)
Name: OPERATING INDUSTRIES
EPA NO. CAT080012024
Address: 2425 S. GARFIELD
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 TANK SEDIMENT	NON HAZARDOUS		75	BBLS
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 AIRCRAFT MFG.

(9) LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. MUD		2	☑ % ☐ ppm.	E.			☐ % ☐ ppm.
B. WATER	98		☑ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material	100 %		

(10) WASTE PROPERTIES: pH 6 ☐ 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 — 11-24-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. HY-19249
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 11-24-81
TIME _____ ☐ AM ☐ PM

(16) F. Mijares DRIVER — Signature of Authorized Agent and Title — 11-24-81 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING IND INC
EPA NO. CAT080012024
PHONE NO. _____

18 QUANTITY (If Measured) 75 BBL
19 STATE FEE (If Any) 14.00

(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 — 11-24-81 Date Accepted

BOE-C6-0120405