Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 Number [illegible]

GENERATOR (Generator Must Complete) 14869

(2) Name Douglas Aircraft
EPA 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 Fund
EPA NO. CAT080012024
Address 2425 Garfield Ave
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 Oil & Water			4200 Gal	
WASTE				

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

(6) WASTE CATEGORY 70 (7) EX. HAZ. WASTE PERMIT NO. (8) GENERATING PROCESS Aircraft

(9) LIST COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
A. Oil	3		☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. Water	97		☒ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non Hazardous Material %			

(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) Dorothy Stout Buyer — Signature of Authorized Agent and Title — 3/25/82 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 17-20519
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 3/25/82
TIME 1:30 ☐ AM ☒ PM

(16) J Pretunica Driver — Signature of Authorized Agent and Title — 3/25/82 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Fund Inc
EPA NO. CAT080012024
PHONE NO.

18 QUANTITY (If Measured) 4000 GAL
19 STATE FEE (If Any) 17.50

(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 — 4-14-82 Date Accepted

ORIGINAL

BOE-C6-0120448