See reverse side for Instructions.
Please type or print clearly. Press Hard.

HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

Number 2 2 7 - 023030

GENERATOR (Generator Must Complete) 14870

(2) Name: Douglas Aircraft Co
EPA NO. CAD086511005
Address: 190th + Normandie Phone No. 539-7612
City, State, Zip: Torrance, Ca. 90502

(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 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 Mud + Water	NON HAZARD		1890	GALS
WASTE				

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

(6) WASTE CATEGORY 70 (7) EX. HAZ. WASTE PERMIT NO. 3-1804 (8) GENERATING PROCESS Aircraft mfg 2-PP-11

LIST COMPONENTS:

	CONC. UPPER	RANGE LOWER	UNITS
(9) A. Mud	3	3	☑ % ☐ ppm.
B. Water	97		☑ % ☐ ppm.
C.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.
E.			☐ % ☐ ppm.
F.			☐ % ☐ ppm.
G.			☐ % ☐ ppm.

Non Hazardous Material 100 %

(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) Suzie Letcher Buyer — Signature of Authorized Agent and Title
4-16-82 — Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. 413-21012
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 4-16-82
TIME ☐ AM ☐ PM

(16) [signature] Driver — Signature of Authorized Agent and Title
4-16-82 — Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Chemical Waste Mgt Inc.
EPA NO. CAD009202124
PHONE NO.

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

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

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

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

(22) NAME
EPA NO.

(23) [signature] — Signature of Authorized Agent and Title
4-16-82 — Date Accepted

ORIGINAL

BOE-C6-0120449