(2) Name DOUGLAS AIRCRAFT CO. 14877
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 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-HAZARDOUS		100	BBLS.
WASTE				

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

(6) WASTE CATEGORY 70
(7) EX. HAZ. WASTE PERMIT NO. 3-1884
(8) GENERATING PROCESS STEAM SLAB

LIST COMPONENTS:

		CONC. UPPER	RANGE LOWER	UNITS
(9) A.	MUD		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 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) Dorothy Stout Buyer — Signature of Authorized Agent and Title — 4-23-82 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. #9-21099
EPA NO. CAD050806850
ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063
CITY, STATE, ZIP Los Angeles, California 90058

(15) PICK-UP DATE 4-23-82
TIME ☐ AM ☐ PM

(16) F. Mijares driver — Signature of Authorized Agent and Title — 4-23-82 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Ind.
EPA NO. [illegible]
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 — 4-23-82 Date Accepted

ORIGINAL

BOE-C6-0120451