TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST

SECTION I: FACILITY INFORMATION

Instructions: Complete the following descriptive information about your facility. This information accurately describes the location of your facility and establishes mailing and phone contacts. If facility location and mailing address are identical, you may put "same" into facility mailing address spaces.

Type of Permit: Permit by Rule _____ Conditional Authorization X

1. CURRENT FACILITY NAME: McDonnell Douglas Realty Company

   PAST NAMES (Attach additional pages if necessary): Douglas Aircraft Company

2. EPA I.D. NUMBER: CAD 086 510 005

3. NAME OF FACILITY OWNER (see definition of owner): McDonnell Douglas Realty Company

4. NAME OF FACILITY OPERATOR: Douglas Aircraft Company

5. NAME OF PROPERTY OWNER: McDonnell Douglas Realty Company

6. FACILITY LOCATION ADDRESS:

   STREET: 19503 S. Normandie Ave.

   CITY: Los Angeles

   COUNTY: Los Angeles

   STATE: CA ZIP CODE: 90502

7. FACILITY MAILING ADDRESS (if different from FACILITY LOCATION ADDRESS):

   STREET: 4060 Lakewood Blvd. 6th Floor

   CITY: Long Beach

   STATE: CA ZIP CODE: 90808-1700

8. FACILITY TELEPHONE NUMBER:

9. FACILITY FAX NUMBER: 310-627-3109

10. NAME OF FACILITY CONTACT PERSON: Mario Stavale

11. TITLE OF FACILITY CONTACT PERSON: Project Manager - Real Estate

12. PHONE NUMBER OF FACILITY CONTACT PERSON: 310-627-3014

13. ADDRESS OF FACILITY CONTACT PERSON:

    STREET: 4060 Lakewood Blvd. 6th Floor

    CITY: Long Beach

    STATE: CA ZIP CODE: 90808-1700