State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5 — Manifest Document No. 9 1 0 3 3

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
McDonnell Douglas Aircraft Co.
19503 S. Normandie Avenue
Torrance, CA 90502

4. Generator's Phone (213) 533-6677 K. L. Anderson 722 M/S C6-10

A. State Manifest Document Number 89476872

B. State Generator's ID H A H Q 3 6 0 0 5 6 9 8

5. Transporter 1 Company Name: J.C.I. Environmental Services

6. US EPA ID Number: C A D 0 5 8 0 1 8 3 6 7

C. State Transporter's ID 013942

D. Transporter's Phone (213)268-3137

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
USPCI Lone Mountain Facility
U.S. Pollution Control, Inc.
R/R 2, Box 180A
Waynoka, Okl. 73860

10. US EPA ID Number: O K D 0 6 5 4 3 8 3 7 6

G. State Facility's ID

H. Facility's Phone (405)697-3237

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Sodium Hydroxide solution, Corrosive, UN1824 (D002) (RQ 1,000 lbs.)	001	TT	04000	G	State 122 / EPA/Other D002
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above
Daco 4-L Aluminum Milling Solution, pH>12.5
Sodium Hydroxide 5-12% Sodium Aluminate 2-5%
Sodium Sulfide 2-4% Water = Remainder
USPCI ID# LM89-0866-89 Okl. Waste Plan # 96021

K. Handling Codes for Wastes Listed Above
a. 15/03 b.
c. d.

15. Special Handling Instructions and Additional Information
Guide # 60. Use proper protective clothing when handeling.
Return to MDC if rejected.
Tk207
PROFILE #22417
HAULER 1791
SITE

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Kris L. Anderson Agent for M.D.A.C. — Signature — Month Day Year: 01 22 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ~~Jim Arnett~~ Bobby Sullivan — Signature — Month Day Year: 01 22 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 90-766
Printed/Typed Name: Paula Miller — Signature — Month Day Year: 01 22 90

GENERATOR — TRANSPORTER — FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

89476872

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

BOE-C6-0198288

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USPCI ID# LM89-0866-89 Okl. Waste Plan # 98021

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Printed/Typed Name: Kris L. Anderson Agent for M.D.A.C. — Signature — Month Day Year: 0 1 2 2 9 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM LARSON — Signature — Month Day Year: 0 1 2 2 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

GENERATOR

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89476872

DHS 8022 A (1/88)
EPA 8700—22
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Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

BOE-C6-0198289