Bin # 16003B

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-96)
Please print or type. *Form designed for use on elite (12-pitch) typewriter.*

**See Instructions on back of page 6.**

Department of Toxic Substances Control
Sacramento, California

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAD086510005 Manifest Document No. 16326

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Douglas Aircraft Company, C1-Q6C (11-11) Attn: Rob Tuell
3855 Lakewood Blvd. Long Beach, CA 90846

4. Generator's Phone (310) 496-6287 or (310) 593-3101

A. State Manifest Document Number 95316326

B. State Generator's ID HAHQ360056 98

5. Transporter 1 Company Name
Laidlaw Environmental Services of CA, Inc.

6. US EPA ID Number CAD000083121

C. State Transporter's ID 433544

D. Transporter's Phone (310) 518-4700

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
Laidlaw Environmental Services, Inc.
5295 South Garvey
West Moriand, CA 92281

10. US EPA ID Number CAD006331 64

G. State Facility's ID CAD000633164

H. Facility's Phone (619) 344-9400

| 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 Number |
|---|---|---|---|---|---|
| RQ, Waste corrosive solids, n.o.s., (Chromic acid, nitric acid), UN1759, PG III (D007) | 001 | CM | 05640 | P | State 181<br>EPA/Other D007 |
| b. | | | | | State<br>EPA/Other |
| c. | | | | | State<br>EPA/Other |
| d. | | | | | State<br>EPA/Other |

J. Additional Descriptions for Materials Listed Above
11a. 14199-ITR-0495. Acid contaminated ducting.

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

15. Special Handling Instructions and Additional Information
24 Hour emergency telephone number (800) 424-9300 (Chemtrec). DOT ERG# 11a) 60
Site address: 19503 South Normandie Avenue, Torrance, CA 90502.

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.

GENERATOR

Printed/Typed Name: Robert G. Tuell, Jr. Signature: Robert G. Tuell, Jr. Month Day Year: 05 09 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John R. Rebeiro Signature: [signature] Month Day Year: 05 09 95

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: DAVID SONNEBORN Signature: [signature] Month Day Year: 05 15 95

**DO NOT WRITE BELOW THIS LINE.**

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DTSC 8022A (9/94)
EPA 8700—22

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7

95316326

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Department of Toxic Substances Control
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95316326

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6. US EPA ID Number: CAD000083121

C. State Transporter's ID 433544

D. Transporter's Phone (310) 518-4700

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
Laidlaw Environmental Services, Inc.
5295 South Garvey
West Morland, CA 92281

10. US EPA ID Number: CAD006331164

G. State Facility's ID

H. Facility's Phone (619) 344-9400

| 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 Number |
|---|---|---|---|---|---|
| RQ, Waste corrosive solids, n.o.s., (Chromic acid, nitric acid), UN1759, PG III (D007) | 001 | CM | 0564 | P | State 181; EPA/Other D007 |
| b. | | | | | State; EPA/Other |
| c. | | | | | State; EPA/Other |
| d. | | | | | State; EPA/Other |

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11a. 14199-ITR-0495. Acid contaminated ducting.

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

15. Special Handling Instructions and Additional Information
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Printed/Typed Name: Robert G. Tuell, Jr. Signature: Robert G. Tuell, Jr. Month 05 Day 09 Year 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John R. Rebeiro Signature: [illegible] Month 05 Day 09 Year 95

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

FACILITY

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Printed/Typed Name Signature Month Day Year

**DO NOT WRITE BELOW THIS LINE.**

DTSC 8022A (9/94)
EPA 8700—22

Yellow: GENERATOR RETAINS

BOE-C6-0212863

## WEIGHT TICKET

VENDOR: LAIDLAW

TRUCK #: 16003 B

DATE: 5-~~08~~ 09-95

CONTENTS: Acid contaminated ducting.

DISPOSAL FACILITY: Laidlaw Environmental serv. W. Morland, CA.

DRIVER:

GROSS ~~8640~~ wt of Bin

TARE 4320

NET 5640 ~~Total~~ Actual WT. OF WASTE

DRUM COUNT

GALLONS

STATE MANIFEST DOCUMENT NUMBER: 95316326

LAIDLAW ENVIRONMENTAL SERVICES

FORM A

# Customer Notification And Certification



**Generator Name/Location:** Douglas Aircraft Co

**EPA I.D. Number:** CAD086510005

**Waste Profile or ARF Designation:** 14199-ITR-0495

**Manifest Number:** 16326/95316326

**EPA Waste Number(s):** D007

**Waste Analysis Available? Yes (attached) ____ No ____ On file at receiving facility** ✓

**Unrestricted Waste Notification** (*Category 1*)

**Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).**

☐ *I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).*

**Restricted Waste/Debris Notification** (*Category 2*)

**Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.**

☐ **(2a) Restricted Waste Notification**

*I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.*

☑ **(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.**
**The waste contains the following contaminants subject to treatment [check all that apply]:**

____ §268.45(b)(1)- Toxicity characteristic debris;
✓ §268.45(b)(2)- Debris contaminated with listed waste;
____ §268.45(b)(3)- Cyanide reactive debris.

**Restricted Waste Variance Notification** (*Category 3*)

**Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).**

☐ *I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.*

**Restricted Waste Certification (Treatment Standards Met)** (*Category 4*)

**Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.**

☐ *I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.*

**SIGNATURE:** Robert G. Tuell, Jr. **DATE:** 05/09/95

**PRINT NAME:** Robert G. Tuell, Jr. **TITLE:** Sr. Plant Engineer

Revised 10/94 585-7510-585003

**FORM B** (*Must be accompanied by Form A*)

Generator Name/Location Douglas Aircraft Company

Page 2 of

EPA I.D. Number : CAD086510005

Manifest No.: 16326/9531632

| Waste Profile or ARF | Category No. | EPA or State Waste Code | Variance Date | Description/Subcategory | Treatability Group (WW or NWW) | Waste Constituents or Legend # |
|---|---|---|---|---|---|---|
| 14193-ITR-0495 26 | 2b | D007 | | Chromium | NWW | 251 |
| RBO 05-04-95 | | | | | | |
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## CONSTITUENTS IN SOLVENT, CALIFORNIA LIST AND CHARACTERISTIC WASTES.

**F001 - F005 spent solvents**

| Legend # | Constituent Name |
|---|---|
| 1 | Acetone |
| 2 | Benzene |
| 3 | n-Butyl alcohol |
| *4 | Carbon disulfide |
| 5 | Carbon tetrachloride |
| 6 | Chlorobenzene |
| 7 | Cresol (m-and p-isomers) |
| 8 | o-Cresol |
| *9 | Cyclohexanone |
| 10 | 1,2-Dichlorobenzene |
| 11 | Ethyl Acetate |
| 12 | Ethyl Benzene |
| 13 | Ethyl Ether |
| 14 | Isobutyl alcohol |
| *15 | Methanol |
| 16 | Methylene Chloride |
| 17 | Methyl Ethyl Ketone |
| 18 | Methyl isobutyl ketone |
| 19 | Nitrobenzene |
| 20 | Pyridine |
| 21 | Tetrachloroethylene |
| 22 | Toluene |
| 23 | 1,1,1-Trichloroethane |
| 24 | 1,1,2-Trichloroethane |
| 25 | Trichloroethylene |
| 26 | 1,1,2-Trichloro-1,2,2-trifluoroethane |
| 27 | Trichloromonofluoromethane |
| 28 | Xylenes (total) |

Legends 29-31 RESERVED

**If these constituents are present alone or in any combination of the three, then non waste water forms of these constituents must be treated to TCLP levels as indicated in §268.40.*

**Technology-Based Standards For F005 when the constituent is the only listed F00 F005 solvent**

| Legend # | Constituent Name |
|---|---|
| 32 | 2-Ethoxyethanol |
| 33 | 2-Nitropropane |

Legends 34 - 43 RESERVED

**CALIFORNIA LIST WASTES**

| Legend # | Constituent Name |
|---|---|
| 44 | Nickel |
| 45 | Thallium |
| 46 | Cyanide (Liquid) |
| 47 | Liquid Polychlorinated Biphenyls (PCB's) |
| 48 | Halogenated Organic Compounds (HOC's) |

SEE BACK (FORM B-1) FOR T UNIVERSAL TREATMENT STANDAF (UTS), Legends 49 - ?

Revised 9/94

# WORK ORDER

LAIDLAW ENVIRONMENTAL SERVICES

221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT. NO
240120

Billed
51650613006
H#6353 Paid

WORK ORDER NO.
13315
143805

BILLING ADDRESS
DOUGLAS AIRCRAFT
190TH X NORMANDIE
TORRANCE CA

SERVICE ADDRESS
SAME

95316346
95316326

| ORDER DATE | DATE TO BE DONE | CUSTOMER P.O. # | ORDERED BY | TELEPHONE# | CONTACT PERSON |
|---|---|---|---|---|---|
| 00000495 05/08/95 | | H6353 | FRED WENDLAND | (310)0801040 | |

| REP. # | DIV. # | DEPARTMENT | CUSTOMER'S EPA # | CUSTOMER'S BD OF EQUAL # | CONTACT PHONE # |
|---|---|---|---|---|---|
| DF | 516-500 | TRANS | | | ((00) 00 00 |

1 ROLL OFF P/U 4 BINS FOR DISPOSAL AT IV
IN YARD 0600 ON SITE 0700

IN YARD 1100 ON SITE 1200 NOON

DELIVER 1 x 20YD BIN

Arrived at DAC C6: 1215

Left DAC C6: 1500

DRIVER COMPLETE:

SERVICES PERFORMED Deliver Bin# R18143ML To Job site. P/U Bin# 16056B, 16003B For disposal at I/U, return To Yard.

START TIME 1130 STOP TIME _____ START MILES 415218 END MILES _____ TRUCK NUMBER 16051 TRAILER NUMBER 16035T

Manifest Number 95316346 / 95316326 Date Completed 5/9/95 Drivers Name John Rebeiro

Comments _____

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature Robert G. Truell Jr. 05-09-95

BOE-C6-0212867

PRICING INSTRUCTIONS - DRUMS

Clerical _____ Hrs. @ _____ Per Hr. _____

Project Manager _____ Hrs. @ _____ Per Hr. _____

First Technician _____ Hrs. @ _____ Per Hr. _____

Second Technician _____ Hrs. @ _____ Per Hr. _____

Third Technician _____ Hrs. @ _____ Per Hr. _____

Fourth Technician _____ Hrs. @ _____ Per Hr. _____

Fifth Technician _____ Hrs. @ _____ Per Hr. _____

Truck # _____ Hrs. @ _____ Per Hr. _____

Truck # _____ Hrs. @ _____ Per Hr. _____

Truck # _____ Hrs. @ _____ Per Hr. _____

Sundays, Holidays, and After Hours @ _____ % = _____

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

_____ 5 Gal. Cans Liquid @ _____ Each _____

_____ 5 Gal. Cans Solid @ _____ Each _____

_____ 5 Gal. Cans Lab Packed @ _____ Each _____

_____ 55 Gal. Drums Liquid @ _____ Each _____

_____ 55 Gal. Drums Solid @ _____ Each _____

_____ 55 Gal. Drums Lab Packed _____ Each _____

_____ Empty 5 Gal. Cans @ _____ Each _____

_____ Empty 55 Gal. Cans @ _____ Each _____

County Tax _____ _____

MATERIALS USED

_____ 5 Gal. Cans @ _____ Each _____

_____ 55 Gal. Drums @ _____ Each _____

_____ Recovery Drums @ _____ Each _____

_____ Bags Vermiculite @ _____ Each _____

_____ Bags (Other Describe) @ _____ @ _____ = _____

_____ Hazardous Waste Labels @ _____ Each _____

_____ Drum Liners @ _____ Each _____

Safety Equipment Number of Sets _____ @ _____ = _____

PRICING INSTRUCTIONS - PUMPING

Compensation _____ Hrs. @ _____ Per Hr. _____

Washout Fee _____

Dump Fee _____

TOTAL _____