CALIFORNIA HAZARDOUS WASTE MANIFEST

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

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 139 009552

46180

GENERATOR (GENERATOR MUST COMPLETE)

2 Name DOUGLAS AIRCRAFT
EPA # CAD 0865 1 0005
Address 190th NORMANDIE Phone 533 7
City, State, Zip TORRANCE CA 90505

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)
Name OPERATING INDUSTRIES
EPA # CAD 0800 1 2024
Address 900 PUENTE GRANDE Phone
City, State, Zip MONTEREY PARK CA

4 Alternate TSD Facility
Name BKK LANDFILL
EPA # CAD 0677 8 6 7 4 9
Address 2210 S AZ USA Phone
City, State, Zip W. COVINA

5

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD + WATER	NON	N/A	5000	GALS
WASTE				

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

6 Waste Category 70 7 Ext. Haz. Waste Permit No. N/A 8 Generating Process PARTS CLEANING

LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS	LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS
9 A. MUD	10		☒% ☐ppm.	E.			☐% ☐ppm.
B. WATER	90		☒% ☐ppm.	F.			☐% ☐ppm.
C.			☐% ☐ppm.	G.			☐% ☐ppm.
D.			☐% ☐ppm.	Non-Hazardous Material 100 %			

10 WASTE PROPERTIES: pH 7.0 ☐ 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 Dennis Hidden Mec Eng. Sr. — Signature of Authorized Agent and Title — 5-27-83 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

15 PICK-UP DATE 5-27-83

14 TRANSPORTER NAME J. C. Incorporated
ADDRESS 3650 E. 26th Street PHONE (213) 268-3137
CITY, STATE, ZIP Vernon, CA 90023 WO 32853

EPA NO. CAD 0580 1 8 3 6 7 Time ☐ AM ☐ PM

16 Hale Cook DRIVER — Signature of Authorized Agent and Title — 5-27-83 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME BKK
EPA NO. CAD 0677 8 6 7 4 9
PHONE NO.

18 QUANTITY (If Measured) 20.98
19 STATE FEE (If Any) 0

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 Re-use ☐ Storage/Transfer
☐ Recycle

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

22 Designated TSD Facility Name
EPA NO.

23 Signature of Authorized Agent and Title — 5/27/83 Date Accepted

Copy 1—WHITE: TSD Facility Keeps (Send Copy to DOHS) Copy 2—YELLOW: To Transporter from TSDF Copy 3—PINK: To Generator from TSDF Copy 4—GOLDENROD: Generator Keeps (Send Copy to DOHS)

BOE-C6-0215250

INSTRUCTIONS FOR COMPLETING MANIFEST

Type or print clearly. Press Hard. Illegible or incomplete manifests will be returned to you by the State for clarification.

Generator: Provide your telephone number: _____

Item 1: Before filling out the manifest, a manifest number shall be written or printed on the manifest. The number may be provided by the transporter. Indicate the number of different wastes in shipment. If one manifest cannot adequately describe the shipment, use a separate manifest for each different waste type and DOT SHIPPING NAME.

Item 2-4: Provide the complete names, addresses, and EPA I.D. numbers of the generator and designated TSD facilities. If you are a small generator and have no EPA I.D. number, write "small generator" in EPA No. Space.

Item 5: Provide all U.S. DOT required information. Refer to 49 CFR 172 for assistance. If not applicable write "none" in Item 5.

Item 6: Provide the most applicable industrial waste category number from the following list. In cases where a waste could be described by more than one category, select the most specific. (Example: If you generate a waste acid plating solution containing dissolved metal, select the category "Plating solution, acid" rather than "Acid solution" or "Heavy metal solution.") If none of the listed categories adequately identify your waste, describe the wastes.

1. Acid Sludge
2. Acid solution
3. Adhesive
4. Alkaline sludge
5. Alkaline solution
6. Alkali solids
7. Alum sludge
8. API separator sludge
9. Asbestos solids
10. Asbestos sludge
11. Ashes
12. ASD filter cake
13. Baghouse waste
14. Bilge water
15. Blasting sand
16. Capacitors, PCB
17. Catalyst
18. Chemicals, unused
19. Containers, empty
20. Contaminated equipment
21. Contaminated soil
22. Cyanides
23. Detergent
24. Distillation bottoms
25. Drilling mud
26. Drugs
27. FCC waste
28. Filter cake
29. Filters, spent
30. Flux
31. Fly ash
32. Gasoline & water
33. Glaze sludge
34. Glue
35. Hair pulp
36. Heavy metal solution
37. Heavy metal sludge
38. Ink & solvent
39. Ink sludge
40. Ink wastewater
41. Laboratory chemicals
42. Lime sludge
43. Machine tool coolant
44. Machining waste
45. Metal dust
46. Oil
47. Oil sludge
48. Oil & water
49. Paint sludge
50. Pesticides
51. Pesticide containers
52. Pesticide rinse water
53. Phenolic waste
54. Photoprocessing waste
55. Plating sludge
56. Plating solution, acid
57. Plating solution, alkaline
58. Polychlorinated biphenyls
59. Resin water
60. Scrubber sludge
61. Scrubber solution
62. Soap
63. Solvent, chlorinated
64. Solvent, hydrocarbon
65. Solvent, oxygenated
66. Solvent, mixed
67. Spill cleanup residue
68. Stretford solution
69. Sulfide sludge
70. Sump/lagoon sediment
71. Tank bottom sediment
72. Tanning sludge
73. Tetraethyl lead sludge
74. Transformers, PCB
75. Waste water treatment sludge
76. Others (Specify in Item 6)

Item 7: If the waste is extremely hazardous, provide the State extremely hazardous permit number.

Item 8: Indicate the process, activity, or operation which generated the waste. (Examples: aircraft cleaning, insulation stripping, reactor cleaning, DDT production, alkylation, printed circuit board etching).

Item 9: Information must be provided in this Item. **Do not leave blank.** Identify the major hazardous constituents in the waste along with probable upper and lower concentrations. (Examples: hydrochloric acid, lead oxide, phenol, PCB, cyanide, DDT, sodium hydroxide.) Provide the approximate concentration of nonhazardous material.

Item 10-11: Check the appropriate boxes to show the hazardous properties and physical state of the waste. If a waste has more than one hazardous property (eg: toxic and corrosive) check all appropriate boxes (eg: toxic and corrosive boxes). If the waste is an aqueous liquid, the pH must be reported in Item 11.

Item 12: Indicate by checking the appropriate boxes whether gloves, goggles, or respirators should be worn by persons handling the waste. Any special hazards or precautions should also be noted. (Example: Sulfide solution will generate toxic gas if mixed with acids.)

Item 13: Sign the manifest and provide your title and the date that the waste was removed from your facility. The person signing Item 13 shall be knowledgeable about the chemical and physical properties of the waste and shall be authorized by the management of the generating establishment to sign the manifest. **It is unlawful for a transporter who is not the generator to sign Item 13.**

Transporter:

Item 1: Provide the serial number of the manifest. The first three digits shall be your State hazardous waste hauler number. The last six digits may be any convenient combination of digits (eg: sequential or chronological). For example, if your registration number is 899, the number of your one thousandth load would be 899-001000. The complete nine digit manifest number shall be unique for any five year period. (Example: If you use manifest number 899-001000 on May 31, 1981, it shall not be used on a manifest again before June 1, 1986.)

Item 14: Enter company name, address, telephone number and EPA I.D. number.

Item 15: Indicate the date and exact time the waste was removed from the generator's facility.

Item 16: Sign the manifest upon receipt of the shipment and indicate the date signed.

TSD Facility Operator:

Item 17: Provide the TSD facility name, EPA I.D. number and telephone number.

Item 18: If the quantity of waste is measured or estimated at the TSD facility (eg: weighed), indicate the quantity.

Item 19: If the waste is applied to the land (eg: surface impoundment, landfill, injection well, or land treatment area), the State hazardous waste fee must be sent to DOHS. Indicate the fee in Item 19.

Item 20: Write in any discrepancies noted between the manifest information provided by the generator or transporter and that found when the shipment was delivered to the facility. (Example: Differences in quantity or character of waste, container type, or vehicle type). Some significant discrepancies are described in 40CFR 264.72.

Item 21: Check the box(es) to indicate the method(s) used to handle or dispose of the waste at the hazardous waste facility. If the waste is treated prior to, or instead of, land disposal write in the treatment method. (Examples: neutralization, incineration, oxidation).

Item 22: If the waste is held at the TSD facility prior to eventual shipment to another facility for treatment, storage or disposal, provide the name of the designated final TSD facility and its EPA I.D. number. In such cases, you, as the interim transfer station facility, shall fill out a new master manifest indicating your facility as the generator of the waste and describing all the wastes in the shipment. Completed copies of all original manifests associated with the original waste shipments accepted by you shall be attached to the master manifests.

Item 23: Sign the manifest, provide your title within the organization and indicate the date that the shipment was accepted at your facility.

The facility operator shall send number 1 copies of the manifest (original) on a monthly basis or as otherwise required to DOHS. If wastes are received from interim storage or transfer activities, the final TSD facility shall send to DOHS copy number 1 of each master manifest with copies of all original manifests stapled to it.

Transfer facilities shall send only one set of copies to DOHS to satisfy the manifest submission requirements for generators and TSD facility operators.

CHRISTOPHER PRESS PRINTI 334-8302 (714) 592-2247

BOE-C6-0215251

CALIFORNIA ~~HAZARDOUS~~ WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

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

1 Manifest Number 139 009551

46180

GENERATOR (GENERATOR MUST COMPLETE)

2 Name DOUGLAS AIRCRAFT CO.
EPA # CAD086570005
Address 190th NORMANDIE Phone 533-7612
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 # CAT080012024
Address 900 POTRERO GRANDE Phone [redacted]
City, State, Zip MONTEREY PARK CA

4 Alternate TSD Facility
Name BRK LANDFILL
EPA # CAD067786749
Address 22105 AZUSA Phone
City, State, Zip WEST COVINA, CA

5

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD + WATER	NON	N/A	5000	GALS
WASTE				

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

6 Waste Category 70 7 Ext. Haz. Waste Permit No. N/A 8 Generating Process MACHINE PARTS

LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS
9 A. MUD	10	[redacted]	☒% ☐ppm.
B. WATER	90		☒% ☐ppm.
C.			☐% ☐ppm.
D.			☐% ☐ppm.
E.			☐% ☐ppm.
F.			☐% ☐ppm.
G.			☐% ☐ppm.

Non-Hazardous Material 100 %

10 WASTE PROPERTIES: pH 7.0 ☐ 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 Dennis Hilley Nar Eng Sr — Signature of Authorized Agent and Title — 5/27/83 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

14 TRANSPORTER NAME J. C. Incorporated
ADDRESS 3650 E. 26th Street PHONE (213) 268-3137
CITY, STATE, ZIP Vernon, CA 90023

15 PICK-UP DATE 27 MAY 83
EPA NO. CAD058018367 Time 1000 ☒ AM ☐ PM

16 [signature] 38805 — Signature of Authorized Agent and Title — 27 MAY 83 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

70-241

17 NAME BRK
EPA NO. CAD067786749
PHONE NO.

18 QUANTITY (If Measured) 21.80
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 Re-use ☐ Storage/Transfer
☐ Recycle

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

22 Designated TSD Facility Name EPA NO.

23 [signature] (50) — Signature of Authorized Agent and Title — 5/27/83 Date Accepted

Copy 1—WHITE: TSD Facility Keeps (Send Copy to DOHS) Copy 2—YELLOW: To Transporter from TSDF Copy 3—PINK: To Generator from TSDF Copy 4—GOLDENROD: Generator Keeps (Send Copy to DOHS)

BOE-C6-0215252

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Generator: Provide your telephone number: _____

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Item 5: Provide all U.S. DOT required information. Refer to 49 CFR 172 for assistance. If not applicable write "none" in Item 5.

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13. Baghouse waste
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15. Blasting sand
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17. Catalyst
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20. Contaminated equipment
21. Contaminated soil
22. Cyanides
23. Detergent
24. Distillation bottoms
25. Drilling mud
26. Drugs
27. FCC waste
28. Filter cake
29. Filters, spent
30. Flux
31. Fly ash
32. Gasoline & water
33. Glaze sludge
34. Glue
35. Hair pulp
36. Heavy metal solution
37. Heavy metal sludge
38. Ink & solvent
39. Ink sludge
40. Ink wastewater
41. Laboratory chemicals
42. Lime sludge
43. Machine tool coolant
44. Machining waste
45. Metal dust
46. Oil
47. Oil sludge
48. Oil & water
49. Paint sludge
50. Pesticides
51. Pesticide containers
52. Pesticide rinse water
53. Phenolic waste
54. Photoprocessing waste
55. Plating sludge
56. Plating solution, acid
57. Plating solution, alkaline
58. Polychlorinated biphenyls
59. Resin water
60. Scrubber sludge
61. Scrubber solution
62. Soap
63. Solvent, chlorinated
64. Solvent, hydrocarbon
65. Solvent, oxygenated
66. Solvent, mixed
67. Spill cleanup residue
68. Stretford solution
69. Sulfide sludge
70. Sump/lagoon sediment
71. Tank bottom sediment
72. Tanning sludge
73. Tetraethyl lead sludge
74. Transformers, PCB
75. Waste water treatment sludge
76. Others (Specify in Item 6)

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TSD Facility Operator:

Item 17: Provide the TSD facility name, EPA I.D. number and telephone number.

Item 18: If the quantity of waste is measured or estimated at the TSD facility (eg: weighed), indicate the quantity.

Item 19: If the waste is applied to the land (eg: surface impoundment, landfill, injection well, or land treatment area), the State hazardous waste fee must be sent to DOHS. Indicate the fee in Item 19.

Item 20: Write in any discrepancies noted between the manifest information provided by the generator or transporter and that found when the shipment was delivered to the facility. (Example: Differences in quantity or character of waste, container type, or vehicle type). Some significant discrepancies are described in 40CFR 264.72.

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Item 22: If the waste is held at the TSD facility prior to eventual shipment to another facility for treatment, storage or disposal, provide the name of the designated final TSD facility and its EPA I.D. number. In such cases, you, as the interim transfer station facility, shall fill out a new master manifest indicating your facility as the generator of the waste and describing all the wastes in the shipment. Completed copies of all original manifests associated with the original waste shipments accepted by you shall be attached to the master manifests.

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CHRISTOPHER PRESS PRINTI) 334-8302 (714) 592-2247

BOE-C6-0215253

38853

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

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

1 Manifest Number [illegible] 008552

GENERATOR (GENERATOR MUST COMPLETE)

2 Name [illegible]
EPA # [illegible]
Address [illegible] Phone [illegible]
City, State, Zip [illegible]

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)
Name [illegible]
EPA # [illegible]
Address [illegible] Phone [illegible]
City, State, Zip [illegible]

4 Alternate TSD Facility
Name [illegible]
EPA # [illegible]
Address [illegible] Phone [illegible]
City, State, Zip [illegible]

5

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE [illegible]	[illegible]	N/A	[illegible]	[illegible]
WASTE				

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

6 Waste Category 70 7 Ext. Haz. Waste Permit No. N/A 8 Generating Process [illegible]

LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS	LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS
9 A. [illegible]	10		☒ % ☐ ppm.	E.			☐ % ☐ ppm.
B. [illegible]	70		☒ % ☐ ppm.	F.			☐ % ☐ ppm.
C.			☐ % ☐ ppm.	G.			☐ % ☐ ppm.
D.			☐ % ☐ ppm.	Non-Hazardous Material 100 %			

10 WASTE PROPERTIES: pH 7.0 ☐ 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 [illegible] Signature of Authorized Agent and Title — Date Shipped [illegible]

TRANSPORTER (HAULER MUST COMPLETE)

14 TRANSPORTER NAME **J. C. Incorporated**
ADDRESS **[illegible] 26th Street** PHONE **(213) 268-3137**
CITY, STATE, ZIP **Vernon, CA 90023**

15 PICK-UP DATE [illegible]
EPA NO. C A D 0 5 8 0 1 8 3 6 7 Time ☐ AM ☐ PM
16 [illegible] DRIVER Signature of Authorized Agent and Title — Date [illegible]

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME
EPA NO.
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 Re-use ☐ Storage/Transfer
☐ Recycle

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

22 Designated TSD Facility Name — EPA NO.

23 Signature of Authorized Agent and Title — Date Accepted

Copy 1—WHITE: TSD Facility Keeps (Send Copy to DOHS) Copy 2—YELLOW: To Transporter from TSDF Copy 3—PINK: To Generator from TSDF Copy 4—GOLDENROD: Generator Keeps (Send Copy to DOHS)

BOE-C6-0215254

INSTRUCTIONS FOR COMPLETING MANIFEST

Type or print clearly. Press Hard. Illegible or incomplete manifests will be returned to you by the State for clarification.

Generator: Provide your telephone number: _____

Item 1: Before filling out the manifest, a manifest number shall be written or printed on the manifest. The number may be provided by the transporter. Indicate the number of different wastes in shipment. If one manifest cannot adequately describe the shipment, use a separate manifest for each different waste type and DOT SHIPPING NAME.

Item 2-4: Provide the complete names, addresses, and EPA I.D. numbers of the generator and designated TSD facilities. If you are a small generator and have no EPA I.D. number, write "small generator" in EPA No. Space.

Item 5: Provide all U.S. DOT required information. Refer to 49 CFR 172 for assistance. If not applicable write "none" in Item 5.

Item 6: Provide the most applicable industrial waste category number from the following list. In cases where a waste could be described by more than one category, select the most specific. (Example: If you generate a waste acid plating solution containing dissolved metal, select the category "Plating solution, acid" rather than "Acid solution" or "Heavy metal solution.") If none of the listed categories adequately identify your waste, describe the wastes.

1. Acid Sludge
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15. Blasting sand
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17. Catalyst
18. Chemicals, unused
19. Containers, empty
20. Contaminated equipment
21. Contaminated soil
22. Cyanides
23. Detergent
24. Distillation bottoms
25. Drilling mud
26. Drugs
27. FCC waste
28. Filter cake
29. Filters, spent
30. Flux
31. Fly ash
32. Gasoline & water
33. Glaze sludge
34. Glue
35. Hair pulp
36. Heavy metal solution
37. Heavy metal sludge
38. Ink & solvent
39. Ink sludge
40. Ink wastewater
41. Laboratory chemicals
42. Lime sludge
43. Machine tool coolant
44. Machining waste
45. Metal dust
46. Oil
47. Oil sludge
48. Oil & water
49. Paint sludge
50. Pesticides
51. Pesticide containers
52. Pesticide rinse water
53. Phenolic waste
54. Photoprocessing waste
55. Plating sludge
56. Plating solution, acid
57. Plating solution, alkaline
58. Polychlorinated biphenyls
59. Resin water
60. Scrubber sludge
61. Scrubber solution
62. Soap
63. Solvent, chlorinated
64. Solvent, hydrocarbon
65. Solvent, oxygenated
66. Solvent, mixed
67. Spill cleanup residue
68. Stretford solution
69. Sulfide sludge
70. Sump/lagoon sediment
71. Tank bottom sediment
72. Tanning sludge
73. Tetraethyl lead sludge
74. Transformers, PCB
75. Waste water treatment sludge
76. Others (Specify in Item 6)

Item 7: If the waste is extremely hazardous, provide the State extremely hazardous permit number.

Item 8: Indicate the process, activity, or operation which generated the waste. (Examples: aircraft cleaning, insulation stripping, reactor cleaning, DDT production, alkylation, printed circuit board etching).

Item 9: Information must be provided in this Item. **Do not leave blank.** Identify the major hazardous constituents in the waste along with probable upper and lower concentrations. (Examples: hydrochloric acid, lead oxide, phenol, PCB, cyanide, DDT, sodium hydroxide.) Provide the approximate concentration of nonhazardous material.

Item 10-11: Check the appropriate boxes to show the hazardous properties and physical state of the waste. If a waste has more than one hazardous property (eg: toxic and corrosive) check all appropriate boxes (eg: toxic and corrosive boxes). If the waste is an aqueous liquid, the pH must be reported in Item 11.

Item 12: Indicate by checking the appropriate boxes whether gloves, goggles, or respirators should be worn by persons handling the waste. Any special hazards or precautions should also be noted. (Example: Sulfide solution will generate toxic gas if mixed with acids.)

Item 13: Sign the manifest and provide your title and the date that the waste was removed from your facility. The person signing Item 13 shall be knowledgeable about the chemical and physical properties of the waste and shall be authorized by the management of the generating establishment to sign the manifest. **It is unlawful for a transporter who is not the generator to sign Item 13.**

Transporter:

Item 1: Provide the serial number of the manifest. The first three digits shall be your State hazardous waste hauler number. The last six digits may be any convenient combination of digits (eg: sequential or chronological). For example, if your registration number is 899, the number of your one thousandth load would be 899-001000. The complete nine digit manifest number shall be unique for any five year period. (Example: If you use manifest number 899-001000 on May 31, 1981, it shall not be used on a manifest again before June 1, 1986.)

Item 14: Enter company name, address, telephone number and EPA I.D. number.

Item 15: Indicate the date and exact time the waste was removed from the generator's facility.

Item 16: Sign the manifest upon receipt of the shipment and indicate the date signed.

TSD Facility Operator:

Item 17: Provide the TSD facility name, EPA I.D. number and telephone number.

Item 18: If the quantity of waste is measured or estimated at the TSD facility (eg: weighed), indicate the quantity.

Item 19: If the waste is applied to the land (eg: surface impoundment, landfill, injection well, or land treatment area), the State hazardous waste fee must be sent to DOHS. Indicate the fee in Item 19.

Item 20: Write in any discrepancies noted between the manifest information provided by the generator or transporter and that found when the shipment was delivered to the facility. (Example: Differences in quantity or character of waste, container type, or vehicle type). Some significant discrepancies are described in 40CFR 264.72.

Item 21: Check the box(es) to indicate the method(s) used to handle or dispose of the waste at the hazardous waste facility. If the waste is treated prior to, or instead of, land disposal write in the treatment method. (Examples: neutralization, incineration, oxidation).

Item 22: If the waste is held at the TSD facility prior to eventual shipment to another facility for treatment, storage or disposal, provide the name of the designated final TSD facility and its EPA I.D. number. In such cases, you, as the interim transfer station facility, shall fill out a new master manifest indicating your facility as the generator of the waste and describing all the wastes in the shipment. Completed copies of all original manifests associated with the original waste shipments accepted by you shall be attached to the master manifests.

Item 23: Sign the manifest, provide your title within the organization and indicate the date that the shipment was accepted at your facility.

The facility operator shall send number 1 copies of the manifest (original) on a monthly basis or as otherwise required to DOHS. If wastes are received from interim storage or transfer activities, the final TSD facility shall send to DOHS copy number 1 of each master manifest with copies of all original manifests stapled to it.

Transfer facilities shall send only one set of copies to DOHS to satisfy the manifest submission requirements for generators and TSD facility operators.

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CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 139 009552

GENERATOR (GENERATOR MUST COMPLETE)

2 Name DOUGLAS AIRCRAFT Co
EPA # CAD086510005
Address 190th NORMANDIE Phone 533-7612
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 # CAT080012024
Address 900 POTRERO GRANDE Phone
City, State, Zip MONTEREY PARK, CA.

4 Alternate TSD Facility
Name BKK LANDFILL
EPA # CAD067786749
Address 2210 S AZ USA Phone
City, State, Zip W. Covina

5

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE MUD + WATER	NON	N/A	5000	GALS.
WASTE				

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

6 Waste Category 70 7 Ext. Haz. Waste Permit No. N/A 8 Generating Process PARTS CLEANING

LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS	LIST COMPONENTS:	CONCENTRATION RANGE UPPER	LOWER	UNITS
9 A. MUD	10		☒% ☐ppm.	E.			☐% ☐ppm
B. WATER	90		☒% ☐ppm.	F.			☐% ☐ppm
C.			☐% ☐ppm.	G.			☐% ☐ppm
D.			☐% ☐ppm.	Non-Hazardous Material 100 %			

10 WASTE PROPERTIES: pH 7.0 ☐ 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 t 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 Dennis Hilles Nas Eng. Sr. — Signature of Authorized Agent and Title — 5-27-83 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

15 PICK-UP DATE 5-27-83

14 TRANSPORTER NAME J. C. Incorporated
ADDRESS 3650 E. 26th Street PHONE (213) 268-3137
CITY, STATE, ZIP Vernon, CA 90023 WO 38853

EPA NO. CAD058018367 Time ☐ AM ☐ P

16 [signature] DRIVER — Signature of Authorized Agent and Title — 5-27-83 Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME
EPA NO.
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 Designated TSD Facility Name
EPA NO.

23 Signature of Authorized Agent and Title — Date Accepted

21 HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

Copy 1—WH[illegible]: TSD Facility Keeps (Send Copy to DOHS) Copy 2—YELLOW: To Transporter from [illegible]DF Copy 3—PINK: To Generator from TSDF Copy 4—GOLDENROD: Generator [illegible] (Send Copy to DO

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