Returned
signed-off
copies

tate of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
acramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

COPY

TANK 324

STATE ID NUMBER 83052361

Please print or type with ELITE type (12 characters per inch).

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DOUGLAS AIRCRAFT COMPANY
190th & NORMANDIE
TORRANCE, CA. 90502
AREA CODE/PHONE NUMBER (213) 533-7612

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD086510005

TRANSPORTER NO. 1
OIL PROCESS COMPANY
5756 ALBA STREET
LOS ANGELES, CA. 90058
(213) 585-5063

VEH./CONTAINER NO.

EPA ID NUMBER CAD050806850

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
CASMALIA
429 SAN YSIDRO ROAD
CASMALIA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER CAD020748125

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
KETTLEMEN HILLS
4344 W. GALE
COALINGA, CA.
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAT000661611 7

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP. METH
ACID LIQUID, N.O.S. CORROSIVE	NA1760	260	G	1	CT	112	

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
1. SULFURIC ACID	10		%	
2. OXALIC ACID	2		%	
3. WATER	88		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES, GOGGLES - MAY CAUSE SEVERE BURNS
RESPIRATOR

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature DOROTHY STOUT

MO. 03 DAY 10 YR. 83

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

COPY

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

FORM NO. DHS-8022A 11/82

TSDF RETAINS

BOE-C6-0215835