ate of California—Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4 P Street
cramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STEAM SLAB

83021811

STATE ID NUMBER 8

ease 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 7625

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAD086510005

TRANSPORTER NO. 1
JC Incorporated Liquid Waste Disposal
3650 E. 26th Street
Vernon, CA 90023

VEH./CONTAINER NO.

EPA ID NUMBER
CAD058[illegible]

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 S. AZUSA AVE.
WEST COVINA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER
CAD067780[illegible]

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
TRIPLE J
3650 E. 26TH ST.
VERNON, CA
AREA CODE/PHONE NUMBER

EPA ID NUMBER
CAT080033[illegible]

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.
WASTE OIL, N.O.S. COMBUSTIBLE	NA1270	5000	G	001	CT	223	[illegible]

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1. ALKALINE SOAP	5		%	
2. GREASE	2		%	
3. OIL	3		%	
4. WATER	90		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, RESPIRATOR - DO NOT GO NEAR OPEN FLAME OR INHALE FUMES.

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 [signature]

MO. 09 DAY 23 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
[illegible] #314
Printed or typed full name and signature [illegible]

DATE REC'D & ACCEPTED MO. 7 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

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.

[signature] Ashley A. Levy Ph.D. for Triple J Pacification
Printed or typed full name and signature

EPA ID NUMBER CAT080033681

DATE RECEIVED & ACCEPTED MO. 09 DAY 26 YR.

BOE-C6-0215837