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

TANK 1

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

STATE ID NUMBER 8305247

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 CAD006550000

TRANSPORTER NO. 1
A. C., INC.
3650 E. 26th ST.
VERNON, CA. 90023

VEH./CONTAINER NO. 1 1 1 P 1 5 1 2

EPA ID NUMBER CAD055601

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

VEH./CONTAINER NO.

EPA ID NUMBER CAD067790

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

EPA ID NUMBER CAT080030

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	22	11

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1. BIO-DEGRADABLE COOLANT	10		%	
2. TRAMP OIL	2		%	
3. WATER	88		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES, GOGGLES, RESPORATOR - DO NOT GO NEAR OPEN FLAME, DO NOT 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

MO. 08 DAY 23 YR. 1

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
#310
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.

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.
ASHLEY A. LEVY
Triple J Facilities
Printed or typed full name and signature

EPA ID NUMBER CAT080030

DATE RECEIVED & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

BOE-C6-0215841