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

47974

TANK 1 9 7 ANODIC SEAL

STATE ID NUMBER 83052498

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
DOUGLAS AIRCRART COMPANY
190TH & NORMANDIE
TORRANCE, CA. 90502
AREA CODE/PHONE NUMBER (213) 533 7625

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008651005

TRANSPORTER NO. 1
I.T. TRANSPORTATION
2210 "D" STREET
WILMINGTON, CA. 90744

VEH./CONTAINER NO.

EPA ID NUMBER CAD029664894

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
KETTLEMEN HILLS
4344 W. GALE
COALINGA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER CAT000646117

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
IT - HARBOR DIVISION
221 EAST "D" STREET
WILMINGTON, CA. 90744
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD029664894

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. ORM - A	NA1479		G	001	CT	135	08 14

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1. POTASSIUM DICHROMATE	1		%	
2. WATER PH4.2	99		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, MAY CAUSE IRRITATION TO SKIN AND EYES.

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. 10 DAY 31 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

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.

Printed or typed full name and signature JIM MANIRE

EPA ID NUMBER CAD029664894

DATE RECEIVED & ACCEPTED MO. 10 DAY 31 YR. 83

NO. DHS-8022A 11/82 HAULER RETAINS

BOE-C6-0215846