te of California—Health and Welfare Agency

Department of Health Services

AZARDOUS WASTE MANAGEMENT BRANCH
4 P Street
cramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

TANKS 330 - 332 - 338 - 7

STATE ID NUMBER 83052496

ase 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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: CAD086510005

TRANSPORTER NO. 1

I. T. TRANSPORTATION
2210 EAST "D" STREET
WILMINGTON, CA.90744

VEH./CONTAINER NO.

EPA ID NUMBER: CAD029664894

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

KETTLEMEN HILLS
2210 S. AZUSA AVE.
WEST COVINA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER: CAT000646117

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

I.T. - HARBOR DIVISION
221 EAST "D" STREET
WILMINGTON, CA. 90744

AREA CODE/PHONE NUMBER

EPA ID NUMBER: CAD029654894

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	4200	G	001	CT	112	08
							16

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1. CHROMIC ACID	5		%	
2. SULFURIC ACID	12		%	
3. HYDROBLOURIC ACID	1		%	
4. NITRIC ACID	1		%	
5. PHOSPHORIC ACID	5		%	
6. WATER PH 1	76		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, RESPIRATOR - MAY CAUSE SEVERE BURNS.

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 25 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 284-112AU

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

No volume on manifest, I estimate 4200 gals.
44598 Jim Manford 10/25/83

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 Manford Jim Manford

EPA ID NUMBER CAD029654894

DATE RECEIVED & ACCEPTED MO. 10 DAY 25 YR. 83

NO. DHS-8022A 11/82

HAULER RETAINS

BOE-C6-0215848