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

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

STEAM SLAB & 2-PP-11

STATE ID NUMBER 8 3036473

lease 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. 00043167
EPA ID NUMBER CAD058018367

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK LANDFILL
2210 S. Azusa Avenue
West Covina, CA

VEH./CONTAINER NO.
EPA ID NUMBER CAD067786741

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

EPA ID NUMBER CAT080033681

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	01

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 Dorothy Stout — MO. 11 DAY 18 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
CHARLES GOLIGHTLY JR Charles Golightly 42588
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO. 11 DAY 18 YR. 83

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.
ASHLEY A. LEVY
Printed or typed full name and signature

EPA ID NUMBER CAT080033681

DATE RECEIVED & ACCEPTED — MO. 11 DAY 18 YR. 83

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0215976

Instructions for Generators

Generator Name and Mailing Address

Enter your company's name and mailing address. Enter a telephone number where a knowledgeable person may be reached who can give information in response to an emergency.

Manifest Document Number

EPA ID Number

Enter your EPA ID number in the 12 spaces to the left of the verticle line. In the space to the right of this line, enter a five-digit number of your choice.

Transporter No. 1

Enter the name and EPA ID Number of the company you will use to be the first transporter.

Vehicle/Container Number

Enter identifying number of vehicle or container used to transport hazardous waste.

Transporter No. 2

If there is a second transporter, enter the name and EPA ID Number of the company. Space for additional transporters is provided on the Continuation Sheet (DHS form 8022b). If there is no second transporter, enter name and address of an alternate TSD facility.

Treatment, Storage, or Disposal Facility

Enter the name, address, telephone number, and EPA ID Number of the treatment, storage, or disposal facility to which you are sending the waste.

Proper U.S. DOT Shipping Name and Hazard Class

Enter the proper DOT shipping name for the material. Please number each entry. The U.S. DOT (Department of Transportation) regulations will help in completing this part. You can find these regulations in Title 49 of the *Code of Federal Regulations* (49 *CFR*, Part 172).

UN/NA Number

Enter the *UN* (United Nations) or *NA* (North American) number for each waste according to Title 49 *CFR* Part 172.101.

Total Quantity and Unit

Enter the amount of each waste you are shipping and the appropriate abbreviation from Table I below for either the weight or the volume of each waste you are shipping.

Table I

G=gallon	N=metric ton	K=kilogram
T=ton	P=pound	M=cubic meter
L=liter	Y=cubic yard	

Container Number and Type

Enter the number of containers for each entry and the appropriate abbreviation for the type of each container you are using from Table II below.

Table II

DT = Dump or end trucks.
DM = Metal drums, barrels, kegs.
DW = Wooden drums, barrels, kegs.
DF = Fiberboard or plastic drums, barrels, kegs.
PT = Portable tanks.
CT = Cargo tanks (highway - vac. trucks, etc).
TC = Tank car. (Rail)
CY = Cylinders.
CM = Metal boxes, cartons, cases.
CW = Wooden boxes, cartons, cases.
CF = Fiber or plastic boxes, cartons, cases.
BA = Bags made of burlap, cloth, paper, or plastic.
RO = Roll off or drop boxes.

Waste Number

Enter waste category number. Select appropriate number from Table III. Use only the first three, nonshaded spaces. Review entire table before selecting a number. Do not fill in disposal method.

Components

Enter chemical composition for each waste category. Number components using a number corresponding to the waste category entered. See example below for an illustration of this numbering method.

Special Handling Instructions

Enter any special handling instructions here. You may use this space to enter the name, address, and telephone number of any alternate treatment, storage, or disposal facility.

Certification Statement

Sign and type or print your full name. Enter the date you ship the waste (in the boxes to the Right). If continuation sheets are required, indicate the number of additional continuation sheets in the space provided.

Instructions for Transporters

Transporter 1 Certification Statement

Sign and print or type your full name acknowledging that you received the materials described by the generator on the manifest. Enter the date of receipt in the boxes to the right.

Transporter 2 Certification Statement

Sign and print or type your full name acknowledging that you received the materials described on the manifest. Enter the date of receipt in the boxes to the right.

[Note: Additional transporters are required to sign on the Continuation Sheet (DHS form 8022b) See instructions for Continuation Sheet.]

Instructions for Owners or Operators of Treatment, Storage or Disposal Facilities:

Disposal Method

Enter waste disposal number. Select appropriate number from Table IV. Use shaded spaces under Disp. Meth.

Discrepancy Indication Space

Refer to 40 *CFR* 264.72 and 265.72 for help in completing this part. In this space you must note any significant discrepancy between the waste described on the manifest and the waste you actually received. If you cannot resolve significant discrepancy within **15 days of receiving the waste, you** *must* submit a letter to your DHS Regional Administrator describing the discrepancy and your attempts to reconcile it. A copy of the manifest at issue must be enclosed with the letter.

Certification Statement

Sign and type or print your full name next to your signature. Enter the date you accept the waste in the boxes to the right.

Table III

Inorganics

111. Acid solution (pH ≤ 2) with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)
112. Acid solution without metals
113. Unspecified acid solution
121. Alkaline solution (pH ≥ 12.5) with metals (see 111.)
122. Alkaline solution without metals
123. Unspecified alkaline solution
131. Aqueous solution (2 < pH < 12.5) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
132. Aqueous solution with metals (see 111.)
133. Aqueous solution with total organic residues 10 per cent or more.
134. Aqueous solution with total organic residues less than 10 per cent.
135. Unspecified aqueous solution.
141. Off-specification, aged, or surplus inorganics
151. Asbestos containing waste
161. Fluid catalytic cracker waste
162. Other spent catalyst
171. Metal sludge (see 111.)
172. Metal dust (see 111.) and machining waste
181. Other inorganic solid waste

Organics

211. Halogenated solvents (chloroform, methyl chloride, perchloroethylene, etc.)
212. Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
213. Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)
214. Unspecified solvent mixture
221. Waste oil and mixed oil
222. Oil/water separation sludge
223. Unspecified oil-containing waste
231. Pesticide rinse water
232. Pesticides and other waste associated with pesticide production
241. Tank bottom waste
251. Still bottoms with halogenated organics
252. Other still bottom waste
261. Polychlorinated biphenyls and material containing PCBs
271. Organic monomer waste (includes unreacted resins)
272. Polymeric resin waste
281. Adhesives
291. Latex waste
311. Pharmaceutical waste
321. Wastewater treatment sludge
322. Biological waste (food processing)
331. Off-specification, aged, or surplus o[illegible]s
341. Organic liquids (nonsolvents) with ha[illegible]s
342. Organic liquids with metals (see 111.)
343. Unspecified organic liquid mixture
351. Organic solids with halogens
352. Other organic solids

Sludges

411. Alum and gypsum sludge
421. Lime sludge
431. Phosphate sludge
441. Sulfur sludge
451. Degreasing sludge
461. Paint sludge
471. Paper sludge/pulp
481. Tetraethyl lead sludge
491. Unspecified sludge waste

Miscellaneous

511. Empty pesticide containers 30 gallons or more
512. Other empty containers 30 gallons or more
513. Empty containers less than 30 gallons
521. Drilling mud
531. Chemical toilet waste
541. Photochemical/photoprocessing waste
551. Labortory waste chemicals
561. Detergent and soap
571. Fly ash, bottom ash, and retort ash
581. Gas scrubber waste
591. Baghouse waste
611. Contaminated soil

Table IV

01 Recycle (R01)
02 Injection Well (D79)
03 Landfill (D80)
04 Land Application (D81)
05 Ocean Disposal (D82)
06 Surface Impoundment (D83)
07 Incineration (T03)
08 Neutralization (T31)
09 Filtration (T47)
10 Stabilization Pond (T76)
14 Transfer Station (H01)
99 Other (D99)

TO BE FILLED IN BY THE GENERATOR

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
1 CORROSIVE SOLID, N.O.S., CORROSIVE MATERIAL	U N 1 7 5 9	0 0 1 1 2	P	0 0 1	D M	5 5 1	
2 CORROSIVE LIQUID, N.O.S., CORROSIVE MATIERAL	U N 1 7 6 0	0 0 0 0 1	G	0 0 1	D M	5 5 1	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS ppm
1.1 SODIUM HYDROXIDE	60	55	%	
2.1 CHROMIC ACID	20	15	%	
2.2 hydrofluoric ACID	13	12	%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, AVOID SKIN CONTACT

EXAMPLE

BOE-C6-0215977

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

Department of Health Services

0032
42588

UNIFORM HAZARDOUS WASTE MANIFEST

STEAM SLAB & 2-PP-11

STATE ID NUMBER 83036473

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. 00043167

EPA ID NUMBER CAD058018367

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK LANDFILL
2210 S. Azusa Avenue
West Covina, CA

VEH./CONTAINER NO.

EPA ID NUMBER CAD067786741

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

TRIPLE J
3650 E 26th Street
Vernon, CA

AREA CODE/PHONE NUMBER

EPA ID NUMBER CAT080033681

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	

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

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Printed or typed full name and signature DOROTHY STOUT Dorothy Stout

MO. 11 DAY 18 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

CHARLES GOLIGHTLY JR Charles Golightly 42588

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 11 DAY 18 YR. 83

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

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.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

Printed or typed full name and signature

GENERATOR RETAINS

BOE-C6-0215978

Instructions for Generators

Generator Name and Mailing Address

Enter your company's name and mailing address. Enter a telephone number where a knowledgeable person may be reached who can give information in response to an emergency.

Manifest Document Number

EPA ID Number

Enter your EPA ID number in the 12 spaces to the left of the verticle line. In the space to the right of this line, enter a five-digit number of your choice.

Transporter No. 1

Enter the name and EPA ID Number of the company you will use to be the first transporter.

Vehicle/Container Number

Enter identifying number of vehicle or container used to transport hazardous waste.

Transporter No. 2

If there is a second transporter, enter the name and EPA ID Number of the company. Space for additional transporters is provided on the Continuation Sheet (DHS form 8022b). If there is no second transporter, enter name and address of an alternate TSD facility.

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UN/NA Number

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Total Quantity and Unit

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Waste Number

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[Note.—Additional transporters are required to sign on the Continuation Sheet (DHS form 8022b) See instructions for Continuation Sheet.]

Instructions for Owners or Operators of Treatment, Storage or Disposal Facilities:

Disposal Method

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Discrepancy Indication Space

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Miscellaneous

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513. Empty containers less than 30 gallons
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591. Baghouse waste
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Table IV

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02 Injection Well (D79)
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14 Transfer Station (H01)
99 Other (D99)

TO BE FILLED IN BY THE GENERATOR

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
1 CORROSIVE SOLID, N.O.S., CORROSIVE MATERIAL	U N 1 7 5 9	0 0 1 1 2	P	0 0 1	D M	5 5 1	
2 CORROSIVE LIQUID, N.O.S., CORROSIVE MATIERAL	U N 1 7 6 0	0 0 0 0 1	G	0 0 1	D M	5 5 1	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS ppm
1.1 SODIUM HYDROXIDE	60	55	%	
2.1 CHROMIC ACID	20	15	%	
2.2 hydrofluoric ACID	13	12	%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, AVOID SKIN CONTACT

EXAMPLE