State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

TANKS 27 AND 52

STATE ID NUMBER 8 3013913

Please 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 7612

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: CAD086510005

TRANSPORTER NO. 1
IT TRANSPORTATION
2210 EAST "D" STREET
WILMINGTON, CA. 90744

VEH./CONTAINER NO.: 42646 / 42658

EPA ID NUMBER: CAD029664894

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK
1700 MAXWELL ROAD
CHULA VISTA, CA.

VEH./CONTAINER NO.:

EPA ID NUMBER: CAT080010101

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA
539 SAN YSIDRO ROAD
SANTA BARBARA, CA. 93108
AREA CODE/PHONE NUMBER (805) 937 8449

EPA ID NUMBER: CAD020748125

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	11300	G	001	CT	112	018

COMPONENTS	CONC. RANGE UPPER	LOWER	UNITS %	PPM
1. NITRIC ACID	22.95		%	
2. HYDROFLOURIC ACID	2.51		%	
3. FORMIC	2.17		%	
4. HEXAVALENT CHROME	1.08		%	
5. METALLIC ZINC	1.08		%	
6. WATER	70.21		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES - MAY CAUSE SEVERE IRRITATION TO SKIN AND EYES.
RESPIRATOR - MAY CAUSE SEVERE BURNS 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 *Dorothy Stout* — MO. 01 DAY 27 YR. 84

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

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Scott W. Reynolds 281-912AV
Driver 171-118AV
Printed or typed full name and signature — DATE REC'D & ACCEPTED MO. 01 DAY 27 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature 08/P — 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.
Casmalia Resources #16011- 12,360 lbs.
Alice Griest *Alice Griest*
Printed or typed full name and signature

EPA ID NUMBER: CAD020748125

DATE RECEIVED & ACCEPTED: MO. 01 DAY 27 YR. 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

BOE-C6-0216265