State of California- Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
4P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

TANK 6703

43785

STATE ID NUMBER 83013920

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 CAD086511005

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

VEH./CONTAINER NO. 0004311159

EPA ID NUMBER CAD015801836 7

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK
1700 MAXWELL ROAD
CHULA VISTA, CA. 92011
(619) 421-1175

VEH./CONTAINER NO.

EPA ID NUMBER CAT080011011

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA RESOURCES
559 SAN YSIDRO ROAD
SANTA BARBARA, CA. 93108
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD027481125

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 ACID LIQUID, N.O.S. CORROSIVE	NA1760	2200	G	001	CT	112	98

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
1. SULFURIC ACID	14.0		%	
2. SODIUM DICHROMATE	3.5		%	
3. WATER	82.5		%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES, 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 28 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
STEIN CEDENO Stein Cedeno 43785
Printed or typed full name and signature
DATE REC'D & ACCEPTED — MO. 01 DAY 28 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 #16150-23,480 lbs.
Alice Griest Alice Griest
Printed or typed full name and signature

EPA ID NUMBER CAD027481125

DATE RECEIVED & ACCEPTED — MO. 01 DAY 31 YR. 84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

BOE-C6-0216266