e of California—Health and Welfare Agency
ZARDOUS WASTE MANAGEMENT BRANCH
P Street
amento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

se print or type with ELITE type (12 characters per inch). TK 181 & 349

STATE ID NUMBER 83014730

GENERATOR NAME AND MAILING ADDRESS
DOUGLAS AIRCRAFT COMPANY
190th & S. Normandie Ave.
Torrance, CA. 90502
AREA CODE/PHONE NUMBER 213-533-6677

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD086510005

TRANSPORTER NO. 1
J.C. LIQUID WASTE DISPOSAL INC.
3650 EAST 26TH STREET
VERNON, CALIFORNIA 90023
(213) 268-3137

VEH./CONTAINER NO.
000413161

EPA ID NUMBER
CAD058018367

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK Landfill
1700 Maxwell Road
Chula Vista, CA. 92011

VEH./CONTAINER NO.

EPA ID NUMBER
CAT080010101

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA
859 San Ysidro Road
Santa Barbara, CA 93108
AREA CODE/PHONE NUMBER

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
WASTE Chromic Acid Solution Corrosive	UN1755	01400	G	001	CT	111	D
WASTE							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Chromic Acid	12.6		%	
Nitric Acid	10.7		%	
Hydrofluric Acid	2		%	
Water	74		%	
Titanium Metlas	1		%	

SPECIAL HANDLING INSTRUCTIONS
POTENTIAL HAZARDS GUIDE NUMBER: 60 USE GLOVES, GOGGLES, RESPIATOR
MAY CAUSE SEVERE BURNS TO SKIN & 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.
sb
Printed or typed full name and signature D. Gerber Donald Gerber
MO. 04 DAY 03 YR. 84

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
FRED BERTSCH Fred Bertsch w/o# 44843
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 04 DAY 03 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.

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 #18812-16,140114
Alice Griest Alice Griest
Printed or typed full name and signature
EPA ID NUMBER CAD020748125
DATE RECEIVED & ACCEPTED MO. 04 DAY 04 YR. 84

TSDF SENDS THIS COPY TO DOUS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR
TO BE FILLED IN BY TRANSPORTER
TO BE FILLED IN BY TSDF

BOE-C6-0216412