HAZARDOUS WASTE MANAGEMENT BRANCH
44 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

FANK 19

GENERATOR COPY
Return to Generator

STATE ID NUMBER 8 3010565

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS	MANIFEST DOCUMENT NUMBER
DOUGLAS AIRCRAFT CO INC 19 TH & NORMANDIE TORRANCE, CA 90502 (213) 533-6677	EPA ID NUMBER
AREA CODE/PHONE NUMBER	

TRANSPORTER NO. 1	VEH./CONTAINER NO.	EPA ID NUMBER
J.C. LIQUID WASTE DISPOSAL INC 3650 E. 26th ST VERNON, CA 90023 (213) [illegible]		CAD [illegible]

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	VEH./CONTAINER NO.	EPA ID NUMBER
CASMALIA P.O. BOX E NTU RD CALIA, CA 93129		[illegible]

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY	EPA ID NUMBER
[illegible] [illegible] VISTA, CA	[illegible]
AREA CODE/PHONE NUMBER	

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 NOS CORROSIVE	NA 1760	[illegible]	G	[illegible]	[illegible]	[illegible]	[illegible]

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
NITRIC ACID	10		[illegible]	
SULFURIC ACID	10.5		[illegible]	
CHROMIC ACID	5.0		[illegible]	
HYDROFLOURIC ACID	1.5		[illegible]	
WATER	72.8		%	

SPECIAL HANDLING INSTRUCTIONS

DOT GUIDE # 60
USE GLOVES, GOGGLES, RESPIRATOR - 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.

Printed or typed full name and signature: Anthony F Romano — Fil # 3-3012 — ANTHONY F ROMANO

MO.	DAY	YR.
[illegible]	[illegible]	[illegible]

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

TO BE FILLED IN BY GENERATOR

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: Harold Buehler [signature] — WO# 45060 — 309 T

DATE REC'D & ACCEPTED	MO.	DAY	YR.
	[illegible]		

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature: 02/P

DATE REC'D & ACCEPTED	MO.	DAY	YR.

TO BE FILLED IN BY TRANSPORTER

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

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: Casmalia Resources, Alice Griest — 22012-38020 lbs. — 8 - 4

EPA ID NUMBER	DATE RECEIVED & ACCEPTED MO.	DAY	YR.
[illegible]	[illegible]	[illegible]	[illegible]

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0216636