State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
1444 P Street
Sacramento, CA 95814 400 PM

UNIFORM HAZARDOUS WASTE MANIFEST

PAINT BOOTHS & PAINT SLUDGE TANK

STATE ID NUMBER 83021644

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

TO BE FILLED IN BY GENERATOR

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

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER CAD008651005

TRANSPORTER NO. 1
JC Incorporated Liquid Waste Disposal
3650 E. 26th Street
Vernon, CA 90023

VEH./CONTAINER NO. 004318 / 004445

EPA ID NUMBER CAD058018361

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

VEH./CONTAINER NO.

EPA ID NUMBER CAD067736740

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA
PO Box E. NTU Road
Casmalia, CA
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD020743126

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 Compound enamel flammable liquid	UN1263	05000	G	001	CT	461	06

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Water	88	0	%	
Paint Sludge	10	0	%	
Methylene Chloride	02	0	%	

SPECIAL HANDLING INSTRUCTIONS
Potential Hazards guide Number: 26
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 Donald C. Gerber Donald C. Gerber sb MO. 05 DAY 04 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 45111
Printed or typed full name and signature DATE REC'D & ACCEPTED MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature 06/C 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 218610 28530 lbs
V.M. KINKADE V.M. Kinkade
Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

BOE-C6-0216639