ZARDOUS WASTE MANAGEMENT BRANCH
P Street
ramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
Return to Generator

se print or type with ELITE type (12 characters per inch). TANK 206-207-212

STATE ID NUMBER 83019919

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

DOUGLAS AIRCRAFT CO.
190th & S. Normandie Ave.
Torrance, CA 90503

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1 213-533-6077

J.C. INCORPORATED LIQUID WASTE DISPOSAL
3650 East 26th Street
Vernon, California 90023
(213) 268-3137

VEH./CONTAINER NO. 55

EPA ID NUMBER CAD058018367

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

DKK Landfill
2210 S. Azusa Ave.
West Covina, CA

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA
70 Box A, NTU Road
Casmalia, CA

AREA CODE/PHONE NUMBER

EPA ID 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- Sodium Hydroxide Solution corrosive	UN1824	-1000	G	001	CT	121	08

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Sodium Hydroxide	0	0	%	
Sodium Aluminate	0	0	%	
Sulfur	0	0	%	
Water	20	0	%	

SPECIAL HANDLING INSTRUCTIONS

Potential Hazards Guide NO: 60
Use gloves, goggles - 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 Donald C. Garber [signature] zb

MO. 06 DAY 05 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

RC Gage

Printed or typed full name and signature [signature]

DATE REC'D & ACCEPTED MO. 06 DAY 05 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

08/14

Printed or typed full name and signature

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 21855- 7,5 TO 105.
V.M.KINKADE
Printed or typed full name and signature V.M. Kinkade

EPA ID NUMBER CAD020748125

DATE RECEIVED & ACCEPTED MO. 06 DAY 06 YR. 84

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0216640