State of California
HAZARDOUS WASTE MANAGEMENT BRANCH
4 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

GENERATOR COPY

Return to Generator

TANK 206-207-212

STATE ID NUMBER 83019918

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

GENERATOR NAME AND MAILING ADDRESS	MANIFEST DOCUMENT NUMBER / EPA ID NUMBER
DOUGLAS AIRCRAFT CO. 190th & S. Normandie Ave. Torrance, CA. 90502 AREA CODE/PHONE NUMBER 213-533-6677	CAD086510005

TRANSPORTER NO. 1	VEH./CONTAINER NO.	EPA ID NUMBER
J.C. INCORPORATED LIQUID WASTE DISPOSAL 3650 East 26th Street Vernon, California 90023 (213) 268-3137	43159	CAD058018367

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	VEH./CONTAINER NO.	EPA ID NUMBER
BKK Landfill 2210 S. Azusa Ave. West Covina, CA		CAD067788744

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY	EPA ID NUMBER
CASMALIA PO Box [illegible], HWY Road Casmalia, CA AREA CODE/PHONE 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- Sodium Hydroxide Solution corrosive	UN1824	04500	G	001	CT	121	08

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Sodium Hydroxide	8	0	%	
Sodium Aluminate	6	0	%	
Sulfur	6	0	%	
Water	80	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. Gerber [signature] sb — 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

Sam T. Romero — Printed or typed full name and signature [signature] 45510 — DATE REC'D & ACCEPTED MO. 06 DAY 05 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature 08/14 — 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 21856- 38,720 lbs.
V.M. KINKADE
Printed or typed full name and signature [signature] — EPA ID NUMBER CAD027488125 — DATE RECEIVED & ACCEPTED MO. 06 DAY 06 YR. 84

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0216643