:ARDOUS WASTE MANAGEMENT BRANCH
P Street
amento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

GENERATOR COPY

PAINT DOCK

Return to Generator

STATE ID NUMBER 83021645

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

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

DOUGLAS AIRCRAFT CO.
[illegible] & S. Normandie Ave
Torrance, CA 90502
AREA CODE/PHONE NUMBER [illegible]

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

JC Incorporated Liquid Waste Disposal
3650 E. 26th Street
Vernon, CA 90023

VEH./CONTAINER NO.

EPA ID NUMBER CAD 0 15 8 0 1 8 3 6 7

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

[illegible]
[illegible]
[illegible], CA

VEH./CONTAINER NO.

EPA ID NUMBER [illegible]

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

[illegible]
[illegible]
[illegible]
AREA CODE/PHONE NUMBER

EPA ID NUMBER [illegible]

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 unspecified/flammable liquid	U 0 1 2 6 3	0 6 0 0 0	G	0 0 1	C 7	[illegible]	[illegible]

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 [signature] MO. 06 DAY 27 YR. 84

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

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature [illegible] DATE REC'D & ACCEPTED MO. 06 DAY 27 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature DATE REC'D & ACCEPTED MO. DAY YR.

IN BY TSDF

DISCREPANCY INDICATION SPACE

04/C

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. 2,972/- 30,560 lbs.

Casmalia Resources
Alice Criest
Printed or typed full name and signature

EPA ID NUMBER CAD 0 8 0 7 4 8 2 6

DATE RECEIVED & ACCEPTED MO. 06 DAY 28 YR. 84

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0216662