ZARDOUS WASTE MANAGEMENT BRANCH
P Street
ramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

GENERATOR COPY

TANK #20 Return to Generator

STATE ID NUMBER 83019920

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 [illegible]

AREA CODE/PHONE NUMBER [illegible]

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

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

VEH./CONTAINER NO. 0[illegible]

EPA ID NUMBER CAD058013667

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

[illegible]
[illegible] Road
Chula Vista, CA [illegible]

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

[illegible]
[illegible] Road
[illegible]

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	UN1024	04500	G	001	CT	121	

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Sodium Hydroxide	8	0	[illegible]	
Sodium Aluminate	6	0	[illegible]	
Sulfur	6	0	[illegible]	
Water	[illegible]	0	[illegible]	

SPECIAL HANDLING INSTRUCTIONS

Potential Hazards Guide #50

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. Barber [signature] st

MO. 06 DAY 27 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

Tony Pario [signature]

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. 06 DAY 2[illegible] YR. 8[illegible]

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE

06/14

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
Alice Griest [signature]

Printed or typed full name and signature

EPA ID NUMBER CAD020748125

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

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0216664