MANAGEMENT BRANCH

CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

GENERATOR'S COPY

Return to Generator

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

STATE ID NUMBER 83029305

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

DOUGLAS AIRCRAFT COMPANY
190th & Normandie Ave.
Torrance, CA 90502 (213) 533-6677

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER: CAD086610005

TRANSPORTER NO. 1

J.C. LIQUID WASTE DISPOSAL INC.
2650 EAST 26TH STREET
VERNON, CALIFORNIA 90023
(213) 588-2133

VEH./CONTAINER NO.: 1 1/5 1/5 1/5

EPA ID NUMBER: CAD050018207

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK
1700 Maxwell Road
Chula Vista, CA 92011

VEH./CONTAINER NO.: —

EPA ID NUMBER: CAT080010101

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA
P. O. BOX E, NTU Road
Casmalia, CA

AREA CODE/PHONE NUMBER

EPA ID NUMBER: CAD020743125

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	1/5100	G	001	CT	121	1
WASTE							

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 NUMBER: #60

Use gloves, goggles - May cause severe burns to skin and 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

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

Printed or typed full name and signature: William W. Spence

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.

TO BE FILLED IN BY TSD

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
Alice Orlest

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR.

BOE-C6-0216666