of California—Health and Welfare Agency

C SUBSTANCES CONTROL DIVISION
44 P Street
mento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

TANK #193

STATE ID NUMBER 83670117

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

ENERATOR NAME AND MAILING ADDRESS
DOUGLAS AIRCRAFT CO.
190th & Normandie Avenue
Torrance, CA 90502 (213) 533-6677
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD086510005

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
J.C. LIQUID WASTE DISPOSAL INC.
3650 EAST 26TH STREET
VERNON, CALIFORNIA 90023
(213) 268-3137 DOT E 7884

V.EH./CONTAINER NO.
00043157

EPA ID NUMBER
CAD058018367

TRANSPORTER NO 2/ALTERNATE TSD FACILITY
BKK
1700 Maxwell Road
Chula Vista, CA 92011
AREA CODE/PHONE NUMBER

V.EH./CONTAINER NO.

EPA ID NUMBER
CAT080010101

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA
P.O. BOX E. NTU Road
Casmalia, CA 93429
AREA CODE/PHONE NUMBER

EPA ID 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 Acid liquid n.o.s. corrosive	NHR 1760	04000	G	001	CT	111	08
WASTE							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Nitric Acid	9.0	0	%	
Chromic Acid	5.0	0	%	
Hydrofloric Acid	1.5	0	%	
Water	84.5	0	%	

SPECIAL HANDLING INSTRUCTIONS POTENTIAL HAZARDS GUIDE NUMBER: 60 PERMIT: 3-4519

Use gloves, goggles respirator - 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 [signature] clt MO. 09 DAY 27 YR 84

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
HAROLD BUCHLER [signature] 307T-1 47192
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 09 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

CREPANCY 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 29093 - 31,000 lbs
Alice Griest [signature]
Printed or typed full name and signature

EPA ID NUMBER CAD020748125

DATE RECEIVED & ACCEPTED MO. 09 DAY 27 YR 84

BOE-C6-0216916