OXIC SUBSTANCES CONTROL DIVISION
4-744 P Stre
cramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
FORM NO. DHS-8022A 3-84

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

2-PP-11 STEAM SLAB STATE ID NUMBER 83670134

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

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

VEH./CONTAINER NO. 00093167
EPA ID NUMBER CAD058018367

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
CASMALIA
P.O. BOX E. NTU Road
Casmalia, CA 92429
AREA CODE/PHONE NUMBER

V.EH./CONTAINER NO.
EPA ID NUMBER CAD020748125

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
TRIPLE J
8630 E. 26th Street
Vernon, CA
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAT080033681

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 oil N.O.S. liquid combustible	NA1270	0000	6	001	CT	221	06
WASTE							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Alkaline Soap	5		%	
Grease	2		%	
Oil	3		%	
Water	90		%	

POTENTIAL HAZARDS GUIDE NUMBER: 27

SPECIAL HANDLING INSTRUCTIONS
Gloves, googles, 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] clt MO. 09 DAY 28 YR. 84

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

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Charles Coughlin Jr. Clerk - Light W/O 47225
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 09 DAY 28 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE
NOT TREATABLE 9/28/84 [signature]

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. 27367-3.6600 lbs.
Casmalia [illegible]

EPA ID NUMBER
DATE RECEIVED & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY GENERATOR
BY TRANSPORTER
IN BY TSDF

BOE-C6-0216931