State of California—Health and Welfare Agency

CHROME DESTRUCT SYSTEM

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

GENERATOR COPY

Return To Generator

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's ID EPA ID No. [illegible] 0 0 0 5 Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
DOUGLAS AIRCRAFT COMPANY
190th & Normandie Avenue
Torrance, CA 90502

4. Generator's Phone ( ) (213) 533-6677

A. State Manifest Document Number: 84351281

B. State Generator's ID:

5. Transporter 1 Company Name: J. C. Liquid Waste Disposal

6. US EPA ID Number: C A D 0 5 8 0 1 8 3 6

C. State Transporter's ID: 55658

D. Transporter's Phone: (213) 268-3137

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CASMALIA
P.O. BOX E. NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 4

G. State Facility's ID: CAD020748125

H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste alkaline liquid N.O.S. corrosive NA 1719	0 0 1	T T	0 4 5 0 0	G	1 2 3
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

Solid	9.0%	Magnesium Hydroxide	2.0%
Water	91.0%	Silicon Oxide	2.0%
*Chromic Hydroxide	25.0%	Calcium Hydroxide	7.0%
Aluminum Hydroxide	5.0%		

K. Handling Codes for Wastes Listed Above: 08/14

15. Special Handling Instructions and Additional Information Guide No. 60

Gloves, goggles, - Mayucause severe irritation to skin and eyes.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: Donald C. Gerber [signature] clt — Signature: [signature] — Date: Month 02 Day 25 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tony Cairo — Signature: [signature] w/o 52168 — Date: Month 02 Day 25 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: RALPH TANNER — Signature: Ralph Tanner — Date: Month Day Year

19. Discrepancy Indication Space

SCANNED

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 414 20-27,380105,

Printed/Typed Name: Casmalia Resources — Signature: Ellen Baute — Date: Month 02 Day 26 Year 85

Wo# 52168

DHS 8022 A (7/84)
(EPA 8700-22)

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89541

BOE-C6-0217538

State of California—Health and Welfare Agency

CHROME DESTRUCT SYSTEM

0144

Department of Health Services
Toxic Substances Control Division
Sacramento, California

57624

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UNIFORM HAZARDOUS WASTE MANIFEST

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2. Page 1 of 1

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190th & Normandie Avenue
Torrance, CA 90502

4. Generator's Phone ( ) (213) 533-6677

A. State Manifest Document Number 84351281

B. State Generator's ID

5. Transporter 1 Company Name: J. C. Liquid Waste Disposal

6. US EPA ID Number: C A D 0 5 8 0 1 8 3 6

C. State Transporter's ID 35653

D. Transporter's Phone (213) 266-3137

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CASMALIA
P.O. BOX E. NTU Road
Casmalia, CA 93429

10. US EPA ID Number: C A D 0 2 0 7 4 8 1 2 4

G. State Facility's ID

H. Facility's Phone

GENERATOR

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Printed/Typed Name: Donald C. Gerber clt | Signature | Date Month Day Year: 02 25 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tony Cruz | Signature | Date Month Day Year: 02 25 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

19. Discrepancy Indication Space

SCANNED

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Date Month Day Year

DHS 8022 A (7/84)
(EPA 8700-22)

Yellow: GENERATOR RETAINS

84 89541

BOE-C6-0217539