State of California—Health and Welfare Agency

2-PP-11 STEAM SLAB

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST

GENERATOR COPY

1. Generator's US EPA ID No.: CAD086510005
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 CO.
190th & Normandie Ave.
Torrance, CA. 90702

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

A. State Manifest Document Number: 84351324
B. State Generator's ID:

5. Transporter 1 Company Name: J. C. Liquid Waste Disposal
6. US EPA ID Number: CAD058018367
C. State Transporter's ID: 55686
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: CAD020748125
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. Hazardous Waste Liquid NOS ORM-E NA9189	001	TT	04500	G	221
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Alkaline Soap 5%
Grease 2%
Oil 3%
Water 90%

K. Handling Codes for Wastes Listed Above: 06/C

15. Special Handling Instructions and Additional Information
#31
Use gloves, goggles, respirator - Do not go near open flames or inhale fumes

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 sb
Signature: [signature]
Date: Month 03 Day 29 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: SAM T ROMERO w/o 53259
Signature: Sam T. Romero 53259
Date: Month 03 Day 29 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: CHARLES GOLIGHTY JR
Signature: [signature]
Date: Month 03 Day 29 Year 85

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 44654-27580165
Printed/Typed Name: Casmalia Rosaucs Carl Johnston
Signature: [signature]
Date: Month 03 Day 29 Year 85

WO# 53259

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

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89541

BOE-C6-0217627

0155

State of California—Health and Welfare Agency

2-PP-11 STEAM SLAB

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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21721-51740

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

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

A. State Manifest Document Number: 84351324
B. State Generator's ID:

5. Transporter 1 Company Name: J. C. Liquid Waste Disposal
6. US EPA ID Number: CAD058018367
C. State Transporter's ID: 55486
D. Transporter's Phone: 213 264 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: CAD020748125
G. State Facility's ID:
H. Facility's Phone:

GENERATOR

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.
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Printed/Typed Name: Donald C. Gerber sb
Signature: Donald C. Gerber
Date: Month 03 Day 29 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Sam T. Romero w/o 53259
Signature: Sam T. Romero 53259
Date: Month 03 Day 29 Year 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-C6-0217628