State of California—Health and Welfare Agency

TANK #1

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

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 90502

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

A. State Manifest Document Number: 84924090

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: 55066

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
Triple J
3650 E. 26th St.
Vernon, CA

10. US EPA ID Number: CAT080033368

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.
a. Hazardous Waste Liquid NOS ORM-E NA9189	001	TT	05000	G	221
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Bio-Degradable Coolant 10%
Tramp Oil 2%
Water 88%

K. Handling Codes for Wastes Listed Above: 01

15. Special Handling Instructions and Additional Information
Guide #31
Use gloves, goggles, respirator - Do not go near open flame or inhale fumes.
If load is rejected at Triple J deliver to 2nd alternate TSD Casmalia
P.O. Box E NTU Reed Casmalia, CA. CAD020748125

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: Donald C. Gerber — Date (Month Day Year): 09 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: C. RODRIGUEZ WO# 55066 — Signature: C. Rodriguez — Date (Month Day Year): 09 17 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

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.

Printed/Typed Name: Keith C. Fuller for Triple J — Signature: Keith C. Fuller — Date (Month Day Year): 09 17 85

84924090

DHS 8022 A (11/84)
(EPA 8700-22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89641

WO# 55066

BOE-C6-0217964

State of California—Health and Welfare Agency

TANK #1

21721-
56194

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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190th & Normandie Ave
Torrance, CA 90502

A. State Manifest Document Number 84924090

B. State Generator's ID

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

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

6. US EPA ID Number: CAD058018367

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID 213-268-3137

F. Transporter's Phone

9. Designated Facility Name and Site Address
Triple J
3650 E. 26th St.
Vernon, CA

10. US EPA ID Number: CAT080033 68

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 — Date (Month Day Year): 09 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: C. RODRIGUEZ WC# 55066 — Signature — Date (Month Day Year): 09 16 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

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.

Printed/Typed Name — Signature — Date (Month Day Year)

84924090

DHS 8022 A (11/84)
(EPA 8700-22)

YELLOW: GENERATOR RETAINS

84 89641

BOE-C6-0217965