State of California—Health and Welfare Agency

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

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: 84924099
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: 55675
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: CAT080003368

G. State Facility's ID:
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.	9-30-85				
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: 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 second alternate TSD CASMALIA
P.O. Box E NTU Road, 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. 093085

Printed/Typed Name: Donald C. Gerber sb — Signature: Donald C. Gerber — Date: Month 09 Day 30 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Juliet Carrasco W/O #55200 #320 — Signature: [signature] — Date: Month 09 Day 30 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

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 10 Day 01 Year 85

84924099

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

YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Wo # 55200

84 89641

BOE-C6-0217976

State of California—Health and Welfare Agency

STEAM SLAB 21721-56197

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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190th & Normandie Ave.
Torrance, CA 90502

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

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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: 55675

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

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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b.					
c.					
d.					

9-30-85

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Water 90%

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P.O. Box E NTU Road, Casmalia, CA CAD020748125

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Printed/Typed Name: Donald C. Gerber sb | Signature: [signature] | Date: Month 09 Day 30 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Julian Carrasco | Signature: [signature] | Date: Month 09 Day 30 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year

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

GENERATOR

TRANSPORTER

FACILITY

84924099

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

YELLOW GENERATOR RETAINS

84 89641

BOE-C6-0217977