State of California—Health and Welfare Agency

2-PP-11 STEAM SLAB 85-818

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. CAD008651005 — 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 ( 213-833-6677

A. State Manifest Document Number: 84924154
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: 63242
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID: 213-868-3137
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Triple J
3650 E. 26th St.
Vernon, CA
10. US EPA ID Number: 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. |
|---|---|---|---|---|---|
| a. Hazardous waste liquid NOS ORM-E NA9189 | 001 | TT | 05000 | 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: 01

15. Special Handling Instructions and Additional Information
Guide #31
Use gloves, goggles, respirator - Do not go near open flames or inhale fumes.
If rejected at Triple J deliver to 2nd alternate TSDF 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.

Printed/Typed Name: Donald C. Gerber sb — Signature: [signature] — Date (Month Day Year): 11 15 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Sam T Romero 55587 — Signature: Sam T Romero 55587 — Date (Month Day Year): 11 15 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: ANNELINE STERBERG FOR TRIPLE J — Signature: [signature] — Date (Month Day Year): 11 15 85

GENERATOR — TRANSPORTER — FACILITY

84924154

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

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

WO# 55587

84 89641

BOE-C6-0218078

C6-700-85-JCI-0205
21721-54956

State of California—Health and Welfare Agency

2-PP-11 STEAM SLAB

Department of Health Services
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190th & Normandie Ave.
Torrance, CA 90502

A. State Manifest Document Number: 84924154
B. State Generator's ID:

4. Generator's Phone ( ) 213-833-6677

5. Transporter 1 Company Name: J. C. Liquid Waste Disposal
6. US EPA ID Number: CAD058018367
C. State Transporter's ID: 63-[illegible]
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID: 213-863-3137
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Triple J
3650 E. 26th St.
Vernon, CA
10. US EPA ID Number: CAT080033568
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. | | | | | |
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Oil 3%
Water 90%

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Printed/Typed Name: Donald C. Gerber sb
Signature: [signature]
Date (Month Day Year): 11 15 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Sam T. Romero 55500
Signature: [signature] 55500
Date (Month Day Year): [illegible]

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):

84924154

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

YELLOW: GENERATOR RETAINS

84 89641

BOE-C6-0218079