IT CORPORATION - ENVIRONMENTAL, VINE HILL FACILITY

INCOMPLETE AND / OR DISCREPANCY MANIFEST REPORT FORM

GENERATOR'S NAME: Douglas Aircraft

TRANSPORTER'S NAME: IT TRANS

MANIFEST NO.: 86234277

DATE: 12-16-86

State of California—Health and Welfare Agency
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.
2. Page 1 of | Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address
4. Generator's Phone ( )
5. Transporter 1 Company Name | 6. US EPA ID Number
7. Transporter 2 Company Name | 8. US EPA ID Number
9. Designated Facility Name and Site Address | 10. US EPA ID Number

A. State Manifest Document Number: 86499376
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
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.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above
15. Special Handling Instructions and Additional Information

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 government regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.
Printed/Typed Name | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

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

GENERATOR
TRANSPORTER
FACILITY

86 499376

DHS 8022 A (11/85)
(EPA 8700—22)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento CA 95812

IDENTIFY SPECIFIC INCOMPLETION AND /OR DISCREPANCY:

EH Permit #3-8517 Didn't say on Manifest, Permit on File per Don Gerber Gen

NAME & TITLE OF GENERATOR COMPANY'S AUTHORIZED AGENT GRANTING APPROVAL:

DATE AND TIME CONTACT MADE: 12-15-86

NAME OR TRANSPORTING COMPANY'S DISPATCHER- IF USED:

SIGNATURE OF PERSON RESOLVING INCOMPLETENESS DISCREPANCY: JGK