State of California—Health and Welfare Agency

Tank # 6701 & rinse

S.O.# 2022234

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. 010101010

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
190th & Normandie
Torrance, CA 90502

4. Generator's Phone (53396677

A. State Manifest Document Number 86234365

B. State Generator's ID HA-HQ-36-005698
CAD085510005

5. Transporter 1 Company Name: I. T. Transportation

6. US EPA ID Number: CAD029654894

C. State Transporter's ID 700014

D. Transporter's Phone 213 380-1781

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
IT CORP
896 Waterbird Way
Martinea, CA 94553

10. US EPA ID Number: CAD000094771

G. State Facility's ID CAD000094771

H. Facility's Phone 415/228-5100

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	04500	G	123
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Soddum Borate, Sodium Sulfate ---------- 5.9%
Sodium Phosphate Sodium Synthetic Detergent ----- 0.7%
Sodium Carbonate Chrome ---------- 200ppm
Sodium Silicate Water ---------- 93.4%

K. Handling Codes for Wastes Listed Above: D6

15. Special Handling Instructions and Additional Information
Guide #31 Profile
May cause irritation to skin & eyes

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: Donald C. Gerber sb — Signature: Donald C. Gerber — Month Day Year 04 22 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS HORSLEY — Signature: Thomas Horsley — Month Day Year 04 22 87

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

FACIL

19. Discrepancy Indication Space
NO RCRA #
4/22/87 245 pm per Don Gerber item 13 should be 3528 + RCRA # D002

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Karen Hoffmann — Signature: Karen Hoffmann — Month Day Year 04 22 87

86234365

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

State of California—Health and Welfare Agency
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Tank # 6701 & rinse

S.O. # 2022034 C6-20087-IT-0069 21722-71816

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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C. State Transporter's ID 709014
D. Transporter's Phone 213 380-1781

5. Transporter 1 Company Name: I. T. Transportation
6. US EPA ID Number: CAD029548944
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
IT CORP
896 Waterbird Way
Martinea, CA 94553
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Printed/Typed Name: THOMAS HORSLEY — Signature: Thomas Horsley — Month Day Year: 04 22 87

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

86234365

DHS 8022 A (11/85)
(EPA 8700—22)

YELLOW GENERATOR RETAINS

BOE-C6-0218927