SAMPLE MANIFEST #1

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised January 1975

D

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ABC CO. Code No.

Pick up Address: XYZ ST. Los Angeles (Number) (Street) (City)

Telephone Number: (714) [illegible]-4321 P.O. or Contract No.:

Order Placed By: Date: 12-1-75

Type of Process which Produced Wastes: Mud water Code No.

(Examples: metal plating, equipment cleaning, oil drilling .... wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

Other (Specify) Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.			☐	☐
2.			☐	☐
3.			☐	☐
4. Nonc			☐	☐
5.			☐	☐
6.			☐	☐

E

Hazardous Properties of Waste:

☐ [illegible] ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

F

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): OTT'S VACUUM TRUCK SERVICE Code No.

Business Address: 1401 N. JEFFERSON ST. - ANAHEIM 92807 (Number) (Street) (City)

Telephone Number: (714) 996-1320 Pick Up: 12-1-75 (Date) Time: 1:30 ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 39

Job No.: No. of Loads or Trips: 1 Unit No.: 58

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

G

R Pitt

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES Code No.

Site Address: 2425 S. Garfield Ave-Monterey Park, CA

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation) Code No.

H

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 12-1-75

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

A

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

OTT'S VACUUM TRUCK SERVICE

1401 N. JEFFERSON STREET
ANAHEIM, CALIFORNIA 92807
(714) 529-2033 or (714) 996-1320

Z311800

C

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300

B 01715

SAMPLE MANIFEST

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

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CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

B

① MANIFEST NUMBER 099 № 006015

GENERATOR (GENERATOR MUST COMPLETE

③ NAME XYZ CO.
EPA NO. 1 2 3 4 5 6 7 8 9
ADDRESS ABC ST
CITY, STATE, ZIP CODE GARDENA, CA
PHONE NO. (714) 123-4567
ORDER PLACED BY
P.O. CONTRACT NO.
ORDER DATE 4-30-82

② DESIGNATED TSD FACILITY
NAME PUENTE HILLS #6
EPA NO. EXEMPT
ADDRESS 2800 Workman Mill Road
CITY, STATE, ZIP CODE Whittier CA. 90609
PHONE NO.

④ ALTERNATE TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME OPERATION IND
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE MONTEREY PARK
PHONE NO.

E F

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER
WASTE NONE		4	100	BBLS	DRUMS / BAGS / CARTONS / DUMP TRUCK / TANK TRUCK / OTHER
WASTE					

⑥ WASTE CATEGORY 15
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS

⑨ LIST COMPONENTS:

		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
A	MUD			% PPM	E			% PPM
B	WATER			% PPM	F			% PPM
C	WASTE			% PPM	G			% PPM
D				% PPM	NON HAZARDOUS MATERIAL			%

⑩ WASTE PROPERTIES PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☒ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ [signature] 9-30-82
SIGNATURE OF AUTHORIZED AGENT & TITLE

TRANSPORTER (HAULER MUST COMPLETE

⑭ NAME CARRASCO VACUUM TRUCK SERVICE, INC.
EPA NO. C A D 0 4 4 4 2 9 8 3 5
ADDRESS P.O. Box 1043,
CITY, STATE, ZIP CODE Wilmington, California 90748
PHONE NO. (213) 835-5646

JOB NO.
UNIT NO. 4

⑮ PICK-UP DATE 9-30-82
TIME ☐ AM ☐ PM

⑯ [signature] Z003118 C
SIGNATURE OF AUTHORIZED AGENT & TITLE

H

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME OPERATING IND INC
EPA NO. [illegible]

⑱ QUANTITY (IF Measured)
⑲ STATE FEE (If Any) $

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (Specify)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

㉓ [signature] 10-1-82 A
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

No "G" on this manifest form

SAMPLE MANIFEST #2

SAMPLE MANIFEST