PAINT BOOTH SLUDGE

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

DEPARTMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street Phoenix
Telephone Number 255-1160

I. PRODUCER OF WASTE (Must be filled out by Producer)

NAME Honeywell

PICK UP ADDRESS 13430 N. Blk Canyon Phx A-Z 85021 (Number, Street, City, Zip)

TELEPHONE NO. 866-4955 ADHS Facility # N/A (If applicable)

TYPE OF PROCESS WHICH PRODUCED WASTE Spray Painting SIC #

DESCRIPTION OF WASTE (must be filled out by Producer)

Check type of waste:

- __ 1. acid solution
- ✓ 2. alkaline solution
- __ 3. pesticides
- ✓ 4. paint sludge
- __ 5. solvent
- __ 6. tetraethyl lead sludge
- __ 7. chemical toilet waste
- __ 8. tank bottom sediment
- __ 9. oil
- __ 10. drilling mud
- __ 11. contaminated soil 7 sand
- __ 12. cannery wastes
- __ 13. Latex waste
- __ 14. mud and water
- __ 15. brine

Other (specify) ______

COMPONENTS: (Examples: Hydrochloric acid, lime, caustic soda solvents (lists), metals (lists)).

	CONCENTRATION upper	lower	%	ppm
1. MISC. PAINT				
2. PIGMENTS IN				
3. VARYING SOL-				
4. UTIONS				
5.				
6.				

HAZARDOUS PROPERTIES OF WASTE:

Toxic ✓ Flammable ___ corrosive ___ explosive ___

Bulk volume 2000 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) ______

I certify that the above waste is accurately described.

DATE 5/14/79 SIGNATURE [signature]

TITLE MGR, M&P LAB

II. HAULER OF WASTE (Must be filled out by Hauler)

NAME Ariz. Septic

BUSINESS ADDRESS 3841 W State Phx 85021 (Number, Street, City, Zip)

TELEPHONE NO. 841-7566 PICK UP 5/30 (date) TIME 2 am ___ pm

JOB NO. ______ NO. OF LOADS/TRIPS 1 VEH.LIC.# 3AD-472

VEHICLE: Vacuum Truck ✓ Flatbed ______
Other ______ (specify)

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

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT [signature: Richard D. Goodenough]
Signature of authorized agent and title

III. HAZARDOUS WASTE FACILITY (Must be filled in by Facility)

SITE ADDRESS Hassayampa #7 ADHS PERMIT NO. N/A

QUANTITY MEASURED AT SITE (If applicable) ______

The above-named hauler delivered the described waste to this facility and was accepted this date.

[signature: Ricky L Hart] 5-30-79
Signature of authorized agent and title Date

IV. ADHS APPROVAL

DISPOSAL AT: (Site) Hassayampa
(Area of site) #3

APPROVED BY: [signature: William A. Williams]
ARIZONA DEPARTMENT OF HEALTH SERVICES

DATE: 5-15-79

8000865

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

4/20/79

PAINT BOOTH SLUDGE

Manifest #22

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

DEPARTMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street   Phoenix
Telephone Number   255-1160

I. PRODUCER OF WASTE (Must be filled out by Producer)

NAME: Honeywell

PICK UP ADDRESS: 13430 N. Blk Canyon Phx Az 85029
(Number, Street, City, Zip)

TELEPHONE NO. 866-4955   ADHS Facility # N/A (if applicable)

TYPE OF PROCESS WHICH PRODUCED WASTE: Spray Painting   SIC #

DESCRIPTION OF WASTE (must be filled out by Producer).

Check type of waste:

- ✓ 1. acid solution
- ✓ 2. alkaline solution
- __ 3. pesticides
- ✓ 4. paint sludge
- __ 5. solvent
- __ 6. tetraethyl lead sludge
- __ 7. chemical toilet waste
- __ 8. tank bottom sediment
- __ 9. oil
- __ 10. drilling mud
- __ 11. contaminated soil 7 sand
- __ 12. cannery wastes
- __ 13. latex waste
- __ 14. mud and water
- __ 15. brine

Other (specify) ______

CONTAINS: (Examples: Hydrochloric acid, lime, caustic soda solvents (lists), metals (lists)).

CONTAINS	CONCENTRATION upper	lower	%	ppm
1. MISC. PAINT				
2. PIGMENTS IN				
3. VARYING CON-				
4. CENTRATIONS				
5.				
6.				

HAZARDOUS PROPERTIES OF WASTE:
pH Saline __ Toxic ✓ Flammable __ corrosive __ explosive __

Bulk volume 2000 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) ______

I certify that the above waste is accurately described.

DATE: 5/14/79   SIGNATURE: [signature]

II. HAULER OF WASTE (Must be filled out by Hauler)

NAME: Ariz Septic

BUSINESS ADDRESS: 4831 W State Glendale 85021
(Number, Street, City, Zip)

TELEPHONE NO. 841-7566   PICK UP DATE 8/1/79 (APPROX)   TIME 10 am __ pm

JOB NO. -0-   NO. OF LOADS/TRIPS 1   VEH. LIC. # 3RB-472

VEHICLE: Vacuum Truck ✓   Flatbed ______
Other ______ (specify)

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

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT

Ed Carter
Signature of authorized agent and title

III. HAZARDOUS WASTE FACILITY (Must be filled in by Facility)

SITE ADDRESS ______   ADHS PERMIT NO. N/A

QUANTITY MEASURED AT SITE (If applicable) ______

The above-named hauler delivered the described waste to this facility and was accepted this date.

Signature of authorized agent and title ______   Date ______

IV. ADHS APPROVAL

DISPOSAL AT: (Site) Hassayampa

(Area of site) #3

APPROVED BY: William W. Williams
ARIZONA DEPARTMENT OF HEALTH SERVICES

DATE: 5-15-79

8000866

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

SLUDGE PONDS

SLUDGE PONDS

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

DEPARTMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street Phoenix
Telephone Number 255-1160

I. PRODUCER OF WASTE (Must be filled out by Producer)

NAME Honeywell

PICK UP ADDRESS 13430 N. Blk Canyon Highway 85029
(Number Street City Zip)

TELEPHONE NO. 866-4955 ADHS Facility # N/A (if applicable)

TYPE OF PROCESS WHICH PRODUCED WASTE Electroplating IC #

DESCRIPTION OF WASTE (must be filled out by Producer)

Check type of waste:

__	1. acid solution	__	8. tank bottom sediment
X	2. alkaline solution	__	9. oil
__	3. pesticides	__	10. drilling mud
__	4. paint sludge	__	11. contaminated soil 7 sand
__	5. solvent	__	12. cannery wastes
__	6. tetraethyl lead sludge	__	13. latex waste
__	7. chemical toilet waste	__	14. mud and water
		__	15. brine

Other (specify) ______

COMPONENTS: (Examples: Hydrochloric acid, lime, caustic soda solvents (lists), metals (lists)).

	CONCENTRATION upper	lower	%	ppm
1. Copper Hydroxide	10000			X
2. Zinc	10000			X
3. Ferric	10000			X
4. Misc Metal Hydroxide	1000			X
5.				
6.				

HAZARDOUS PROPERTIES OF WASTE: pH 8line Toxic X Flammable ___ corrosive ___ explosive ___

Bulk volume 5500 gal. ___ tons ___ barrels (42 gal) ___ other ___ (specify)

Containers ___ (number) drums ___ cartons ___ bags ___ other ___ (specify)

Physical State: solid ___ liquid ___ sludge X other ___ (specify)

SPECIAL HANDLING INSTRUCTIONS (if any) ______

I certify that the above waste is accurately described.

DATE 5/15/79 SIGNATURE W Hatfield

TITLE Mgr. M & P LAB

II. HAULER OF WASTE (Must be filled out by Hauler)

NAME Arizona Septic

BUSINESS ADDRESS 3841 W State Phx 85068
(Number Street City Zip)

TELEPHONE NO. 841-2566 PICK UP 5/29 (Date) TIME 8 am ___ pm

JOB NO. ___ NO. OF LOADS/TRIPS 1 VEHICLE # 3AD 422

VEHICLE: Vacuum Truck ✓ Flatbed ___
Other ___ (specify)

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

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT [signature: Richard D. ...]
Signature of authorized agent and title

III. HAZARDOUS WASTE FACILITY (Must be filled in by Facility)

SITE ADDRESS Hassayampa #7 ADHS PERMIT NO. N/A

QUANTITY MEASURED AT SITE (if applicable) ______

The above-named hauler delivered the described waste to this facility and was accepted this date.

[signature] 5-29-79
Signature of authorized agent and title Date

IV. ADHS APPROVAL

DISPOSAL AT: (Site) Hassayampa
(Area of site) #3

APPROVED BY: William G. Williams
ARIZONA DEPARTMENT OF HEALTH SERVICES

DATE: 5-15-79

8000867

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

4/20/79

SLUDGE PONDS

SLUDGE PONDS

0004

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

DEPARTMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street Phoenix
Telephone Number 255-1160

I. PRODUCER OF WASTE (Must be filled out by Producer)

NAME Honeywell

PICK UP ADDRESS 13430 N. Blk Canyon Highway 85029
Number Street City Zip

TELEPHONE NO. 866-4955 ADHS Facility # N/A (if applicable)

TYPE OF PROCESS WHICH PRODUCED WASTE Electroplating SIC #

DESCRIPTION OF WASTE (must be filled out by Producer)

Check type of waste:

__ 1. acid solution	__ 8. tank bottom sediment
X 2. alkaline solution	__ 9. oil
__ 3. pesticides	__ 10. drilling mud
__ 4. paint sludge	__ 11. contaminated soil 7 sand
__ 5. solvent	__ 12. cannery wastes
__ 6. tetraethyl lead sludge	__ 13. latex waste
__ 7. chemical toilet waste	__ 14. mud and water
	__ 15. brine

Other (specify) ____

COMPONENTS: (Examples: Hydrochloric acid, lime, caustic soda solvents (lists), metals (lists)).

	CONCENTRATION upper	lower	%	ppm
1. Copper Hydroxide	10000			X
2. Zinc	10000			X
3. Ferric	10000			X
4. Misc Metal Hydroxide	1000			X
5.				
6.				

HAZARDOUS PROPERTIES OF WASTE:
pH >8 ine Toxic X Flammable ___ corrosive ___ explosive ___
Bulk volume 3500 gal. ___ tons ___ barrels (42 gal) ___ other ___ (specify)
Containers ___ (number) drums ___ cartons ___ bags ___ other ___ (specify)
Physical State: solid ___ liquid ___ sludge X other ___ (specify)

SPECIAL HANDLING INSTRUCTIONS (if any) ____

I certify that the above waste is accurately described.

DATE 5/15/79 SIGNATURE W H Hayfield

TITLE Mgr, M & P L&B

II. HAULER OF WASTE (Must be filled out by Hauler)

NAME Arizona Septic

BUSINESS ADDRESS 3841 W State Phx 85021
Number Street City Zip

TELEPHONE NO. 841-7566 PICK UP 5/29 (Date) TIME 11 am ___ pm

JOB NO. ___ NO. OF LOADS/TRIPS 1 VEHLIC.# 3AC472

VEHICLE: Vacuum Truck ✓ Flatbed ___
Other ___ (specify)

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

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT

Richard W. [illegible]
Signature of authorized agent and title

III. HAZARDOUS WASTE FACILITY (Must be filled in by Facility)

SITE ADDRESS Hassayampa #7 ADHS PERMIT NO. N/A

QUANTITY MEASURED AT SITE (If applicable) ____

The above-named hauler delivered the described waste to this facility and was accepted this date.

[illegible signature] 5-29-79
Signature of authorized agent and title Date

IV. ADHS APPROVAL

DISPOSAL AT: (Site) Hassayampa
(Area of site) #3

APPROVED BY: William H. Williams
ARIZONA DEPARTMENT OF HEALTH SERVICES

DATE: 5-15-79

8000858

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

jr
4/20/79

SLUDGE PONDS

SLUDGE PONDS

4185

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

DEPARTMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street
Telephone Number

I. PRODUCER OF WASTE (Must be filled out by Producer)

NAME: Honeywell

PICK UP ADDRESS: 13430 N. Black Canyon Highway 85029
Number Street City Zip

TELEPHONE NO. 866-4955 AHS Facility # N/A (If applicable)

TYPE OF PROCESS
Check Hazardous Waste Electroplating SIC #

II. DESCRIPTION OF WASTE (Must be filled out by Producer)
Check type of waste:

	1. acid solution		8. tank bottom sediment
X	2. alkaline solution		9. oil
	3. pesticides		10. drilling mud
	4. paint sludge		11. contaminated soil & sand
	5. solvent		12. cyanide wastes
	6. tetraethyl lead sludge		13. lacre waste
	7. chemical toilet waste		14. mud and water
			15. brine

Other (specify)

CONSTITUENTS (Specify: Hydrochloric acid, cyanide soln solvents (Misc), metals (lists)).	CONCENTRATION upper	lower	%	ppm
1. Copper Hydroxide	10000			X
2. Nickel	10000			X
3. Cyanide	10000			X
4. Chromium Hydroxide	10000			X
5.				
6.				

PHYSICAL CHARACTERISTICS OF WASTE:
Properties: Toxic X Flammable corrosive explosive
Unit volume: 55 gal. tons barrels other
(42 gal) (specify)
Containers: (number) drums cartons bags other (specify)
Physical State: solid liquid sludge X other (specify)

SPECIAL HANDLING INSTRUCTIONS (If any)

I certify that the above waste is accurately described.

DATE: 5/15/79 SIGNATURE: [signature]

TITLE: Asst. Gen'l Mgr.

II. HAULER OF WASTE (Must be filled out by Hauler)

NAME: [illegible]

ADDRESS: [illegible]
Number Street City Zip

TELEPHONE NO. [illegible] PICK UP (Date) TIME [illegible]

JOB NO. ID. OF TRANSPORTER VEHICLE #

VEHICLE: Vacuum Truck Flatbed
Other (specify)

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

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of authorized agent and title

III. HAZARDOUS WASTE FACILITY (Must be filled in by facility)

SITE ADDRESS [illegible] AHS PERMIT ID. No.

QUANTITY RECEIVED AT SITE (If applicable)

The above-named hauler delivered the described waste to this facility and was accepted this date.

Signature of authorized agent and title Date

IV. AHS APPROVAL

DISPOSAL AT: (Site) [illegible]

(Area of site)

APPROVED BY: [signature]
ARIZONA DEPARTMENT OF HEALTH SERVICES

DATE: 5-15-79

8000859

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

4/79