

# ARIZONA HAZARDOUS WASTE MANIFEST

NO. 1484

## I. PRODUCER OF WASTE

NAME STANDARD OIL CO. TELEPHONE NUMBER ( 602 ) 272-1021 SIC NO. \_\_\_\_\_  
 PICK UP ADDRESS 51st Ave. & Madison Phoenix, Arizona ADHS FACILITY NO. \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF INDIVIDUAL TO CONTACT IN THE EVENT OF AN EMERGENCY OR SPILL TOM LOYDD 272-1021  
 TYPE OF PROCESS WHICH PRODUCED WASTE Storage tank sludge - Leaded gas

SFUND RECORDS CTR  
0222-91026

WAS A LABORATORY ANALYSIS CONDUCTED ON THE WASTE?  YES *Attach a copy of the Lab Report*  
 NO SOURCE OF ANALYSIS Typical analysis

## DESCRIPTION OF WASTE

**AR0465**

WASTE TYPE Leaded gas tank sludge COMMON NAME OR TRADE NAME \_\_\_\_\_  
 D.O.T. SHIPPING NAME Flammable D.O.T. HAZARD CLASS Flammable

WASTE COMPOSITION								
Components	Concentration			Units (check one)		Calculate Dry Weight of Chemical Component	Units (check one)	
	Upper	Lower	Typical	%	PPM		Lbs.	Kg.
1				85				
2				5				
3				5				
4				5				
5								
6								
7								
8								
9								
10								

HAZARDOUS PROPERTIES OF WASTE	PHYSICAL PROPERTIES OF WASTE		
1) <input type="checkbox"/> NONE 2) <input type="checkbox"/> pH _____ 3) <input checked="" type="checkbox"/> TOXIC 4) <input checked="" type="checkbox"/> IGNITABLE FLASH POINT <u>45</u> °F. 5) <input type="checkbox"/> CORROSIVE 6) <input type="checkbox"/> REACTIVE 7) <input type="checkbox"/> OTHER (specify) _____	1) BULK VOLUME <u>2000</u> <input checked="" type="checkbox"/> GALLONS 2) CONTAINERS (no.) _____ <input type="checkbox"/> DRUMS 3) PHYSICAL STATE _____ <input checked="" type="checkbox"/> BULK TANK <input type="checkbox"/> SOLID <input type="checkbox"/> OTHER (specify) _____	<input type="checkbox"/> TONS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER (specify) _____ <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> SLUDGE <input type="checkbox"/> BOTTLES <input type="checkbox"/> CONTAINED GAS	
SPECIAL HANDLING / SPILL / DISPOSAL INSTRUCTIONS _____			

*For information related to spills or other emergencies involving hazardous waste or other materials call (602)262-8011.*

## CERTIFICATION

I hereby certify that the above information on this form and attached statements and exhibits is true to the best of my knowledge and belief.

10-15-80 DATE      Tom Loydd SIGNATURE OF AUTHORIZED AGENT      Chemist U.S.A. Inc. TITLE

## II. HAULER OF WASTE

NAME ARIZONA PETROLEUM CONTRACTORS  
 BUSINESS ADDRESS 125 N. 55th Ave. Phoenix, Az  
 TELEPHONE NUMBER 269-6106  
 ARIZONA HAZARDOUS WASTE HAULER'S REGISTRATION NO. \_\_\_\_\_  
 PICK UP OF WASTE LOAD \_\_\_\_\_ TIME \_\_\_\_\_  a.m.  p.m.

### VEHICLE

1) LICENSE NUMBER 2SJ611  
 2)  VACUUM TRUCK  FLATBED  OTHER (specify) \_\_\_\_\_

### CERTIFICATION

The described waste was hauled by me to the disposal facility named below and was accepted. I hereby certify that the foregoing is true and correct.

10/15/80 DATE      [Signature] SIGNATURE OF AUTHORIZED AGENT      Supervisor TITLE

## III. TRANSFER, PROCESSING OR HAZARDOUS WASTE DISPOSAL FACILITY

NAME \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER (    ) \_\_\_\_\_ ADHS PERMIT NO. \_\_\_\_\_  
 QUANTITY MEASURED AT SITE \_\_\_\_\_

### HANDLING METHODS

1)  RECOVERY  
 2)  TREATMENT (specify) \_\_\_\_\_  
 3)  DISPOSAL (specify)  Pond  Spreading  Landfill  Injection Well  
      Other (specify) \_\_\_\_\_  
 4) TRANSFER (specify final disposal location) \_\_\_\_\_

DATE WASTE RECEIVED \_\_\_\_\_ DISPOSAL OR TRANSFER DATE \_\_\_\_\_

### CERTIFICATION

The above-named hauler delivered the described waste to this facility and was accepted. I hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
 DATE      SIGNATURE OF AUTHORIZED AGENT      TITLE

**DO NOT WRITE BELOW THIS LINE. FOR ADHS USE ONLY.**

Hassayampa Pit 1  
S.R. Naper

10/16/80

Not used

SFUND RECORDS CTR  
**88016753**

**8001553**

# ARIZONA HAZARDOUS WASTE MANIFEST

NO. 1485

## I. PRODUCER OF WASTE

NAME STANDARD OIL CO. TELEPHONE NUMBER (602) 272-1021 SIC NO. \_\_\_\_\_  
 PICK UP ADDRESS 51st Ave. & Madison Phoenix, Arizona ADHS FACILITY NO. \_\_\_\_\_  
 NAME AND TELEPHONE NUMBER OF INDIVIDUAL TO CONTACT IN THE EVENT OF AN EMERGENCY OR SPILL TOM LOYDD 272-1021

TYPE OF PROCESS WHICH PRODUCED WASTE Storage tank sludge - Leaded gas  
 WAS A LABORATORY ANALYSIS CONDUCTED ON THE WASTE?  YES *Attach a copy of the Lab Report*  
 NO SOURCE OF ANALYSIS Typical analysis

## DESCRIPTION OF WASTE

WASTE TYPE Leaded gas tank sludge COMMON NAME OR TRADE NAME \_\_\_\_\_  
 D.O.T. SHIPPING NAME Flammable D.O.T. HAZARD CLASS Flammable

WASTE COMPOSITION									
Components	Concentration			Units (check one)		Calculate Dry Weight of Chemical Component	Units (check one)		
	Upper	Lower	Typical	%	PPM		Lbs.	Kg.	
1	Water				85				
2	Sand				5				
3	Rust				5				
4	H.C.				5				
5									
6									
7									
8									
9									
10									

HAZARDOUS PROPERTIES OF WASTE	PHYSICAL PROPERTIES OF WASTE
1) <input type="checkbox"/> NONE 2) <input type="checkbox"/> pH _____ 3) <input checked="" type="checkbox"/> TOXIC 4) <input checked="" type="checkbox"/> IGNITABLE FLASH POINT <u>-45</u> °F. 5) <input type="checkbox"/> CORROSIVE <input type="checkbox"/> REACTIVE <input type="checkbox"/> OTHER (specify) _____	1) BULK VOLUME <u>2000</u> <input checked="" type="checkbox"/> GALLONS <input type="checkbox"/> TONS <input type="checkbox"/> OTHER (specify) _____ 2) CONTAINERS (no.) _____ <input type="checkbox"/> DRUMS <input type="checkbox"/> CARTONS <input type="checkbox"/> BAGS <input type="checkbox"/> BOTTLES 3) PHYSICAL STATE <input checked="" type="checkbox"/> BULK TANK <input type="checkbox"/> OTHER (specify) _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> SLUDGE <input type="checkbox"/> CONTAINED GAS <input type="checkbox"/> OTHER (specify) _____
SPECIAL HANDLING/SPILL/DISPOSAL INSTRUCTIONS _____	

For information related to spills or other emergencies involving hazardous waste or other materials call (602)262-8011.

## CERTIFICATION

I hereby certify that the above information on this form and attached statements and exhibits is true to the best of my knowledge and belief.  
10-15-80 Tom Loyd CHRYSLER U.S.A. INC.  
 DATE SIGNATURE OF AUTHORIZED AGENT TITLE

## II. HAULER OF WASTE

NAME ARIZONA PETROLEUM CONTRACTORS  
 BUSINESS ADDRESS 125 N. 55th Ave. Phoenix, AZ  
 TELEPHONE NUMBER 269-6106  
 ARIZONA HAZARDOUS WASTE HAULER'S REGISTRATION NO. \_\_\_\_\_  
 PICK UP OF WASTE LOAD \_\_\_\_\_ TIME \_\_\_\_\_  a.m.  p.m.

### VEHICLE

1) LICENSE NUMBER 2SJ611  
 2)  VACUUM TRUCK  FLATBED  OTHER (specify) \_\_\_\_\_

### CERTIFICATION

The described waste was hauled by me to the disposal facility named below and was accepted. I hereby certify that the foregoing is true and correct.  
10/15/80 Pick Pearson Superint.  
 DATE SIGNATURE OF AUTHORIZED AGENT TITLE

## III. TRANSFER, PROCESSING OR HAZARDOUS WASTE DISPOSAL FACILITY

NAME \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER ( ) \_\_\_\_\_ ADHS PERMIT NO. \_\_\_\_\_  
 QUANTITY MEASURED AT SITE \_\_\_\_\_

### HANDLING METHODS

1)  RECOVERY  
 2)  TREATMENT (specify) \_\_\_\_\_  
 3)  DISPOSAL (specify)  Pond  Spreading  Landfill  Injection Well  
 Other (specify) \_\_\_\_\_  
 4) TRANSFER (specify final disposal location) \_\_\_\_\_

DATE WASTE RECEIVED \_\_\_\_\_ DISPOSAL OR TRANSFER DATE \_\_\_\_\_

### CERTIFICATION

The above-named hauler delivered the described waste to this facility and was accepted. I hereby certify that the foregoing is true and correct.  
 \_\_\_\_\_  
 DATE SIGNATURE OF AUTHORIZED AGENT TITLE

DO NOT WRITE BELOW THIS LINE. FOR ADHS USE ONLY.

Not used  
Passyampa Pet  
A.R. Moyer  
10/16/80  
 ADHS/EHS/Waste Control/HW-401 (6-80) ADHS Copy 8001551

# ARIZONA HAZARDOUS WASTE MANIFEST

NO. 1486

## I. PRODUCER OF WASTE

NAME STANDARD OIL CO. TELEPHONE NUMBER (602) 272-1021 SIC NO. \_\_\_\_\_  
 PICK UP ADDRESS 51st Ave. & Madison Phoenix, Arizona ADHS FACILITY NO. \_\_\_\_\_  
 NAME AND TELEPHONE NUMBER OF INDIVIDUAL TO CONTACT IN THE EVENT OF AN EMERGENCY OR SPILL TOM LOYDD 272-1021  
 TYPE OF PROCESS WHICH PRODUCED WASTE Storage Tank sludge - Leaded gas

WAS A LABORATORY ANALYSIS CONDUCTED ON THE WASTE?  YES *Attach a copy of the Lab Report*  
 NO SOURCE OF ANALYSIS Typical analysis

## DESCRIPTION OF WASTE

WASTE TYPE Leaded gas tank sludge COMMON NAME OR TRADE NAME \_\_\_\_\_  
 D.O.T. SHIPPING NAME Flammable D.O.T. HAZARD CLASS Flammable

WASTE COMPOSITION								
Components	Concentration			Units (check one)		Calculate Dry Weight of Chemical Component	Units (check one)	
	Upper	Lower	Typical	%	PPM		Lbs.	Kg.
1					85			
2					5			
					5			
4					5			
5								
6								
7								
8								
9								
10								

HAZARDOUS PROPERTIES OF WASTE	PHYSICAL PROPERTIES OF WASTE			
1) <input type="checkbox"/> NONE	1) BULK VOLUME <u>2000</u>	<input checked="" type="checkbox"/> GALLONS	<input type="checkbox"/> TONS	<input type="checkbox"/> OTHER (specify) _____
2) <input type="checkbox"/> pH _____	2) CONTAINERS (no.) _____	<input type="checkbox"/> DRUMS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> BAGS <input type="checkbox"/> BOTTLES
3) <input checked="" type="checkbox"/> TOXIC	3) PHYSICAL STATE _____	<input checked="" type="checkbox"/> BULK TANK	<input type="checkbox"/> OTHER (specify) _____	
4) <input checked="" type="checkbox"/> IGNITABLE FLASH POINT <u>-45</u> °F.		<input type="checkbox"/> SOLID	<input checked="" type="checkbox"/> LIQUID	<input checked="" type="checkbox"/> SLUDGE <input type="checkbox"/> CONTAINED GAS
5) <input type="checkbox"/> CORROSIVE		<input type="checkbox"/> OTHER (specify) _____		
<input type="checkbox"/> REACTIVE	SPECIAL HANDLING/SPILL/DISPOSAL INSTRUCTIONS _____			
<input type="checkbox"/> OTHER (specify) _____				

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## CERTIFICATION

I hereby certify that the above information on this form and attached statements and exhibits is true to the best of my knowledge and belief.

10-15-80 DATE Tom Loydd SIGNATURE OF AUTHORIZED AGENT Churn U. S. A. INC TITLE

## II. HAULER OF WASTE

NAME ARIZONA PETROLEUM CONTRACTORS  
 BUSINESS ADDRESS 125 N. 55th Ave. Phoenix, Az  
 TELEPHONE NUMBER 269-6106  
 ARIZONA HAZARDOUS WASTE HAULER'S REGISTRATION NO. \_\_\_\_\_  
 PICK UP OF WASTE LOAD \_\_\_\_\_ TIME \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.

### VEHICLE

1) LICENSE NUMBER 2SJ611  
 2)  VACUUM TRUCK  FLATBED  OTHER (specify) \_\_\_\_\_

### CERTIFICATION

The described waste was hauled by me to the disposal facility named below and was accepted. I hereby certify that the foregoing is true and correct.

10/15/80 DATE Richard Peterson SIGNATURE OF AUTHORIZED AGENT Supervisor TITLE

## III. TRANSFER, PROCESSING OR HAZARDOUS WASTE DISPOSAL FACILITY

NAME \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER ( ) \_\_\_\_\_ ADHS PERMIT NO. \_\_\_\_\_  
 QUANTITY MEASURED AT SITE \_\_\_\_\_

### HANDLING METHODS

1)  RECOVERY  
 2)  TREATMENT (specify) \_\_\_\_\_  
 3)  DISPOSAL (specify)  Pond  Spreading  Landfill  Injection Well  
 Other (specify) \_\_\_\_\_  
 4) TRANSFER (specify final disposal location) \_\_\_\_\_

DATE WASTE RECEIVED \_\_\_\_\_ DISPOSAL OR TRANSFER DATE \_\_\_\_\_

### CERTIFICATION

The above-named hauler delivered the described waste to this facility and was accepted. I hereby certify that the foregoing is true and correct.

DATE \_\_\_\_\_ SIGNATURE OF AUTHORIZED AGENT \_\_\_\_\_ TITLE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. FOR ADHS USE ONLY.**

Not used  
Hasayampa Pct 1  
A.R. Naps  
10/16/80