5090-A1bK

CWMI

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 289934

5. Generator's Name and Mailing Address N / A
University of Colorado, Colorado Springs
1420 Austin Bluffs Pkwy
Colorado Springs, CO 80918
Generator's Phone: 719-255-4159

1 Generator's Project Address (if different than mailing address) TRW Building
3650 N. Nevada Avenue
Colorado Springs, CO 80907

6. Transporter 1: Complete Company Name and Address — Transporter Phone
Colorado Hazard Control - 77 N. Magnolo Dr, A, Pueblo West, CO 81007 | 719-547-2785

7. Transporter 2: Complete Company Name and Address — Transporter Phone
Iron Mountain - 75 Talamine Ct, Ste A, Colorado Springs, CO 80907 | 719-634-0611

8. Designated Disposal Facility Name and Site Address — Facility's Phone:
COLORADO SPRINGS LANDFILL
1010 BLANEY RD
COLORADO SPRINGS CO 80929
(719) 683-2600

	9. Waste Shipping Name, Description, & Profile Number	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. NON REGULATED SOLID (NON-FRIABLE ASBESTOS)					
	2. 10520200					

13. Regulatory Agency: Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Co 80222-1530

Emergency Notification:
CHEMTREC (800) 424-9300
24-hour Toll Free Number

14. Bill to & Account Number:
Customer Acct #: C 5977 Customer Name: COLORADO HAZARD CONTROL, LLC

15. Contractor/Generator Certification:
I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transportation according to applicable national and state governmental regulations.
I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.

Generator's/Offeror's Printed/Typed Name	Signature	Month	Day	Year

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name	Signature	Month	Day	Year
Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

Initials of Person noting discrepancy _____ Signature _____ Date _____

20. Management Method/Location

Landfill _____ Monofill _____ Location:

21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18

Printed/Typed Name	Signature	Month	Day	Year

9-BLC-O 6 10498 (Rev. 9/14)

DESIGNATED FACILITY TO GENERATOR