5090-A1L8

CWMI

ASBESTOS NESHAP WASTE SHIPMENT RECORD

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
N / A		1 800-424-9300	2226502

5. Generator's Name and Mailing Address: University of Colorado, CS
1420 Austin Bluffs Pkwy
Colorado Springs, CO 80918

Generator's Phone: 719-255-4159

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: Colorado Hazard Control, 80 N. Fabrication Dr, Pueblo West, CO — Transporter Phone: 719-547-2785

7. Transporter 2: Complete Company Name and Address: Iron Mountain, 75 Talamine Ct, Colo Spgs, CO 80907 — Transporter Phone: 719-634-0611

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

Facility's Phone:

9. Waste Shipping Name, Description, & Profile Number	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. RQ, NA 2212, Asbestos, 9,PG III 1052010O				
2.				

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 and disposal according to applicable national and state governmental regulations.

I hereby certify that the above described waste is not a hazardous waste as 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: Dena Goudeseune — Signature: Dena Goudeseune — Month 05 Day 12 Year 17

TRANSPORTER

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name: Joseph Miller — Signature: — Month 05 Day 12 Year 17

Transporter 2 Printed/Typed Name: — Signature: — Month Day Year

DESIGNATED FACILITY

17. Special Handling Instructions

Soil originating from the above site shall not be used as daily cover or sold as clean fill.

18. Discrepancy Indication Space:

19. Ticket #

Initials of Person noting discrepancy _____ Signature _____ Date _____

20. Management Method/Location

Landfill _____ Monofill _____ Location:

21. Designated Disposal 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