SC90-MDH-A

CWMI

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone: 800-424-9300

4. Waste Tracking Number: 289924

5. Generator's Name and Mailing Address: [illegible]

Generator's Phone: [illegible]

Generator's Project Address (if different than mailing address): [illegible]

6. Transporter 1: Complete Company Name and Address: [illegible]

Transporter Phone: [illegible]

7. Transporter 2: Complete Company Name and Address: Iron Mountain - 75 Talamine Ct. Ste A, Colorado Springs, CO 80907

Transporter Phone: (719) 634-3011

8. Designated Disposal Facility Name and Site Address

COLORADO SPRINGS LANDFILL
1010 BLANEY RD
COLORADO SPRINGS CO 80929
(719) 583-2800

Facility's Phone:

	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)			20 yards	
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 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
Dena Gaudeselme	Dena Gaudeselme	01	09	17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name	Signature	Month	Day	Year
Steve Zuercher	[illegible]	01	09	17
Transporter 2 Printed/Typed Name	**Signature**	**Month**	**Day**	**Year**
Ken Taylor	[illegible]	1	17	17

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

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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

GENERATOR'S INITIAL COPY