

KIEWIT MERIDIAM PARTNERS

STRUCTURE SURVEY COMPLETION REPORT – SWANSEA ELEMENTARY SCHOOL EXCAVATION SITE



5613 DTC Parkway
Suite 500
Greenwood Village, CO 80111

PREPARED BY



Laura M. Tobin, PG, REP, CEM
Area Manager

REVIEWED BY

Megan Wood, Kiewit Environmental Manager

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DELIVERABLE CERTIFICATION

As per Schedule 8, Section 6.7.3 Document and Data Approval, I, Laura M. Tobin, as the originator of this deliverable certify this deliverable to be complete and meets the requirements of the Project Agreement.

Laura M. Tobin



11/30/2018

Printed Name of Originator

Signature of Originator

Date



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1 INTRODUCTION

This Structural Survey Completion Report (SSCR) was prepared on behalf of Kiewit Meridiam Partners (KMP) to summarize the abatement activities of asbestos containing building materials (ACBMs) encountered on a former building foundation at the Swansea Elementary School property located at 4650 Columbine Street in Denver, Colorado, as part of the Central 70 project.

In accordance with the Central 70 Structural Survey Assessment Plan (SSAP), dated March 27, 2018, a SSCR should include documentation detailing what abatement was completed including material types and quantities, clearance testing, waste disposal manifests for all material that was disposed at a permitted facility, as well as any other relevant documentation. It is important to note that this former structure is limited to solely a building foundation, thus suspected LBP, universal wastes and regulated building materials have not been observed with this structure and are not discussed within this SSCR.

Upon discovery of the building foundation, and as identified in the Phase I Environmental Site Assessment for the Colorado Department of Transportation (CDOT) I-70 East Project 4630 Columbine Street, Denver, Colorado (RW-63), it was determined that the building that had been found was the pre-existing Swansea Elementary School, previously located on RW-63, south of the current school building in the existing playground area. As documented in the ESA developed by Pinyon Environmental, the former school building was constructed in 1891 and was likely demolished between 1971 and 1978, when the current school building was built to the north. The ESA further documented that there is potential that buried demolition debris is present in the subsurface, and that this material may be asbestos containing. As shown in Figure 1 from Pinyon Environmental's Phase I Environmental Site Assessment, the Swansea Art Fence excavation encountered the historic school building.

As described in previous reports (Structural Survey Assessment Report (SSAR), August 2018), the building foundation along Swansea Art Fence was previously abated. Foothills Environmental, Inc. (FEI), on behalf of KMP, conducted an asbestos investigation on July 19, 2018 at the Swansea Art Fence excavation site. The purpose of this investigation was to estimate locations, types, and quantities of ACM in the soil that may be impacted as part of planned cleanup after discovery during original excavation. Based on the results of the analysis, three of seven samples contained regulated ACM. FEI prepared an ACM Soil Cleanup Plan, July 26, 2018. Abatement of the ACM was conducted by Colorado Department of Public Health and Environment (CDPHE) certified personnel in accordance with Air Quality Control Commission Regulation No. 8 (5 CCR 1001-10, Part B) in August 2018.

2 ADDITIONAL ASBESTOS CONTAINING MATERIALS INVESTIGATION AND FINDINGS

In preparation for further soil excavation within the remaining (southern) portion of the site, additional potholing was conducted to determine the extent of sub-grade foundation, and associated ACM, on September 19 and 20, 2018 by FEI. The purpose of this investigation was to estimate locations, types and quantities of ACM in the soil that may be impacted as part of continued excavation for the lowered section of I-70 that will replace the existing viaduct. Potholing was completed on September 19 and 20, 2018 by asbestos abatement contractor Earth Services and Abatement (ESA) and FEI. Grids were set up in 25-foot x 25-foot increments from the edge of the geofabric laid during the initial soil cleanup (approximately 20 feet south of the Art Fence to the north curb of 46th Avenue).

Potholing was completed using an excavator with a 48-inch bucket, amended water and standard construction personal protective equipment (PPE). A total of 48 grids were assessed by excavating each pothole to a maximum depth of 10'. Excavation stopped in a pothole upon discovery of construction debris with suspect ACM. If a pothole contained suspect debris similar to that from former testing, it was considered positive. If a new type of debris was identified it was sampled. Bulk sampling of the suspected ACM was performed in accordance with AHERA sampling procedures detailed in 40 Code of Federal Regulations (CFR) 763.86, and the Central 70 Sampling and Analysis Plan (SAP) and SSAP. The samples were taken to Reservoirs Environmental laboratory for analysis using polarized light microscopy for asbestos content. An investigative asbestos potholing report was prepared based on the findings of this operation, and was submitted to the CDPHE to the Air Pollution Control Division (APCD). This initial report is provided in Appendix B of the previously submitted SSAR. Testing identified the presence of ACM building materials, similar to the first cleanup phase including floor tile, brick mastic, floor mastic, pipe insulation, and stair tread. A total of 18 grids were initially determined to be affected, which included an area approximately 150 feet long by 125 feet wide.

A diagram of the potholing layout, as well as the sampling data and laboratory reports, is included within the Work Plan Amendment, included as Appendix A, which was prepared by FEI, dated September 20, 2018. The Work Plan Amendment details the ACM Soil Cleanup Plan, which was originally approved by the CDPHE on July 26, 2018, for the ACM abatement activities that were conducted along the Art Fence.

3 SOIL REMEDIATION

Asbestos containing soil was confirmed south of the Swansea Elementary school sound wall and north of the 46th avenue curb, between Columbine and Elizabeth streets. The extent of the asbestos containing soil is detailed in the Swansea Soil Remediation Report which is included as Appendix B.

Remediation activities of ACM in soil was conducted by asbestos abatement contractor ESA from October 15 through 19, 2018. FEI conducted ambient air monitoring using an Air Monitoring Specialist (AMS), photoionization (PID) monitoring for volatile organic compounds (VOCs) and Certified Asbestos Building Inspector (CABI) services during remediation activities on the site. ESA utilized wet methods, an excavator, and double lined trucks for the cleanup of asbestos containing waste material (ACWM).

Personal protective equipment, including protective coveralls with boots and hoods and proper respiratory protection were worn by workers when they entered the work area. Entry/exit was completed through the appropriate decontamination unit prepared according to the Work Plan. The top 8 feet of soil was removed from contaminated grids measuring approximately 150 feet by 125 feet (18 grids). Excavated soil was carefully placed into prepared trucks, which were parked on reinforced polyethylene sheeting. A worker constantly sprayed the soil and bucket with amended water. After the truck was approximately 2/3 full of ACWM it pulled forward about 50 feet into a wrapping station. Workers overlapped and secured the plastic on top of the soil and attached sheeting together with zip ties and tape. Lastly, the truck's cargo covering fabric was rolled over the load for additional protection. After visual inspection by FEI, waste was transported from the site to Republic Services, Tower Road Landfill. ESA and the waste hauler were responsible for proper manifesting of disposed materials. Lastly, potholes were taken to a depth of 10 feet in grids located in the area of the former mound (after removal of the mound) to identify potential contaminated soil beneath the mound. Grids beneath the former mound were determined not to be contaminated.

Air monitoring was conducted by FEI during the remediation activities to ensure containment of the ACM. These air monitoring procedures and monitoring results are described in greater detail within the Swansea Soil Remediation Report (Appendix B). Based upon results of air samples collected and analyzed during soil cleanup, daily work observations, visual inspections, and wind speed monitoring, ACWM was cleaned according to the approved Work Plan. No positive TEM results were recorded throughout the project. The project was considered complete after all grids and all decontaminated equipment passed visual inspection by FEI.

The regulated asbestos containing contaminated soil (RACS) was excavated for offsite disposal and was transported by Blaeser Trucking of Bennett, Colorado to Republic Services' Tower Road facility. Waste manifests are included as Appendix C. Soil remediation activities are considered complete and a post-cleanup drawing of the site is included in Appendix A of the Swansea Soil Remediation Final Report (Appendix B).

ACRONYMS

ACGIHS	American Conference of Government Industrial Hygienists
ACBM	asbestos containing building materials
ACWM	asbestos containing waste material
AHERA	Asbestos Hazard Emergency Response Act
APCD	Air Pollution Control Division
ANSI	American National Standards Institute
CABI	Colorado Asbestos Building Inspector
CCR	Colorado Code of Regulations
CDOT	Colorado Department of Transportation
CDPHE	Colorado Department of Public Health and Environment
CFR	Code of Federal Regulations
ESA	Earth Services Abatement
FEI	Foothills Environmental Inc.
KMP	Kiewit Meridiam Partners
NESHAP	National Emissions Standards for Hazardous Air Pollutants (40 C.F.R. Part 61) (EPA), Subparts A (General Provisions), and M (National Emission Standard for Asbestos)
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PLM	polarized light microscopy
QA	quality assurance
QC	quality control
RCRA	Resource Conservation and Recovery Act
ROW	right of way
SAP	Sampling and Analysis Plan
SSAP	Structure Survey Assessment Plan
SSAR	Structure Survey Assessment Report
SSCR	Structure Survey Completion Report
TCLP	Toxicity Characteristic Leaching Process
TEM	transmission electron microscopy
TSI	thermal system insulation
USEPA	United States Environmental Protection Agency

FIGURE



Figure 1: Site Plan from RW-63 ESA Depicting Approximate Remediation Area

APPENDIX

A

ACM SOIL CLEANUP PLAN AND POTHOLING GRID





Industrial Hygiene, Safety & Environmental Services

**Swansea Art (Sound) Wall to North Curb of 46th Avenue
First Amendment to ACM Soil Cleanup Plan**

**North of I-70 Between Columbine and Elizabeth Streets
Denver, CO 80216**

Prepared for:

**Kiewit Infrastructure Co.
Megan Wood**

Prepared by:

**Foothills Environmental, Inc.
11099 West 8th Avenue
Lakewood, CO 80215**

September 20, 2018
Project No. AS18163-1

A handwritten signature in black ink, appearing to read "Daniel M. Benecke".

Daniel M. Benecke
Senior Environmental Scientist
CDPHE Asbestos Inspector #1947

INTRODUCTION

Foothills Environmental Inc. (FEI) conducted an asbestos investigation on September 19 and 20, 2018 at the Art Wall Excavation Site north of I-70 between Columbine and Elizabeth Streets, Denver, Colorado (the Site). The purpose of this investigation was to estimate locations, types and quantities of asbestos-containing materials (ACM) in the soil that may be impacted as part of continued excavation of soil from the newly constructed art wall south to the north curb of 46th Avenue between Columbine and Elizabeth Streets in Denver, Colorado.

This is the First Amendment to the “ACM Soil Cleanup Plan” (Work Plan) for the noise wall dated July 26, 2018 and approved by the Colorado Department of Public Health and Environment (CDPHE). The intent of this project is to cleanup ACM contaminated soil prior to continuation of excavation to the south of the Swansea Elementary art (sound) wall.

The following team has been constructed for completion of cleanup activities:

Organization	Role/Responsibility	Contact Information
CDOT (Pinyon)	Environmental Health and Safety Representative	Scott Epstein Epstein@pinyon-env.com
Kiewit Infrastructure Co.	Environmental Manager, Central 70	Jenn Bradtmueller, District Env. Mgr., Central and South Central Districts Phone: 720.274-5909 Email: jenn.bradtmueller@Kiewit.com
	Environmental Engineer, Central 70	Megan Wood Mobile: 970.819-8147 Email: megan.wood@kiewit.com
	Area Manager (WSP) Central 70	Laura Tobin, PG Mobile: 303.726-8100 Email: laura.tobin@wsp.com
Earth Services & Abatement, Inc.	General Abatement Contractor	Kory Mitchell Phone: 303.990.1280 Email: kory.mitchell@esasite.com
Foothills Environmental, Inc.	Environmental Consultant	Daniel M. Benecke, Senior Env. Sci Phone: 720.471-2642 dan@foothillsusa.com

The following attachments are included:

ATTACHMENT 1	POTHOLE LOCATION/ASSESSMENT DRAWING
ATTACHMENT 2	PROJECT SETUP DIAGRAM
ATTACHMENT 3	LABORATORY DATA
ATTACHMENT 4	PHOTOGRAPHS
ATTACHMENT 5	WORK PLAN

POTHOLE ASSESSMENT

Potholing was completed on September 19 and 20, 2018 by ESA and FEI. Grids were set up in 25'x25' increments from the edge of the geofabric laid during the initial soil cleanup (approximately 20' south of the art (sound) wall to the north curb of 46th Avenue. See Attachment 1 – Pothole Location Drawing.

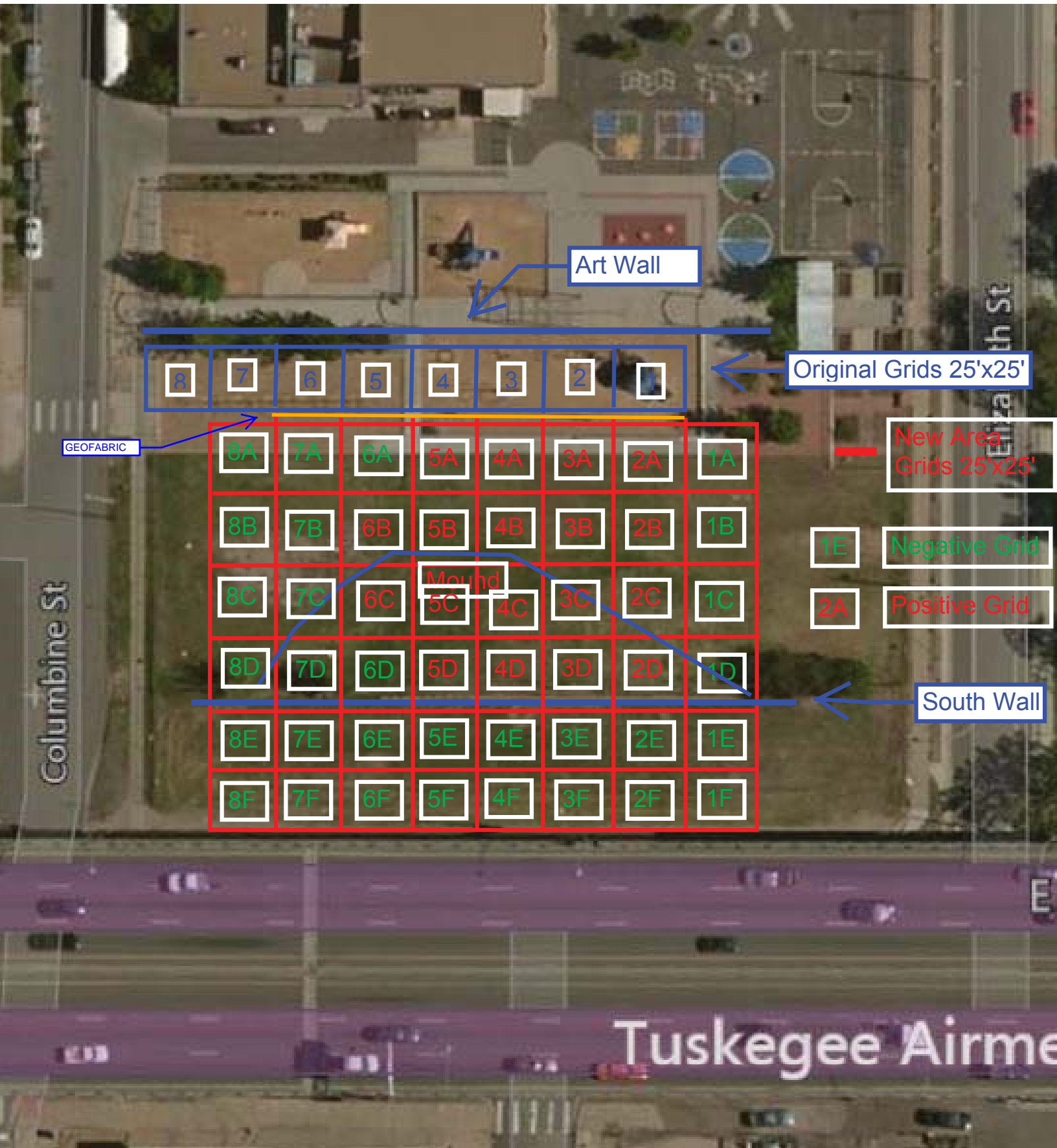
Potholing was completed using an excavator with a 48" bucket, amended water and standard construction personal protective equipment (PPE). A total of 48 grids were assessed by excavating each pothole to a maximum depth of 10'. Excavation stopped in a pothole upon discovery of construction debris with suspect ACM. If a pothole contained suspect debris similar to that from former testing, it was considered positive. If a new type of debris was identified it was sampled. A total of three samples were collected – all Non Detect for asbestos. See Attachment 3 – Laboratory Data and Attachment 4 - Photographs. If no suspect debris was identified after excavation to 10' the pothole was abandoned and filled. Another pothole was excavated in the same grid. If the second pothole was negative the grid was marked as negative. Only one pothole was excavated for positive grids. All soil from potholes were returned to the hole and covered with one foot of clean fill. A total of 18 grids were determined to be positive. Grids that were determined to be positive will be cleaned to approximately 8'-10' during this phase of soil cleanup following the approved Work Plan.

PROJECT SETUP

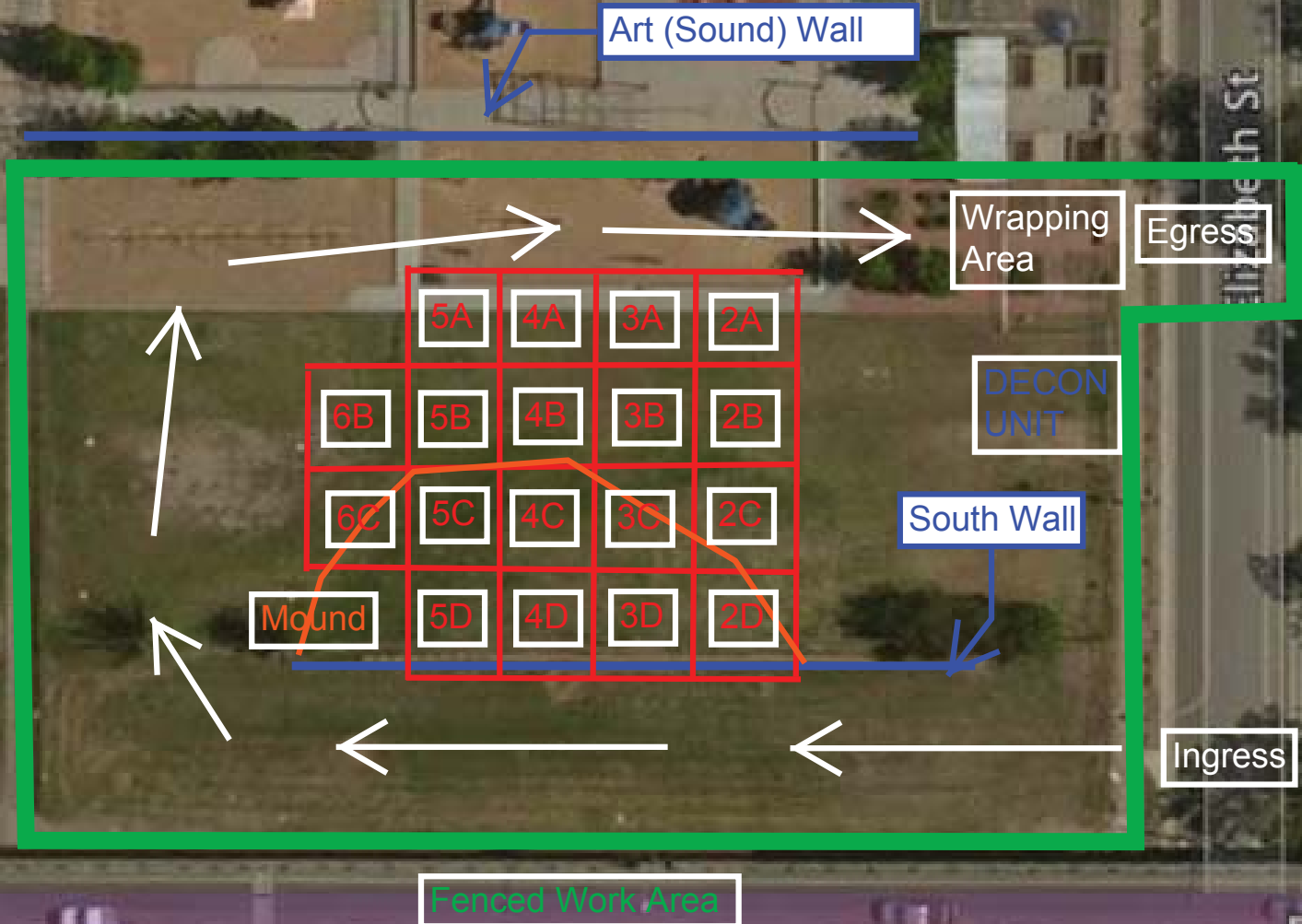
The project will be setup similarly to the initial cleanup at the sound wall. See Attachment 2 – Project Setup Diagram. The drawing illustrates ingress/egress, decontamination unit location and truck wrapping area. All work procedures from the original Work Plan (Attachment 5 – Work Plan) will be followed using the same General Abatement Contractor (GAC) ESA and FEI as the CABI/AMS.

ATTACHMENT 1 - SOUND WALL (SOUTH CLEANUP) POTHOLING ASSESSMENT DRAWING

9/20/18 (dmb)



Project Setup Diagram



ATTACHMENT 3 - SAMPLING DATA AND LABORATORY REPORTS



**Foothills
Environmental, Inc.**

Industrial Hygiene, Safety & Environmental Services

Asbestos Building Inspection Form

Date: 9/19/08

Building: GRID 2B

Material Description: STEP TREAD, BROWN w/ TAN MASTIC

Homogeneous Area ID: 2B-ST01-

Quantity: _____

Material Type: Surfacing Thermal System Insulation Miscellaneous

Friability

- Friable
- NF I
- NF II

Condition Assessment:

	Good	Damaged	Sig. Damage
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category I NF: Packet, Gasket, Resilient Floor Covering, Mastic or Asphalt Roofing Materials
Category II NF: Any non-friable material not covered in Category I
Good: Undamaged; **Damaged:** <10% Distributed or <25% Localized; **Sig. Damaged:** ≥10% Distributed or ≥25% Localized

Sample #:	Location:	Lab Result
<u>01</u>	<u>GRID 2B, 4' ↓</u>	

Physical Classification

- Damaged or significantly damaged Thermal System Insulation (TSI)
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing ACBM
- Damaged or significantly damaged friable miscellaneous ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or friable suspected ACBM



September 19, 2018

Subcontract Number: NA
Laboratory Report: RES 418667-1
Project # / P.O. # AS18143-1
Project Description: Kiewit - Central 70 Soils

Mike Perry
Foothills Environmental, Inc. (Colo. Springs)
5245 Centennial Blvd., Suite 102
Colorado Springs CO 80919

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 418667-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink that reads "Brett S. Colbert". Below the signature is the printed name "Brett S. Colbert for" in a small, black, sans-serif font.

Brett S. Colbert for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

NVLAP Lab Code 101896-0

TABLE: PLM BULK ANALYSIS, PERCENTAGE COMPOSITION BY VOLUME

RES Job Number: **RES 418667-1**
 Client: **Foothills Environmental, Inc. (Colo. Springs)**
 Client Project Number / P.O.: **AS18143-1**
 Client Project Description: **Kiewit - Central 70 Soils**
 Date Samples Received: **September 19, 2018**
 Method: **EPA 600/R-93/116 - Short Report, Bulk**
 Turnaround: **Rush**
 Date Samples Analyzed: **September 19, 2018**

ND=None Detected
 TR=Trace, <1% Visual Estimate
 Trem/Act=Tremolite/Actinolite

Client Sample Number	Lab ID Number	L A Y E R	Physical Description	Sub Part (%)	Asbestos Content		Non Asbestos Fibrous Components (%)	Non-Fibrous Components (%)
					Mineral	Visual Estimate (%)		
2B-ST01-01	EM 2167496	A	Brown adhesive	10		ND	0	100
		B	Brown flooring	90		ND	0	100

TEM Analysis recommended for organically bound material (i.e. floor tile) if PLM results are <1%.



Gregory Hronich

Analyst / Data QA

Due Date: _____
 Due Time: _____

REILAB Reservoirs Environmental, Inc.
 5801 Logan St. Denver, CO 80216 • Ph: 303 964-1986 • Fax 303-477-4275 • Toll Free :866 RESI-ENV

Job # _____
 Page 1 of 1

After Hours Cell Phone: 720-339-9228

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: FOOTHILLS ENVIRONMENTAL	Company:	Contact: MIKE PERRY	Contact:
Address: 5245 CENTENNIAL BLVD, #102 LODRADO SPRINGS, CO 80919	Address:	Phone: 719-930-0007	Phone:
Project Number and/or P.O. #: A518143-1		Fax:	Fax:
Project Description/Location: KIEWIT - CENTRAL TO SOILS		Cell/pager:	Cell/pager:
		Final Data Deliverable Email Address: LINDA.GONZALEZ@FOOTHILLSUSA.COM MIKE@FOOTHILLSUSA.COM	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm & Sat. 8am - 5pm	REQUESTED ANALYSIS				VALID MATRIX CODES		LAB NOTES:
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (3-5 Day) (Rush PCM = 2hr, TEM = 6hr.) CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm Metal(s) / Dust** <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day RCRA 8 / Metals & Welding <input type="checkbox"/> RUSH (3 Day) <input type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day Fume Scan / TCLP** <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6pm E.coli and/or Coliforms* <input type="checkbox"/> 24-48 Hour <input type="checkbox"/> Other: _____ Pathogens* <input type="checkbox"/> 24-48 Hour Microbial Growth* <input type="checkbox"/> 5-10 Day Legionella <input type="checkbox"/> 10 Day Mold <input type="checkbox"/> RUSH <input type="checkbox"/> 24 Hr <input type="checkbox"/> 48 Hr <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day **Turnaround times establish a laboratory priority, subject to laboratory volume and are not guaranteed. Additional fees apply for afterhours, weekends and holidays.** Special Instructions: _____ Client sample ID number _____ (Sample ID's must be unique)	PLM - Short report, Point Count, Long report, Qualitative TEM - AHERA, Level II, 7402, ISO, +/- (Air, Bulk or Dust), Quant, Semi-Quant, Micro-vac, ISO-Indirect Preps PCM - 7400A, 7400B, OSHA DUST - Total, Respirable METALS - Analyte(s) RCRA 8, TCLP, Welding Fume, Metals Scan, pH ORGANICS - METH, TSS Pathogens: Aerobic Plate Count, Salmonella, E.coli O157:H7, Listeria, S aureus, Campylobacter: +/- or Quantification E.coli and/or Coliforms: +/- or Quantification State Water (Please Circle One) Yes / No Microbial Growth: Aerobic Plate Count ID, Y & M or Bacteria, Fungal, +/- or Quantification Legionella: +/- or Quantification Other: Bioburden, LAL or Environmental Mold: Spore Trap or Bulk: +/- Identification, Quantification, Viable or Non-Viable SAMPLER'S INITIALS OR OTHER NOTES: _____	Air = A Dust = D Soil = S Swab = SW Drinking Water = DW Waste Water = WW O = Other **ASTM E1792 approved wipe media only**	Bulk = B Paint = P Wipe = W F = Food	Sample Volume (L) / Area Matrix Code # Containers Date Collected mm/dd/yy Time Collected hh/mm a/p	EM Number (Laboratory Use Only)		
1 2B-ST01-01 2 3 4 5 6 7 8 9 10	<input checked="" type="checkbox"/>	B	1	9/19/18	2167496		

Number of samples received: 10 (Additional samples shall be listed on attached long form.)
 NOTE: REI will analyze incoming samples based upon information received and will not be responsible for errors or omissions in calculations resulting from the inaccuracy of original data. By signing client/company representative agrees that submission of the following samples for requested analysis as indicated on this Chain of Custody shall constitute an analytical services agreement with payment terms of NET 30 days, failure to comply with payment terms may result in a 1.5% monthly interest surcharge.

Relinquished By: <i>[Signature]</i> Date/Time: 9/19/18 @ 1524	Sample Condition: On Ice <input type="checkbox"/> Sealed <input type="checkbox"/> Intact <input checked="" type="checkbox"/>
Laboratory Use Only Received By: <i>[Signature]</i> Date/Time: 9-19-18 3:25a Carrier: Hand / FedEx / UPS / USPS / Drop Box / Courier	Temp. (F°) _____ Yes / No Yes / No Yes / No <input checked="" type="checkbox"/>
Data Entry QA:	Contact Phone Email Fax Date Time Initials Contact Phone Email Fax Date Time Initials



September 20, 2018

Subcontract Number: NA
Laboratory Report: RES 418724-1
Project # / P.O. # AS18163-1
Project Description: KIEWIT-C 70

Mike Perry
Foothills Environmental, Inc. (Colo. Springs)
5245 Centennial Blvd., Suite 102
Colorado Springs CO 80919

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 418724-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,



Gina Vettraino for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

NVLAP Lab Code 101896-0

TABLE: PLM BULK ANALYSIS, PERCENTAGE COMPOSITION BY VOLUME

RES Job Number: **RES 418724-1**
 Client: **Foothills Environmental, Inc. (Colo. Springs)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **KIEWIT-C`70**
 Date Samples Received: **September 20, 2018**
 Method: **EPA 600/R-93/116 - Short Report, Bulk**
 Turnaround: **Rush**
 Date Samples Analyzed: **September 20, 2018**

ND=None Detected
 TR=Trace, <1% Visual Estimate
 Trem/Act=Tremolite/Actinolite

Client Sample Number	Lab ID Number	L A Y E R	Physical Description	Sub Part (%)	Asbestos Content		Non Asbestos Fibrous Components (%)	Non-Fibrous Components (%)
					Mineral	Visual Estimate (%)		
1E-DEB01-01	EM 2167930	A	Gray granular plaster	100		ND	0	100
3E-DEB02-01	EM 2167931	A	Off white plaster	15		ND	0	100
		B	Gray granular plaster	85		ND	0	100

TEM Analysis recommended for organically bound material (i.e. floor tile) if PLM results are <1%.



Gregory Hronich

Analyst / Data QA

Due Date: _____
Due Time: _____



5801 Logan St. Denver, CO 80216 • Ph: 303 964-1986 • Fax 303-477-4275 • Toll Free 866 RESI-ENV

RES Job # _____
Page 1 of 1

After Hours Cell Phone: 720-339-9228

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

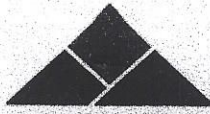
Company: FOOTHILLS ENVIRONMENTAL	Company:	Contact: MIKE PERRY	Contact:
Address: 5245 CENTENNIAL BLVD, #102 COLO SPRG, CO 80919	Address:	Phone: 719 930-0007	Phone:
		Fax:	Fax:
		Cell/pager:	Cell/pager:
Project Number and/or P.O. #: A518163-1	Final Data Deliverable Email Address: MIKE@FOOTHILLSUSA.COM		
Project Description/Location: KIKWIT-C70	LINDA.GONZALEZ@FOOTHILLSUSA.COM		

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm & Sat. 8am - 5pm	REQUESTED ANALYSIS				VALID MATRIX CODES		LAB NOTES:
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> PRIORITY <input type="checkbox"/> STANDARD	PLM - Short report, Point Count, Long report, Qualitative TEM - AHERA, Level II, 7402, ISO, +/- (Air, Bulk or Dust), Quant, Semi-Quant, Micro-vac, ISO-Indirect Preps PCM - 7400A, 7400B, OSHA DUST - Total, Respirable METALS - Analyte(s) _____ RCRA 8, TCLP, Welding Fume, Metals Scan, pH ORGANICS - METH, TSS Pathogens: Aerobic Plate Count, Salmonella, E.coli O157:H7, Listeria, S aureus, Campylobacter: +/- or Quantification E.coli and/or Coliforms: +/- or Quantification State Water (Please Circle One) Yes / No Microbial Growth: Aerobic Plate Count ID, Y & M or Bacteria, Fungal, +/- or Quantification Legionella: +/- or Quantification Other: Bioburden, LAL or Environmental Mold: Spore Trap or Bulk: +/-, Identification, Quantification, Viable or Non-Viable SAMPLER'S INITIALS OR OTHER NOTES:	Air = A	Bulk = B				
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm		Dust = D	Paint = P				
Metal(s) / Dust** <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day		Soil = S	Wipe = W				
RCRA 8 / Metals & Welding <input type="checkbox"/> RUSH (3 Day) <input type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day		Swab = SW	F = Food				
Fume Scan / TCLP** <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day		Drinking Water = DW	Waste Water = WW				
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day	O = Other						
MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6pm	**ASTM E1792 approved wipe media only**						
E.coli and/or Coliforms* <input type="checkbox"/> 24-48 Hour <input type="checkbox"/> Other: _____	Sample Volume (L) / Area	Matrix Code	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)		
Pathogens* <input type="checkbox"/> 24-48 Hour		# Containers					
Microbial Growth* <input type="checkbox"/> 5-10 Day							
Legionella <input type="checkbox"/> 10 Day							
Mold <input type="checkbox"/> RUSH <input type="checkbox"/> 24 Hr <input type="checkbox"/> 48 Hr <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day							
Turnaround times establish a laboratory priority, subject to laboratory volume and are not guaranteed. Additional fees apply for afterhours, weekends and holidays.							
Special Instructions:							
Client sample ID number (Sample ID's must be unique)							
1 1E-DEB01-01			B 1 9/20/18		2147930		
2 3E-DEB02-01			B 1 ↓		31		
3							
4							
5							
6							
7							
8							
9							
10							

Number of samples received: 2 (Additional samples shall be listed on attached long form.)

NOTE: REI will analyze incoming samples based upon information received and will not be responsible for errors or omissions in calculations resulting from the inaccuracy of original data. By signing client/company representative agrees that submission of the following samples for requested analysis as indicated on this Chain of Custody shall constitute an analytical services agreement with payment terms of NET 30 days, failure to comply with payment terms may result in a 1.5% monthly interest surcharge.

Relinquished By: Mike Perry 9/20/18 @ 12:21	Date/Time:	Sample Condition:	On Ice	Sealed	Intact
Laboratory Use Only		Temp. (F°)	Yes / No	Yes / No	Yes / No
Received By: Mickie Thomas 12:32 pm	Date/Time: 9-20-18	Carrier: Hand / FedEx / UPS / USPS / Drop Box / Courier			
Data Entry QA:	Contact	Phone	Email	Fax	Date
	Contact	Phone	Email	Fax	Date



Foothills Environmental, Inc.

Industrial Hygiene, Safety & Environmental Services

Asbestos Building Inspection Form

Date: 9/20/18

Building: GRID 1E

Material Description: WHITE PLASTER DEBRIS

Homogeneous Area ID: 1E-DEB01

Quantity: _____

Material Type: Surfacing

Thermal System Insulation

Miscellaneous

Friability

Friable

NF I

NF II

Condition Assessment:

Good Damaged Sig. Damage

Vibration

Air Erosion

Physical Damage

Category I NF: Packet, Gasket, Resilient Floor Covering, Mastic or Asphalt Roofing Materials

Category II NF: Any non-friable material not covered in Category I

Good: Undamaged; Damaged: <10% Distributed or <25% Localized; Sig. Damaged: ≥10% Distributed or ≥25% Localized

Sample #:

Location:

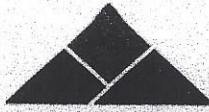
Lab Result

01

POTHOLE 1E(1), 5' ↓

Physical Classification

- Damaged or significantly damaged Thermal System Insulation (TSI)
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing ACBM
- Damaged or significantly damaged friable miscellaneous ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or friable suspected ACBM



Foothills Environmental, Inc.

Industrial Hygiene, Safety & Environmental Services

Asbestos Building Inspection Form

Date: 9/20/18

Building: Grid 3E

Material Description: WHITE DEBRIS - PLASTER

Homogeneous Area ID: 3E-DEB02

Quantity: _____

Material Type: Surfacing

Thermal System Insulation

Miscellaneous

Friability

Friable

NF I

NF II

Condition Assessment:

Good Damaged Sig. Damage

Vibration

Air Erosion

Physical Damage

Category I NF: Packet, Gasket, Resilient Floor Covering, Mastic or Asphalt Roofing Materials

Category II NF: Any non-friable material not covered in Category I

Good: Undamaged; Damaged: <10% Distributed or <25% Localized; Sig. Damaged: ≥10% Distributed or ≥25% Localized

Sample #:

Location:

3E, @ 2' ↓

Lab Result

Sample #	Location	Lab Result

Physical Classification

- Damaged or significantly damaged Thermal System Insulation (TSI)
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing ACBM
- Damaged or significantly damaged friable miscellaneous ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or friable suspected ACBM

ATTACHMENT 4 - PHOTO LOG

Photo Log

ACM Mastic on Concrete and ACM Floor Tiles



ACM Mastic on Brick



Pipe with ACM Pipe Wrap



ACM Woven Material



ACM Floor Tile, ACM Mastic on Brick and Non-ACM Step Tread



Building Footer found in Grid 2B



Non-ACM Plaster Debris



ATTACHMENT 5
ACM SOIL CLEANUP PLAN - APPROVED JULY 26, 2018

1.0 PERSONNEL QUALIFICATIONS

1.1 Training and Certifications

Personnel overseeing, directing, inspecting and/or handling ACWM/soil suspected of containing asbestos shall have, at a minimum and as appropriate to the work activity, the following training and experience:

- 1) Inspection and identification of ACM shall be conducted by a CABI (certified in accordance with AQCC Regulation No. 8 (5 CCR 1001-10, Part B)).
- 2) Individuals performing air monitoring in accordance with AQCC Regulation No. 8 (5 CCR 1001-10, Part B) must have a current Air Monitoring Specialist (AMS) certification. in accordance with AQCC Regulation No. 8 (5 CCR 1001-10, Part B).
- 3) Only state certified asbestos personnel will be authorized to enter the Regulated Asbestos Abatement Work Area. Additional requirements for entry to the site may include Kiewit Safety Training and/or CDOT access requirements. General Abatement Contractor (GAC) will provide at least one certified asbestos abatement Supervisor on site at all times during ACWM/soil cleanup activities.
- 4) Truck drivers present in work areas must remain inside the cab of the truck with truck windows and doors remaining closed at all times and the air handling systems off while the truck is in the work area.

2.0 EXCAVATION OF ASBESTOS CONTAMINATED ACWM/ACWM/SOIL

2.1 Establishment and control of Work Area (WA)

- 1) Requirements for establishment and control of a WA are applicable to this project.
 - a) Establish a WA that is identifiable to all persons.
 - b) Chain-link or equivalent to support wind screen/fiber mesh will be installed on the work area perimeter for wind and dust control. The GAC will install/maintain EPA/CDPHE and OSHA required warning signage on the exterior of the wind fence at a distance of no more than 50' apart but on all sides including: "Danger Asbestos". The GAC will inspect/repair fences as required. The GAC will install/maintain OSHA required warning signage on the exterior of the fence at a distance of no more than 50' apart including: "Restricted Area"," Hard Hat Area", etc. Labeling and signage shall indicate the presence of asbestos, and that the area is off limits to unauthorized personnel.
- 2) The air monitoring requirements specified under Section 4.0 shall be followed during ACWM/soil cleanup;
- 3) Wind speed measurements will be taken with a hand held wind meter at least every 30 minutes, and during wind gusts, throughout the duration of ACWM/soil removal or

disturbance activities. All asbestos-impacting activities must cease when any of the following wind stoppage criteria are met, in order to limit potential exposure to workers and airborne emissions of asbestos from the site. The following wind stoppage criteria shall be followed:

- a) Any wind gust reaches or exceeds 20 miles per hour (mph) as determined by a hand-held meter;
 - b) Sustained wind speeds reach or exceed 12 mph averaged over a period of 10 minutes;
 - c) Winds produce visible emissions or create movement of dust or debris in or near the work area; or,
 - d) Winds impact the ability of engineering controls to work as designed.
- 4) ACWM/soil cleanup operations may resume after all of the following four conditions have been met:
- a) All wind gust readings, for a period of 10 minutes, drop below 20 miles per hour as determined by hand-held instruments;
 - b) Sustained wind speeds are below 12 miles per hour averaged over a period of 10 minutes;
 - c) Winds are no longer producing visible emissions or creating movement of dust or debris in or near the removal/disturbance area; and,
 - d) Winds are not impacting the ability of engineering controls to work as designed.
- 5) All water used in the following procedure shall be amended water;
- 6) Prior to ACWM/soil cleanup, the contractor shall adequately wet the ACWM/soil to prevent visible emissions and insure only wet ACWM/soil is impacted. During excavation, the contractor shall use a mister on the track hoe and hand-operated misters/sprayers to ensure that the ACWM/soil and any suspect asbestos material are adequately wet to prevent visible emissions;
- 7) Carefully excavate layers of ACWM/soil remaining by limiting the quantity of ACWM/soil so that it can be adequately wetted and contained within each scoop of the backhoe. The CABI shall conduct a visual inspection for asbestos material as excavation proceeds and inspect the ACWM/soil during removal by the Contractor;
- 8) During loading, the excavator moving the ACWM/soils into the haul truck or roll-off shall have the sprayer bar operating to wet the material being loaded. A ground based sprayer shall also spray/wet the bucket as it is unloaded into the truck;
- 9) The truck shall be placed on 10-mil polyethylene sheeting while being loaded so that any over-spill can be picked up. Any over-spill material shall be cleaned up before the truck is allowed to leave the loading area to prevent possible cross-contamination. Additionally, the 10-mil polyethylene sheeting in the loading area shall be decontaminated or changed

as needed to prevent possible cross-contamination. The excavator operator, the person operating the spray unit, the CABI, and any other personnel in the area immediately helping the ACWM/soil operation shall be in Tyvek®, respirator, and required PPE. This requirement does not apply to haul truck drivers.

- 10) Excavated ACM shall be placed in designated containers labeled for asbestos in accordance with the Colorado Regulations, and OSHA mandated asbestos danger signs. The ACWM/soil shall be loaded using all necessary procedures to prevent visible emissions. These include misting/wetting during the loading process, keeping the bucket as close as possible to the interior of the container before dumping, and slow dumping to allow adequate wetting. ACWM/soil shall be loaded into 10-mil reinforced polyethylene double lined trucks;
- 11) If the excavation will be left open overnight, access to the area must be restricted and any exposed portions of the excavation or ACWM/soil piles containing known or suspect visible asbestos must be covered or otherwise stabilized. The Contractor will utilize lockable gates into the existing security fence, and install or modify the existing fence to accommodate truck traffic gates and personnel gates as required around the perimeter of the site.
- 12) ACWM/soil cleanup will proceed down to a point where native soil is identified or where evidence of debris is no longer seen.

3.0 ACM SPILL RESPONSE

- 1) Spilled material shall be cleaned up immediately and not allowed to dry out or accumulate on any surface.
- 2) Rinsate, runoff, or any other water that has come into contact with ACM shall be considered to be asbestos contaminated water and shall be collected and filtrated to less than 5 microns and discharged to a sanitary sewer or re-applied to ACM that will be managed under this plan (but reused water will not be sprayed or misted).
- 3) If work practices in the WA are causing an ongoing spill outside the WA, the work practices shall cease or be modified to prevent additional releases.

4.0 AIR MONITORING REQUIREMENTS

During ACWM/soil cleanup activities, the AMS will collect air monitoring samples to assist in determining the adequacy of engineering and environmental controls employed at the site. The AMS will maintain a daily air monitoring log.

4.1 Point of Operation Air Monitoring

For all ACWM/soil cleanup activities, at least two (2) different workers or 25 percent of the workers, whichever is greater, and who are expected to have the worst-case exposure to asbestos during cleanup, shall be monitored at the Point of Operations. Point of Operation air samples collected will be analyzed by Phase Contrast Microscopy (PCM). One of the air samples will be submitted to the laboratory for analysis by Transmission Electron Microscopy (TEM). If any asbestos structures are detected by TEM, work will be stopped and engineering controls will be re-evaluated before re-

commencement of work.

4.2 Perimeter Air Monitoring for Asbestos

Perimeter monitoring shall be performed during all ACWM/soil cleanup activities. Perimeter monitoring will consist of four (4) air monitoring points located at points surrounding the WA but inside and surrounding the leading and prevailing edges of the working face. Samples will be located inside the WA. Additionally, two (2) downwind floater samples shall be collected during mechanical disturbance of ACWM/soil (to be moved based on prevailing wind direction and adjacent receptors).

4.3 Air Sample Analysis and Response to Detected Asbestos Fibers

All air samples shall be analyzed using PCM analysis by submitting to an AIHA Proficiency Analytical Testing (PAT) and NIST NVLAP accredited laboratory at the end of each work day. Any samples with fiber counts greater than 0.01 fibers per cubic centimeter (f/cc), Maximum Allowable Asbestos Level (MAAL) detected by PCM analysis, shall be analyzed by TEM.

Three samples will be analyzed per day by TEM (one to include Point of Operations sample as described above and two perimeter samples at random). If there are any TEM detections of asbestos by presence/absence the Contractor and AMS shall stop work immediately and CDPHE shall be notified and the following documentation will be sent:

- 1) A diagram with accurate sample locations highlighting what sample had the detection;
- 2) Photos of current site conditions;
- 3) Supervisor notes regarding activities that took place that day (number of loads, weather conditions, number of workers and tasks);
- 4) Wind log;
- 5) .AMS log;
- 6) Laboratory data;
- 7) Distance from the structure (perimeter) to the sampling equipment where detection occurred;
- 8) Positioning of crew;
- 9) Estimated source of detection, and;
- 10) Detailed corrective action plan

CDPHE will approve changes to work practices and will approve continuation of work.

Verbal results shall be made available to the Contractor and AMS by the start of the next business day or as soon as practical and written results shall be made available on-site within 24 hours from

the time the verbal result is received.

5.0 DOCUMENTATION

The CABI is responsible for documenting all asbestos inspection observations and sampling activities.

The CABI shall also be responsible for maintaining the photographic log and the project field logbook. The purpose of the field logbook is to document a semi-narrative record of the field conditions, activities, and events relevant to the field program on a daily basis. Information to be documented in the logbook includes air monitoring, wind stoppage events, decontamination procedures, ACM and handling, sample collection, and any other pertinent information.

6.0 EQUIPMENT AND WORKER DECONTAMINATION PROCEDURES

6.1 Equipment Decontamination

Sampling equipment, backhoe buckets, wheelbarrows, vehicles, and other equipment that comes in contact with ACWM/soil known to contain, or potentially contain asbestos shall be decontaminated before leaving the site. All equipment being removed from the WA will be decontaminated with amended water on a surface covered with 2 layers of 6 mil polyethylene sheeting with berms to contain rinse water, and all rinse water will be collected and filtered to 5 microns prior to being discharged into a sanitary sewer. Remaining material and polyethylene sheeting will be double-bagged and disposed as ACM waste. Equipment decontamination will be performed inside the WA.

All wet decontamination of equipment will be followed by CABI inspection and verification of equipment decontamination before it leaves the WA.

6.2 Worker Decontamination

During all ACWM/soil cleanup activities in areas with friable asbestos, a fully functioning decontamination unit or trailer shall be available onsite for worker decontamination. The decontamination unit will be centrally located at fence line. The decontamination unit will consist of three (3) chambers and has fully operational hot and cold running water for the shower. The decon shall be smoke tested by the AMS/Supervisor to verify clean room to equipment room air flow at least twice during an active shift. The PDU exhaust, placed in a sidewall of the equipment room, shall be continuously operated during personnel decontamination activities.

Each time the WA is to be entered, all personnel entering will doff street clothes and don disposable protective suits (Tyvek®), disposable gloves and disposable boot covers (excluding truck drivers). Decontamination shall be conducted each time personnel leave the WA. Any non-disposable personnel items must be decontaminated with water or by wet wiping. Rinsate from the decontamination unit shall be collected, filtered to less than 5 microns and discharged to a sanitary sewer.

The decontamination unit shall be utilized by the personnel each time they enter or exit the WA. All contaminated disposable personnel protective equipment shall be containerized and disposed as asbestos waste.

7.0 TRANSPORTATION AND DISPOSAL

Transportation of ACWM/ACWM/soil shall be conducted in accordance with Section III.R. Waste Handling in Reg 8, including all signage. ACWM/ACWM/soil will be disposed of in leak-tight, double lined trucks or containers as friable asbestos waste in accordance with the requirements of Section III.R.2 of Reg 8 following all provisions of CDPHE, Hazardous Materials and Waste Management Division. At no time shall waste containers rupture during loading, transportation or deposition. If a rupture shall occur, all asbestos-impacting activities shall immediately cease until the cause of the rupture has been identified and a solution implemented to prevent future ruptures.

8.0 FINAL CLEARANCE AND CLOSEOUT

Following completion of ACWM/soil cleanup, FEI will conduct a visual inspection of the WA. Each grid will be inspected to verify that there is no visible debris and cleared by visual inspection. The project will be considered complete when all grids pass visual clearance inspection.

All documentation including air monitoring results, daily logs, manifests, etc. will be submitted for inclusion in a final report to Kiewit Infrastructure.

Abbreviations

ACM	Asbestos-containing materials
ACWM	Asbestos-containing waste material
AHERA	Asbestos Hazard Emergency Response Act
AIHA	American Industrial Hygiene Association
AMS	Asbestos Air Monitoring Specialist, CDPHE Certified
APD	Asbestos Project Designer
AQCC	Air Quality Control Commission
CABI	Certified Asbestos Project Designer
CCR	Code of Colorado Regulations
CDOT	Colorado Department of Transportation
CDPHE	Colorado Department of Public Health and Environment
DOT	US Department of Transportation
EPA	US Environmental Protection Agency
f/cc	fibers per cubic centimeter
GIS	Geographic information system
GPS	Geographic positioning system
HASP	Health and Safety Plan
NESHAP	National Emissions Standards for Hazardous Air Pollutants
NIOSH	National Institute of Occupational Safety and Health
NIST	National Institute of Standards and Technology
NVLAP	National Voluntary Lab Accreditation Program
OSHA	Occupational Safety and Health Administration
PCM	Phase Contrast Microscope
PLM	Polarized Light Microscopy
PPE	Personal Protective Equipment
WA	Work Area
SOP	Standard Operating Procedure document
TEM	Transmission Electron Microscope

APPENDIX

B

SWANSEA SOIL REMEDIATION FINAL REPORT



Asbestos Potholing Oversight and ACM Waste Cleanup CABI/AMS Monitoring Report

for

**Swansea Art (Sound) Wall to North Curb of 46th Avenue
First Amendment to ACM Soil Cleanup Plan
Denver, Colorado 80216**

November 13, 2018

Prepared For:

**Megan Wood
Kiewit Infrastructure Co.
5075 Kalamath Street
Denver, Colorado 80221
Environmental Engineer**

Prepared By:

**Andrew Castano
Industrial Hygienist
Foothills Environmental Inc.
11099 W. 8th Ave. Lakewood, CO 80215**

Foothills Project Number: AS18163-1

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 APPENDIX B PCM AND TEM ANALYTICAL AIR RESULTS
 APPENDIX C PHOTOGRAPHS
 APPENDIX D DAILY VISUAL INSPECTIONS AND MONITORING LOGS
 APPENDIX E CERTIFICATIONS

Abbreviations

ACM	Asbestos-containing material
ACWM	Asbestos-containing waste material
AHERA	Asbestos Hazard Emergency Response Act
AIHA	American Industrial Hygiene Association
AMS	Air Monitoring Specialist
APD	CDPHE Certified Asbestos Project Designer
AQCC	Air Quality Control Commission
CABI	Certified Asbestos Building Inspector
CCR	Code of Colorado Regulations
CDOT	Colorado Department of Transportation
CDPHE	Colorado Department of Public Health and Environment
DOT	US Department of Transportation
EPA	US Environmental Protection Agency
f/cc	fibers per cubic centimeter
GIS	Geographic information system
GPS	Geographic positioning system
HASP	Health and Safety Plan
NESHAP	National Emissions Standards for Hazardous Air Pollutants
NIOSH	National Institute of Occupational Safety and Health
NIST	National Institute of Standards and Technology
NVLAP	National Voluntary Lab Accreditation Program
OSHA	Occupational Safety and Health Administration
PCM	Phase Contrast Microscopy
PLM	Polarized Light Microscopy
PPE	Personal Protective Equipment
WA	Work Area
SOP	Standard Operating Procedure
TEM	Transmission Electron Microscopy

1 INTRODUCTION

This report describes the measures taken by Kiewit Infrastructure Company (Kiewit) and its asbestos abatement contractor Earth Services and Abatement (ESA), after the discovery of asbestos containing building materials in soil at the location of planned soil excavation for the I-70 project. Testing of excavated materials in the soil revealed that some contained asbestos. Soil that contains documented evidence of asbestos meets the definition of Asbestos-Containing Waste Material (ACWM) according to Air Quality Control Commission (AQCC) Regulation No. 8, Part B - Asbestos. Previous meetings and studies determined that Regulation No. 8 applied for this project. An ACM Soil Cleanup Plan dated July 26, 2018 was amended by FEI to accommodate work for this phase of the project. It was approved October 5, 2018 by the Colorado Department of Public Health and Environment (CDPHE) and implemented for this project starting on October 15, 2018.

1.1 Project Location

Contaminated soil was discovered south of the Swansea Elementary school sound wall and north of the 46th avenue curb, between Columbine and Elizabeth streets (the site). See drawing in Appendix A, Figure 1. The site was divided into 48 grids (175 feet by 250 feet) using 25 foot by 25 foot increments, and potholing was conducted to determine where ACM building debris may be located. Testing identified the presence of ACM building materials similar to the first cleanup phase including floor tile, brick mastic, floor mastic, pipe insulation, and stair tread. A total of 18 grids were initially determined to be contaminated, which included an area approximately 150 feet long by 125 feet wide. This became the project Work Area (WA).

ESA followed the approved work plan by erecting fencing around the WA, removing and disposing of the mound and the top one (1) foot of soil underneath the mound first. Potholing was completed in the mound area while removal of the westernmost grids were cleaned. Potholing indicated grids below the mound were not contaminated. The remaining contaminated grids around the mound area were excavated to at least eight feet (8) below grade. The project was considered complete when all contaminated grids were cleaned by ESA and inspected by FEI.

2 BACKGROUND

After completion of pothole sampling and amendment of the Work Plan, Foothills Environmental Inc. (FEI) was contracted by Kiewit to perform ambient air monitoring using an Air Monitoring Specialist (AMS), photoionization (PID) monitoring for volatile organic compounds (VOCs) and Certified Asbestos Building Inspector (CABI) services during cleanup activities on the site. Mr. Andrew Castano (CABI/AMS), worked under the direction of Mr. Dan Benecke, also a CABI certified by the Colorado Department of Public Health and Environment (CDPHE) and Certified Hazardous Materials Manager (CHMM). Mr. Castano conducted perimeter and point of operation air monitoring, visual inspections, PID monitoring, and CABI services during soil cleanup activities.

3 ACWM/SOIL CLEANUP PROCEDURES

The WA was prepared consisting of chain link fencing with posts and asbestos danger signage (See Appendix A, Figure 1 - Soil Cleanup Work Area Drawing). ACWM in the WA was observed to be cleaned according to the approved Work Plan using the following basic procedures:

3.1 Excavation Activities

ESA utilized wet methods, an excavator, and double lined trucks for the cleanup of ACWM. Personal protective equipment, including protective coveralls with boots and hoods and proper respiratory protection were worn by workers when they entered the WA. Entry/exit was completed through the appropriate decontamination unit prepared according to the Work Plan. The top 8 feet of soil was removed from contaminated grids measuring approximately 150 feet by 125 feet (18 grids). Excavated soil was carefully dumped into prepared trucks, which were parked on reinforced polyethylene sheeting. A worker constantly sprayed the soil and bucket with amended water. After the truck was approximately 2/3 full of ACWM it pulled forward about 50 feet into a wrapping station. Workers overlapped and secured the plastic on top of the soil and attached sheeting together with zip ties and tape. Lastly, the truck's cargo covering fabric was rolled over the load for additional protection. After visual inspection by FEI, waste was transported from the site to an appropriate asbestos waste landfill. ESA and the waste hauler were responsible for proper manifesting of disposed materials. Lastly, potholes were taken to a depth of 10 feet in grids located in the area of the former mound (after removal of the mound) to identify potential contaminated soil beneath the mound. Grids beneath the former mound were determined not to be contaminated.

3.2 Post Excavation

After ACWM cleanup, completion of potholing, and passage of visual inspections in all cleaned grids, the work was considered complete. When all cleanup activities were completed, the excavator was decontaminated onsite and a visual inspection was conducted to ensure no visible soil or debris remained on the equipment. Water from cleaning the excavator and bucket was collected in a basin and filtered to 5 microns (see Appendix C, Photographs). The excavator was then moved off site.

4 AIR MONITORING PROCEDURES

Air samples were collected inside the WA every day for the duration of the project. For each day of soil cleanup activities, two (2) point of operation, four (4) perimeter, and two (2) downwind air samples were collected utilizing 25-millimeter cassettes containing mixed cellulose ester filters with a 0.8 μ m pore size. The samples were collected using low volume sampling pumps and stands at the height of the breathing zone with cassettes located inside and pointing towards the WA. Each pump was calibrated with a primary standard calibrator before and after sampling. Sample information was logged on an air monitoring field data worksheet. Reservoirs Environmental Inc. completed analysis of air samples using Phase Contrast Microscopy (PCM) and Transmission Electron Microscopy (TEM). Though not asbestos specific, PCM is the accepted method for analysis of air samples for airborne fiber content. All Reservoirs Environmental Inc. analysts have completed the NIOSH 582 or NIOSH 582e course entitled "Sampling and Evaluating Airborne Dust". Reservoirs Environmental Inc. is a participant in the American Industrial Hygiene

Association (AIHA) Proficiency Analytical Testing program and is certified by AIHA and the National Voluntary Laboratory Accreditation Program.

One point of operation, and two perimeter monitoring PCM samples were re-analyzed by TEM on every day of the project. On October 17, an additional sample was analyzed by TEM because the PCM result was 0.01 f/cc, and confirmation was needed to rule out asbestos as a constituent of the collected fibrous debris.

4.1 Sampling Results Summary Table

The following are results of perimeter air samples collected during soil cleanup activities and at point of operations during soil cleanup activities (see Appendix B for copies of laboratory results):

TABLE 1
Air Samples Collected During ACM Soil Cleanup
Swansea South of Noise Wall Cleanup Project

Date	Sample #	Location	PCM Result (fiber/cc)	TEM Result (Presence/Absence)
October 15	1015-1	Jason Evbaak - Sprayer	<0.002	ND
	1015-2	Carlos Martinez - Wrapper	0.003	--
	1015-3	East	<0.002	ND
	1015-4	North	<0.002	--
	1015-5	West	<0.002	ND
	1015-6	South	<0.003	--
	1015-7	Northeast then northwest	<0.003	--
	1015-8	Northeast then northwest	<0.002	--
	1015-9	Blank	BRL	--
	1015-10	Blank	BRL	--
October 16	1016-1	Jason Evbaak - Sprayer	0.005	--
	1016-2	Louis Gutierrez - Wrapper	<0.002	ND
	1016-3	East	<0.002	--
	1016-4	North	0.003	ND
	1016-5	West	<0.002	--
	1016-6	Southwest	0.002	--
	1016-7	Northwest then northeast	<0.002	--
	1016-8	Northwest then northeast	<0.002	ND
	1016-9	Blank	BRL	--
	1016-10	Blank	BRL	--
October 17	1017-1	Jason Evbaak - Sprayer	0.010	ND
	1017-2	Marco Delacruz - Wrapper	<0.002	ND
	1017-3	Northeast	0.003	ND
	1017-4	North	0.003	--
	1017-5	West	<0.002	--

	1017-6	South	0.003	ND
	1017-7	North then West	0.007	--
	1017-8	North then West	0.003	--
	1017-9	Blank	BRL	--
	1017-10	Blank	BRL	--
October 18	1018-1	Jason Evbaak - Sprayer	0.008	--
	1018-2	Nelson Archilla - Wrapper	0.009	ND
	1018-3	East	<0.003	--
	1018-4	North	0.004	ND
	1018-5	West	0.003	ND
	1018-6	South	0.003	--
	1018-7	Northwest then North	0.005	--
	1018-8	Northwest then North	0.005	--
	1018-9	Blank	BRL	--
	1018-10	Blank	BRL	--
Date	Sample #	Location	PCM Result (fiber/cc)	TEM Result (Presence/Absence)
October 19	1019-1	Jason Evbaak - Sprayer	0.003	--
	1019-2	Carlos Martinez – Wrapper	0.011	ND
	1019-3	Northeast	0.006	--
	1019-4	North	0.006	--
	1019-5	West	0.005	ND
	1019-6	South	<0.003	ND
	1019-7	West then East	<0.003	--
	1019-8	West then East	<0.003	--
	1019-9	Blank	BRL	--
	1019-10	Blank	BRL	--

CDPHE Maximum Allowable Asbestos Level: 0.01 fiber/cc (red indicates exceedance)

CBR: Cannot Be Read

ND: Non-Detect

BRL: Below Reporting Limit

4.2 Wind Speed Monitoring

Wind speed measurements were collected by FEI in accordance with Section 2.1.3) and 4). There were no work stoppages due to wind during the project. Wind speed measurement documentation is attached in Appendix D.

4.3 Photoionization Monitoring

Monitoring for VOCs was conducted using a hand-held PID monitoring device which was properly calibrated. Sampling was completed during site walks around the soil cleanup area and conducted whenever the CABI/AMS entered the work area (approximately every hour). Monitoring results were recorded in the daily log book and can be found in appendix D.

5 DAILY SITE MANAGEMENT ACTIVITIES

Potholing Prior to Cleanup

- 9/19/18 FEI (Mike Perry) arrives onsite to observe potholing. A total of 32 grids are potholed. Concrete, brick, mastic, and pipe insulation are observed in the soil. One bulk sample was collected to test for the presence of asbestos (non-detect) and the results can be found in appendix B.
- 9/20/18 FEI arrives onsite to observe potholing. A total of 16 grids are potholed. Wood, plaster, concrete, asphalt, unwrapped pipe, and brick are found in the soil. Two bulk samples were collected to test for the presence of asbestos (non-detect) and the results can be found in appendix B.

AMS/CABI During Cleanup

- 10/15/18 FEI (Andrew Castano) arrives onsite at 06:50 and attends the safety meeting. At 07:35 ESA workers pick up wind fence on the southern boundary of the work area that fell overnight. ESA begins prep of sight by setting up wrapping station, installing water hoses, and positioning excavator. First truck enters the WA at 08:18 and excavation of the mound begins (ESA). Perimeter, downwind, and point of operation air samples are placed in the work area and are attached to two workers (FEI). VOCs are measured with a hand held PID around the digging area and readings of 0.0 parts per million (ppm) are recorded (FEI). A representative from the Colorado Department of Transportation arrives to observe progress at 11:30. Five waves of trucks enter and leave the WA, which totals about 42 loads of dirt removed for the day (ESA). The last truck leaves the WA at 16:29. Weather was sunny and the wind was low (FEI). Roads within the WA were moist with residual ice and snow and did not require wetting. Additional readings taken throughout the day for VOCs are all 0.0 ppm (FEI). A stabilizer is sprayed onto excavated soil to stabilize it overnight (ESA). FEI leaves at 16:53 and samples are dropped off at the lab at 17:06. All PCM results were below the maximum allowable limit, and all TEM samples were non-detect for asbestos.
- 10/16/18 FEI arrives onsite at 06:21 and participates in safety meeting. Site is prepared at 06:50, first truck arrives onsite at 07:13 and excavation of the mound continues (ESA). At 09:40 excavation of the mound is completed down to 1 foot below grade (ESA). Excavation of grid 2B begins (ESA) and sampling pumps are moved to the new dig area (FEI). PID readings are 0.2-0.3 ppm (FEI). PID displays readings of 0.0 ppm around the area of excavation (FEI). Sunny weather with low wind continues and roads in the WA begin to dry. Malfunction occurs with the water spraying nozzle

on the excavator arm and a hose is directly attached (ESA). Concrete and brick debris are observed in the digging area (FEI). The water sprayer is instructed to spray down roads during lulls of truck loading activities (FEI). Additional VOC readings taken throughout the day range from 0.0 to 0.1 ppm (FEI). Last truck leaves at 16:07. FEI departs site at 16:35 and drops off samples at 17:00. All PCM results were below the maximum allowable asbestos level, and all TEM samples were non-detect for asbestos.

- 10/17/18 FEI arrives onsite at 06:20. Safety meeting at 06:30 and site prep begins at 06:45. First truck enters WA at 07:19. Conduct smoke test of decontamination trailer to confirm airflow direction (FEI). First two waves of twenty trucks are filled and leave by 10:03 (ESA). Concrete, brick, and red tile are observed in the area of digging (FEI). Excavation continues for grids 4B, 5B, and 6B (ESA). Excavator is repositioned to the east side of the WA to begin excavation of grid 2A at 13:33 (ESA). Weather is sunny with slightly stronger winds than the first two days – no stoppage (FEI). VOC readings taken with PID around the dig area throughout the day are 0.0 ppm (FEI). FEI leaves site around 16:20 and samples are dropped off at 16:43. The PCM result for the water sprayer was 0.01 fibers/cc which matches the maximum allowable asbestos level. TEM analysis of that sample and two other area samples non-detect for asbestos (FEI).
- 10/18/18 FEI arrives onsite at 06:20 and attends safety meeting until 06:40. Site preparations begin at 06:45 and the first truck arrives in the WA at 07:17 (ESA). ESA notices a leak on the fire hydrant used to feed water to the site and fixes problem immediately. Decontamination trailer is smoke tested for confirmation of proper airflow direction – pass. Truck loading begins at 07:37 (ESA). At 01:00 hydrant leaks again and Denver water is called (ESA). Temporary water truck arrives (ESA). Denver Water has fire hydrant repaired around 10:20. Soil removal continues at the west end of row “A” grids (ESA). A total of about 46 trucks are loaded and removed (ESA). VOC measurements taken with PID around the dig area throughout the day are 0.0 ppm (FEI). Air samples were dropped off at 16:17 (FEI). PCM results are below the maximum allowable asbestos level. TEM results were non-detect for asbestos.
- 10/19/18 FEI arrives onsite at 06:21. Safety meeting ends at 06:40 and site preparations begin at 06:40. First truck enters WA at 07:11 and digging resumes on grid 5A (ESA). Decontamination trailer is smoke tested at 08:00 (FEI). Soil removal continues in 5A until all concrete foundation is removed (ESA). At 11:20 all concrete foundation is removed from west side of row “A” grids and excavator is moved to east side to remove brick and make walls of the excavated pit more vertical (ESA). Depth of trench of the former grids (2A-5A, 2B-6B, 2C-6C) is measured in three places: on the east, middle, and west side (FEI,ESA). All measurements confirm a depth below grade of 8 feet (FEI/ESA). A final visual inspection is also

conducted to confirm no debris remains in the excavated trench - pass (FEI). At 11:55 excavator is moved to south end of grids (2D-5D) to begin potholing former mound area (ESA). At 12:42 potholing is complete (ESA) with no debris identified in visual inspection (FEI). Visual inspection completed on all grids – pass (FEI). A basin is constructed with polyethylene sheeting to contain water used to decontaminate the equipment (ESA). Hand tools and low pressure water are used to remove debris from equipment (ESA). Rinse water collected is pumped and filtered to 5 microns (ESA). Visual inspection completed on equipment at 13:46 – pass (FEI). VOC measurements taken with PID around the cleanup area throughout the day are 0.0 ppm (FEI). Air samples are delivered at 15:12. All PCM results are below the maximum allowable asbestos level except for one near the water sprayer which had a level of 0.011 fibers/cc. TEM analysis of his sample filter was non-detect for asbestos. Two additional samples were also non-detect for asbestos using TEM analysis. All grids pass visual inspection and equipment decontamination inspection (FEI). ESA and FEI demobilize from site.

6 CONCLUSION AND RECOMMENDATIONS

Based upon results of air samples collected and analyzed during soil cleanup, daily work observations, visual inspections, and wind speed monitoring, ACWM was cleaned according to the approved Work Plan. Two PCM samples indicated results at or above the Maximum Allowable Asbestos Level; however, the samples were also analyzed by TEM and were non-detect for asbestos. No positive TEM results were recorded throughout the project. The project was considered complete after all grids and all decontaminated equipment passed visual inspection by FEI.

It is recommended that Kiewit maintain records of ACM soil cleanup activities conducted during this project and provide notice to anyone involved in future soil disturbing or soil management activities in the WA. A Post-cleanup drawing is included in Appendix A, which illustrates the location of the former WA. No geo-fabric was placed down at the end of the project, because soil cleanup activities were considered complete at the site by visual inspection.

7 LIMITATIONS

This report describes the locations and conditions of asbestos identified at the above referenced site during the time of soil cleanup activities. FEI represents that our services are performed within the limits prescribed by applicable regulations and in a manner consistent with the level of care and skill ordinarily exercised by other professional consultants under similar circumstances. No other representation is made to the client, expressed or implied, and no warranty or guarantee is included or intended. This report should not be used as a final evaluation of the entire site as it does not include any planned engineering or institutional controls in order to prevent exposure to any asbestos left in place, nor was any remaining soil determined not to be ACM. No soil sampling



Industrial Hygiene, Safety & Environmental Services

and analysis of remaining soils was conducted to determine if the remaining soil at the site may be appropriate for unrestricted use. Soil was not tested for any other regulated materials.

If you have any questions, or are in need of further assistance in this matter, please do not hesitate to contact us at (303) 232-2660.

Best regards,

FOOTHILLS ENVIRONMENTAL, INC.

Prepared by,

Andrew Castano
Industrial Hygienist, CDPHE Inspector #24161

Reviewed by,

Daniel M. Benecke
Senior Environmental Scientist
CABI, CDPHE #1947

Attachments

Appendix A	Soil Cleanup Work Area Drawing
Appendix B	PLM, PCM, and TEM Laboratory Results
Appendix C	Photographs
Appendix D	Daily Visual Inspections and Monitoring Logs
Appendix E	Certifications

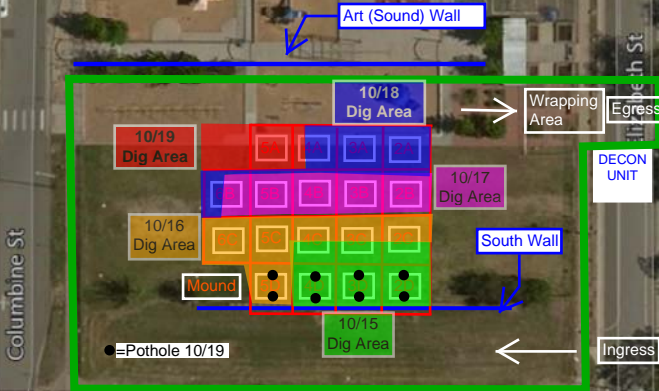


Industrial Hygiene, Safety & Environmental Services

APPENDIX A

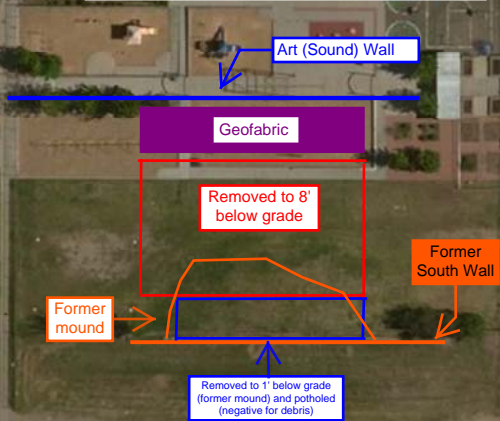
SOIL CLEANUP WORK AREA DRAWING

Project Setup Diagram



Tuskegee Airme

Post Remediation Diagram



Art (Sound) Wall

Geofabric

Removed to 8' below grade

Former South Wall

Former mound

Removed to 1' below grade (former mound) and potholed (negative for debris)

Columbine St

Elizabeth St

Tuskegee Airme



Industrial Hygiene, Safety & Environmental Services

APPENDIX B

PLM, PCM, AND TEM LABORATORY RESULTS



September 19, 2018

Subcontract Number: NA
Laboratory Report: RES 418667-1
Project # / P.O. # AS18143-1
Project Description: Kiewit - Central 70 Soils

Mike Perry
Foothills Environmental, Inc. (Colo. Springs)
5245 Centennial Blvd., Suite 102
Colorado Springs CO 80919

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 418667-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink that reads "Brett S. Colbert".

Brett S. Colbert for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

NVLAP Lab Code 101896-0

TABLE: PLM BULK ANALYSIS, PERCENTAGE COMPOSITION BY VOLUME

RES Job Number: **RES 418667-1**
 Client: **Foothills Environmental, Inc. (Colo. Springs)**
 Client Project Number / P.O.: **AS18143-1**
 Client Project Description: **Kiewit - Central 70 Soils**
 Date Samples Received: **September 19, 2018**
 Method: **EPA 600/R-93/116 - Short Report, Bulk**
 Turnaround: **Rush**
 Date Samples Analyzed: **September 19, 2018**

ND=None Detected TR=Trace, <1% Visual Estimate Trem/Act=Tremolite/Actinolite

Client Sample Number	Lab ID Number	L A Y E R	Physical Description	Sub Part (%)	Asbestos Content		Non Asbestos Fibrous Components (%)	Non-Fibrous Components (%)
					Mineral	Visual Estimate (%)		
2B-ST01-01	EM 2167496	A	Brown adhesive	10		ND	0	100
		B	Brown flooring	90		ND	0	100

TEM Analysis recommended for organically bound material (i.e. floor tile) if PLM results are <1%.



Gregory Hronich

Analyst / Data QA

Due Date: _____
 Due Time: _____

REILAB Reservoirs Environmental, Inc.
 5801 Logan St. Denver, CO 80216 • Ph: 303 964-1986 • Fax 303-477-4275 • Toll Free :866 RESI-ENV

Job # _____
 Page 1 of 1

After Hours Cell Phone: 720-339-9228

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: FOOTHILLS ENVIRONMENTAL	Company:	Contact: MIKE PERRY	Contact:
Address: 5245 CENTENNIAL BLVD, #102 LODRADO SPRINGS, CO 80919	Address:	Phone: 719-930-0007	Phone:
Project Number and/or P.O. #: A518143-1		Fax:	Fax:
Project Description/Location: KIEWIT - CENTRAL TO SOILS		Cell/pager:	Cell/pager:
		Final Data Deliverable Email Address: LINDA.GONZALEZ@FOOTHILLSUSA.COM MIKE@FOOTHILLSUSA.COM	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm & Sat. 8am - 5pm	REQUESTED ANALYSIS				VALID MATRIX CODES		LAB NOTES:
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (3-5 Day) (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Point Count, Long report, Qualitative TEM - AHERA, Level II, 7402, ISO, +/- (Air, Bulk or Dust), Quant, Semi-Quant, Micro-vac, ISO-Indirect Preps PCM - 7400A, 7400B, OSHA DUST - Total, Respirable METALS - Analyte(s) RCRA 8, TCLP, Welding Fume, Metals Scan, pH ORGANICS - METH, TSS Pathogens: Aerobic Plate Count, Salmonella, E.coli O157:H7, Listeria, S aureus, Campylobacter: +/- or Quantification E.coli and/or Coliforms: +/- or Quantification State Water (Please Circle One) Yes / No Microbial Growth: Aerobic Plate Count ID, Y & M or Bacteria, Fungal, +/- or Quantification Legionella: +/- or Quantification Other: Bioburden, LAL or Environmental Mold: Spore Trap or Bulk: +/- Identification, Quantification, Viable or Non-Viable SAMPLER'S INITIALS OR OTHER NOTES:	Air = A	Bulk = B				
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm		Dust = D	Paint = P				
Metal(s) / Dust** <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day		Soil = S	Wipe = W				
RCRA 8 / Metals & Welding <input type="checkbox"/> RUSH (3 Day) <input type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day		Swab = SW	F = Food				
Fume Scan / TCLP** <input type="checkbox"/> RUSH (3 Day) <input type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day		Drinking Water = DW	Waste Water = WW				
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day		O = Other					
MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6pm		**ASTM E1792 approved wipe media only**					
E.coli and/or Coliforms* <input type="checkbox"/> 24-48 Hour <input type="checkbox"/> Other: _____		Sample Volume (L) / Area	Matrix Code	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)	
Pathogens* <input type="checkbox"/> 24-48 Hour		# Containers					
Microbial Growth* <input type="checkbox"/> 5-10 Day							
Legionella <input type="checkbox"/> 10 Day							
Mold <input type="checkbox"/> RUSH <input type="checkbox"/> 24 Hr <input type="checkbox"/> 48 Hr <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day							
Turnaround times establish a laboratory priority, subject to laboratory volume and are not guaranteed. Additional fees apply for afterhours, weekends and holidays.							
Special Instructions:							
Client sample ID number (Sample ID's must be unique)							
1 2B-ST01-01	<input checked="" type="checkbox"/>		B	19/19/18	2167496		
2							
3							
4							
5							
6							
7							
8							
9							
10							

Number of samples received: 10 (Additional samples shall be listed on attached long form.)
 NOTE: REI will analyze incoming samples based upon information received and will not be responsible for errors or omissions in calculations resulting from the inaccuracy of original data. By signing client/company representative agrees that submission of the following samples for requested analysis as indicated on this Chain of Custody shall constitute an analytical services agreement with payment terms of NET 30 days, failure to comply with payment terms may result in a 1.5% monthly interest surcharge.

Relinquished By: <i>[Signature]</i> Date/Time: 9/19/18 @ 1524	Sample Condition: On Ice <input type="checkbox"/> Sealed <input type="checkbox"/> Intact <input checked="" type="checkbox"/>
Laboratory Use Only	Temp. (F°) _____ Yes / No
Received By: <i>[Signature]</i> Date/Time: 9-19-18 3:25a Carrier: Hand / FedEx / UPS / USPS / Drop Box / Courier	Yes / No
Data Entry QA:	
Contact Phone Email Fax Date Time Initials	Contact Phone Email Fax Date Time Initials
Contact Phone Email Fax Date Time Initials	Contact Phone Email Fax Date Time Initials



September 20, 2018

Subcontract Number: NA
Laboratory Report: RES 418724-1
Project # / P.O. # AS18163-1
Project Description: KIEWIT-C 70

Mike Perry
Foothills Environmental, Inc. (Colo. Springs)
5245 Centennial Blvd., Suite 102
Colorado Springs CO 80919

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 418724-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,



Gina Vettraino for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

NVLAP Lab Code 101896-0

TABLE: PLM BULK ANALYSIS, PERCENTAGE COMPOSITION BY VOLUME

RES Job Number: **RES 418724-1**
 Client: **Foothills Environmental, Inc. (Colo. Springs)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **KIEWIT-C`70**
 Date Samples Received: **September 20, 2018**
 Method: **EPA 600/R-93/116 - Short Report, Bulk**
 Turnaround: **Rush**
 Date Samples Analyzed: **September 20, 2018**

ND=None Detected
 TR=Trace, <1% Visual Estimate
 Trem/Act=Tremolite/Actinolite

Client Sample Number	Lab ID Number	L A Y E R	Physical Description	Sub Part (%)	Asbestos Content		Non Asbestos Fibrous Components (%)	Non-Fibrous Components (%)
					Mineral	Visual Estimate (%)		
1E-DEB01-01	EM 2167930	A	Gray granular plaster	100		ND	0	100
3E-DEB02-01	EM 2167931	A	Off white plaster	15		ND	0	100
		B	Gray granular plaster	85		ND	0	100

TEM Analysis recommended for organically bound material (i.e. floor tile) if PLM results are <1%.



Gregory Hronich

Analyst / Data QA

Due Date: _____
Due Time: _____



5801 Logan St. Denver, CO 80216 • Ph: 303 964-1986 • Fax 303-477-4275 • Toll Free 866 RESI-ENV

RES Job # _____
Page 1 of 1

After Hours Cell Phone: 720-339-9228

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: FOOTHILLS ENVIRONMENTAL	Company:	Contact: MIKE PERRY	Contact:
Address: 5245 CENTENNIAL BLVD, #102 COLO SPRG, CO 80919	Address:	Phone: 719 930-0007	Phone:
		Fax:	Fax:
		Cell/pager:	Cell/pager:
Project Number and/or P.O. #: A518163-1	Final Data Deliverable Email Address: MIKE@FOOTHILLSUSA.COM		
Project Description/Location: KIKWIT-C70	LINDA.GONZALEZ@FOOTHILLSUSA.COM		

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm & Sat. 8am - 5pm		REQUESTED ANALYSIS				VALID MATRIX CODES		LAB NOTES:
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> PRIORITY <input type="checkbox"/> STANDARD		PLM - Short report, Point Count, Long report, Qualitative TEM - AHERA, Level II, 7402, ISO, +/- (Air, Bulk or Dust), Quant, Semi-Quant, Micro-vac, ISO-Indirect Preps PCM - 7400A, 7400B, OSHA DUST - Total, Respirable METALS - Analyte(s) _____ RCRA 8, TCLP, Welding Fume, Metals Scan, pH ORGANICS - METH, TSS Pathogens: Aerobic Plate Count, Salmonella, E.coli O157:H7, Listeria, S aureus, Campylobacter: +/- or Quantification E.coli and/or Coliforms: +/- or Quantification State Water (Please Circle One) Yes / No Microbial Growth: Aerobic Plate Count ID, Y & M or Bacteria, Fungal, +/- or Quantification Legionella: +/- or Quantification Other: Bioburden, LAL or Environmental Mold: Spore Trap or Bulk: +/-, Identification, Quantification, Viable or Non-Viable SAMPLER'S INITIALS OR OTHER NOTES:	Air = A	Bulk = B				
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm			Dust = D	Paint = P				
Metal(s) / Dust** <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day	**Prior notification is required for RUSH turnarounds.**		Soil = S	Wipe = W				
RCRA 8 / Metals & Welding <input type="checkbox"/> RUSH (3 Day) <input type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day			Swab = SW	F = Food				
Fume Scan / TCLP** <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day			Drinking Water = DW	Waste Water = WW				
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day			O = Other					
MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6pm			**ASTM E1792 approved wipe media only**					
E.coli and/or Coliforms* <input type="checkbox"/> 24-48 Hour <input type="checkbox"/> Other: _____			Sample Volume (L) / Area	Matrix Code	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)	
Pathogens* <input type="checkbox"/> 24-48 Hour	*TAT dependent on speed of microbial growth.*		# Containers					
Microbial Growth* <input type="checkbox"/> 5-10 Day								
Legionella <input type="checkbox"/> 10 Day								
Mold <input type="checkbox"/> RUSH <input type="checkbox"/> 24 Hr <input type="checkbox"/> 48 Hr <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day								
Turnaround times establish a laboratory priority, subject to laboratory volume and are not guaranteed. Additional fees apply for afterhours, weekends and holidays.								
Special Instructions:								
Client sample ID number (Sample ID's must be unique)								
1 1E-DEB01-01	<input checked="" type="checkbox"/>			B1	9/20/18	2147930		
2 3E-DEB02-01	<input checked="" type="checkbox"/>			B1	✓	31		
3								
4								
5								
6								
7								
8								
9								
10								

Number of samples received: 2 (Additional samples shall be listed on attached long form.)
 NOTE: REI will analyze incoming samples based upon information received and will not be responsible for errors or omissions in calculations resulting from the inaccuracy of original data. By signing client/company representative agrees that submission of the following samples for requested analysis as indicated on this Chain of Custody shall constitute an analytical services agreement with payment terms of NET 30 days, failure to comply with payment terms may result in a 1.5% monthly interest surcharge.

Relinquished By: Mike Perry 9/20/18 @ 12:21	Date/Time:	Sample Condition:	On Ice	Sealed	<input checked="" type="checkbox"/> Intact		
Laboratory Use Only		Temp. (F°)	Yes / No	Yes / No	Yes / No		
Received By: Mickie Thomas 12:32 pm	Date/Time: 9-20-18	Carrier: <input checked="" type="checkbox"/> Hand / FedEx / UPS / USPS / Drop Box / Courier					
Data Entry QA:	Contact	Phone	Email	Fax	Date	Time	Initials
	Contact	Phone	Email	Fax	Date	Time	Initials



October 16, 2018

Subcontract Number: NA
Laboratory Report: RES 420445-1
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary South, Day
1

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420445-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink that reads "Brett S. Colbert". Below the signature is the printed name "Brett S. Colbert for".

Brett S. Colbert for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420445-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary South, Day 1**
 Date Samples Received: **October 15, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 15, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1015-1	EM 2182000	1169	100	3	7.01	BRL	0.002	BRL
1015-2	EM 2182001	1140	100	8.5	7.01	9.55	0.002	0.003
1015-3	EM 2182002	1106	100	2	7.01	BRL	0.002	BRL
1015-4	EM 2182003	1098	100	2	7.01	BRL	0.002	BRL
1015-5	EM 2182004	1123	100	4.5	7.01	BRL	0.002	BRL
1015-6	EM 2182005	891	100	2	7.01	BRL	0.003	BRL
1015-7	EM 2182006	1000	100	4	7.01	BRL	0.003	BRL
1015-8	EM 2182007	1111	100	1	7.01	BRL	0.002	BRL
1015-9	EM 2182008	0	100	0	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20

>20-50 CV = 0.33

>50-100 CV = 0.12

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420445-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary South, Day 1**
 Date Samples Received: **October 15, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 15, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1015-10	EM 2182009	0	100	2	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20 >20-50 CV = 0.33 >50-100 CV = 0.12


Alejandro Mejia

Analyst


Lauren Mitchell

Analyst / Data QA

Due Date: _____

Due Time: _____



RES 420445
 J -1 PCM -2 TEM
 Page 1 of 1

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary South, Day 1		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm	REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:	
PLM / <u>PCM</u> / <u>TEM</u> <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/-, Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Air = A		Bulk = B					
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm									Dust = D		Paint = P					
Metal(s) / Dust <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day									Soil = S		Wipe = W					
RCRA 8 / Metals & Welding Fume Scan / TCLP <input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day **Prior notification is required for RUSH turnarounds.**									Drinking Water = DW		Waste Water = WW					
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day	Other = O		**ASTM E1792 approved wipe media only**													
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.																
Special Instructions: TEM +/- any .01 or higher, AH, call with verbals																
Client sample ID number (Sample ID's must be unique)																
1 1015-1		X	7/	X						11	69	A	1	10/15/18	433pm	2182000
2 1015-2				X						11	40	A	1	10/15/18	433pm	01
3 1015-3		X	7/	X						11	06	A	1	10/15/18	433pm	02
4 1015-4				X						10	98	A	1	10/15/18	433pm	03
5 1015-5		X	7/	X						11	23	A	1	10/15/18	433pm	04
6 1015-6				X						8	41	A	1	10/15/18	433pm	05
7 1015-7				X						10	00	A	1	10/15/18	433pm	06
8 1015-8				X						11	11	A	1	10/15/18	433pm	07
9 1015-9				X						N/A	A	1	10/15/18	433pm	08	
10 1015-10				X						N/A	A	1	10/15/18	433pm	09	
11																
12																
13																

Number of samples received: 10 (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/15/18 5:06pm	Sample Condition: On Ice	Sealed	Intact												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By:	Date/Time: 10/15/18 5:06pm	Carrier: hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



October 16, 2018

Subcontract Number: NA
Laboratory Report: RES 420445-2
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary South, Day
1

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420445-2 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink that reads "Brett S. Colbert". Below the signature is the printed name "Brett S. Colbert for".

Brett S. Colbert for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL, INC.

NVLAP Lab Code 101896-0

TABLE : TEM QUALITATIVE PRESENCE/ABSENCE ANALYSIS

RES Job Number: **RES 420445-2**
Client: **Foothills Environmental, Inc. (Lakewood)**
Client Project Number/P.O: **AS18163-1**
Client Project Description: **Swansea Elementary South, Day 1**
Date Samples Received: **October 15, 2018**
Method: **AHERA - M Qual. Presence/Absence (Air +/-), Air**
Turnaround: **Rush**
Date Analyzed: **October 15, 2018**

Client ID Number	Lab ID Number	Asbestos Minerals Present
1015-1	EM 2182000	ND
1015-3	EM 2182002	ND
1015-5	EM 2182004	ND

Present = One or More Fibers Identified in up to Four Scanned Grid Openings

ND = No Fibers Detected in Four Scanned Grid Openings

Data QA:


Brett S. Colbert

Due Date: _____

Due Time: _____



RES 420445
 J -1 PCM -2 TEM
 Page 1 of 1

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary South, Day 1		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm	REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:		
PLM / <u>PCM</u> / <u>TEM</u> <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/-, Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Air = A		Bulk = B						
									Dust = D		Paint = P						
									Soil = S		Wipe = W						
									Drinking Water = DW		Waste Water = WW						
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm																	
Metal(s) / Dust <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day																	
RCRA 8 / Metals & Welding Fume Scan / TCLP <input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day																	
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day																	
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.																	
Special Instructions: TEM +/- any .01 or higher, AH, call with verbals																	
Client sample ID number (Sample ID's must be unique)																	
1	1015-1																
2	1015-2																
3	1015-3																
4	1015-4																
5	1015-5																
6	1015-6																
7	1015-7																
8	1015-8																
9	1015-9																
10	1015-10																
11																	
12																	
13																	

Number of samples received: 10 (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/15/18 5:06pm	Sample Condition: On Ice	Sealed	Intact												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By:	Date/Time: 10/15/18 5:06pm	Carrier: hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



October 17, 2018

Subcontract Number: NA
Laboratory Report: RES 420529-1
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary, South of Sound Wall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

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Sincerely,



Gina Vettriano for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420529-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary, South of Sound Wall**
 Date Samples Received: **October 16, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 16, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1016-1	EM 2182806	1332	100	14.5	7.01	17.2	0.002	0.005
1016-2	EM 2182807	1312	100	5	7.01	BRL	0.002	BRL
1016-3	EM 2182808	1254	100	6	7.01	BRL	0.002	BRL
1016-4	EM 2182809	1038	100	7	7.01	7.64	0.003	0.003
1016-5	EM 2182810	1133	100	6	7.01	BRL	0.002	BRL
1016-6	EM 2182811	1268	100	6.5	7.01	7.01	0.002	0.002
1016-7	EM 2182812	1334	100	0	7.01	BRL	0.002	BRL
1016-8	EM 2182813	1308	100	4	7.01	BRL	0.002	BRL
1016-9	EM 2182814	0	100	2	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20

>20-50 CV = 0.33

>50-100 CV = 0.12

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420529-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary, South of Sound Wall**
 Date Samples Received: **October 16, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 16, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1016-10	EM 2182815	0	100	0	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20 >20-50 CV = 0.33 >50-100 CV = 0.12


Alejandro Mejia

Analyst


Jeff Green

Analyst / Data QA

Due Date: _____

Due Time: _____



SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary, South of sand wall		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm		REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:												
PLM / PCM / TEM	<input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/- Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Air = A	Bulk = B	Dust = D	Paint = P	Soil = S	Wipe = W	Drinking Water = DW	Waste Water = WW	Other = O	EM Number (Laboratory Use Only)									
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm																												
Metal(s) / Dust	<input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day																											
RCRA 8 / Metals & Welding Fume Scan / TCLP	<input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day																											
Organics	<input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day																											
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.																												
Special Instructions: TEM (present/absent) any 0.01 f/cc or higher, RUSH TAT																												
Client sample ID number (Sample ID's must be unique)																												
1	1016-1										X	X						13		32	A	1	10/16/18	415pm			218250	8
2	1016-2		X	X						13	12	A	1	10/16/18	415pm				7									
3	1016-3			X						12	54	A	1	10/16/18	415pm				8									
4	1016-4		X	X						10	38	A	1	10/16/18	415pm				9									
5	1016-5			X						11	33	A	1	10/16/18	415pm				10									
6	1016-76			X						12	68	A	1	10/16/18	415pm				11									
7	1016-7			X						13	34	A	1	10/16/18	415pm				12									
8	1016-8		X	X						13	08	A	1	10/16/18	415pm				13									
9	1016-9			X						N	A	A	1	10/16/18	415pm				14									
10	1016-10			X						N	A	A	1	10/16/18	415pm				15									
11																												
12																												
13																												

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/16/18 5pm	Sample Condition: On Ice	Sealed	Intact												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By:	Date/Time: 10-16-18 5pm	Carrier: Hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



October 17, 2018

Subcontract Number: NA
Laboratory Report: RES 420529-2
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary, South of Sound Wall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

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Sincerely,



Gina Vettriano for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL, INC.

NVLAP Lab Code 101896-0

TABLE : TEM QUALITATIVE PRESENCE/ABSENCE ANALYSIS

RES Job Number: **RES 420529-2**
Client: **Foothills Environmental, Inc. (Lakewood)**
Client Project Number/P.O: **AS18163-1**
Client Project Description: **Swansea Elementary, South of Sound Wall**
Date Samples Received: **October 16, 2018**
Method: **AHERA - M Qual. Presence/Absence (Air +/-), Air**
Turnaround: **24 Hour**
Date Analyzed: **October 16, 2018**

Client ID Number	Lab ID Number	Asbestos Minerals Present
1016-2	EM 2182807	ND
1016-4	EM 2182809	ND
1016-8	EM 2182813	ND

Present = One or More Fibers Identified in up to Four Scanned Grid Openings

ND = No Fibers Detected in Four Scanned Grid Openings

Data QA:


Gina Vettrai

Due Date: _____

Due Time: _____

REI LAB Reservoirs Environmental, Inc.

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary, South of sand wall		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm		REQUESTED ANALYSIS		VALID MATRIX CODES		LAB NOTES:				
PLM / PCM / TEM	<input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/- Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	Air = A	Bulk = B					
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm		PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	Dust = D	Paint = P					
Metal(s) / Dust	<input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	Soil = S	Wipe = W					
RCRA 8 / Metals & Welding Fume Scan / TCLP	<input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Drinking Water = DW	Waste Water = WW					
Organics	<input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day			Other = O						
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.				**ASTM E1792 approved wipe media only**						
Special Instructions: TEM (present/absent) any 0.01 f/cc or higher, RUSH TAT				Sample Volume (L) / Area	Matrix Code	# Containers	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)	
Client sample ID number (Sample ID's must be unique)										
1	1016-1	no →	X	X			13 32 A	1 10/16/18	415pm	218250
2	1016-2		X	X			13 12 A	1 10/16/18	415pm	7
3	1016-3			X			12 54 A	1 10/16/18	415pm	8
4	1016-4		X	X			10 38 A	1 10/16/18	415pm	9
5	1016-5			X			11 33 A	1 10/16/18	415pm	10
6	1016-76			X			12 68 A	1 10/16/18	415pm	11
7	1016-7			X			13 34 A	1 10/16/18	415pm	12
8	1016-8		X	X			13 08 A	1 10/16/18	415pm	13
9	1016-9			X			N A A	1 10/16/18	415pm	14
10	1016-10			X			N A A	1 10/16/18	415pm	15
11										
12										
13										

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/16/18 5pm	Sample Condition: On Ice	Sealed	Intact												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By:	Date/Time: 10-16-18	Carrier: Hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



October 18, 2018

Subcontract Number: NA
Laboratory Report: RES 420614-1
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary, South of Soundwall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420614-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gina Vettriano".

Gina Vettriano for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420614-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary, South of Soundwall**
 Date Samples Received: **October 17, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 17, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1017-1	EM 2183730	1297	100	27	7.01	33.76	0.002	0.010
1017-2	EM 2183731	1219	100	5	7.01	BRL	0.002	BRL
1017-3	EM 2183732	1001	100	6	7.01	7.01	0.003	0.003
1017-4	EM 2183733	1223	100	7.5	7.01	8.92	0.002	0.003
1017-5	EM 2183734	1233	100	5	7.01	BRL	0.002	BRL
1017-6	EM 2183735	1265	100	7.5	7.01	8.92	0.002	0.003
1017-7	EM 2183736	1255	100	17.5	7.01	21.66	0.002	0.007
1017-8	EM 2183737	1158	100	7.5	7.01	8.92	0.002	0.003
1017-9	EM 2183738	0	100	1	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20 >20-50 CV = 0.33 >50-100 CV = 0.12

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420614-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary, South of Soundwall**
 Date Samples Received: **October 17, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 17, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1017-10	EM 2183739	0	100	0	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20 >20-50 CV = 0.33 >50-100 CV = 0.12


Alejandro Mejia

Analyst


Jeff Green

Analyst / Data QA

Due Date: _____

Due Time: _____



RES 420614

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary, south of soundwell		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm		REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:	
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)		PLM - Short report, Long report, Point Count TEM - AHERA, Level II, 7402, ISO, (+/-) Quant, Semi-quant, Micro-vac, ISO-Indirect Preps PCM - 7400A, 7400B, OSHA DUST - Total, Respirable METALS - Analyte(s) RCRA 8, TCLP, Welding Fume, Metals Scan ORGANICS - BTEX, MTBE, 8260, GRO, DRO OTHER -	Air = A		Bulk = B												
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm Metal(s) / Dust <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day RCRA 8 / Metals & Welding Fume Scan / TCLP <input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day **Prior notification is required for RUSH turnarounds.** **Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.**			Dust = D		Paint = P		Soil = S		Wipe = W		Drinking Water = DW		Waste Water = WW				
			Other = O														
Special Instructions: TEM (presence/absence) any 0.01 f/cc or higher, RUSH TAT																	
Client sample ID number (Sample ID's must be unique)														EM Number (Laboratory Use Only)			
1	1017-1			X							12 47 A	1	10/17/2018	406pm	2 / 83730		
2	1017-2	X		X							12 19 A	1	10/17/2018	406pm	1		
3	1017-3	X		X							10 01 A	1	10/17/2018	406pm	2		
4	1017-4			X							12 23 A	1	10/17/2018	406pm	3		
5	1017-5			X							12 33 A	1	10/17/2018	406pm	4		
6	1017-6	X		X							12 65 A	1	10/17/2018	406pm	5		
7	1017-7			X							12 55 A	1	10/17/2018	406pm	6		
8	1017-8			X							11 58 A	1	10/17/2018	406pm	7		
9	1017-9			X							NA A	1	10/17/2018	406pm	8		
10	1017-10			X							NA A	1	10/17/2018	406pm	9		
11																	
12																	
13																	

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By: _____		Date/Time: 10/17/18 443pm		Sample Condition: On Ice Sealed Intact	
Laboratory Use Only		Temp. (F°) _____ Y/N		Y/N Y/N Y/N	
Received By: _____		Date/Time: 10/17/18 4430a		Carrier: _____	
Results:	Contact	Page	Phone	Email	Fax
	Contact	Page	Phone	Email	Fax
	Date	Time	Initials	Date	Time
	Date	Time	Initials	Date	Time



October 18, 2018

Subcontract Number: NA
Laboratory Report: RES 420614-2
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary, South of Soundwall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420614-2 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,



Gina Vettriano for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL, INC.

NVLAP Lab Code 101896-0

TABLE : TEM QUALITATIVE PRESENCE/ABSENCE ANALYSIS

RES Job Number: **RES 420614-2**
Client: **Foothills Environmental, Inc. (Lakewood)**
Client Project Number/P.O: **AS18163-1**
Client Project Description: **Swansea Elementary, South of Soundwall**
Date Samples Received: **October 17, 2018**
Method: **ASHERA - M Qual. Presence/Absence (Air +/-), Air**
Turnaround: **Rush**
Date Analyzed: **October 17, 2018**

Client ID Number	Lab ID Number	Asbestos Minerals Present
1017-1	EM 2183730	ND
1017-2	EM 2183731	ND
1017-3	EM 2183732	ND
1017-6	EM 2183735	ND

Present = One or More Fibers Identified in up to Four Scanned Grid Openings

ND = No Fibers Detected in Four Scanned Grid Openings

Data QA:


Gina Vettrai

Due Date: _____

Due Time: _____



RES 420614

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary, south of soundwell		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm		REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:	
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)		PLM - Short report, Long report, Point Count TEM - AHERA, Level II, 7402, ISO, (+/-) Quant, Semi-quant, Micro-vac, ISO-Indirect Preps PCM - 7400A, 7400B, OSHA DUST - Total, Respirable METALS - Analyte(s) RCRA 8, TCLP, Welding Fume, Metals Scan ORGANICS - BTEX, MTBE, 8260, GRO, DRO OTHER -	Air = A		Bulk = B												
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm Metal(s) / Dust <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day RCRA 8 / Metals & Welding Fume Scan / TCLP <input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day **Prior notification is required for RUSH turnarounds.** **Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.**			Dust = D		Paint = P		Soil = S		Wipe = W		Drinking Water = DW		Waste Water = WW				
			Other = O														
Special Instructions: TEM (presence/absence) any 0.01 f/cc or higher, RUSH TAT																	
Client sample ID number (Sample ID's must be unique)		Sample Volume (L) / Area	Matrix Code	# Containers	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)										
1	1017-1	12.47	A	1	10/17/2018	406pm	2	1	8	3	7	3	0				
2	1017-2	12.19	A	1	10/17/2018	406pm											
3	1017-3	10.01	A	1	10/17/2018	406pm							2				
4	1017-4	12.23	A	1	10/17/2018	406pm							3				
5	1017-5	12.33	A	1	10/17/2018	406pm							4				
6	1017-6	12.65	A	1	10/17/2018	406pm							5				
7	1017-7	12.55	A	1	10/17/2018	406pm							6				
8	1017-8	11.58	A	1	10/17/2018	406pm							7				
9	1017-9	NA	A	1	10/17/2018	406pm							8				
10	1017-10	NA	A	1	10/17/2018	406pm							9				
11																	
12																	
13																	

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By: _____ Date/Time: 10/17/18 443pm		Sample Condition: On Ice Sealed Intact Temp. (F°) _____ Y/N Y/N Y/N	
Laboratory Use Only Received By: _____ Date/Time: 10/17/18 4430a Carrier: _____			
Results:	Contact	Page Phone Email Fax	Date Time Initials
	Contact	Page Phone Email Fax	Date Time Initials



October 19, 2018

Subcontract Number: NA
Laboratory Report: RES 420724-1
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary School,
South of Soundwall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420724-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gina Vettriano".

Gina Vettriano for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420724-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary School, South of Soundwall**
 Date Samples Received: **October 18, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 18, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1018-1	EM 2184644	1242	100	21	7.01	26.75	0.002	0.008
1018-2	EM 2184645	1200	100	21	7.01	26.75	0.002	0.009
1018-3	EM 2184646	920	100	5	7.01	BRL	0.003	BRL
1018-4	EM 2184647	1211	100	10	7.01	12.74	0.002	0.004
1018-5	EM 2184648	1230	100	7	7.01	8.92	0.002	0.003
1018-6	EM 2184649	1103	100	6.5	7.01	8.28	0.002	0.003
1018-7	EM 2184650	1237	100	13	7.01	16.56	0.002	0.005
1018-8	EM 2184651	1215	100	12	7.01	15.29	0.002	0.005
1018-9	EM 2184652	0	100	0	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20

>20-50 CV = 0.33

>50-100 CV = 0.12

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420724-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary School, South of Soundwall**
 Date Samples Received: **October 18, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 18, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1018-10	EM 2184653	0	100	0	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20 >20-50 CV = 0.33 >50-100 CV = 0.12


Alejandro Mejia

Analyst


Jeff Green

Analyst / Data QA

Due Date: _____

Due Time: _____

REILAB Reservoirs Environmental, Inc.

JO RES 420724

Pa _____

SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary School, South of Southwell		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm PLM (PCM) TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:
	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/-, Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Sample Volume (L) / Area	Matrix Code	# Containers	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)	
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm															
Metal(s) / Dust _____ RUSH _____ 24 hr. _____ 3-5 Day															
RCRA 8 / Metals & Welding Fume Scan / TCLP _____ RUSH _____ 5 day _____ 10 day															
Organics _____ 24 hr. _____ 3 day _____ 5 Day															
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.															
Special Instructions: TEM (+/-) any 0.01 f/cc or higher, rush TAT															
Client sample ID number (Sample ID's must be unique)															
1 1018-1			X					12 42 A	1	10/18/18	350pm			2184644	
2 1018-2		X		X				12 00 A	1	10/18/18	350pm			45	
3 1018-3				X				9 20 A	1	10/18/18	350pm			6	
4 1018-4		X		X				12 11 A	1	10/18/18	350pm			7	
5 1018-5		X		X				12 30 A	1	10/18/18	350pm			8	
6 1018-6				X				11 03 A	1	10/18/18	350pm			9	
7 1018-7				X				12 37 A	1	10/18/18	350pm			50	
8 1018-8				X				12 15 A	1	10/18/18	350pm			1	
9 1018-9				X				NA A	1	10/18/18	350pm			2	
10 1018-10				X				NA A	1	10/18/18	350pm			3	
11															
12															
13															

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/18/18 4:17pm	Sample Condition: On Ice	Sealed	Intact
Laboratory Use Only		Temp. (F°)	Y/N	Y/N
Received By:	Date/Time: 10/18/18 4:00pm	Carrier: Hand		
Results:	Contact	Page Phone Email Fax	Date	Time
	Contact	Page Phone Email Fax	Date	Time



October 19, 2018

Subcontract Number: NA
Laboratory Report: RES 420724-2
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary School,
South of Soundwall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420724-2 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gina Vettriano".

Gina Vettriano for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL, INC.

NVLAP Lab Code 101896-0

TABLE : TEM QUALITATIVE PRESENCE/ABSENCE ANALYSIS

RES Job Number: **RES 420724-2**
Client: **Foothills Environmental, Inc. (Lakewood)**
Client Project Number/P.O: **AS18163-1**
Client Project Description: **Swansea Elementary School, South of Soundwall**
Date Samples Received: **October 18, 2018**
Method: **AHERA - M Qual. Presence/Absence (Air +/-), Air**
Turnaround: **Rush**
Date Analyzed: **October 18, 2018**

Client ID Number	Lab ID Number	Asbestos Minerals Present
1018-2	EM 2184645	ND
1018-4	EM 2184647	ND
1018-5	EM 2184648	ND

Present = One or More Fibers Identified in up to Four Scanned Grid Openings

ND = No Fibers Detected in Four Scanned Grid Openings

Data QA:


Gina Vettrai

Due Date: _____

Due Time: _____

REILAB Reservoirs Environmental, Inc.

JO RES 420724

Pa _____

SUBMITTED BY:



INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary School, South of Southwell		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm	REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:
PLM / <u>PCM</u> / <u>TEM</u> <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/-, Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Air = A	Bulk = B	LAB NOTES:				
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm									Dust = D	Paint = P					
Metal(s) / Dust <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day								Soil = S	Wipe = W						
RCRA 8 / Metals & Welding Fume Scan / TCLP <input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day								Drinking Water = DW	Waste Water = WW						
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day								Other = O							
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.								**ASTM E1792 approved wipe media only**							
Special Instructions: TEM (+/-) any 0.01 f/cc or higher, rush TAT								Sample Volume (L) / Area	Matrix Code	# Containers	Date Collected mm/dd/yy	Time Collected hh/mm a/p	EM Number (Laboratory Use Only)		
Client sample ID number (Sample ID's must be unique)															
1 1018-1			X					12 42 A	1	1	10/18/18	350pm	2 / 84644		
2 1018-2		X	X					12 00 A	1	1	10/18/18	350pm	45		
3 1018-3			X					9 20 A	1	1	10/18/18	350pm	6		
4 1018-4		X	X					12 11 A	1	1	10/18/18	350pm	7		
5 1018-5		X	X					12 30 A	1	1	10/18/18	350pm	8		
6 1018-6			X					11 03 A	1	1	10/18/18	350pm	9		
7 1018-7			X					12 37 A	1	1	10/18/18	350pm	5 0		
8 1018-8			X					12 15 A	1	1	10/18/18	350pm	1		
9 1018-9			X					NA A	1	1	10/18/18	350pm	2		
10 1018-10			X					NA A	1	1	10/18/18	350pm	3		
11															
12															
13															

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By: 	Date/Time: 10/18/18 4:17pm	Sample Condition: On Ice	Sealed	Intact												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By: 	Date/Time: 10/18/18 4:00pm	Carrier: Hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



October 20, 2018

Subcontract Number: NA
Laboratory Report: RES 420829-1
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary, South of Sound Wall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

Reservoirs Environmental, Inc. is an analytical laboratory accredited for the analysis of Industrial Hygiene and Environmental matrices by the National Voluntary Laboratory Accreditation Program (NVLAP), Lab Code 101896-0 for Transmission Electron Microscopy (TEM) and Polarized Light Microscopy (PLM) analysis and the American Industrial Hygiene Association (AIHA), Lab ID 101533 - Accreditation Certificate #480 for Phase Contrast Microscopy (PCM) analysis. This laboratory is currently proficient in both Proficiency Testing and PAT programs respectively.

Reservoirs Environmental, Inc. has analyzed the following samples for asbestos content as per your request. The analysis has been completed in general accordance with the appropriate methodology as stated in the attached analysis table. The results have been submitted to your office.

RES 420829-1 is the job number assigned to this study. This report is considered highly confidential and the sole property of the customer. Reservoirs Environmental, Inc. will not discuss any part of this study with personnel other than those of the client. The results described in this report only apply to the samples analyzed. This report must not be used to claim endorsement of products or analytical results by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full, without written approval from Reservoirs Environmental, Inc. Samples will be disposed of after sixty days unless longer storage is requested. If you have any questions about this report, please feel free to call 303-964-1986.

Sincerely,

A blue ink signature of Lierra Coburn.

Lierra Coburn for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420829-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary, South of Sound Wall**
 Date Samples Received: **October 19, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 19, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1019-1	EM 2186576	1012	100	7	7.01	7.96	0.003	0.003
1019-2	EM 2186577	1009	100	23	7.01	28.34	0.003	0.011
1019-3	EM 2186578	988	100	13	7.01	15.61	0.003	0.006
1019-4	EM 2186579	933	100	12	7.01	14.33	0.003	0.006
1019-5	EM 2186580	772	100	8	7.01	9.24	0.003	0.005
1019-6	EM 2186581	885	100	6	7.01	BRL	0.003	BRL
1019-7	EM 2186582	978	100	3	7.01	BRL	0.003	BRL
1019-8	EM 2186583	992	100	4	7.01	BRL	0.003	BRL
1019-9	EM 2186584	0	100	1.5	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20 >20-50 CV = 0.33 >50-100 CV = 0.12

RESERVOIRS ENVIRONMENTAL INC.

AIHA Certificate of Accreditation #480, Lab ID 101533

TABLE: FIBER COUNT ANALYSIS IN AIR

RES Job Number: **RES 420829-1**
 Client: **Foothills Environmental, Inc. (Lakewood)**
 Client Project Number / P.O.: **AS18163-1**
 Client Project Description: **Swansea Elementary, South of Sound Wall**
 Date Samples Received: **October 19, 2018**
 Method: **REI PCM SOP / NIOSH 7400A-M**
 Turnaround: **Rush**
 Date Samples Analyzed: **October 19, 2018**

Client ID Number	Lab ID Number	Air Volume Sampled (L)	Fields Analyzed	Fiber Count	Reporting Limit (F/mm ²)	Fiber Density (F/mm ²)	Reporting Limit (F/cc)	Fiber Concentration (F/cc)
1019-10	EM 2186585	0	100	0	7.01	BRL	---	---

* Unless otherwise stated sample analyses have been blank corrected.
 ND= None Detected

BRL = Below Reporting Limit
 CBR = Cannot Be Read

Laboratory Quarterly Coefficient Variation (CV) by Fiber Count Range - Jul 1, 2018 - Sep 30, 2018

5-20 CV = 0.20

>20-50 CV = 0.33

>50-100 CV = 0.12


Alejandro Mejia

Analyst


Jeff Green

Analyst / Data QA

Due Date: _____

Due Time: _____

RES 420829



SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary, South of Sand wall		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm	REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:		
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/-, Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Sample Volume (L) / Area	Matrix Code	# Containers	Date Collected mm/dd/yy	Time Collected hh/mm a/p	Air = A	Bulk = B		
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm														Dust = D	Paint = P		
Metal(s) / Dust <input type="checkbox"/> RUSH <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3-5 Day													Soil = S	Wipe = W			
RCRA 8 / Metals & Welding Fume Scan / TCLP <input type="checkbox"/> RUSH <input type="checkbox"/> 5 day <input type="checkbox"/> 10 day **Prior notification is required for RUSH turnarounds.**													Drinking Water = DW				
Organics <input type="checkbox"/> 24 hr. <input type="checkbox"/> 3 day <input type="checkbox"/> 5 Day													Waste Water = WW				
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.													Other = O				
Special Instructions: 1019 TEM (hr-) any 0.01 f/cc or higher, RUSH TAT													**ASTM E1792 approved wipe media only**				
Client sample ID number (Sample ID's must be unique)																EM Number (Laboratory Use Only)	
1 1019-1											1012	A	1	10/19/18	205pm	2	180576
2 1019-2		X									1009	A	1	10/19/18	205pm		7
3 1019-3											988	A	1	10/19/18	205pm		8
4 1019-4											933	A	1	10/19/18	205pm		9
5 1019-5		X									772	A	1	10/19/18	205pm		80
6 1019-6		X									885	A	1	10/19/18	205pm		1
7 1019-7											978	A	1	10/19/18	205pm		2
8 1019-8											992	A	1	10/19/18	205pm		3
9 1019-9											NA	A	1	10/19/18	205pm		4
10 1019-10											NA	A	1	10/19/18	205pm		5
11																	
12																	
13																	

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/19/2018 3:22pm	Sample Condition: On Ice	Sealed	Intact <input checked="" type="checkbox"/>												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By:	Date/Time: 10/19/18 3:22pm	Carrier: Hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



October 22, 2018

Subcontract Number: NA
Laboratory Report: RES 420829-2
Project # / P.O. # AS18163-1
Project Description: Swansea Elementary, South of Sound Wall

Andrew Castano
Foothills Environmental, Inc. (Lakewood)
11099 W. 8th Avenue
Lakewood CO 80215

Dear Customer,

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Sincerely,



Brett S. Colbert for

Jeanne Spencer
President

RESERVOIRS ENVIRONMENTAL, INC.

NVLAP Lab Code 101896-0

TABLE : TEM QUALITATIVE PRESENCE/ABSENCE ANALYSIS

RES Job Number: **RES 420829-2**
Client: **Foothills Environmental, Inc. (Lakewood)**
Client Project Number/P.O: **AS18163-1**
Client Project Description: **Swansea Elementary, South of Sound Wall**
Date Samples Received: **October 19, 2018**
Method: **AHERA - M Qual. Presence/Absence (Air +/-), Air**
Turnaround: **Rush**
Date Analyzed: **October 19, 2018**

Client ID Number	Lab ID Number	Asbestos Minerals Present
1019-2	EM 2186577	ND
1019-5	EM 2186580	ND
1019-6	EM 2186581	ND

Present = One or More Fibers Identified in up to Four Scanned Grid Openings

ND = No Fibers Detected in Four Scanned Grid Openings

Data QA:


Brett S. Colbert

Due Date: _____

Due Time: _____

RES 420829



SUBMITTED BY:

INVOICE TO: (IF DIFFERENT)

CONTACT INFORMATION:

Company: Foothills Environmental, Inc.	Company: Linda Gonzalez	Contact: Andrew Castano	Contact:
Address: 11099 W 8th Ave	Address:	Phone: 303-232-2660	Phone:
Lakewood, CO 80215	Linda.Gonzalez@FoothillsUSA.com	Fax:	Fax:
Project Number and/or P.O. #: AS18163-1		Cell/pager: 954-600-6552	Cell/pager:
Project Description/Location: Swansea Elementary, South of Sand wall		Final Data Deliverable Email Address: acastano@foothillsusa.com	

ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm	REQUESTED ANALYSIS										VALID MATRIX CODES				LAB NOTES:		
PLM / PCM / TEM <input checked="" type="checkbox"/> RUSH (Same Day) <input type="checkbox"/> PRIORITY (Next Day) <input type="checkbox"/> STANDARD (Rush PCM = 2hr, TEM = 6hr.)	PLM - Short report, Long report, Point Count	TEM - AHERA, Level II, 7402, ISO, +/-, Quant, Semi-quant, Micro-vac, ISO-Indirect Preps	PCM - 7400A, 7400B, OSHA	DUST - Total, Respirable	METALS - Analyte(s)	RCRA 8, TCLP, Welding Fume, Metals Scan	ORGANICS - BTEX, MTBE, 8260, GRO, DRO	OTHER -	Sample Volume (L) / Area	Matrix Code	# Containers	Date Collected mm/dd/yy	Time Collected hh/mm a/p	Air = A	Bulk = B		
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm														Dust = D	Paint = P		
Metal(s) / Dust _____ RUSH _____ 24 hr. _____ 3-5 Day													Soil = S	Wipe = W			
RCRA 8 / Metals & Welding Fume Scan / TCLP _____ RUSH _____ 5 day _____ 10 day													Drinking Water = DW				
Organics _____ 24 hr. _____ 3 day _____ 5 Day													Waste Water = WW				
Analysis turnarounds are subject to laboratory sample volume and are not guaranteed. You will be notified if delays are expected. Additional fees apply for afterhours and holidays for all analysis types.													Other = O				
Special Instructions: 1019 TEM (h/-) any 0.01 f/cc or higher, RUSH TAT													**ASTM E1792 approved wipe media only**				
Client sample ID number (Sample ID's must be unique)													EM Number (Laboratory Use Only)				
1 1019-1											10/12	A	1	10/19/18	205pm	2	180576
2 1019-2		X									10/09	A	1	10/19/18	205pm		7
3 1019-3											9/88	A	1	10/19/18	205pm		8
4 1019-4											9/33	A	1	10/19/18	205pm		9
5 1019-5		X									7/72	A	1	10/19/18	205pm		80
6 1019-6		X									8/85	A	1	10/19/18	205pm		1
7 1019-7											9/78	A	1	10/19/18	205pm		2
8 1019-8											9/92	A	1	10/19/18	205pm		3
9 1019-9											NA	A	1	10/19/18	205pm		4
10 1019-10											NA	A	1	10/19/18	205pm		5
11																	
12																	
13																	

Number of samples received: _____ (Additional samples shall be listed on attached long form.)

Relinquished By:	Date/Time: 10/19/2018 3:22pm	Sample Condition: On Ice	Sealed	Intact <input checked="" type="checkbox"/>												
Laboratory Use Only		Temp. (F°)	Y/N	Y/N												
Received By:	Date/Time: 10/19/18 3:22pm	Carrier: Hand														
Results:	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials
	Contact	Page	Phone	Email	Fax	Date	Time	Initials	Contact	Page	Phone	Email	Fax	Date	Time	Initials



Industrial Hygiene, Safety & Environmental Services

APPENDIX C

PHOTOGRAPHS

10/15/2018



Three stage decontamination trailer with showers and negative air machine. Northeast end of work area.



Wet methods included a water spraying nozzle on the excavator arm and a worker spraying from a hose.

10/16/2018



Beginning of excavation of mound at grid 2D.



Start of work on day 2, west end of mound.



Truck wrapping station. Workers placed two layers of reinforced polyethylene sheeting.



Building debris encountered during digging included concrete and brick.



Wrapped load with asbestos hazard labeling.



Concrete foundation encountered in grid 2B.

10/17/2018



Water hose attached to excavator for continuous operation of water sprayer.



Debris – concrete foundation.



Western perimeter and western downwind sampling pumps.



Debris - brick with mastic.



By end of day 2, mound was removed to one foot below grade, and areas of rows B and C were dug to 8 feet below grade.



Debris- floor tile with mastic.

10/18/2018



The fire hydrant used for the site water supply began leaking in the morning. Denver water was called to fix the leak. Work stops around 10 AM.



Concrete foundation found in "A" grids on the west end of the work area.



Work resumes around 11:30 AM after Denver water fixes leak.



Surfactant added to water sprayers.



Condition of roads remains wet from snow and ice melting throughout the week.



Lockdown added to soil overnight.

10/19/2018



Concrete foundation found in grid 5A and west of 5A.



Digging continued west through grid 6A until all concrete foundation was removed.



Confirming depth of 8 feet on west side of excavation.



Potholing began in the area of the former mound, east side of the work area.



Potholes were dug to 10 feet and then filled back in. No debris was found except for a metal rod.



Potholed soil was clean of debris.



Gross removal of soil from bucket using hand tools conducted over a tarp.



Bucket was then cleaned with low pressure water, which was collected in a basin for filtration.



5 micron water filtration system used to filter water used to clean the excavator bucket.



Inside of bucket after cleaning.



Grids 2A-6A, 2B-6B, 2C-6C are shown dug down to 8 feet below grade. Grids 2D-5D were excavated down to at least 1 foot below grade and covered with reinforced poly.



Bucket claws after cleaning.



No debris remained in the excavated area.



Outside of bucket after cleaning.



Industrial Hygiene, Safety & Environmental Services

APPENDIX D

DAILY VISUAL INSPECTIONS AND MONITORING LOGS

Potholing Summary

9/19

- P 8A CLEAN FILL, NO DEBRIS (HOLE 1)
CLEAN FILL, ABANDONED CONCRETE PIPE (HOLE 2) 2 PHOTOS
- P 7A CONCRETE DEBRIS, RED BRICK DEBRIS (2 PHOTOS)
" " " " " "
- P 6A HEAVY " " " " " " , WOOD DEBRIS
MASTIC ON CONCRETE, FLOOR TILE, MASTIC ON BRICK
CONTAMINATION 3'-10' 2 PHOTOS
- F 5A MASTIC ON CONCRETE 1 PHOTO CONTAMINATION 3'-10'
- F 4A " " " , FLOOR TILE " 4'-8" 1 PHOTO
- F 3A " " " , MASTIC ON BRICK 3'-8" 2 "
- F 2A " " " , FLOOR TILE 2'-8" 1 "
- P 1A LIGHT CONCRETE DEBRIS
- P 8B LIGHT BRICK DEBRIS, PVC
CLEAN FILL, NO DEBRIS
- P 7B LIGHT CONCRETE
" "
- F 6B MASTIC ON CONCRETE & BRICK, FLOOR TILE 2 PHOTOS 3'-10'
- F 5B FRIABLE PIPE INSULATION 2 PHOTOS 2'-?
- P 4B " " " , MASTIC ON BRICK & CONCRETE SURFACE 2 PHOTOS
- F 3B " TANK " " " " , SURFACE-?
- F 2B MASTIC ON CONCRETE, FLOOR TILE, STEP TREADS, MASTIC
ON BRICK, CONTAMINATION SURFACE - 10' 1 SAMPLE "STB1"
- P 1B IRRIGATION PIPES & BOXES
- P 8C CLEAN FILL
BRICK @ SURFACE, CLEAN FILL 1'-10'
- P 7C CONCRETE
LIGHT RED BRICK

F 6C BRICKS & LIGHT CONCRETE @ SURFACE, CLEAN BELOW
1 PHOTO

FLOOR TILE, BRICK, CONCRETE w/ MASTIC
CONTAMINATION 1'-6"

F 5C ABOVE GRADE - FLOOR TILE, BRICK

P BELOW GRADE - PIPE INSULATION @ 4' 1 PHOTO

F 4C ABOVE GRADE - FLOOR TILE, BRICK MASTIC

P 3C SAME AS 4C

F 2C ABOVE GRADE - SAME AS 4C

P BELOW GRADE - " " " & FLOOR TILE

F 1C ABOVE GRADE - BRICK MASTIC

P BELOW GRADE - BRICK TO 8'

P 8D CLEAN FILL

P " " LIGHT BRICK

P 7D METAL PIPE (NO WRAP) @ 4", ^{BRICK} CLEAN FILL

P LIGHT BRICK @ SURFACE, CLEAN FILL

F 6D ABOVE GRADE - BRICK MASTIC @ 6"

F 5D " " - " " @ 1'

F 4D " " - FLOOR TILE @ 2'

F 3D " " - BRICK MASTIC, MASTIC ON CONCRETE

F 2D " " - " " @ 3"

P 1D CLEAN

9/20

1E BRICK AT SURFACE, WHITE DEBRIS @ 5' (SAMPLE)

" " " " " " "

P 2E " " "

" " "

3E - WHITE DEBRIS @ 2' SAMPLE

BRICK @ SURFACE, CLEAN TO 10' UNWRAPPED

PIPE @ 4"

P 4E ASPHALT @ SURFACE, CLEAN BELOW

P BRICK @ " " "

P 5E - CLEAN

P CLEAN

P 6E CLEAN

P CLEAN

P 7E WOOD, PLASTER, CONCRETE, ASPHALT TO 4'

P CLEAN

P 8E ASPHALT @ SURFACE

P " " " , PVC @ 1'

P 8F ASPHALT @ SURFACE

P 7F CONCRETE @ 3'

P 6F UNWRAPPED PIPE @ 3'

P 5F BRICK @ SURFACE

P 4F CONCRETE, BRICK & UNWRAPPED PIPE 1'-3'

P 3F CLEAN

P 2F CLEAN

P 1F CLEAN



Foothills Environmental, Inc.

Industrial Hygiene, Safety & Environmental Services

Asbestos Building Inspection Form

Date: 9/19/08

Building: GRID 2B

Material Description: STEP TREAD, BROWN w/ TAN MASTIC

Homogeneous Area ID: 2B-ST01-

Quantity: _____

Material Type: Surfacing

Thermal System Insulation

Miscellaneous

Friability

Friable

NF I

NF II

Condition Assessment:

Good Damaged Sig. Damage

Vibration

Air Erosion

Physical Damage

Category I NF: Packet, Gasket, Resilient Floor Covering, Mastic or Asphalt Roofing Materials

Category II NF: Any non-friable material not covered in Category I

Good: Undamaged; **Damaged:** <10% Distributed or <25% Localized; **Sig. Damaged:** ≥10% Distributed or ≥25% Localized

Sample #:

Location:

Lab Result

01

GRID 2B, 4' ↓

Physical Classification

Damaged or significantly damaged Thermal System Insulation (TSI)

Damaged friable surfacing ACBM

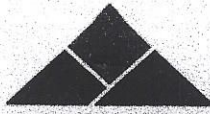
Significantly damaged friable surfacing ACBM

Damaged or significantly damaged friable miscellaneous ACBM

ACBM with potential for damage

ACBM with potential for significant damage

Any remaining friable ACBM or friable suspected ACBM



Foothills Environmental, Inc.

Industrial Hygiene, Safety & Environmental Services

Asbestos Building Inspection Form

Date: 9/20/18

Building: GRID 1E

Material Description: WHITE PLASTER DEBRIS

Homogeneous Area ID: 1E-DEB01

Quantity: _____

Material Type: Surfacing

Thermal System Insulation

Miscellaneous

Friability

Friable

NF I

NF II

Condition Assessment:

Good Damaged Sig. Damage

Vibration

Air Erosion

Physical Damage

Category I NF: Packet, Gasket, Resilient Floor Covering, Mastic or Asphalt Roofing Materials

Category II NF: Any non-friable material not covered in Category I

Good: Undamaged; Damaged: <10% Distributed or <25% Localized; Sig. Damaged: ≥10% Distributed or ≥25% Localized

Sample #:

Location:

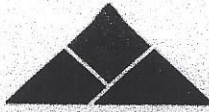
Lab Result

01

POTHOLE 1E(1), 5' ↓

Physical Classification

- Damaged or significantly damaged Thermal System Insulation (TSI)
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing ACBM
- Damaged or significantly damaged friable miscellaneous ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or friable suspected ACBM



Foothills Environmental, Inc.

Industrial Hygiene, Safety & Environmental Services

Asbestos Building Inspection Form

Date: 9/20/18

Building: Grid 3E

Material Description: WHITE DEBRIS - PLASTER

Homogeneous Area ID: 3E-DEB02

Quantity: _____

Material Type: Surfacing

Thermal System Insulation

Miscellaneous

Friability

Friable

NF I

NF II

Condition Assessment:

Good Damaged Sig. Damage

Vibration

Air Erosion

Physical Damage

Category I NF: Packet, Gasket, Resilient Floor Covering, Mastic or Asphalt Roofing Materials

Category II NF: Any non-friable material not covered in Category I

Good: Undamaged; **Damaged:** <10% Distributed or <25% Localized; **Sig. Damaged:** ≥10% Distributed or ≥25% Localized

Sample #:

Location:

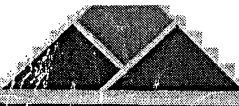
3E, @ 2' ↓

Lab Result

Sample #	Location	Lab Result

Physical Classification

- Damaged or significantly damaged Thermal System Insulation (TSI)
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing ACBM
- Damaged or significantly damaged friable miscellaneous ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or friable suspected ACBM



Wind Monitoring Form

(stop if: gust 20mph+, avg of 12mph+)

Date: 10/15/2018

Location: Swaven elem, S. of sand wall

Time	Direction	Wind Average	Wind Max	
8-816	S → N	1.3	5	32 F
920-930	SW → NE	2.2	4.7	36 F
1005-1015	SW → NE	1.1	3.2	
1050-11	SW → NE	1.4	5.1	
1140-1150	SW → NE	0.7	1.9	48 F
1230-1240	S → N	1.4	3.6	
110-120	SW → NE	1.3	3.7	
2-210	E → W	3.2	8.1	
240-250	E → W	1.6	5.4	
320-330	E → W	2.0	6.8	
359-409	E → W	2.7	6.3	



Wind Monitoring Form

(stop if: gust 20mph+, avg of 12mph+)

Date: 10/16/2015

Location: Swansea Elementary, S. of Sound wall

Time	Direction	Wind Average	Wind Max	
742-752	NA	0	0	
830-840	SW → NE	1.1	2.9	
910-920	SW → NE	1.1	3.9	
10-10:10	SW → NE	.7	2.9	
11-11:10	E → W	2	5.5	
1140-1151	E → W	3.2	5.8	53 F
1220-1230	NE → SW	1.7	5.6	
1-110	E → W	2.8	5.6	
140-150	E → W	2.3	5.0	56 F
220-230	NE → SW	2.9	6.4	
3-310	E → W	1.2	4.1	
350-4	E → W	1.0	3.5	



Wind Monitoring Form

(stop if: gust 20mph+, avg of 12mph+)

Date: 10/17/2018

Location: _____

Time	Direction	Wind Average	Wind Max
742-755	W → E	1.4	4.6
835-840	SW → NE	.7	3.4
910-920	SW → NE	1.0	4.5
954-1004	SW → NE	2.2	5.3
1038-1050	W → E	2.0	6.0
1120-1130	SW → NE	1.5	3.4
12-1210	W - E	1.2	3.0
1240-1250	SW → NE S → N	1.4	2.8
120-130	SW → NE E → W	1.9	6
2-210	SE → NW	1.8	4.5
240-250	SE → NW	2.1	8.7
320-330	E → W	3.1	8.2



Wind Monitoring Form

(stop if: gust 20mph+, avg of 12mph+)

Date: 10/18/2018

Location: Swansea Elem S. of Sound wall

Time	Direction	Wind Average	Wind Max
7:50 - 8:20	SE → NW	1.1	2.8
8:30 - 8:40	NA	0	0
9:10 - 9:20	S → N	1	2.2
9:50 - 10:00	SW → NE	1.9	5.2
10:30 - 10:40	S → NE	1.0	2.1
work stoppage - bad hydrant			
11:40 - 11:50	SE → NW	2.0	4.9
12:20 - 12:30	SW - NE	1.1	4.1
1:00 - 1:10	S → NE	2.6	6.3
1:40 - 1:50	S → N	1.5	4.7
2:20 - 2:30	SE → NW	2.2	4.4
3:00 - 3:10	SE → W	2.5	5.2



Wind Monitoring Form

(stop if: gust 20mph+, avg of 12mph+)

Date: 10/19/2018

Location: _____

Time	Direction	Wind Average	Wind Max
0735-745	?	0.7	1.7
805-815	E→W	1.8	1.8
845-854	S→N	1.0	2.2
930-940	SE→NW	1.1	2.8
1040-10520	NE → SE	2.5	4.6
1050-11	NE→SW	3.1	7.7
1140-1150	W→E	2.0	9.6

FOOTHILLS ENVIRONMENTAL, INC.

Industrial Hygiene, Safety & Environmental Services Telephone: (303) 232-2660

Fax: (303) 232-4960

ASBESTOS AIR SAMPLING FORM

Client: Kiewit

Project Location: Swansy Elem

Phase: Day 1 *mound removal*

Project Number: AS18163-1

PO Number: _____

Sampled By: Andrew Castano

Date: 10/15/2018

Prefix Number 1015

Calibration Method/SN DryCal / 137055

Cassette Type/Lot #: 25mm 3pc 0.8µm MCE Filter/ 10640

Sample FE Number	Sample Location/Person Sampled	Time On	Time Off	Total Minutes	Flow Start (L/min)	Flow End (L/min)	Average Flow	Volume (L)	fibers field	fiber density	LOQ	f/cc	Comments
1	Jason Eubaak	836	1632	476	2.4640	2.4488	2.4564	1169.2					Water Sprayer
2	Carlos Martinez	847	1629	462	2.4572	2.4797	2.4685	1140.4					Truck wrapper
3		858	1623	445	2.4847	2.4878	2.4863	1106.4					
4		858	1625	447	2.4579	2.4539	2.4559	1097.8					
5		858	1626	448	2.4970	2.5179	2.5075	1123.4					
6		858	1627	449	2.1139	1.8569	1.9854	891.4					
7		858	1628	450	2.4077	2.0375	2.2226	1000.2					
8		858	1629	451	2.4720	2.4537	2.4629	1110.8					
9	Blank												
10	Blank												

Name: _____ Analyst Signature: _____

Date: _____

Blind Recount Sample # _____ fibers/field _____ Data entered

FOOTHILLS ENVIRONMENTAL, INC.

Industrial Hygiene, Safety & Environmental Services Telephone: (303) 232-2660

Fax: (303) 232-4960

ASBESTOS AIR SAMPLING FORM

Client: Kiewit Project Location: Swansea Elementary S. of sound wall Phase: Day 2

Project Number: 1016 ASI 8163-1 PO Number: _____ Sampled By: Andrew Castano Date: 10/16/2018

Prefix Number 1016 Calibration Method/SN DryCal / 137055 Cassette Type/Lot #: 25mm 3pc 0.8µm MCE Filter / 10640

Sample FE Number	Sample Location/Person Sampled	Time On	Time Off	Total Minutes	Flow Start (L/min)	Flow End (L/min)	Average Flow	Volume (L)	fibers field	fiber density	LOQ	f/cc	Comments
1	Jason Evbark	0720	1615	535	2.4990	2.4796	2.4893	1331.8					water sprayer
2	Louis Guitierrez	0725	1616	531	2.4466	2.4960	2.4713	1312.3					truck wrapper
3		0739	1607	508	2.4805	2.4569	2.4687	1254.1					
4		0739	1608	509	2.2162	1.8618	2.039	1037.9					
5		0739	1609	510	2.3908	2.0526	2.2217	1133.1					
6		0739	1610	511	2.4808	2.4805	2.4807	1267.6					
7		0739	1611	512	2.5223	2.6876	2.6050	1333.8					
8		0739	1612	513	2.5502	2.5506	2.5501	1308.2					
9		NA											→
10		NA											→

Name: _____ Analyst Signature: _____ Date: _____
 Blind Recount Sample # _____ fibers/field _____ Data entered

FOOTHILLS ENVIRONMENTAL, INC.

Industrial Hygiene, Safety & Environmental Services Telephone: (303) 232-2660

Fax: (303) 232-4960

ASBESTOS AIR SAMPLING FORM

Client: Kiewit Project Location: Swarcia Elev., S. of sound wall Phase: Day 3 grid excavation

Project Number: AS18163-1 PO Number: _____ Sampled By: Andrew Castano Date: 10/17/2018

Prefix Number 1017 Calibration Method/SN DryCal/137055 Cassette Type/Lot #: 25mm 3pc 0.8µm MCE Filter/ 10640

Sample FE Number	Sample Location/Person Sampled	Time On	Time Off	Total Minutes	Flow Start (L/min)	Flow End (L/min)	Average Flow	Volume (L)	fibers field	fiber density	LOQ	f/cc	Comments
1	Dason Evbak	0726	1603	517	2.4977	2.5185	2.5081	1296.7					water sprayer
2	Marco Delacruz	0732	1604	492	2.5144	2.4413	2.4779	1219.1					truck wrapper
3		740	1554	494	2.2063	1.8475	2.0268	1061.2					
4	N of truck loading	0740	1555	495	2.4909	2.4522	2.4716	1223.4					
5		0740	1556	496	2.4730	2.4992	2.4861	1233.1					
6		0740	1557	497	2.5467	2.5424	2.5446	1264.7					
7		0740	1558	498	2.5283	2.5104	2.5194	1254.7					
8		0740	1559	499	2.5003	2.1407	2.3205	1157.9					
9	Blank	NA											
10	Blank	NA											

Name: _____ Analyst Signature: _____

Date: _____

Blind Recount Sample # _____ fibers/field _____ Data entered

FOOTHILLS ENVIRONMENTAL, INC.

Industrial Hygiene, Safety & Environmental Services Telephone: (303) 232-2660

Fax: (303) 232-4960

ASBESTOS AIR SAMPLING FORM

Client: Kiewit Project Location: Swansea Elem S. of sound wall Phase: Day 4

Project Number: AS18163-1 PO Number: _____ Sampled By: Andrew Castano Date: 10/18/2018

Prefix Number 1018 Calibration Method/SN DryCal / 137055 Cassette Type/Lot #: 25mm 3pc 0.8µm MCE Filter/ 10640

Sample FE Number	Sample Location/Person Sampled	Time On	Time Off	Total Minutes	Flow Start (L/min)	Flow End (L/min)	Average Flow	Volume (L)	fibers field	fiber density	LOQ	f/cc	Comments
1	Dason	0733	333 ^{pm}	480	24870	26878	2.5874	242.0					
2	Nelson Archilla	0738	335 ^{pm}	477	24529	25802	2.5166	1200.4					
3		0747	342	475	19860	18866	1.9363	919.7					
4		0747	343	476	25039	25827	2.5433	1210.6					
5		0747	345	478	25135	26321	2.5728	1229.8					
6		0747	346	479	24360	21698	2.3029	1103.1					
7		0747	347	480	25190	26364	2.5777	1237.3					
8		0747	348	481	24818	25723	2.5271	1215.5					
9		NA	————	————	————	————	————	————	————	————	————	————	————
10		NA	————	————	————	————	————	————	————	————	————	————	————

Name: _____ Analyst Signature: _____

Date: _____

Blind Recount Sample # _____ fibers/field _____ Data entered

FOOTHILLS ENVIRONMENTAL, INC.

Industrial Hygiene, Safety & Environmental Services Telephone: (303) 232-2660

Fax: (303) 232-4960

ASBESTOS AIR SAMPLING FORM

#10 lot is 12178

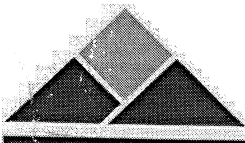
Client: Kiewit Project Location: Swansea Elem, south of Sound wall Phase: Day 5

Project Number: AS18163-1 PO Number: _____ Sampled By: Andrew Costano Date: 10/19/08

Prefix Number: 1019 Calibration Method/SN: DryCal / 137055 Cassette Type/Lot #: 25mm 3 pc w/0.8µm MCE Filter / 10640

Sample	Sample Location/Person Sampled	Time On	Time Off	Total Minutes	Flow Start (L/min)	Flow End (L/min)	Average Flow	Volume (L)	fibers field	fiber density	LOQ	f/cc	Comments
2	Jason Evbæk	0721	1353	392	26171	25434	2.5803	1011.5					water sprayer
1	Carlos Martinez	0726	1354	388	2.5591	26049	2.5820	1001.8					truck wrapper
3	NE	0736	1355	379	2.5920	26189	2.6055	987.5					
4	N	0736	1356	380	24770	24330	2.9550	932.9					
5	W	0736	1357	381	24870	18655	2.0263	772.0					
6	S	0736	1359	383	24740	21447	2.3094	884.5					
7	SW	0736	1400	384	2.5002	25958	2.5480	978.4					
8	NW	0736	1401	385	2.5632	25890	2.5761	991.8					
9		NA											
10		NA											

Name: _____ Analyst Signature: _____ Date: _____



Foothills Environmental, Inc.

Industrial Hygiene, Safety & Environmental Services

Truck Log Sheet

10/15/2018

Sullivan elem, S. of sound wall

Truck License

IN time

OUT time

826 had flat
not in list
waive
#8 in 12:22
left at 12:32
#25

<u>Truck License</u>	<u>IN time</u>	<u>OUT time</u>
7 trucks 1-7	8:18 am	9:06 am
8 trucks 8-15	9:54 am	10:51 11:16 am
9 trucks 16-20 ⁴	11:21 am	12:52
7 trucks 25-32	12:49 pm	~2:06 ⁰⁶
9 33-	2:06	

Truck 6 left at 10:41
Truck 7 left at 12:07
#6 in at 1:27
#5 arrives 3:44 pm



Truck Log Sheet

10/17/2018

53

Truck License

IN time

OUT time

10 Trucks

7:19 am

8:10

10

8:50 am

1:03

10

10:23

1:42

9 #

1:45

3:51



**Foothills
Environmental, Inc.**

Industrial Hygiene, Safety & Environmental Services

Truck Log Sheet

10/19/2018

Truck License

IN time

OUT time

11 trucks

0711am

807am

11

0843

952

1003

Day 1

10-15

Swansea elem S of sound wall

6:50 arrive onsite

low wind, clear sky, cold, some ice

7:10 - 7:35 safety meeting

S wind fence fell over, workers put back up

7:40 prep site, ex put in place, wrapping station setup, etc

8:18 1st truck enters

7 trucks 9:06 am

0.0 ppm around dig site 9:15 am

Sunny low wind

9:55 am all pumps operational

10:05 0.0 ppm around dig site

10:29 am all pumps operational

Sunny

10:35 site walk 0.0 ppm

Last truck left 11:16 am wave 2 out

wave 3 in 11:21 am

11:34 all pumps operational

11:40 site walk around 0.0 ppm

CDOT site visit 11:30

Brick + concrete chunks observed in mound dirt

Sunny

10:50 pm all pumps operational

3rd wave out @ 12:52 pm

Sunny

4th wave trucks in 12:49 pm

11:00 pm site walk 0.0 ppm

dirt is drying from sun, roads mostly muddy

208 all pumps operational

310 all pumps operational

Sunny

320 perimeter of dig 0.0 ppm

Last truck left at 4:29 pm

453 leave

Mg chloride ~~at~~ sprayed before leaving to stabilize soil

10/16/2018 Day 2

6:21 am FEI arrive onsite

6:30-6:50 safety meeting

6:50-7:20 prepare site, stand up wind fence, wet dirt

7:30 am first truck arrive onsite

Sunny

8:49 am 2nd wave of trucks begins

no wind

9 am pumps all operational

frozen ground

Mound 90% removed @ 9:05 am

low wind

~9:40 fresh mound begin excavation of grid 2B

10:00 moved pumps around new digging area

10:05 PID want hold zero, fluctuates between 0.2-0.3 when in an area of clean air. Readings taken in the work area are ~~0.1-0.2~~ ^{0.1-0.2} too

10:35 all pumps operational

11:36 all pumps operational, wind change, moved pumps 7-8 ground drying out, no dust from trucks driving yet

Instructed water sprayer to wet down roads during down time

Sunny

12:50 new PID arrives

Slight breeze

12:56 All pumps operational

1:05 pm measured depth of grid 2B/3B ~6'

Sunny slight breeze

1:40 pm walked perimeter of dig area ' 0.0-0.1 ppm VOC

1:45 pm all pumps operational

hose attached to excavator to feed onboard sprayer

2:50 pm all pumps operational

3 pm dig walk around 0.0-0.2 ppm VOC

Brick + concrete debris present in pit

Last truck ~~left~~ left 4:07 am

Pumps collected ~4:25 pm

VOC check @ 4:27 0.0 ppm

MgO Sprayed on as stabilizer

10/17 Day 3 Swansea Elem., South of sound wall

FEI arrives onsite 6:20 am

6:30-6:45 Safety Meeting

6:45 prep site

7:19 am First truck arrives

1st wave of 10 trucks leave at 8:10 am

Truck roads still wet, no dust

Sunny

hose attached to excavator, overcome problem w/tank + ~~generator~~ ^{pump}

walk around dig perimeter, 0.0 ppm VOC 7:41 am

9:15 am all pumps operational

9:20 am walk around dig perimeter 0.0 ppm VOC

10:45 am all pumps operational, 0.0 ppm VOC around work site/digging

partly
Sunny

Slight breeze

11:30 overcast, cloudy light breeze

Truck road damp

Smoke test decan

12:15 all pumps operational

12:20 site walk 0.0 ppm VOC

12:20 red tile observed in pit, concrete chunks, brick

12:40 partly sunny, roads damp

1:20 pm all pumps operational

1:30 site walk around excavated areas 0.0 ppm VOC

1:35 reposition excavator to E site, finish on W end of grid

1:35 reposition pumps

1:40 all pumps operational

2:30 medium breeze partly sunny

3:20 all pumps operational

3:20 walk around perimeter of dig 0.0 ppm VOC

10/18 Day 4

6:20 am FFI arrive onsite

6:30-6:40 am Safety meeting

6:45 begin site prep

7:17 am 1st truck enters

problem with hydrant ~15 mins to fix

7:57 am loading begin

7:45 walk around 0.0 ppm VOC

San smoke test decou pass

~9 next wave start

worker sprayed truck road w/water

low wind, sunny, good wetting/dust suppression

9:28 am all pumps operational walk around dig 0.0 ppm VOC

Hydrant leaking on opposite side of our hose and meter, Denver water called

~10:10 digging stop, Denver water work on hydrant

Hydrant found unrepairable ~10:35 am

#2777 (hydrant)

water truck on way, work stoppage

~11:00 hook up to new hydrant, work resume

11:45 all pumps operational

11:50 walk around dig site, 0.0 ppm VOC

1:15 pm all pumps operational, site walk, 0.0 ppm VOC

2:45 pm all pumps operational, site walk 0.0 ppm VOC

water sprayer ~30 feet from digging

10/19/2018 Day 5 Swansea Elem, S. of Soundwall

0621 FEI arrive onsite

0630-0640 safety meeting

0640 crew preps equipment temp low 40s no wind

digging resumes on/around grid SA

0711 1st truck enters work area walkaround 0.0ppm VOC

Sam smoke test decon (pass)

0855 all pumps operational, dig walkaround, 0.0ppm VOC

1010-1025 ex moved to deepen corner of 6B

1025 ex back to SA

1032 all pumps operational, site walk 0.0ppm VOC

concrete foundation still encountered on west side of SA

1120 Finish w site

1130-1145 more ex, reposition hoses

1132 all pumps operational, walk around 0.0ppm VOC

1134 confirm w site 8' deep, took pic of worker w/measuring tape

1155 potholing begins

8 holes two 2 per grid, 4 grids 2D-5D

1242 all ~~ex~~ potholes clean, no need for additional digging

end of excavation activities 1242pm

1243 prep site for bucket decon

1247 all pumps functional, site walk 0.0ppm VOC

1247 workers put bucket over pdy, scrape w/shovel

146 pm bucket declared clean of dirt/debris

small basin setup, water pumped out and filtered to ~~sum~~ ^{sum}



Industrial Hygiene, Safety & Environmental Services

APPENDIX E

CERTIFICATIONS



Colorado Department
of Public Health
and Environment

ASBESTOS CERTIFICATION*

This certifies that

Daniel M. Benecke

Certification No.: 1947


has met the requirements of 25-7-507, C.R.S. and Air Quality Control
Commission Regulation No. 8, Part B, and is hereby certified by the
state of Colorado in the following discipline:

Building Inspector*

Issued: February 01, 2018

Expires: February 01, 2019

** This certificate is valid only with the possession of a
current Division-approved training course certification
in the discipline specified above.*


Authorized APCD Representative
SEAL



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303.412.6360
(855) 60.CERTIFY

1775 West 55th Avenue
Denver, CO 80221,
United States of America

CERTIFICATE OF ACHIEVEMENT

This certificate is awarded to:

DAN BENECKE

In recognition of satisfactory completion of the EPA-approved annual asbestos refresher training course under section 206 of the Toxic Substance Control Act (TSCA),
Title II entitled:

BUILDING INSPECTOR

COURSE DATE:	DECEMBER 20, 2017
EXPIRATION DATE	DECEMBER 20, 2018
COURSE HOURS:	4.0

Verify Credential



Danaya N. Benedetto
Co-Founder & CEO
Training Program Manager

Credential License ID:11081143



Frank Hulce
Instructor

CHC Training Certificate No.
R17-2177-AI-CO

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303.412.6360
(855) 60.CERTIFY

1775 West 55th Avenue
Denver, CO 80221,
United States of America

CERTIFICATE OF ACHIEVEMENT

This certificate is awarded to:

ANDREW CASTANO

In recognition of satisfactory completion of the EPA-approved initial asbestos training course under section 206 of the Toxic Substance Control Act (TSCA), Title II entitled:

BUILDING INSPECTOR

COURSE DATES:
EXAMINATION DATE:
EXPIRATION DATE:
COURSE HOURS:

DECEMBER 6 - 8, 2017
DECEMBER 8, 2017
DECEMBER 8, 2018
24.0

Verify Credential



Danaya N. Benedetto
Co-Founder & CEO
Training Program Manager

Credential License ID: 11052919

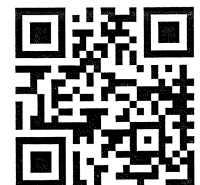


Franki Hulce

Instructor

CHC Training Certificate No.
117-2085-AI-CO

Visit our Website





CHC Training
Nationwide Training & Certification Experts
www.trainingchc.com
303.412.6360
(855) 60.CERTIFY

1775 West 55th Avenue
Denver, CO 80221,
United States of America

CERTIFICATE OF ACHIEVEMENT

This certificate is awarded to:

ANDREW CASTANO

In recognition of satisfactory completion of the EPA-approved asbestos initial training course.
This course is approved by the Colorado Department of Health in accordance with AQCC
Regulation Number 8.

AIR MONITORING SPECIALIST

COURSE DATES:	FEBRUARY 12 - 15, 2018
EXAMINATION DATE:	FEBRUARY 15, 2018
EXPIRATION DATE:	FEBRUARY 15, 2019
COURSE HOURS:	32.0

Verify Credential



Danaya N. Benedetto
Co-Founder & CEO
Training Program Manager

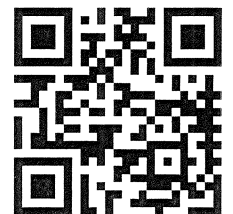
Credential License ID: 11250487



Brendan Hainsworth
Instructor

CHC Training Certificate No.
118-0273-AMS-CO

Visit our Website





Colorado Department
of Public Health
and Environment

ASBESTOS CERTIFICATION*

This certifies that

Andrew Castano

Certification No.: 24161


has met the requirements of 25-7-507, C.R.S. and Air Quality Control Commission Regulation No. 8, Part B, and is hereby certified by the state of Colorado in the following discipline:

Air Monitoring Specialist*

Issued: April 25, 2018

Expires: April 25, 2019

** This certificate is valid only with the possession of a current Division-approved training course certification in the discipline specified above.*


Authorized APCD Representative

SEAL



Colorado Department
of Public Health
and Environment

ASBESTOS CERTIFICATION*

This certifies that

Andrew Castano

Certification No.: 24161

has met the requirements of 25-7-507, C.R.S. and Air Quality Control
Commission Regulation No. 8, Part B, and is hereby certified by the
state of Colorado in the following discipline:

Building Inspector*

Issued: December 29, 2017

Expires: December 29, 2018

** This certificate is valid only with the possession of a
current Division-approved training course certification
in the discipline specified above.*

Authorized APCD Representative

SEAL



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303.412.6360
(855) 60.CERTIFY

1775 West 55th Avenue
Denver, CO 80221,
United States of America

CERTIFICATE OF ACHIEVEMENT

This certificate is awarded to:

MICHAEL PERRY

In recognition of satisfactory completion of the EPA-approved annual asbestos refresher training course under section 206 of the Toxic Substance Control Act (TSCA), Title II entitled:

BUILDING INSPECTOR / MANAGEMENT PLANNER

COURSE DATE:	FEBRUARY 9, 2018
EXPIRATION DATE:	FEBRUARY 9, 2019
COURSE HOURS:	8.0

Verify Credential



Danaya N. Benedetto
Co-Founder & CEO
Training Program Manager

Credential License ID: 11233828



Daniel B. Beaver
Instructor

CHC Training Certificate No.
R18-0230-AIMP-CO

Visit our Website





Colorado Department
of Public Health
and Environment

ASBESTOS CERTIFICATION*

This certifies that

Michael Perry

Certification No.: 15632

has met the requirements of 25-7-507, C.R.S. and Air Quality Control
Commission Regulation No. 8, Part B, and is hereby certified by the
state of Colorado in the following discipline:

Inspector/Management Planner*

Issued: October 10, 2018

Expires: October 10, 2019

** This certificate is valid only with the possession of a
current Division-approved training course certification
in the discipline specified above.*


Authorized APCD Representative

SEAL



Colorado Department
of Public Health
and Environment

ASBESTOS CONSULTING FIRM

This certifies that

Foothills Environmental, Inc.

Registration No.: ACF - 14925

has met the registration requirements of 25-7-507, C.R.S. and the Air Quality Control Commission Regulation No. 8, Part B, and is hereby authorized to perform asbestos consulting activities as required under Regulation No 8, Part B, in the state of Colorado.

Issued: January 30, 2018

Expires: January 30, 2019

Authorized APCD Representative

SEAL

APPENDIX

C

SWANSEA SOIL REMEDIATION WASTE MANIFESTS





NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007449

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5126 1312460	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOODS		MWD on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasera Trucking Bennett CO		
b. Phone: 3036445929		
c. Driver Name (Print) Curtis H. Butler		d. Signature <i>[Signature]</i>
		e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 8th & Tower Rd Commerce City, CO (Account # 180216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: USA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1250		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-5102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007499

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, Owner's Name, Waste Profile #, Exp. Date, Shipping Name and Description, Containers, Total Quantity, and Unit. Includes a certification statement and agent signature.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, and Operator's Certification.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007498

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4656		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5178 1312498	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		Annual on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: BLA-S-C		
b. Phone: 3-644-5529		
c. Driver Name (Print) Jim A		e. Date 10-15-2018
d. Signature J-R		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Blair & Tower Rd Commerce City, CO (Account # 980216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA INC 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1536 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007497

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4668			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-920-4668		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
6126 1812491	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		Megan Wood on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.A. Mackay		
b. Phone: 303-901-5839		
David Marco		10-15-18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: I-70 Project I-70 & Tower Rd Commerce City, CO (Account # 800218 EISA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1200		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007496

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4806			e. Generator's Mailing Address: Colorado Department of Transportation 3511 46th Avenue Denver, CO 80216 720-820-4806			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812458	7/30/2016	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		ANNUL on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022			
b. Phone: 303-991-1280			
DENNIS CAMPBELL		Dennis Campbell	10-15-18
c. Driver Name (Print)		d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 50th & Tower Rd Commerce City, CO (Account # 690216 ESA I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NLSHA / Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007495

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4655			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4655			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1012498	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Approved on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City, CO 80022			
b. Phone: 303-991-1280			
c. Driver Name (Print): STEVEN MOON		d. Signature: <i>Steven Moon</i>	e. Date: 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 50th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESRIAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246 1530 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007494

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-920-4665			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5129 1812418	11/15/18	Regulated Asbestos Contaminant				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood		r. Date 11/15/18		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasport Trucking 3036445929 Blount CO		
b. Phone:		
c. Driver Name (Print) Curtis A. [Signature]	d. Signature [Signature]	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Arlin & Tower Rd Commerce City, CO (Account # 080216 ESA / 17)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1260		c. Responsible Agency Name and Address: NEC/NAP Admin. Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80246-1535 303-692-3162	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007493

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, name, location, address, phone, and waste profile details.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name, address, phone, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including facility address, EPA number, discrepancy space, and agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator and responsible agency details, friability, and operator's certification.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007492

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 40th Avenue Denver, CO 80216 720-920-4866			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812406	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Mumuk on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barton Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print): Esteban Barron		e. Date: 10/15/2018
d. Signature: [Signature]		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Main & Tower Rd Commerce City, CO (Account # 990215 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: CSA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1280		c. Responsible Agency Name and Address: MCHM Admin - Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007491

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 49th Avenue Denver, CO 80216 720-820-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5125 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Manned on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasoc			
b. Phone: 3-644-5527			
c. Driver Name (Print) Tim R		d. Signature [Signature]	e. Date 10-15-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 8th & Tower Rd Commerce City, CO (Account # 950216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S 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 transport according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007490

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 16th Avenue Denver, CO 80216 720-920-4656			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812499	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT		r. Date 10/15/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DPA Trucking		
b. Phone: 303-901-5339		
c. Driver Name (Print) David Moreno	d. Signature <i>[Signature]</i>	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 64th & Tower Rd Commerce City, CO (Account # 080216 ESR / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESR Inc. 6700 E 90th Avenue Commerce City, CO 80022 303-591-1286	c. Responsible Agency Name and Address: NE State Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-862-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007489

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812486	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Approved on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700E. 50TH AVE COMMERCE CO 80022		
b. Phone: 303 991 1280		
DENNIS CAMPBELL		Dennis Campbell
c. Driver Name (Print)		e. Date
		10-15-18
d. Signature		e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Smith & Tower Rd Commerce City, CO (Account # 960218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007488

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile details.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator Name and Address, Responsible Agency Name and Address, Special Handling Instructions, and Operator's Certification.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007487

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4888			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4888			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1812488	7/09/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Approved on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
KHOOS	KHOOS	10-15-18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 90th & Tower Rd Commerce City, CO (Account # 980216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEAHAP Admin - Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1500 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



5007486

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4865			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4865			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812438	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		signed on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blagovest Trucking Bennett, CO		
b. Phone: 3036445929 Curtis A. Huber		
c. Driver Name (Print) Curtis A. Huber	d. Signature Curtis A. Huber	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Guth & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ECSA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEOHHS Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1650 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007485

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4868			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80215 720-920-4868			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5129 1612466	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT		r. Date 10/15/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Biges ei		
b. Phone: 3-644-3929		
c. Driver Name (Print) M Brand	d. Signature M Brand	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 83th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: RE Services 4400 E 50th Avenue Commerce City, CO 80322 303-991-1260	b. Phone:	c. Responsible Agency Name and Address: RE Services Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007484

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Transportation North of I-70 between Columbine & Elizabeth Trails Denver, CO 80216 720-9 0-450			e. Generator's Mailing Address: 543 1/2 W. 4th Avenue Denver, CO 80216 720-221-4500		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
8138 1812488	7/30/2019	Regulatory Residue - non-hazardous TALC			18 Yards
<p>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.</p>					
MEGAN WOOD		Annual on behalf of ADOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blasens Trucking		
b. Phone: (720) 560-4860		
Esteeen Barron	[Signature]	10/15/18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 6th & Tower Rd Commerce City, CO (Account # 80026ESA / T. J. per)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ES&ME 6730 E 50th Avenue Commerce City, CO 80022 303-991-1380		c. Responsible Agency Name and Address: Neurosp Admin. Colorado Dept of Health & Public Sfty 4800 Cherry Creek Dr. South Denver, CO 80248-1620 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
<p>OPERATOR'S 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 transport according to applicable international and national governmental regulations.</p>			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007483

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 181240E	7/30/2018	Regulated Asbestos Containing Material RACS			
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		Megan Wood on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: BLASSON		
b. Phone: 3-644-5729		
c. Driver Name (Print): Jim P		e. Date: 10-15-2018
d. Signature: [Signature]		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 60th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-891-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007481

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4698			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4698			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1312498	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature <i>M Wood</i> on behalf of CDOT		r. Date 10/15/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Travis Lusk</i>		
b. Phone: <i>720-734-1117</i>		
c. Driver Name (Print) <i>Travis Lusk</i>	d. Signature <i>Travis Lusk</i>	e. Date <i>10/15/18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 10th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6763 E 50th Avenue Commerce City, CO 80022 303-991-1250		c. Responsible Agency Name and Address: NEQ/MP Admin: Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80246-1530 303-452-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007482

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, Owner's Name, Waste Profile #, Exp. Date, Waste Shipping Name and Description, Containers, Total Quantity, Unit Wt/Vol, and Generator's Certification.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Transporter's Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, Authorized Agent Name, Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, Friable/Non-Friable checkboxes, Operator's Certification, and Operator's Name and Title.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007480

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 730-920-4658			e. Generator's Mailing Address: Colorado Department of Transportation 3540 E 46th Avenue Denver, CO 80218 730-920-4658		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812-486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Signed on behalf of CDOT		10/15/18	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6100 E. SO RAVE Community CO 80022		
b. Phone: 303-971-1280		
DANIS Campbell		10-15-18
c. Driver Name (Print)		d. Signature
		e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # 800218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc. 5700 E 50th Avenue Commerce City, CO 80022 303-591-1260		c. Responsible Agency Name and Address: NE State Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-662-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007479

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4668			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-820-4668			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
6126 1812498	7/30/2018	Regulated Asbestos Contaminated Soil RACS	101	1512	2018	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT		r. Date 10/15/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: OSM 6700 E 50th Ave Commerce City 80022		
b. Phone: 303-991-1280		
c. Driver Name (Print) Steven Moon	d. Signature [Signature]	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Bath & Tower Rd Commerce City, CO (Account # 800216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	c. Responsible Agency Name and Address: NE-SHAPE Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-892-3102	
b. Phone:	d. Phone:	
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S 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 transport according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007478

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80218 720-820-4669			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-820-4669		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812438	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Approved on behalf of CDOT		r. Date 10/15/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City, CO 80027		
b. Phone: 319911280		
c. Driver Name (Print) K HOGS	d. Signature K. HOGS	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Bath & Power Rd Commerce City, CO (Account # 000210 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80128 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NEPA Admin Colorado Dept of Health & Public Sfty 4300 Chany Creek Dr. South Denver, CO 80246-1500 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007476

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-620-4655			e. Generator's Mailing Address: Department of Transportation 3643 E 48th Avenue Denver, CO 80218 720-620-4965			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5128 1012488	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Megan Wood on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blageser		
b. Phone: 3-644-5929		
M. Brant		M. Brant
c. Driver Name (Print)	d. Signature	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 62th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: EPA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NE State Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007477

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3649 E 45th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Approved on behalf of CDOT		10/15/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: BLADSPY TRUCKING Bennett CO		
b. Phone: 3036445929		
c. Driver Name (Print) CURTIS A. HALL	d. Signature <i>[Signature]</i>	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Bain & Tower Rd Commerce City, CO (Account # 990216 ESA / 1-9 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6706 E 50th Avenue Commerce City, CO 80022 303-391-1280		c. Responsible Agency Name and Address: NE SHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		h. Signature	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007475

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3542 E 45th Avenue Denver, CO 80216 720-820-4660			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
6128 1612480	7/30/2016	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT	r. Date 10/15/2016
----------------------------------------------------------	--	----------------------------------------------	-----------------------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron	d. Signature <i>Esteban Barron</i>	e. Date 10/15/2016

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 84th & Tower Rd Commerces City, CO (Account # 060216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6743 E 50th Avenue Commerces City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NE-SHAIP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80245-1636 303-862-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007474

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4868			e. Generator's Mailing Address: Colorado Department of Transportation 3540 E 46th Avenue Denver, CO 80218 720-820-4865			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5129 1812488	7/30/2018	Regulated Asbestos Contaminated Soil BAGS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood		r. Date 10/15/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DIAZSON		
b. Phone: 3-644-5927		
c. Driver Name (Print) Sin R	d. Signature [Signature]	e. Date 10-15-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # 980218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESR inc 6700 E 90th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NEOHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-9102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007473

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile #.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Form I continued: MEGAN WOOD, Generator Authorized Agent Name (Print); Signature; Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address (ESA 6700 E. 50th Ave), Phone (303 991 1280), Driver Name (Dennis Campbell), Signature, and Date (10-15-18)

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address (67th & Tower Rd, Commerce City, CO), US EPA Number, and Discrepancy Indication Space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Name of Authorized Agent (Print), Signature, Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address (ESA INC, 6700 E 50th Avenue, Commerce City, CO), Responsible Agency Name and Address (NESHAP Admin, Colorado Dept of Health & Public Safety), and Phone numbers.

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continued: Operator's Name and Title (Print), Signature, Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007472

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 45th Avenue Denver, CO 80216 720-620-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5120 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Signed on behalf of CDOT		10/15/18		
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Torgeson Inc		
b. Phone: 720 934 6117		
c. Driver Name (Print) Torgeson	d. Signature	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 5th & Tower Rd Commerce City, CO (Account # 980216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: 6700 E 60th Avenue Commerce City, CO 80022 303-691-1260		c. Responsible Agency Name and Address: REGINA AKAHIA, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80245-1630 303-692-3100	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007471

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
6126 1012-006	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOODS		Megan Wood on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City, CO 80022		
b. Phone: 303-991-1280		
Stewart Meagan	Stewart Meagan	10-15-18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Both & Tower Rd Commerce City, CO (Account # 990218 ESA / H-V Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin - Colorado's Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007470

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name/location, mailing address, phone numbers, owner name, waste profile, and generator's certification.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name/address (Blasped Trucking), phone number, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including disposal facility address, US EPA number, discrepancy space, and authorized agent name/signature.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name/address, responsible agency name/address, friability checkboxes, operator's certification, and operator name/signature.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007469

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1812488		7/30/2018	Regulated Asbestos Contaminated Soil RACS		n. Total Quantity o. Unit Wt/Vol Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		annual on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City, CO 80022		
b. Phone: 319911280		
KHOOS	[Signature]	10-15-18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 6th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NCSMAP Admin - Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007468

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 40th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT		r. Date 10/15/18		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blazer		
b. Phone: 3-644-5929		
c. Driver Name (Print) M Brown	d. Signature m b	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # R00216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1260	c. Responsible Agency Name and Address: NEC-PAF Admin Colorado Dept of Health & Public City 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3192
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
h. Signature	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007467

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4886			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4886		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
6128 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		signed on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blairson					
b. Phone: 3-644-5929					
Jim R		J.R.		10-15-2018	
c. Driver Name (Print)		d. Signature		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Both & Tower lot Commerce City, CO (Account # 990215 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-861-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-862-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



5007466

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, name, address, phone, and waste profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: MEGAN WOOD, Signature, Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name, address, phone, driver name, signature, date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including facility address, EPA number, discrepancy space, and agent information.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including operator name, responsible agency, and special handling instructions.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator's Name and Title, Signature, Date

GENERATOR RETAIN



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007465

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4896			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 46th Avenue Denver, CO 80216 720-920-4896		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity
5120 1812465	7/03/18	eg. 2000 lbs of ...			18

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGIN WOOD		annuel on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50TH AVE COMMERCE CITY CO 80022			
b. Phone: 303 991-1280			
Dennis Campbell		Dennis Campbell	10-15-18
c. Driver Name (Print)		d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Egan & Tower Commerce City, CO (Account # ...)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: 1831 W. Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr South Denver, CO 80246-1630 303-692-3162	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007464

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-6996			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 45th Avenue Denver, CO 80216 720-920-6996			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812486	7/30/2018	Regulated Asbestos Contaminated Soil FACS				Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD			MUMM on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City, CO 80022			
b. Phone: 319911280			
ESA TO17 Polhemus		Return	10-15-2018
c. Driver Name (Print)		d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 88th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ES&I 8700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NCS&I Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007463

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-825-4555			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-825-1886		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
5128 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature <i>Megan Wood</i>		r. Date 10/15/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Stewart Truck</i>		
b. Phone: <i>720-924-6477</i>		
c. Driver Name (Print) <i>Stewart</i>	d. Signature <i>Stewart</i>	e. Date <i>10/15/18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 15th & Tower Rd Commerce City, CO (Account # 900218 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 3700 E 50th Avenue Commerce City, CO 80022 303-991-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SOLID WASTE

ASBESTOS MANIFEST

5007462

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, generator name/location, mailing address, phone numbers, waste profile, and certification.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name/address, phone, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including disposal facility address, EPA number, discrepancy space, and authorized agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name/address, responsible agency, friability, operator certification, and signature.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007461

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4576			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 48th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
6126 1812486	7/50/2018	Regular Asbestos Contaminated Soil RACS			Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOODS		q. Signature Megan Woods	r. Date 10/15/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Bluespr Trucking Bennett CO		
b. Phone: 3036445929		
c. Driver Name (Print) Curtis A. McLoe	d. Signature Curtis A. McLoe	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 8th & Tower Rd Commerce City, CO (Account # 990218 E3A / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1280		c. Responsible Agency Name and Address: NCSHAAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007457

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, and Waste Profile details.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Generator Authorized Agent Name (Print): MEGAN WOOD, Signature: [Signature], Date: 10/15/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address: Barron Trucking / Blaoser Trucking, Phone: (720) 560-4860, Driver Name: Esteban Barron, Signature: [Signature], Date: 10/15/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including Disposal Facility and Site Address: 48th & Tower Rd, Commerce City, CO (Account # 000218 ESA / I-70 Project), US EPA Number, and Discrepancy Indication Space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent information for Destination: Name of Authorized Agent (Print), Signature, Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address: ESA Inc, 6701 E 50th Avenue, Commerce City, CO 80022, Phone: 303-904-1260, Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety, 4300 Cherry Creek Dr. South, Denver, CO 80246-1500, Phone: 303-692-3102

Special Handling Instructions and Additional Information: f. Friable, Non-Friable, Both checkboxes and percentage fields.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Operator information: g. Operator's Name and Title (Print), h. Signature, i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007458

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4565			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-920-4565		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity
5126 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOODS		AMMEL on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: BIAASON		
b. Phone: 3-644-5929		
c. Driver Name (Print) JIM A		e. Date 10-15-2018
d. Signature		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Both & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ES&HC 4700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NECAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1630 303-800-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007459

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, and Waste Profile #.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Generator Authorized Agent Name (MEGAN WOOD), Signature, and Date (10/15/2018).

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address (ESA 6700 E 30th Ave Commerce City, CO 80022), Phone (319911280), Driver Name (KHOOS), Signature, and Date (10-15-18).

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including Disposal Facility and Site Address (60th & Tower Rd Commerce City, CO), US EPA Number, Discrepancy Indication Space, and Authorized Agent Name, Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address (ESA Inc 8700 E 30th Avenue Commerce City, CO 80022), Responsible Agency Name and Address (NE-SHAPE Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530), Special Handling Instructions, and Operator's Name, Signature, and Date.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007460

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4898			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 48th Avenue Denver, CO 80218 720-820-4889		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity
6126 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT		r. Date 10/15/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blaser		
b. Phone: 3-644-5989		
c. Driver Name (Print) M Brand	d. Signature M Brand	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 6th & Tower Rd Commerce City, CO (Account # 990218 EPA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Eco Inc 8700 E 50th Avenue Commerce City, CO 80022 303-691-1260	b. Phone:	c. Responsible Agency Name and Address: RC314P Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-652-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

5007450

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Signature and Date section for Generator Authorized Agent (MEGAN WOODS) and Date (10/15/2018).

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address (Baron Trucking / Blaeser Trucking), Phone, Driver Name (Esteban Barron), Signature, and Date (10/15/2018).

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Disposal Facility and Site Address (18th & Tower Rd, Commerce City, CO), US EPA Number, and Discrepancy Indication Space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature and Date section for Destination Site Authorized Agent.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Operator information including Name and Address (6200 E 59th Avenue, Commerce City, CO), Responsible Agency Name and Address (Colorado Dept of Health & Public Safety), and Phone.

e. Special Handling Instructions and Additional Information:

f. Friable / Non-Friable / Both checkboxes and percentage fields.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Signature and Date section for Operator.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011171

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1416		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80218 733-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80218 733-820-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/19/18

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blaeser Trucking Bennett CO		
b. Phone:	c. Driver Name (Print)	
3036445929	Curtis A. Puletti	
d. Signature	e. Date	
	10-19-18	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 61st & Tower Rd Commerce City, CO (Account # 690218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-651-1260	b. Phone:	c. Responsible Agency Name and Address: NEH-IAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011172

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-920-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1312466	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
o. Unit Wt/Vol					

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: BAC Trucking		
b. Phone: 303-901-5839		
c. Driver Name (Print) David Moore	d. Signature	e. Date 10/19/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Landfill 80th & Tower Rd Commerce City, CO (Account # 900215 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4700 E 50th Avenue Commerce City, CO 80122 303-981-1289	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public City 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011173

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4866		
f. Phone: <i>720-820-4866</i>			g. Phone: <i>720-820-4866</i>		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					n. Total Quantity
					o. Unit Wt/Vol
<i>5126 1812486</i>		<i>7/30/2019</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>		<i>18</i>
					<i>Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Eric Blanton, Bill of LCT</i>		q. Signature <i>[Signature]</i>		r. Date <i>10/17/2018</i>	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Barron Trucking / Blaeser Trucking</i>		
b. Phone: <i>(720) 560-4860</i>		
c. Driver Name (Print) <i>Esteban Barron</i>		d. Signature <i>[Signature]</i>
		e. Date <i>10/17/2018</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Tower Canyon Bath & Tower Rd Commerce City, CO (Account # 080216 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-862-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature <i>[Signature]</i>	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011174

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1319		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4888			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4888			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5126 181248	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature <i>Dennis Campbell</i>	e. Date 10-19-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 50th & Tower Rd Commerce City, CO (Account # 890218 ESA / E-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246 1535 303-862-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011177

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4888</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-820-4888</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>5126 1812-488</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18 Yards</i>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) <i>Ma Hartman on behalf of (DOT)</i>			q. Signature <i>MS</i>		r. Date <i>10/19/2018</i>

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESA 6700 E. 50th Ave Commerce City CO 80022</i>		
b. Phone: <i>303-991-1280</i>		
c. Driver Name (Print) <i>ESA TO17 P. W. W...</i>	d. Signature <i>Rete W...</i>	e. Date <i>10-19-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Canyon 88th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NE-SHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-682-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011175

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: Generator Authorized Agent Name (Print), Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Certification statement.

Form III continuation: Name of Authorized Agent (Print), Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Phone, and Special Handling Instructions.

f. Friable Non-Friable Both % Friable % Non-Friable
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name...

Form IV continuation: Operator's Name and Title (Print), Signature, and Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011180

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1015		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3542 E 46th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812485	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Jonathan C. Boholt of CDOT			q. Signature [Signature]		r. Date 10/19/18

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Chacon		
b. Phone: 5050 SAND		
c. Driver Name (Print)	d. Signature	e. Date
	[Signature]	10/19/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Canyon 60th & Tower Rd Commerce City, CO (Account # 980218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4700 E 50th Avenue Commerce City, CO 80022 303-991-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin - Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011181

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1117		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Eisenhower Streets Denver, CO 80216			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216		
f. Phone: 720-920-4866			g. Phone: 720-920-4866		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5135 1812-495	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Ms Hortany A. Borrell of C&O		q. Signature [Signature]	r. Date 10/17/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50 AVE Commerce City, CO		
b. Phone: 3-9911280 K11005		
c. Driver Name (Print) [Signature]	d. Signature [Signature]	e. Date 10-19-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Wash & Tower Rd Commerce City, CO (Account # 090215 ESA / 170 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022	b. Phone: 303-691-1280	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530	d. Phone: 303-692-3102
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011182

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-920-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
n. Total Quantity		o. Unit Wt/Vol			
<i>5139 1012430</i>		<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>		<i>18</i>
				<i>Yards</i>	

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Mr. Stankovic on behalf of DOT</i>		q. Signature <i>[Signature]</i>		r. Date <i>10/19/2018</i>	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:					
b. Phone: <i>410-600-1111</i>					
c. Driver Name (Print) <i>George C</i>		d. Signature <i>[Signature]</i>		e. Date <i>11-19-18</i>	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: <i>Tower Lining 60th & Tower Rd Commerce City, CO (Account # 950216 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:		
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 50th Avenue Commerce City, CO 80522 303-991-1350</i>		c. Responsible Agency Name and Address: <i>NEESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-662-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011176

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 16th Avenue Denver, CO 80218 720-920-4890			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1512498	7/30/2018	Regulated Asbestos Contaminated Soil RACS			2	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/19/18

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-19-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Lower Canyon 18th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	c. Responsible Agency Name and Address: NEESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-852-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
h. Signature	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



5011183

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number
b. Manifest Document Number
c. Page 1 of 1

d. Generator's Name and Location: Colorado Department of Transportation, North of I-70 between Goulburn & Elizabeth Streets, Denver, CO 80216, Phone: 720-920-4692
e. Generator's Mailing Address: Colorado Department of Transportation, 3543 E 46th Avenue, Denver, CO 80218, Phone: 720-920-4692

f. Phone: 720-920-4692
g. Phone: 720-920-4692
h. Owner's Name: If owner of the generating facility differs from the generator, provide:
i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
6128 1812438	7/20/219	Regulated Asbestos Contaminated Soil			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print): Mr. Benjamin R. Smith, D.O.C.T.
q. Signature: [Signature]
r. Date: 10/19/2019

ii. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)
a. Transporter's Name and Address: Bloester Trucking Co, 3036445929, Bunnell CO
b. Phone: 3036445929
c. Driver Name (Print): CWT's Hinkle
d. Signature: [Signature]
e. Date: 10-19-18

iii. DESTINATION (Generator completes IIIa-c and Destination Site completes III-d-g)
a. Disposal Facility and Site Address: [Address]
b. Disposal Facility and Site Address: [Address]
c. US EPA Number
d. Discrepancy Indication Space:
e. Name of Authorized Agent (Print):
f. Signature:
g. Date:

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)
a. Operator's Name and Address: [Address]
b. Phone: [Phone]
c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety, 4300 Cherry Creek Dr South, Denver, CO 80248-1630, Phone: 303-892-3102
d. Phone: [Phone]
e. Special Handling Instructions and Additional Information:
f. Frangible Non-Frangible Both
% Frangible
% Non-Frangible
OPERATOR'S 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 transport according to applicable international and national governmental regulations.
g. Operator's Name and Title (Print):
h. Signature:
i. Date:

"Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both"
Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

GENERATOR RETAIN

EV 01/14

RS-F11A



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011078

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>RIE</i>		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80219 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1012405	7/30/2018	Regulated Asbestos Contaminated Soil RACS		18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) <i>Mr. Jonathan on behalf of COOT</i>			q. Signature <i>[Signature]</i>		r. Date <i>10/17/2018</i>

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>3570 E. 1st Ave</i>		
b. Phone: <i>720-936-0111</i>		
c. Driver Name (Print) <i>Travis Lee</i>	d. Signature <i>[Signature]</i>	e. Date <i>10/17/18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Both & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6730 E 50th Avenue Commerce City, CO 80022 303-661-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Stv 4930 Cherry Creek Dr. South Denver, CO 80246-1590 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011077

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>6138 1512468</i>		b. Manifest Document Number <i>101013018</i>		c. Page 1 of <i>1</i>		
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4666</i>			
f. Phone: <i>720-920-4666</i>			g. Phone: <i>720-920-4666</i>			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
<i>6138 1512468</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i>	<i>Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

<i>Ma Shankington behalf of ODOT</i>		<i>[Signature]</i>		<i>10/17/2018</i>	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ETA 6700 E 50 Ave Commerce City</i>			
b. Phone: <i>31 991 1780</i>			
<i>K+1005</i>		<i>[Signature]</i>	<i>10-17-18</i>
c. Driver Name (Print)		d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>88th & Tower Rd Commerce City, CO (Account # 960216 ESA / 10 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-602-3162</i>	
b. Phone: <i>303-991-1280</i>		d. Phone: <i>303-602-3162</i>	

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011076

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1312		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 46th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
6128 1812-186		7/30/2019	Regulated Asbestos Contaminated Soil RACS		18
					Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr Steerkamp on behalf of Joot			q. Signature [Signature]		r. Date 10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City 80011		
b. Phone: 303-941-1280 Steven Moor [Signature]		
c. Driver Name (Print)	d. Signature	e. Date
		10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Landfill 40th & Tower Rd Commerce City, CO (Account # 360215 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80522 303-941-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011075

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1317A		b. Manifest Document Number 1		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80210 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80215 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile # 9126 1812488	k. Exp. Date 7/30/2018	l. Waste Shipping Name and Description Regulated Asbestos Contaminated Soil RACS		m. Containers No. Type	n. Total Quantity 18
o. Unit Wt/Vol 15005					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Nina Steenkamp on behalf of DOT				q. Signature [Signature]	r. Date 10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AMC Trucking 483 S Benton St		
b. Phone: 770 980 5248		
c. Driver Name (Print) M. Gull	d. Signature [Signature]	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon Edith & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-981-1250	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4800 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102
d. Phone:	e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S 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 transport according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011074

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3542 E 48th Avenue Denver, CO 80216 720-820-4656			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1812480	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Ma Steentang on behalf of DOT		q. Signature <i>[Signature]</i>	r. Date 10/17/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. SOUTH AVE Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature <i>[Signature]</i>	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # 690216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable	% Non-Friable
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OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011073

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720.920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E. 48th Avenue Denver, CO 80216 720.920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6128 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18
					Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Ms. Steenkamp on behalf of CDOT		q. Signature <i>[Signature]</i>	r. Date 10/17/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron	d. Signature <i>[Signature]</i>	e. Date 10/17/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower 100 Cosh & Tower Rd Commerce City, CO (Account # 860216 ESA / 170 Project)	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E. 193rd Avenue Commerce City, CO 80022 303-691-1280	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4350 Cherry Creek Dr. South Denver, CO 80246-1500 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011072

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 45th Avenue Denver, CO 80218 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5129 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18
					Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Ma Steenkamp on behalf of CDOT				q. Signature 	r. Date 10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 		
b. Phone:		
c. Driver Name (Print) FRAN H	d. Signature 	e. Date 10-17-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 50th & Tower Rd Commerce City, CO (Account # 590218 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-901-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80248-1630 303-852-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011080

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 111A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-76 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-820-4660		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812-06	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
No Hazardous on behalf of COOT				10/17/2018	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasgen		
b. Phone: 3 644 5929		
c. Driver Name (Print) Tim		d. Signature
		e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 98th & Tower Rd Commerce City, CO (Account # 960216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESMAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011071

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80218 720-920-4668</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4668</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>512R 1012408</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18 Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

<i>Mr. Steinkamp on behalf of GDOT</i>		<i>[Signature]</i>	<i>10/17/2018</i>
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>D/A Trucking</i>		
b. Phone: <i>303-901-5839</i>		
<i>David M...</i>	<i>[Signature]</i>	<i>10-17-18</i>
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Tower Landing 50th & Tower Rd Commerce City, CO (Account # 860216 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 80th Avenue Commerce City, CO 80022 303-691-1280</i>		c. Responsible Agency Name and Address: <i>NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011019

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4886			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-920-4886		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5125 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Megan Wood on behalf of CDOT		10/16/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasol					
b. Phone: 3-644-5929					
Jim H		[Signature]		10-17-18	
c. Driver Name (Print)		d. Signature		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 80th & Tower Rd Commerce City, CO (Account # 990218 ESA / 1-0 Project)		c. US EPA Number	d. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-891-1220		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Str, 4300 Cherry Creek Dr. South Denver, CO 80248-1536 303-862-3102			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



REPUBLIC SERVICES

5011018

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, Owner Name, and Waste Profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Form I continued: MEGAN WOOD, Agent Name; Signature; Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone, Special Handling Instructions, Friable/Non-Friable checkboxes

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continued: Operator's Name and Title, Signature, Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011017

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 48th Avenue Denver, CO 80216 720-920-4668			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812-208	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Annual on behalf of CDOT		10/16/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:			
b. Phone:			
c. Driver Name (Print)		d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 80th & Tower Rd Commerce City, CO (Account # 800218 ESA / I-70 Project)		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1280		c. Responsible Agency Name and Address: NICSH AP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246 1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011016

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-320-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-320-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5136 1812496	7/30/2018	Regulated Asbestos Contaminated Soil - RACS	501		18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood		r. Date 10/16/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barvon Trucking / Blaeser Trucking		
b. Phone: (702) 560-4660		
c. Driver Name (Print) Esteban Barvon	d. Signature [Signature]	e. Date 10/16/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 144th Canyon 44th & Tower Rd Commerce City, CO (Account # 800218 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1260	c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80249-1530 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011015

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 48th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1312480	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
					18

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT	r. Date 10/16/2018
----------------------------------------------------------	--	----------------------------------------------	-----------------------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon East & Tower Rd Commerce City, CO (Account # 960218 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-901-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin - Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011090

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-320-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 49th Avenue Denver, CO 80215 720-320-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812498	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AMC TRUCKING 4835 Benton Ct		
b. Phone: 720 980 5248 Miguel Betalova		
c. Driver Name (Print)	d. Signature	e. Date
	Miguel Betalova	10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: South Tower Rd Commerce City, CO (Account # 860216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-981-1280	c. Responsible Agency Name and Address: NCSHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1636 303-892-5102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011089

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4686			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-620-4686			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
6120 151240E	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
--------------------------------------------	--------------	---------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: 303 991-1280		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 5th & Tower Rd Commerce City, CO (Account # 800216 ESA / 1-0 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-591-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Serv 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3162	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011088

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, Owner's Name, Waste Profile #, Exp. Date, Waste Shipping Name and Description, Containers, Total Quantity, Unit, Generator's Certification, Authorized Agent Name, Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, Generator's Certification, Authorized Agent Name, Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Phone, Special Handling Instructions, Friable/Non-Friable status, Operator's Certification, Operator's Name and Title, Signature, and Date.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011087

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-520-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-520-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1912466	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E SLAVE COMMERCIAL CITY CO 80022		
b. Phone: 319911280		
c. Driver Name (Print) KH005	d. Signature <i>[Signature]</i>	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # 600216 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
-------------------------------------	--------------	---------

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-652-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011086

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6128 18124DE	7/30/2016	Regulated Asbestos Contaminated Soil RACS			18
o. Unit Wt/Vol Yards					

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
--------------------------------------------	--------------	---------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: 720 234 6401		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 88th & Tower Rd Commerce City, CO (Account # 890216 ESA / E-10 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1650 303-692-3162	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011085

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4696			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-920-4696		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5138 1812495	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18
					Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: BLAESSER		
b. Phone: 3/644-5929		
c. Driver Name (Print) Stin R	d. Signature JR	e. Date 10-17-19

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: ESA Inc 4300 Cherry Creek Dr. South Commerce City, CO (Account # 000216 ESA / E-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4300 E 50th Avenue Commerce City, CO 80022 303-991-1360		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011107

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number A215		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4555			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4696			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5128 1812486	7/30/2016	Regulated Asbestos Contaminated Soil RACS	301		18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) David Movero		q. Signature <i>[Signature]</i>		r. Date 10-17-18	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D&K Trucking		
b. Phone: 303-901-5839		
c. Driver Name (Print) David Movero		e. Date 10-17-18
d. Signature <i>[Signature]</i>		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 10th & Tower Rd Commerce City, CO (Account # 940218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: USA Inc 8700 E 80th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011106

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1812486		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 721-921-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 721-921-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) No Standing on behalf of EPA		q. Signature		r. Date 10/17/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SRC		
b. Phone: Front Hill		
c. Driver Name (Print)	d. Signature	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 80th & Tower Rd Commerce City, CO (Account # 900218 ESA / E-10 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4600 Cherry Creek Dr. South Denver, CO 80249-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011105

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4556			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4556		
f. Phone: 720-920-4556			g. Phone: 720-920-4556		
h. Owner's Name:			i. Owner's Phone No.:		
If owner of the generating facility differs from the generator, provide:					
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5126 1312-495		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Wesley Anderson		q. Signature [Signature]		r. Date 10/17/2018	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaese Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron		d. Signature [Signature]
		e. Date 10/17/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: L&S Inc 10th & Tower Rd Commerce City, CO (Account # 940216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-691-1280		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1590 303-462-3102	
b. Phone: 303-691-1280		d. Phone: 303-462-3102	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011104

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
5128 1812468	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Dennis Campbell - Bill of 1107		q. Signature Dennis Campbell	r. Date 10/17/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303-991-1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 64th & Tower Rd Commerce City, CO (Account # 890216 ESA / E-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E. 50th Avenue Commerce City, CO 80022 303-991-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-662-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011103

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: Generator Authorized Agent Name (Print), Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Name of Authorized Agent.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continuation: Name of Authorized Agent (Print), Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone, and Special Handling Instructions.

Form IV continuation: Friable/Non-Friable checkboxes and percentages.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator's Name and Title (Print), Signature, and Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011102

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812490	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Steven Moon	[Signature]	10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA		
b. Phone: 303-991-1280		
c. Driver Name (Print)	d. Signature	e. Date
Steven Moon	[Signature]	10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 88th & Tower Rd Commerce City, CO (Account # 800218 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NECHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1630 303-862-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011101

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4866</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80215 720-920-4866</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5125 1312438		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>W. J. ...</i>		q. Signature <i>[Signature]</i>		r. Date <i>10/17/2018</i>	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:					
b. Phone: <i>720 936-6119</i>					
c. Driver Name (Print) <i>[Signature]</i>		d. Signature <i>[Signature]</i>		e. Date <i>10/17/18</i>	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Canyon Bath & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 80th Avenue Commerce City, CO 80022 303-991-7280</i>		c. Responsible Agency Name and Address: <i>NEESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102</i>			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011100

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1318		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Eisenhower Streets Denver, CO 80216 720-826-4856			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-826-4856		
f. Phone:			g. Phone:		
h. Owner's Name:			i. Owner's Phone No.:		
If owner of the generating facility differs from the generator, provide:					
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1812/08		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards
n. Total Quantity					
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) The Honorable		q. Signature		r. Date 10/17/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50 Ave Commerce City, CO 80022		
b. Phone: 303-991-1280		
c. Driver Name (Print) KH1005	d. Signature	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Earth & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEOSHAP Admin. Colorado Dept of Health & Public Serv 4300 Cherry Creek Dr. South Denver, CO 80249-1630 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011099

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 151P		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4606			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4606		
f. Phone: 720-820-4606			g. Phone: 720-820-4606		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6128 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RAC8			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Kenos Lockin		q. Signature [Signature]	r. Date 10/17/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Kenos Lockin		
b. Phone: 720 231 6901		
c. Driver Name (Print) Kenos Lockin	d. Signature [Signature]	e. Date 10 17 18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 40th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 8750 E 50th Avenue Commerce City, CO 80022 303-981-1280	b. Phone: 303-981-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80240-1680 303-892-3102	d. Phone: 303-892-3102
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011098

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, Owner's Name, Waste Profile #, Exp. Date, Waste Shipping Name and Description, Containers, Total Quantity, and Unit Wt/Vol.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Form I (continued): Generator Authorized Agent Name (Print), Signature, Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Transporter's Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Name of Authorized Agent (Print), Signature, Date.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III (continued): Name of Authorized Agent (Print), Signature, Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone numbers, and Special Handling Instructions and Additional Information.

Form IV (continued): Friable/Non-Friable checkboxes and percentages.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV (continued): Operator's Name and Title (Print), Signature, Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011084

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3542 E 46th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
5126 1912488		7/30/2010	Regulated Asbestos Contaminated Soil RACS		18
					Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DA Mucking			
b. Phone: 303-901-5537			
c. Driver Name (Print) David Morris		d. Signature	e. Date 10-11-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: with 5 Tower Rd Commerce City, CO (Account # 980216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 60th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEEHAP Admin: Colorado Dept of Health & Public Stry 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011083

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
h. Owner's Name:			i. Owner's Phone No.:		
If owner of the generating facility differs from the generator, provide:					
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5126 1812456		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
				10/17/18	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron	d. Signature <i>Esteban Barron</i>	e. Date 10/17/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon Duth & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 45th Avenue Commerce City, CO 80322 303-991-1290		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Cr. South Denver, CO 80216-1530 303-652-3102	
b. Phone:		d. Phone:	

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011082

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4066			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 45th Avenue Denver, CO 80215 720-920-4066			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
6128 1812408	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th AVE Commerce City CO 80022		
b. Phone: 303 991 1250		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 48th & Tower Rd Commerce City, CO (Account # 000218 ESA / 10 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1200	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1536 303-262-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011081

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4896			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80218 720-920-4888		
f. Phone:		g. Phone:			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
6128 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Amc Trucking 4835 Benton St		
b. Phone: 720 980 5248		
c. Driver Name (Print)	d. Signature	e. Date
Miguel Beltrami	[Signature]	10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Admin Both & Tower Rd Commerce City, CO (Account # 980218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011093

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5128 18(248)	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA		
b. Phone: 303-991-1280		
c. Driver Name (Print) STEVEN MOON	d. Signature <i>St Moon</i>	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Power Landfill East & Tower Rd Commerces City, CO (Account # 990216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ES&S Inc 5700 E 80th Avenue Commerces City, CO 80322 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80245 1530 303-852-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011091

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
--------------------------------------------	--------------	---------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: 720 931 0117		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Landfill East & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: CSA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1780		c. Responsible Agency Name and Address: NCSHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011092

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80218 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812486	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
--------------------------------------------	--------------	---------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50 Ave Commerce City CO 80022		
b. Phone: 3-991-1280		
c. Driver Name (Print) KJ1005	d. Signature	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Wish & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Hyg 4330 Cherry Creek Dr. South Denver, CO 80248-1630 303-692-9102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011097

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4606			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-920-4606		
f. Phone:		g. Phone:			
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5125 1012486	7/30/2019	Regulated Asbestos Contaminated Soil RACS				Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
--------------------------------------------	--	--------------	--	---------	--

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:					
b. Phone: 720 2366901					
c. Driver Name (Print)		d. Signature		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 65th & Tower Rd Commerce City, CO (Account # 580218 ESA / I-70 Project)		b. US EPA Number	d. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA/igs 8700 E 50th Avenue Commerce City, CO 80022 303-581-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1538 303-652-3102			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



5011094

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, generator name/location, mailing address, phone numbers, owner information, waste profile table, and certification.

Form II: Transporter information including transporter name/address, phone, driver name, signature, and date.

Form III: Destination information including disposal facility/site address, EPA number, discrepancy space, and authorized agent details.

Form IV: Asbestos information including operator name/address, responsible agency name/address, friability checkboxes, and operator certification.

Form V: Final operator details including name/title, signature, date, and a note about operator definition.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011095

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1012496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DA Trucking		
b. Phone: 303-901-5839		
c. Driver Name (Print) David Moreno	d. Signature	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Canyon 60th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4700 E 50th Avenue Commerce City, CO 80022 303-891-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin - Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-862-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007456

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4656		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		Mumuk on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasert Truck, Inc Bennett CO		
b. Phone: 3036445929		
c. Driver Name (Print) Curtis A Hubert		d. Signature <i>Curtis A Hubert</i>
		e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # 890219 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-681-1260		c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007451

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4665			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4665		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
0126 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Annual on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Brosas Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print): Esteban Barron		d. Signature: [Signature]
		e. Date: 10/15/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 880 & Tower Rd Commerce City, CO (Account # 890218 ESA / I-10 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 60th Avenue Commerce City, CO 80022 303-951-1280		c. Responsible Agency Name and Address: NECHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-852-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007452

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5138 1812486		7/30/2019	Regulated Asbestos Contaminated Soil RACS		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD			signed on behalf of CDOT		10/15/2018
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SRC		
b. Phone: Frank Hunt		
c. Driver Name (Print)		e. Date
d. Signature		10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 34th & Tower Rd Commerce City, CO (Account # 990215 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NE-SHAPE Admin Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007453

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator's Name and Location, Mailing Address, Phone, and Waste Profile #.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Form Ia-r: Generator Authorized Agent Name (MEGAN WOOD), Signature (AMMUN on behalf of MDOT), and Date (10/15/2018).

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address (ESA 6700 E. 50th Ave, Commerce City CO 80022), Phone (303 991 1280), Driver Name (Dennis Campbell), Signature, and Date (10-16-18).

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address (60th & Tower Rd, Commerce City, CO), US EPA Number, Discrepancy Indication Space, and Authorized Agent Name and Signature.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address (ESA Inc, 6700 E 50th Avenue, Commerce City, CO 80022), Responsible Agency Name and Address (MCHSP Admin, Colorado Dept of Health & Public Safety, 4300 Cherry Creek Dr. South, Denver, CO 80245-1530), Special Handling Instructions, and Operator's Certification.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007454

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4888			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80215 720-820-4888			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812488	2/03/2019	Regulated Asbestos Contaminated Soil RACS				Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Signed on behalf of CDOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Ame Trucking		
b. Phone: 720 980 5248		
Miguel Betancourt		10/15/18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 50th & Tower Rd Commerce City, CO (Account # 590218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: REPAIR Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1500 303-862-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5007455

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4655			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 46th Avenue Denver, CO 80216 720-620-4655		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5126 1312498	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Signed on behalf of ADOT		10/15/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AMC Trucking 4835 Benton St Denver CO 80216		
b. Phone:		
Albert Moore		Albert Moore
c. Driver Name (Print)		d. Signature
		e. Date
		10-15-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 6th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4700 E 50th Avenue Commerce City, CO 80022 303-391-1280		c. Responsible Agency Name and Address: NE-SHAIP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3162	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011024

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4058			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4058		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5129 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		MWD on behalf of CDOT		10/16/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: JCS Logistics		
b. Phone: 720 934-6117		
c. Driver Name (Print) Terrence J...	d. Signature	e. Date 10/16/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 10th & Tower Rd Commerce City, CO (Account # 090218 ESA / H-10 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEGHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011023

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216		
f. Phone: 720-920-4666			g. Phone: 720-920-4666		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812496	7/30/2019	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		M Wood on behalf of ADOT		10/16/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 16th & Tower Rd Commerce City, CO (Account # 980215 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print) Keris King	f. Signature H... ..	g. Date 10 16 18

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6743 E 50th Avenue Commerce City, CO 80222	b. Phone: 303-991-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1630	d. Phone: 303-862-3102
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011022

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4868			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4868		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5128 1612406		7/30/2019	Regulated Asbestos Contaminated Soil PACS		
					n. Total Quantity
					o. Unit Wt/Vol
					Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD *MW* on behalf of ADOT 10/16/18

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
--------------------------------------------	--	--------------	--	---------	--

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50 Ave Commerce City, CO 80022			
b. Phone: 319911250			
c. Driver Name (Print) K+1000		d. Signature <i>[Signature]</i>	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 30th & Tower Rd Commerce City, CO (Account # 390216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-901-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011020

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 45th Avenue Denver, CO 80216 720-820-4668			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812460	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		signed on behalf of CDOT		10/16/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blassey Trucking Branoff CO		
b. Phone: 303 644 5929		
c. Driver Name (Print) Curtis H. White		e. Date 10/16/18
d. Signature		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Landfill East & Tower Rd Commerce City, CO (Account # 990216 ESA - I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-491-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
h. Signature	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011054

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4685			e. Generator's Mailing Address: Colorado Department of Transportation 3542 E 48th Avenue Denver, CO 80216 720-820-4685		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6128 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			16 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
Esteban Barron		[Signature]		10/16/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blasner Trucking		
b. Phone: (720) 560-4660		
c. Driver Name (Print)	d. Signature	e. Date
Esteban Barron	[Signature]	10/16/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 83rd & Tower Rd Commerce City, CO (Account # 690216 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-691-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80248-1536 303-692-5102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011053

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number <i>5126 1312403</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4666</i>		
f. Phone: <i>720-920-4666</i>			g. Phone: <i>720-920-4666</i>		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
<i>5126 1312403</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i> Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Alvin J. ...</i>	q. Signature <i>[Signature]</i>	r. Date <i>10/16/2018</i>
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>SRC</i>		
b. Phone: <i>[Signature]</i>		
c. Driver Name (Print) <i>[Signature]</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-16-2018</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Power Plant South & Tower Rd Commerce City, CO (Account # 980216 ESA / I-70 Project)</i>	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E. 50th Avenue Commerce City, CO 80022 303-991-1280</i>	b. Phone: <i>303-991-1280</i>	c. Responsible Agency Name and Address: <i>NEESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-992-3100</i>	d. Phone: <i>303-992-3100</i>
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011052

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 46th Avenue Denver, CO 80216 720-920-4660			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1812486	7/30/2018	Regulated Asbestos Contaminated Soil PACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower East 60th & Tower Rd Commerce City, CO (Account # 990216 ESA / 1-0 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260	c. Responsible Agency Name and Address: NEOHAP Admin: Colorado Dept of Health & Public Safety 4301 Cherry Creek Dr. South Denver, CO 80246-1630 303-562-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011051

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 115		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-921-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-921-4660		
f. Phone: 720-921-4660			g. Phone: 720-921-4660		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812-488	7/30/2018	Regulated Asbestos Contaminated Soil RACS	101	18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mike Hampton on behalf of REP		q. Signature [Signature]		r. Date 10/16/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: [Handwritten]		
b. Phone: 720-634-6117		
c. Driver Name (Print) [Handwritten]	d. Signature [Signature]	e. Date 10/16/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Lamin 40th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260	b. Phone: 303-991-1260	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1535 303-692-3102	d. Phone: 303-692-3102
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011070

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: Generator Authorized Agent Name (Print), Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Name of Authorized Agent (Print), Signature, and Date.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continuation: Name of Authorized Agent (Print), Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone, and Special Handling Instructions and Additional Information.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator's Name and Title (Print), Signature, and Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011069

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Cosumine & Elizabeth Streets Denver, CO 80215 720-825-4665			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80215 720-825-4665			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812466	7/30/2018	Requested Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Alfred Moroc	q. Signature Alfred Moroc	r. Date 10/10/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AMC Trucking 4835 Bernhurst Denver, CO 80211		
b. Phone:		
c. Driver Name (Print) Albert Moroc	d. Signature Albert Moroc	e. Date 10-10-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 60th & Tower Rd Commerce City, CO (Account # 980215 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 60th Avenue Commerce City, CO 80022 303-391-1280	b. Phone:	c. Responsible Agency Name and Address: NE:SAF Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr South Denver, CO 80246-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011068

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1517		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80210 720-820-4886			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 48th Avenue Denver, CO 80216 720-820-4886			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5125 1812486	7/03/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) K. J. ...		q. Signature [Signature]	r. Date 10/16/15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 		
b. Phone: 		
c. Driver Name (Print) Kevin ...	d. Signature [Signature]	e. Date 10/16/15

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: EPA inc 54th & Tower Rd Commerce City, CO (Account # 900216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 4700 E 50th Avenue Commerce City, CO 80022 303-481-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3162	d. Phone:
e. Special Handling Instructions and Additional Information: 			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011067

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number K1A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
8128 181248F	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City, CO 80022		
b. Phone:		
319911280		
c. Driver Name (Print)	d. Signature	e. Date
K HOOS		10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 10000 Central Sun & Tower Rd Commerce City, CO (Account # 590218 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1290	c. Responsible Agency Name and Address: NE-SHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:

f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable	% Non-Friable
OPERATOR'S 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 transport according to applicable international and national governmental regulations.		

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011066

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-820-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4656		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1912406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th AVE COMMERCIAL CITY 80022		
b. Phone: 303-991-1280		
c. Driver Name (Print) Stewart Moon	d. Signature <i>[Signature]</i>	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: New Earth Soth & Tower Inc Commerce City, CO (Account # 900216 ESA / I-70 Project)		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1531 303-862-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011065

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4606			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4606			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5126 1812496	7/30/2019	Regulated Asbestos Contaminated RACS	1011		18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Blasor Trucking</i> <i>Benefit CO</i>		
b. Phone: <i>303 644 5929</i>		
c. Driver Name (Print) <i>Curtis A. Hatcher</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-16-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: <i>Lower Canyon</i> <i>East & Tower Rd</i> <i>Commerce City, CO (Account # 960216 ESA / I-70 Project)</i>		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc</i> <i>5700 E 50th Avenue</i> <i>Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NE-SHAP Admin - Colorado Dept of Health & Public Safety</i> <i>4300 Cherry Creek Dr. South</i> <i>Denver, CO 80246-1520 303-652-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011064

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>NIP</i>		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4995</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4898</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
<i>5126 1812405</i>	<i>7/30/2019</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>		<i>18</i>	<i>Yards</i>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Barron Trucking / Blaeser Trucking</i>		
b. Phone: <i>(720) 560-4860</i>		
c. Driver Name (Print) <i>Esteban Barron</i>	d. Signature <i>[Signature]</i>	e. Date <i>10/16/2018</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>North Canyon Apts & Tower Rd Commerce City, CO (Account # 860216 ESA / I-70 Project)</i>	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 50th Avenue Commerce City, CO 80032 303-991-1296</i>	b. Phone:	c. Responsible Agency Name and Address: <i>NEHAAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102</i>	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011063

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4886</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E. 46th Avenue Denver, CO 80215 720-820-4886</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>6126 1812466</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18 Yards</i>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature	r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>SRC</i>		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>10th & Tower Rd Commerce City, CO (Account # 090218 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 3701 E. 50th Avenue Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NEOSHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011062

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NIP		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-620-4856			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-620-4856		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5125 1612416	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: EPA Admin Burr & Tower Rd Commerce City, CO (Account # 000216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEAHAP Admin. Colorado Dept of Health & Public Safety 4301 Cherry Creek Dr. South Denver, CO 80246-1530 303-682-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011061

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator's Name and Location, Mailing Address, Phone, and Waste Profile details.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: Generator Authorized Agent Name (Print), Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Disposal Facility and Site Address, US EPA Number, and Discrepancy Indication Space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continuation: Name of Authorized Agent (Print), Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone, and Special Handling Instructions.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator's Name and Title (Print), Signature, and Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011060

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4666			
f. Phone: 720-920-4666			g. Phone: 720-920-4666			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812486	7/30/2018	Regulated Asbestos Contaminated RACS	Boil		18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) M. Hernandez			q. Signature <i>[Signature]</i>		r. Date 10/16/18	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Jared E. ... 720 926-1117		
b. Phone: 720 926-1117		
c. Driver Name (Print) Jared E.	d. Signature <i>[Signature]</i>	e. Date 10/16/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower East 31th & Tower Rd Commerce City, CO (Account # 80216 ESA / E-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-981-1280	b. Phone: 303-981-1280	c. Responsible Agency Name and Address: NE-SHAP Admin. Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80248-1530 303-857-3102	d. Phone: 303-857-3102
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011059

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					n. Total Quantity
					o. Unit Wt/Vol
E128 1812408		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Mike Shanko a behalf of 1101		q. Signature MS		r. Date 10/16/2018	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Ame Trucking 41835 Benton St Den. CO. 80212		
b. Phone:		
c. Driver Name (Print) Michael Moroc	d. Signature Michael Moroc	e. Date 10-16-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower 6000 60th & Tower Rd Commeros City, CO (Account # 060218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commeros City, CO 80022 303-991-1286		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4307 Cherry Creek Dr. South Denver, CO 80246-1630 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011058

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>		
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4866</i>			
f. Phone: <i>720-920-4866</i>			g. Phone: <i>720-920-4866</i>			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
<i>5126 1912496</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>				<i>Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

<i>Michael J. ...</i>		<i>AS</i>	<i>10/16/2018</i>
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
<i>Kenias Trucking</i>	<i>Hwy 10</i>	<i>10, 16, 18</i>
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Tower East 68th & Tower Rd Commerce City, CO (Account # 800218 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NE SHAP Admin - Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80248-1630 303-692-3102</i>	
b. Phone: <i>303-991-1280</i>		d. Phone: <i>303-692-3102</i>	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011056

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>NIP</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4999</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 40th Avenue Denver, CO 80216 720-920-4999</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>5125 1812-500</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i> <i>Yards</i>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
<i>Mr. Jeffrey A. White of (10)</i>		<i>[Signature]</i>		<i>10/16/2018</i>	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESA 6700 E 50th Ave Commerce City, CO 80022</i>		
b. Phone: <i>319911280</i>		
c. Driver Name (Print)	d. Signature	e. Date
<i>KAVOOS</i>	<i>[Signature]</i>	<i>10-16-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>60th & Tower Rd Commerce City, CO (Account # 800216 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-891-1280</i>		c. Responsible Agency Name and Address: <i>NE-SHAP Admin Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-662-3100</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011057

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>NIP</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 Between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4650</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4000</i>		
f. Phone: <i>720-820-4650</i>			g. Phone: <i>720-820-4000</i>		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
<i>6126 1812400</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i> Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Mike J...</i>		q. Signature <i>[Signature]</i>	r. Date <i>10/16/2018</i>
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESA 6700 E 50th Ave Commerce City, CO 80022</i>		
b. Phone: <i>303-991-1280</i>		
c. Driver Name (Print) <i>STEVEN MORAN</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-16-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Canyon with & Tower Rd Commerce City, CO (Account # 690218 ESA / I-70 Project)</i>	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 3700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>	b. Phone: <i>303-991-1280</i>	c. Responsible Agency Name and Address: <i>NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102</i>	d. Phone: <i>303-692-3102</i>
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011025

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Fitzsimons Streets Denver, CO 80218 720-820-4890			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 48th Avenue Denver, CO 80218 720-820-4890		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasor Trucking Beverly, CO			b. Phone: 303-644-9929		
c. Driver Name (Print)		d. Signature		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon Bath & Tower Plg Commerce City, CO (Account # 860218 ESA / I-70 Project)		b. US EPA Number	d. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: LSA Inc. 8700 E 80th Avenue Commerce City, CO 80022 303-901-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1550 303-652-3102			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011026

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4655			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 45th Avenue Denver, CO 80215 720-920-4655		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1312466	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature	r. Date
The Generator is wholly owned		[Signature]	10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blavier Trucking		
b. Phone: (720) 500-4460		
c. Driver Name (Print)	d. Signature	e. Date
Esteban Barron	[Signature]	10/16/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 943 E Tower Rd Commerce City, CO (Account # 600216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: LSA Inc 5700 E 90th Avenue Commerce City, CO 80022 303-981-1280	b. Phone:	c. Responsible Agency Name and Address: RESNAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011027

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-920-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
5126 1812486		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
M. Hernandez		[Signature]		10/16/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SRC			
b. Phone:			
c. Driver Name (Print)		d. Signature	e. Date
Funch Hut		[Signature]	10-16-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 45th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80122 303-981-1280		c. Responsible Agency Name and Address: NCSHAP Admin. Colorado Dept of Health & Public Safety 4303 Cherry Creek Dr. South Denver, CO 80246-1637 303-692-3102	
b. Phone:		d. Phone:	

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature		i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011028

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 11A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80210 720-920-4666			
f. Phone:			g. Phone:			
h. Owner's Name:			i. Owner's Phone No.:			
If owner of the generating facility differs from the generator, provide:						
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
8126 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Miss Stenning on behalf of DOT	q. Signature [Signature]	r. Date 10/16/18
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell	d. Signature [Signature]	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 60th & Tower Rd Commerce City, CO (Account # 890218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 4700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1531 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011029

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 46th Avenue Denver, CO 80216 720-920-4656		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
6126 1012456	7/30/2018	Regulated Asbestos Contaminated Soil RACS		18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Amc Trucking 4835 Benton St		
b. Phone: 720 980 5248		
c. Driver Name (Print) Miguel Belmont	d. Signature	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 10000 North Bath & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 80th Avenue Commerce City, CO 80022 303-991-1280	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-692-3102
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011030

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
5128 1512485	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 720 936-6117		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 88th & Tower Rd Commerce City, CO (Account # 990216 E3A / I-70 Project)		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 5700 e 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NE SHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1536 303-692-3102	
b. Phone:	d. Phone:		
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011031

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80210 720-920-4658			e. Generator's Mailing Address: Colorado Department of Transportation 3645 E 48th Avenue Denver, CO 80216 720-920-4658		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1012466	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
Mo Stearns on behalf of COT		[Signature]		10/16/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: A.M.C. Trucking 4835 Bonanza Denver, CO 80217		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
Albert Moruc	[Signature]	10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Center South & Tower Rd Commerce City, CO (Account # 860218 ESA / H-10 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	
g. Date			

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1539 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011032

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, and Waste Profile #.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including Operator Name and Address, Responsible Agency Name and Address, Special Handling Instructions, and Operator Certification.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011033

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number 17A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4956			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-620-4956		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1812486		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) KHOOS		q. Signature <i>[Signature]</i>		r. Date 10/16/18	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City, CO 80022		
b. Phone: 319911280		
c. Driver Name (Print) KHOOS	d. Signature <i>[Signature]</i>	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower East 45th & Tower Rd Commerce City, CO (Account # 980216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-691-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1637 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011034

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>21A</i>		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-420-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-520-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1312466		2/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards
n. Total Quantity					
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) <i>Mike Stankovic on behalf of DOT</i>			q. Signature <i>[Signature]</i>		r. Date <i>10/16/2018</i>

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESA 6700 E 50th Ave Commerce City</i>		
b. Phone: <i>303-991-1280</i>		
c. Driver Name (Print) <i>Stephen Moran</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-16-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Process Building Bath & Tower Rd Commerce City, CO (Account # 300216 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>CSA Inc 9700 E 90th Avenue Commerce City, CO 80022 303-691-1261</i>		c. Responsible Agency Name and Address: <i>NEHAAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011035

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4669			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-820-4669		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6138 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Joe Shilling	[Signature]	10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blaser Trucking Braniff Co		
b. Phone: 303 644 5929		
c. Driver Name (Print)	d. Signature	e. Date
Curtis A. Kulec	[Signature]	10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 60th & Tower Rd Commerce City, CO (Account # 880218 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-381-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1636 303-862-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011036

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 45th Avenue Denver, CO 80216 720-920-4666		
f. Phone: 720-920-4666			g. Phone: 720-920-4666		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1512436	7/30/2016	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Esteban Barron	[Signature]	10/16/2016

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 560-4980		
c. Driver Name (Print)	d. Signature	e. Date
Esteban Barron	[Signature]	10/16/2016

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 68th & Tower Rd Commerce City, CO (Account # 800216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260	c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-592-3102
b. Phone: 303-991-1260	d. Phone: 303-592-3102
e. Special Handling Instructions and Additional Information:	

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



5011037

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number
b. Manifest Document Number
c. Page 1 of

d. Generator's Name and Location:
720 929-4660
3518 E 16th Avenue
Denver, CO 80215
Colorado Department of Transportation

e. Generator's Mailing Address:
3518 E 16th Avenue
Denver, CO 80215
720 929-4660
Colorado Department of Transportation

f. Phone:
720 929-4660
Colorado Department of Transportation
1701 E 17th between Columbine & Elizabeth Streets
Denver, CO 80215

g. Phone:
720 929-4660
Colorado Department of Transportation
3518 E 16th Avenue
Denver, CO 80215

h. Owner's Name:
If owner of the generating facility differs from the generator, provide:
i. Owner's Phone No.:

j. Waste Profile #

k. Exp. Date

l. Waste Shipping Name and Description

m. Containers

n. Total Quantity

o. Unit

Waste Profile #	Exp. Date	Waste Shipping Name and Description	Containers		Total Quantity	Unit
			No.	Type		
5128 1812408	2/29/2018	Regulated Asbestos Contaminated Soil			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)
q. Signature
r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:
b. Phone:
c. Driver Name (Print)
d. Signature
e. Date

III. DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:
b. Disposal Facility and Site Address:
c. US EPA Number
d. Discrepancy Indication Space:
e. Name of Authorized Agent (Print)
f. Signature
g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)

a. Operator's Name and Address:
b. Phone:
c. Responsible Agency Name and Address:
d. Phone:
e. Special Handling Instructions and Additional Information:
f. Friable Non-Friable Both Non-Friable
g. Operator's Name and Title (Print)
h. Signature
i. Date

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

GENERATOR RETAIN

EV 01/14

RS-F11A



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011038

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4606			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4606		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5128 1312466	3300216	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50TH AVE Commerce CO 80022		
b. Phone: 303 991 1280		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 30th & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5701 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1590 303-692-3102
d. Phone:		e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011039

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1812486	2/30/2019	Regulated Asbestos Contaminated Soil RACS		18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Miguel Betancourt	[Signature]	10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AMC Trucking 4835 Benton St		
b. Phone: 720 980 5248		
c. Driver Name (Print)	d. Signature	e. Date
Miguel Betancourt	[Signature]	10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 68th & Tower Rd Commerce City, CO (Account # 960216 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: LSA Inc 8730 E 50th Avenue Commerce City, CO 80022 303 991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable	% Non-Friable
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OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011040

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4568			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-620-4568		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1012496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18
					Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Albert Moss	Albert Moss	10/16/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: AML Trucking 41855 Benton St Denver, CO 80212		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
Albert Moss	Albert Moss	10-16-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 6th & Tower Rd Commerce City, CO (Account # 950216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 51st Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NE SHAF Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011041

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4856			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4856		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1612488		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
--------------------------------------------	--	--------------	--	---------	--

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Jen [Signature]		
b. Phone: 720-936-4117		
c. Driver Name (Print) [Signature]		d. Signature [Signature]
		e. Date 10/16/18

III. DESTINATION (Generator complete IIIa-c and Destination-Site completes IIId-g)

a. Disposal Facility and Site Address: Lower Canyon 50th & Tower Rd Commerce City, CO (Account # 860216 ESA / H-0 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: USA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1630 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011042

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-820-4668			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80218 720-820-4668			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812468	7/30/2016	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Commerces City, CO (Account # 800215 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ES&K Inc 6700 E 50th Avenue Commerces City, CO 80022 303-801-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-802-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011043

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N123		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-3855			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80215 720-820-4166			
f. Phone: 720-820-3855			g. Phone: 720-820-4166			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
6126 1812486	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: PSA 6700 E 50th Ave Commerce City 80022		
b. Phone: 303-991-1280		
c. Driver Name (Print) S. F. ...	d. Signature	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon Aish & Tower Rd Commerce City, CO (Account # 060216 ESA / I-U Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: L&L Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1835 303-882-3102
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011044

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-920-4666			
f. Phone: 720-920-4666			g. Phone: 720-920-4666			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812-06	7/30/2018	Regulated Asbestos Contaminated Soil RACS	501			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50 Ave Commerce City, CO 80022		
b. Phone: 319911280		
c. Driver Name (Print) K+1005	d. Signature	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Station 60th & Tower Rd Commerce City, CO (Account # 960216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr South Denver, CO 80246-1530 303-652-3102	
b. Phone: 303-991-1280		d. Phone: 303-652-3102	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011045

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-920-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>5126 1812488</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18 Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature	r. Date
<i>John Anderson</i>		<i>[Signature]</i>	<i>10/16/2018</i>

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Blopsen Trucking Bennett CO</i>		
b. Phone: <i>3036445929</i>		
c. Driver Name (Print)	d. Signature	e. Date
<i>CHRISTIAN KUBER</i>	<i>[Signature]</i>	<i>10-16-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Canyon 6th & Tower Rd Commeros City, CO (Account # 980216 ESA / 110 Project)</i>	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 56th Avenue Commeros City, CO 80022 303-981-1280</i>	b. Phone:	c. Responsible Agency Name and Address: <i>NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr South Denver, CO 80248-1830 303-652-3102</i>
d. Phone:		
e. Special Handling Instructions and Additional Information:		

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011046

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number KJ11		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-825-4888			e. Generator's Mailing Address: Colorado Department of Transportation 3645 E 48th Avenue Denver, CO 80216 720-825-4888			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS	18		18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) No. 10/16/2018		q. Signature [Signature]		r. Date 10/16/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron	d. Signature [Signature]	e. Date 10/16/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Rd Commerce City, CO (Account # 98A216 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
d. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-352-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011047

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>107A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-820-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity
			No.	Type	
<i>5126 1812486</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i> Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>SRC</i>		
b. Phone: <i>Front 1st</i>		
c. Driver Name (Print)		e. Date
d. Signature		<i>10-16-2018</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Front Canyon 61th & Tower Rd Commerce City, CO (Account # 360218 ESA / 1-10 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 9th Avenue Commerce City, CO 80022 303-981-1280</i>		c. Responsible Agency Name and Address: <i>NEEMAP Admin: Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80248-1630 303-662-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011048

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5126 1012490	7/6/2019	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City CO 80022		
b. Phone: 303 991-1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 68th & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-961-1280		c. Responsible Agency Name and Address: NEISHAP Admin Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-857-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011049

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-527-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
<i>6126 1112-238</i>		<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>		<i>18</i> Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Amc Trucking 4835 Benton St</i>		
b. Phone: <i>720 980 5248</i>		
c. Driver Name (Print) <i>Michael Behrman</i>		d. Signature <i>[Signature]</i>
		e. Date <i>10-11-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Tower Canyon 5th & Tower Rd Commerce City, CO (Account # 000216 ESA / - 0 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 50th Avenue Commerce City, CO 80122 303-991-1260</i>		c. Responsible Agency Name and Address: <i>NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr South Denver, CO 80248-1530 303-852-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011021

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4668			e. Generator's Mailing Address: Colorado Department of Transportation 2543 E 46th Avenue Denver, CO 80216 720-820-4668		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
6128 1512496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		MWW on behalf of CDOT		10/16/18	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: OSN 6700 E 50th Ave Commerce City 80022			
b. Phone: 303-991-1280			
c. Driver Name (Print) Steven Wood		d. Signature <i>[Signature]</i>	e. Date 10-16-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Commerce City, CO (Account # 800218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: MESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011050

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4868			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 45th Avenue Denver, CO 80216 720-920-4868			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5126 1912498	7/30/2018	Regulated Asbestos Contaminated Soil PACS	301			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: A.M.C. Trucking 11835 Benton St Denver, CO 80231		
b. Phone: 303-733-1100		
c. Driver Name (Print) Albert Morse	d. Signature Albert Morse	e. Date 10-16-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 118th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA, Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1287	c. Responsible Agency Name and Address: NEST AP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1535 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011121

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, name, address, phone, and waste profile table.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name, address, phone, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including facility address, EPA number, discrepancy space, and authorized agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name, responsible agency, friability, and operator certification.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011120

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-420-4936			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-520-4665		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6126-1612-96	7/30/2016	Regulated Asbestos Contaminated Soil RACS			15 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Power Plants 6th & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1536 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011118

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4656			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303-991-1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 5th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 60th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011119

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-820-4566			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 40th Avenue Denver, CO 80218 720-820-4566			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 181248	7/30/2010	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/17/2008

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Ame Trucking 4835 Benton St		
b. Phone: 720 980 5248		
c. Driver Name (Print) Miguel Betancourt	d. Signature me	e. Date 10-18-10

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: EPA Inc John S Tower Rd Commerce City, CO (Account # 890218 EPA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: EBA Inc 6700 E 60th Avenue Commerce City, CO 80022 303-991-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr South Denver, CO 80246-1530 303-692-3102
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011147

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4600			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-620-4636		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
5135 1812-486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E, 50th Ave Commerce City, CO 80022		
b. Phone: 31991-4580 80022		
c. Driver Name (Print)	d. Signature	e. Date
ESA TO17 Palawan	[Signature]	10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon Dist. & Tower Rd Commerce City, CO (Account # 803216 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102
c. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable % Non-Friable
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011115

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 15110		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5125 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blaser Trucking Banner CO		
b. Phone: 303 644 5929		
c. Driver Name (Print) Curtis Akhila	d. Signature	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 84th & Tower Rd Commerce City, CO (Account # 890218 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-691-1260	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011117

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4606			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4606		
f. Phone: 720-920-4606			g. Phone: 720-920-4606		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
5125 1812486		7/30/2019	Regulated Asbestos Contaminated Soil RACS		No. Type
					n. Total Quantity
					o. Unit Wt/Vol
					Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
--------------------------------------------	--	--------------	--	---------	--

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Baeser Trucking					
b. Phone: (710) 560-4860					
c. Driver Name (Print)			d. Signature		e. Date
[Signature]			[Signature]		10/17/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 40th & Tower Rd Commerce City, CO (Account # 690219 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1260			c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-362-3102		
b. Phone: 303-991-1260			d. Phone: 303-362-3102		
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011116

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name/location, mailing address, phone numbers, owner name, waste profile table, and certification.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name/address (CHAON'S), phone, driver name (Miguel A. Chacon), signature (M. A. Ch), and date (10/18/18).

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including disposal facility address, US EPA number, discrepancy space, and authorized agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name/address, responsible agency name/address, friability checkboxes, operator's certification, and signature/date.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4686			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-920-4686		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
5126 1312406	7/30/2016	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA		
b. Phone: 303-991-1280		
c. Driver Name (Print) Steven moon	d. Signature <i>[Signature]</i>	e. Date 11-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: North & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEOSHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3162	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011125

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-320-1666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 45th Avenue Denver, CO 80215 720-320-4066		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5125 1812466	7/30/2018	Regulated Asbestos Contaminated Soil RAOS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) M. A. Chacon		q. Signature M.A. Chacon	r. Date 10/18/18
------------------------------------------------------------	--	-----------------------------	---------------------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: CHACON'S		
b. Phone: M. A. Chacon		
c. Driver Name (Print) M. A. Chacon	d. Signature M.A. Chacon	e. Date 10/18/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 88th & Tower Rd Commerce City, CO (Account # 900218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 59th Avenue Commerce City, CO 80022 303-662-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-662-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011126

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number 1314		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4686			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4686		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812485	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Bleaser Trucking		
b. Phone: (720) 560-4260		
c. Driver Name (Print) Esterlen Barron	d. Signature <i>[Signature]</i>	e. Date 10/18/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 68th & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 3701 E 50th Avenue Commerce City, CO 80022 303-991-1260	c. Responsible Agency Name and Address: NESHAAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1630 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011127

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Waste Profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: Generator Authorized Agent Name (Print), Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and a certification statement.

Form III continuation: Name of Authorized Agent (Print), Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Phone, and Special Handling Instructions.

Form IV continuation: Friable/Non-Friable checkboxes and percentages.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator's Name and Title (Print), Signature, and Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011128

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>N/A</i>		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-320-4656</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-320-4656</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>5126 1612496</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18 Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
--------------------------------------------	--------------	---------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Amc Trucking 4835 Barton St</i>		
b. Phone:	<i>720 980 5248</i>	
c. Driver Name (Print)	d. Signature	e. Date
<i>Miguel Belmont</i>	<i>[Signature]</i>	<i>10-18-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Landing 60th & Tower Rd Commerce City, CO (Account # 900216 ESA / I-70 Project)</i>	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>	b. Phone:	c. Responsible Agency Name and Address: <i>NEESHAP Admin: Colorado Dept of Health & Public Crs 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102</i>	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011129

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number 6118		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 45th Avenue Denver, CO 80219 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1012406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			15 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mr. Jerry Cup...			q. Signature		r. Date 10/17/18

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 727 931-617		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date 10/18/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Landfill 50th & Tower Rd Commerce City, CO (Account # 990210 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80245-1630 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011130

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name/location, mailing address, phone numbers, owner name, waste profile, and shipping details.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name/address, phone, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including facility address, EPA number, discrepancy space, and authorized agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name/address, responsible agency, special handling instructions, friability, and operator certification.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011131

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>NIP</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>		
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & East 6th Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4666</i>			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
<i>6128 1812486</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i>	<i>Yards</i>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) <i>John Stimpert</i>			q. Signature <i>[Signature]</i>		r. Date <i>10/17/2018</i>	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESN</i>		
b. Phone: <i>303-991-1280</i>		
c. Driver Name (Print) <i>STEVEN MEN</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-18-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Power Learning 60th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-G Project)</i>	b. c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>	b. Phone:	c. Responsible Agency Name and Address: <i>NESHAIP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3100</i>	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



5011156

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4668			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80218 720-920-4668		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1812496		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards
n. Total Quantity					
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) The Secretary of Health of CO			q. Signature [Signature]		r. Date 10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DIA Trucking		
b. Phone: 303-901-5539		
c. Driver Name (Print) Doug Placer		d. Signature [Signature]
e. Date 10/19/18		r. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Fork Canyon 51st & Tower Rd Commerce City, CO (Account # 900216 ESA / 170 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESS Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1500 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

demonition or

55

If waste is asbestos waste, complete Section I
If waste is **NOT** asbestos waste, complete Section II, III and IV

Signature _____
Date (Print) _____

OPERATORS 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 transport according to applicable international and national governmental regulations.
 Frangible Non-Frangible Both % Frangible % Non-Frangible

IV. ASBESTOS (Generator completes I/a-f and Operator complete I/g-i)
a. Operator's Name and Address: _____
b. Phone: _____
c. Responsible Agency Name and Address: _____
d. Phone: _____
e. Special Handling Instructions and Additional Information: _____

e. Name of Authorized Agent (Print) _____
f. Signature _____
g. Date _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

III. DESTINATION (Generator complete III/a-c and Destination Site completes III/d-g)
a. Disposal Facility and Site Address: _____
b. _____
c. US EPA Number _____
d. Discrepancy Indication Space: _____

II. TRANSPORTER (Generator completes II/a-b and Transporter completes II/c-e)
a. Transporter's Name and Address: *Barion Trucking / Blaszer Trucking*
b. Phone: *(720) 560-4860*
c. Driver Name (Print): *Esteban Barion*
d. Signature: _____
e. Date: *10/17/2018*

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

h. Owner's Name:	j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit
				No.	Type		
			Required Asbestos Contaminated Soil	18	Yards		

i. Owner's Phone No.: _____
f. Phone: _____
g. Phone: _____
d. Generator's Name and Location: _____
e. Generator's Mailing Address: _____

GENERATOR (Generator completes I/a-f)
a. Generator's US EPA ID Number _____
b. Manifest Document Number _____
c. Page 1 of _____

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III



5011096

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5175 1012485	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron	d. Signature <i>[Signature]</i>	e. Date 10/17/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 88th & Tower Rd Commerce City, CO (Account # 100216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 8700 E 50th Avenue Commerce City, CO 80022 303-901-1280		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Sfty 4900 Cherry Creek Dr. South Denver, CO 80248-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011013

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4655			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4655			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
0126 1812438	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood		r. Date 10/16/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Ame Trucking 4835 Benton St		
b. Phone: 720 950 5248		
c. Driver Name (Print) Miguel Batocouri	d. Signature Miguel Batocouri	e. Date 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Cement 4th & Tower Rd Commerce City, CO (Account # 960216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8770 E 50th Avenue Commerce City, CO 80022 303-981-1290	c. Responsible Agency Name and Address: NE-SHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-892-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



5011014

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, and Waste Profile table.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, and Operator's Certification.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011012

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 45th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5126 1812438	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGAN WOOD		Approved on behalf of CDOT		10/16/2018		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: OSA		
b. Phone: 303-991-1280		
c. Driver Name (Print): Steven Moad		d. Signature: <i>[Signature]</i>
		e. Date: 11/17/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 54th & Tower Rd Commerce City, CO (Account # 500216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NE SHAP Admin: Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



5011011

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-520-4856			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-520-4856		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 181242R	7/09/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT	r. Date 10/16/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SRC		
b. Phone:		
c. Driver Name (Print) Frank Huns	d. Signature [Signature]	e. Date 10-17-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 60th & Tower Rd Commerce City, CO (Account # 900218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011010

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4656			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1812406	7/30/2019	Regulated Asbestos Contaminated Soil RACB			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOODS		q. Signature Megan Woods on behalf of ADOT		r. Date 10/16/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: 720-920-6117		
c. Driver Name (Print) Megan Woods	d. Signature Megan Woods	e. Date 10/17/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Low's Canyon Ash & Tower Rd Commerce City, CO (Account # 80216 ESA / LHO Project)		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80622 303-901-1290		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011009

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5125 1812468	7/30/2018	Regulated Asbestos Contaminated Soil IACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of ADOT		r. Date 10/16/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City		
b. Phone: 3-9911280 80022		
c. Driver Name (Print) KHIGS		e. Date 10-17-18
d. Signature [Signature]		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: East & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Cr. South Denver, CO 80246-1600 303-692-3100	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011008

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4266			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4665			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
6128 1812408	7/30/2018	Regulated Asbestos Contaminated Soil PACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		
MEGAN WOOD		AMM on behalf of CDOT		10/16/2018		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:			
b. Phone: 720 238 6901			
c. Driver Name (Print)		d. Signature	e. Date
Kenia S. Lockin		[Signature]	10/17/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Lakes Beth & Tower Rd Commerce City, CO (Account # 960218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6750 E 90th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-862-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011007

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4668			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E 48th Avenue Denver, CO 80216 720-920-4668		
f. Phone:			g. Phone:		
h. Owner's Name:			i. Owner's Phone No.:		
If owner of the generating facility differs from the generator, provide:					
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		o. Unit Wt/Vol
6126 1812438		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood	r. Date 10/16/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blair		
b. Phone: 3/644-5927		
c. Driver Name (Print) J. Wood	d. Signature J. Wood	e. Date 10-17-2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 40th & Tower Rd Commerce City, CO (Account # 891216 ESA / I-70 Project)		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80245-1630 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011006

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4888			e. Generator's Mailing Address: Colorado Department of Transportation 3545 E. 46th Avenue Denver, CO 80216 720-920-4888			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5125 1512496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
MEGIN WOODS		MUNICIPAL on behalf of CDOT		10/16/2018		
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DA Trucking			
b. Phone: 303-901-5839			
c. Driver Name (Print): David Morris		d. Signature	e. Date: 10-17-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: ESEA inc 88th & Tower Rd Commerce City, CO (Account # 800218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESEA inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NCSHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011005

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, name, location, mailing address, phone numbers, and waste profile details.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name and address, phone number, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including facility address, US EPA number, discrepancy space, and authorized agent details.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator and responsible agency details, friability status, and operator certification.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011004

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-620-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
8128 1812426	3/30/2019	Regulated Asbestos Contaminated Soil RACS		18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
MEGAN WOOD		Signed on behalf of ADOT		10/16/2018	
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th AVE Commerce City CO 80022		
b. Phone: 303 991 1280		
Dennis Campbell	Dennis Campbell	10-17-18
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 80th & Tower Rd Commerce City, CO (Account # 900216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NE SHAP Admin, Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011079

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>157A</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>		
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-821-4886</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3643 E 49th Avenue Denver, CO 80216 720-821-4886</i>			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
<i>5126 1012486</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18</i>	<i>Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

<i>Moh Shaukamp on behalf of [Signature]</i>		<i>[Signature]</i>		<i>10/17/2018</i>	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>Waste Management</i>			<i>10125 15000</i>		
b. Phone: <i>720 236 6401</i>			<i>10-17-18</i>		
c. Driver Name (Print) <i>Michael Jackson</i>		d. Signature <i>[Signature]</i>		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Power Plant 15th & Tower Rd Commerce City, CO (Account # 980218 ESA / I-70 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-981-1280</i>		c. Responsible Agency Name and Address: <i>NESHAP Admin. Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80246-1600 303-692-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011055

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4866			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5135 1812-43E	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DM Trucking		
b. Phone: 303-901-5839		
c. Driver Name (Print) David Moreno	d. Signature	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 60th & Tower Rd Commerce City, CO (Account # 090216 ESA / H70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1267		c. Responsible Agency Name and Address: NLSHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



5011154

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, Owner's Name, Waste Profile #, Exp. Date, Waste Shipping Name and Description, Containers, Total Quantity, Unit Wt/Vol, and Generator's Certification.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Transporter's Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent information.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, Friable/Non-Friable status, Operator's Certification, and Operator's Name and Title.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011153

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4868			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4868		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5128 1817428	7/31/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barron Trucking / Blaeser Trucking		
b. Phone: (720) 562-4860		
c. Driver Name (Print)	d. Signature	e. Date
Esteban Barron	[Signature]	10/18/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 1428 Canyon Hath & Tower Rd Commerce City, CO (Account # 800216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 80th Avenue Commerce City, CO 80022 303-891-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80245 1530 303-692-3182	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011152

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E. 46th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th AVE Commerce City, CO 80022			b. Phone: 303 991 1280		
c. Driver Name (Print) Dennis Campbell		d. Signature <i>Dennis Campbell</i>		e. Date 10-18-18	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Lagoon 6th & Tower Rd Commerce City, CO (Account # 960218 ESA / 1-10 Project)		c. US EPA Number	d. Discrepancy Indication Space:		
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NE-SW Admin. Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-852-3102			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011151

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>101181012</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3643 E 46th Avenue Denver, CO 80216 720-820-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1812450		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards
n. Total Quantity					
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>AMC Trucking 4835 Benton St</i>		
b. Phone: <i>720 980 5248</i>		
c. Driver Name (Print) <i>Miguel Betancourt</i>	d. Signature <i>M BT</i>	e. Date <i>10-18-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: <i>Lower Canyon Bath & Tower Rd Commerce City, CO (Account # 990218 ESA / 1-10 Project)</i>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 5700 E 5th Avenue Commerce City, CO 80022 303-991-1280</i>		c. Responsible Agency Name and Address: <i>NESHAP Admin. Colorado Dept of Health & Public Safety 4630 Cherry Creek Dr. South Denver, CO 80248-1530 303-692-3102</i>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011144

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5125 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blasert Trucking Bennett CO		
b. Phone: 3036445929 Curtis A. Ruland		
c. Driver Name (Print)	d. Signature	e. Date
		10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Power Plant 5th & Tower Rd Commerce City, CO (Account # 060218 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: USA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-691-1280	c. Responsible Agency Name and Address: NCSHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1639 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011145

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4650			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-820-4650		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5126 1612-400		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18
					Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.A. Trucking		
b. Phone: 303-701-5839		
c. Driver Name (Print) David Moore		d. Signature
		e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Lower Canyon 10th & Tower Rd Commerce City, CO (Account # 980218 ESA / H-V Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8710 E 80th Avenue Commerce City, CO 80522 303-891-1280		c. Responsible Agency Name and Address: NESHAP Admin, Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80246 1630 303-862-3107	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011142

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4660			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4660			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812488	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City CO 80022		
b. Phone: 303 991-1280		
c. Driver Name (Print) Dennis Campbell	d. Signature Dennis Campbell	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Control 60th & Tower Rd Commerce City, CO (Account # 990218-ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4940 Cherry Creek Dr. South Denver, CO 80246-1530 303-662-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011143

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4806			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4895		
f. Phone: 720-920-4806			g. Phone: 720-920-4895		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5129 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barton Trucking / Bkeser Trucking		
b. Phone: (720) 560-4860		
c. Driver Name (Print) Esteban Barron	d. Signature <i>Esteban Barron</i>	e. Date 10/18/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: EPA inc 68th & Tower Rd Commerce City, CO (Account # 800216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 8700 E 50th Avenue Commerce City, CO 80022 303-961-1280	b. Phone: 303-961-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4500 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone: 303-692-3102
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011141

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4860			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4660			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5126 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Ame Trucking 4835 Benton St		
b. Phone: 770 960 5248		
c. Driver Name (Print) Miguel Betancourt		e. Date 10-18-18
d. Signature <i>Miguel Betancourt</i>		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: EPA inc Bath & Tower Rd Commerce City, CO (Account # 990218 ESA / I-0 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 4700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESTAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011140

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80218 720-920-1866			e. Generator's Mailing Address: Colorado Department of Transportation 3540 E 46th Avenue Denver, CO 80218 720-920-4658			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812498	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: PSN		
b. Phone: 303-991-1280		
c. Driver Name (Print) STEVEN MOON	d. Signature <i>[Signature]</i>	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Station 18th & Tower Rd Commerce City, CO (Account # 960216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc. 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Sft. 4200 Cherry Creek Dr. South Denver, CO 80246-1535 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011139

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5135 1812-416		7/30/2018	Regulated Asbestos Contaminated Soil RACS		15 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City		
b. Phone: 3-9911280 80022		
c. Driver Name (Print) K MOOS		d. Signature <i>[Signature]</i>
		e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Center 50th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011138

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3542 E 46th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
h. Owner's Name:			i. Owner's Phone No.:		
If owner of the generating facility differs from the generator, provide:					
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity
5128 1012430	7/30/2018	Regulated Asbestos Contaminated Soil RACS	301		18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City, CO 80022		
b. Phone: (3) 991 1280		
c. Driver Name (Print) ESA T017 TeleWorm	d. Signature Peter Wern	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower landfill 50th & Tower Rd Commerce City, CO (Account # 990218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NEHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011003

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4800			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4896			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
6128 1812-485	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT	r. Date 10/16/2018
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: 720 936-6117		
c. Driver Name (Print) Jesse...	d. Signature	e. Date 10/15/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Frontier... 10th & Tower Rd Commerce City, CO (Account # 680216 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 46th Avenue Commerce City, CO 80022 303-651-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011002

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-320-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-320-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
6126 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGHN WOOD		MUMU on behalf of DOT		10/16/2018
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DIA Trucking			
b. Phone: 303-901-5839			
c. Driver Name (Print) David Mauer		d. Signature	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: 15th & Tower Rd Commerce City, CO (Account # 900218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011000

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80218 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-820-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5126 1812485	7/30/2018	Regulated Asbestos Contaminated Soil RACS			15	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

MEGAN WOOD		Agent on behalf of ADT		10/16/2018	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barvon Trucking / Blaeser Trucking		
b. Phone: (720) 560-4860		
Estelien Barvon		10/16/2018
c. Driver Name (Print)		e. Date
d. Signature		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Bath & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: E2K Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NE SHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011109

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-820-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
512R 1812-486	7/30/2019	Regulated Asbestos Contaminated Soil PACE			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Denise Campbell	[Signature]	10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City CO 80022		
b. Phone: 3039911280		
c. Driver Name (Print)	d. Signature	e. Date
Dennis Campbell	[Signature]	10/18/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 65th & Tower Rd Commerce City, CO (Account # 300216 ESA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011001

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5126 1812486		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) MEGAN WOOD		q. Signature Megan Wood on behalf of CDOT		r. Date 10/16/2018	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: CHAACON'S					
b. Phone:					
c. Driver Name (Print) MARGARET MACHAC		d. Signature MACHAC		e. Date 10/18/18	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Station 4th & Tower Rd Commerce City, CO (Account # 800218 USA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:		
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-692-3102			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S 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 transport according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011108

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, Owner's Name, Waste Profile #, Exp. Date, Waste Shipping Name and Description, Containers, Total Quantity, and Unit. Includes a certification statement.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent information.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, Friable/Non-Friable status, and Operator's Certification.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011111

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North at I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4556			e. Generator's Mailing Address: Colorado Department of Transportation 3513 E 48th Avenue Denver, CO 80216 720-820-4556		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1312456	7/30/2015	Regulated Asbestos Contaminated Soil RACS			18 Cords

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 44th & Tower Rd Commerce City, CO (Account # 990218 ESA / H-VU Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 8700 E. 50th Avenue Commerce City, CO 80022 303-691-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4520 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011110

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80215 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80215 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity
			No.	Type	
6126 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Mike Johnston		q. Signature [Signature]		r. Date 10/17/2018	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Amc Trucking 4835 Benton St 770 580 5218		
b. Phone:		
c. Driver Name (Print) Miguel Betancourt	d. Signature [Signature]	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 80th & Tower Rd Commerce City, CO (Account # 960218 ESA / I-70 Project)		b. US EPA Number	c. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA inc 5750 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80245-1530 303-892-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011112

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216		
f. Phone: 720-923-4666			g. Phone: 720-923-4668		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812-08	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6900 E. 50th Ave Commerce City CO 80022		
b. Phone: (313) 991-1280		
c. Driver Name (Print)	d. Signature	e. Date
ESA TO17 Peter Wern	Peter Wern	10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Beth & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 60th Avenue Commerce City, CO 80022	b. Phone: 303-891-1280	c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Hyg 4300 Cherry Creek Dr. South Denver, CO 80248-1630	d. Phone: 303-852-3102
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011113

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4636			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80210 720-620-4686		
f. Phone: 720-620-4636			g. Phone: 720-620-4686		
h. Owner's Name:			i. Owner's Phone No.:		
If owner of the generating facility differs from the generator, provide:					
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					n. Total Quantity
					o. Unit Wt/Vol
5126 1812466		7/30/2018	Regulated Asbestos Contaminated Soil BACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Mr. J. H. ...		q. Signature [Signature]		r. Date 10-17-18	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESH		
b. Phone: Steven Moon		
c. Driver Name (Print) Steven Moon		d. Signature [Signature]
e. Date 10-17-18		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Laundry 10th & Tower Rd Commerce City, CO (Account # 090216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-892-3102	
b. Phone: 303-991-1280		d. Phone: 303-892-3102	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011114

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4685			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4685		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.M. Trucking		
b. Phone: 303-901-5839		
c. Driver Name (Print) David Moore	d. Signature	e. Date 10-15-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Power Company 6th & Tower Rd Commerce City, CO (Account # 959215 USA / I-70 Project)	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ES&K Inc 8700 E 50th Avenue Commerce City, CO 80022 303-891-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1551 303-892-3102
d. Phone:		

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable
OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011150

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-820-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3540 E 45th Avenue Denver, CO 80216 720-820-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5120 1812456	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA		
b. Phone: 303-991-1280		
c. Driver Name (Print) Stuart Moran	d. Signature	e. Date 10-18-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Seth & Towler Rd Commerce City CO (Account # 090218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 3700 E 45th Avenue Commerce City, CO 80027 303-991-1280		c. Responsible Agency Name and Address: NEOSHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-852-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011149

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-320-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-320-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5126 1812408		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards
n. Total Quantity					
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City 80022		
b. Phone: 3-9911280		
c. Driver Name (Print) KHOO5		d. Signature [Signature]
e. Date 10-18-18		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 8th & Tower Rd Commerce City, CO (Account # 950218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-951-1280		c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011148

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-520-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-520-4866		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
o. Unit Wt/Vol					

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/18/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: CHACON'S		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
Miguel Acuna	MICHA	10/18/18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Bath & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 3740 E 50th Avenue Commerce City, CO 80022 303-991-1260	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-5102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011146

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number: <u>121A</u>		b. Manifest Document Number		c. Page 1 of <u>1</u>	
d. Generator's Name and Location: <u>Colorado Department of Transportation</u> <u>North of I-70 between Columbine & Elizabeth Streets</u> <u>Denver, CO 80216</u> <u>720-920-4966</u>			e. Generator's Mailing Address: <u>Colorado Department of Transportation</u> <u>3545 E 46th Avenue</u> <u>Denver, CO 80216</u> <u>720-920-4966</u>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5125 1012485		7/30/2010	Regulated Asbestos Contaminated Soil RACS		
n. Total Quantity					
o. Unit Wt/Vol					
Yards					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: <u>720 235-6117</u>		
c. Driver Name (Print)	d. Signature	e. Date
		<u>10/13/13</u>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: <u>Tower Contain</u> <u>34th & Tower Rd</u> <u>Commerce City, CO (Account # 890216 USA / I-70 Project)</u>		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <u>ESA Inc</u> <u>8700 E 50th Avenue</u> <u>Commerce City, CO 80022</u> <u>303-991-1290</u>		c. Responsible Agency Name and Address: <u>NESHAP Admin: Colorado Dept of Health & Public Safety</u> <u>4500 Cherry Creek Dr. South</u> <u>Denver, CO 80246-1530</u> <u>303-692-3102</u>	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

GENERATOR (Generator completes Ia-f)

b. Manifest Document Number
 c. Page 1 of 1

e. Generator's Mailing Address: Colorado Department of Transportation
 3643 E 46th Avenue
 Denver, CO 80216
 720-520-4666

f. Phone: Colorado Department of Transportation
 (North of I-70 between Columbine & Elizabeth Streets)
 720-520-4666

h. Owner's Name:
 If owner of the generating facility differs from the generator, provide:
 i. Owner's Phone No.:

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit
			No.	Type		
5128 1812-586	7/20/2018	Required Asbestos Contaminated Soil	18	YARDS		

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print):
 q. Signature:
 r. Date:

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESN 6100 E. 50th Avenue
 Commerce City, CO 80022

b. Phone: 303 991 1280

c. Driver Name (Print): DENNIS CAMPBELL
 d. Signature:
 e. Date: 10-19-18

III. DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:
 b. Disposal Facility and Site Address:
 c. US EPA Number:
 d. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print):
 f. Signature:
 g. Date:

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESN Inc
 6700 E 50th Avenue
 Commerce City, CO 80022
 303-991-1280

b. Phone: NESMAP Admin. Colorado Dept of Health & Public Hy.
 4300 Cherry Creek Dr. South
 Denver, CO 80248-1590
 303-692-2102

c. Responsible Agency Name and Address:
 d. Phone:
 e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both Friable Non-Friable
 OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print):
 h. Signature:
 i. Date:

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demised or renovated, or the demolition or renovation operation or both

GENERATOR RETAIN

EV 01/14

RS-F11A



5011134

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, manifest number, generator name, location, mailing address, phone numbers, and waste profile table.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continuation: Authorized agent name, signature, and date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name, address, phone, driver name, signature, and date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Disposal facility information including facility name, address, US EPA number, and discrepancy space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continuation: Authorized agent name, signature, and date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name, address, responsible agency name, and phone numbers.

e. Special Handling Instructions and Additional Information:

f. Friable, Non-Friable, Both checkboxes and percentage fields.

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator name and title, signature, and date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011135

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4656			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4689		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6126 1812-98	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Miguel Belmontcourt	[Signature]	10/17/2019

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Amc Trucking 4635 Benton St		
b. Phone: 720 980 5248		
c. Driver Name (Print)	d. Signature	e. Date
Miguel Belmontcourt	[Signature]	10

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Front Canyon Salt & Tower Rd Commerce City, CO (Account # 890218 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8701 E 50th Avenue Commerce City, CO 80022 303 991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Hyg 4501 Cherry Creek Dr South Denver, CO 80248-1530 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011136

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5125 1012406	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature	r. Date
--------------------------------------------	--	--------------	---------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Charon's		
b. Phone: 505 5		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 66th & Tower Rd Commeros City, CO (Account # 960216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E 50th Avenue Commeros City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-992-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011137

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-320-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-320-4666			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5120 1812486	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Winn 5 Tower Rd Commerce City, CO (Account # 980218 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-981-1280	b. Phone:	c. Responsible Agency Name and Address: NCSHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1530 303-462-3162	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011157

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, and Waste Profile details.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Form I continuation: Generator Authorized Agent Name (Print), Signature, and Date.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Transporter's Name and Address, Phone, Driver Name (Print), Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Agent Name/Signature/Date.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continuation: Name of Authorized Agent (Print), Signature, and Date.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Phone numbers, and Special Handling Instructions.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

Form IV continuation: Operator's Name and Title (Print), Signature, and Date.

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011158

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4866			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5128 1812408	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011159

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6128 1812466	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Miss Johnston - 6011 of COGT		q. Signature MS		r. Date 10/19/18	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50 Ave Commerce City		
b. Phone: 3-991-1280 K+1005		
c. Driver Name (Print) K+1005		d. Signature K+1005
e. Date 10-19-18		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Canyon Bldg. & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)	b.	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1380	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1650 303-692-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable	% Non-Friable
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OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011160

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4568			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4568			
f. Phone: 720-920-4568			g. Phone: 720-920-4568			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5125 1812408	7/30/2019	Regulated Asbestos Contaminated Soil RACS			18	Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) N/A		q. Signature N/A		r. Date 10/19/18	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Blawie Trucking Bennett CO			b. Phone: 303-644-5929		
c. Driver Name (Print) Curtis A. Mallett		d. Signature Curtis A. Mallett		e. Date 10-19-18	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 60th & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)		f. Signature		g. Date	
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8701 E 87th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Safety 4900 Cherry Creek Dr. South Denver, CO 80248-1630 303-692-3102	
b. Phone: 303-991-1260		d. Phone: 303-692-3102	

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)		h. Signature		i. Date	
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011161

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80219 720-920-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5129 1812488		7/30/2019	Regulated Asbestos Contaminated Soil RACS		18 Yards
n. Total Quantity					
o. Unit Wt/Vol					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: DRC Trucking		
b. Phone: 303 401-5539		
c. Driver Name (Print) David Merc		d. Signature
		e. Date 10-19-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Landfill 8th & Tower Rd Commerce City, CO (Account # 990216 ESA / H-10 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NEESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246 1530 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011162

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-620-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-620-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
6126 101249E	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/17/2018

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Barion Trucking / Baesere Trucking		
b. Phone: (720) 510-4360		
c. Driver Name (Print)	d. Signature	e. Date
Esteban Barion		10/19/2018

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA INC 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280	b. Phone:	c. Responsible Agency Name and Address: NESMIP Admin: Colorado Dept of Health & Public Sfty 4300 Cherry Creek Dr. South Denver, CO 80248-1690 303-692-3102	d. Phone:
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011163

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>614</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4666</i>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
<i>5126 1012436</i>	<i>7/30/2018</i>	<i>Regulated Asbestos Contaminated Soil RACS</i>			<i>18 Yards</i>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Mr. Dennis Campbell</i>		q. Signature <i>[Signature]</i>	r. Date <i>10/19/2018</i>
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESA 6700 E. 50th Ave Commerce City CO 80022</i>		
b. Phone: <i>303 991 1280</i>		
c. Driver Name (Print) <i>Dennis Campbell</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-19-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Canyon South & Tower Rd Commerce City, CO (Account # 950218 ESA / I-70 Project)</i>	b. c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>	b. Phone:	c. Responsible Agency Name and Address: <i>NESHAP Admin, Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1570 303-692-3102</i>
d. Phone:		
e. Special Handling Instructions and Additional Information:		

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011164

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4866			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-920-4866			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5136 1812496	7/30/2018	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E. 50th Ave Commerce City, CO 80022			b. Phone: (303) 991-1280		
c. Driver Name (Print) ESA 7017 Deloum		d. Signature [Signature]		e. Date 10-19-18	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Center Bath & Tower Rd Commerce City, CO (Account # 440218 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:	
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature		g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NEESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-652-3102		
b. Phone:		d. Phone:		
e. Special Handling Instructions and Additional Information:				
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable				
OPERATOR'S 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 transport according to applicable international and national governmental regulations.				
g. Operator's Name and Title (Print)		h. Signature		i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both				



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011165

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone, and Owner's Name and Phone No.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent Name and Signature.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, and Operator's Certification.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011166

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number R11A		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-923-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80218 720-923-4666			
f. Phone: 720-923-4666			g. Phone: 720-923-4666			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812408	7/30/2016	Regulated Asbestos Contaminated Soil RACS			18	Yards
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: 720-923-6111		
b. Phone: 720-923-6111		
c. Driver Name (Print)	d. Signature	e. Date 10/19/12

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Canyon 6th & Tower Rd Commerce City, CO (Account # 000218 ESA / I-70 Project)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 5700 E 50th Avenue Commerce City, CO 80022 303-991-1280	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Sit 4500 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102
b. Phone: 303-991-1280	d. Phone: 303-692-3102
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S 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 transport according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011167

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number <i>1214</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-825-4886			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-825-4886		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5128 1812406		7/30/2016	Regulated Asbestos Contaminated Soil RACS		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>ESA</i>		
b. Phone: <i>303-991-1280</i>		
c. Driver Name (Print) <i>Steven Moran</i>		d. Signature <i>[Signature]</i>
		e. Date <i>10-19-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Tower Landfill 50th & Tower Rd Commerce City, CO (Account # 880216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: USA Inc 8700 E 60th Avenue Commerce City, CO 80022 303-991-1280		c. Responsible Agency Name and Address: NE-SHAP Admin: Colorado Dept of Health & Public Safety 4800 Cherry Creek Dr. South Denver, CO 80246-1500 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011168

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4600			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 49th Avenue Denver, CO 80216 720-920-4600		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type
5128 1812436		7/30/2018	Regulated Asbestos Contaminated Soil RACS		18 Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Chacon		
b. Phone: 505 555 5555		
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: 60th & Tower Rd Commerce City, CO (Account # 860216 ESA / I-70 Project)		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 8700 E. 50th Avenue Commerce City, CO 80022 303-991-1260		c. Responsible Agency Name and Address: NESHAP Admin. Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1600 303-692-3102	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S 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 transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011169

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbus & Elizabeth Streets Denver, CO 80216 720-520-4666			e. Generator's Mailing Address: Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80216 720-520-4666		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5126 1812486	7/00/2018	Regulated Asbestos Contaminated Soil RAGS			Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
		10/19/18

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: ESA 6700 E 50th Ave Commerce City		
b. Phone: 3-9911280 80022		
c. Driver Name (Print) KH1065	d. Signature	e. Date 10-19-18

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Tower Canyon South & Tower Rd Commerce City, CO (Account # 890216 ESA / I-70 Project)	b. US EPA Number	c. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-981-1280	b. Phone:	c. Responsible Agency Name and Address: NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1630 303-862-3102	d. Phone:
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e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



5011178

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, Owner's Name, Waste Profile #, Exp. Date, Waste Shipping Name and Description, Containers, Total Quantity, Unit, Generator's Certification, and Authorized Agent Name and Signature.

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name and Address, Phone, Driver Name, Signature, and Date.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, and Authorized Agent Name and Signature.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, Friable/Non-Friable checkboxes, Operator's Certification, and Operator's Name and Signature.



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011179

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <i>1312</i>		b. Manifest Document Number		c. Page 1 of <i>1</i>	
d. Generator's Name and Location: <i>Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80216 720-920-4666</i>			e. Generator's Mailing Address: <i>Colorado Department of Transportation 3643 E 48th Avenue Denver, CO 80216 720-920-4666</i>		
f. Phone: <i>720-920-4666</i>			g. Phone: <i>720-920-4666</i>		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
<i>5126 1812460</i>	<i>7/30/2019</i>	<i>Regulated Asbestos Contaminated Soil FACS</i>			<i>18</i> Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Mr. Stephen M. Smith of CSA</i>		q. Signature <i>[Signature]</i>	r. Date <i>10/19/2018</i>
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>CSA</i>		
b. Phone: <i>303-991-1280</i>		
c. Driver Name (Print) <i>Stephen Moon</i>	d. Signature <i>[Signature]</i>	e. Date <i>10-19-18</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: <i>Lower Landfill 30th & Tower Rd Commerce City, CO (Account # 990216 ESA / I-70 Project)</i>	c. US EPA Number	d. Discrepancy Indication Space:
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date
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IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: <i>ESA Inc 6700 E 50th Avenue Commerce City, CO 80022 303-991-1280</i>	c. Responsible Agency Name and Address: <i>NESHAP Admin: Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80248-1500 303-852-3102</i>
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011170

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: Colorado Department of Transportation North of I-70 between Columbine & Elizabeth Streets Denver, CO 80218 720-420-4600			e. Generator's Mailing Address: Colorado Department of Transportation 2643 E 45th Avenue Denver, CO 80218 720-420-4600		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5128 1812406	7/30/2018	Regulated Asbestos Contaminated Soil RACS		Type	o. Unit Wt/Vol Yards

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:	CHIRON'S TRANS	
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
20th & Tower Rd Commerce City, CO (Account # 500218 E35 / I-70 Project)		
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
ESA Inc. 6700 E 60th Avenue Commerce City, CO 80022 303-691-1280	NESHAP Admin Colorado Dept of Health & Public Safety 4300 Cherry Creek Dr. South Denver, CO 80246-1530 303-692-3102
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable % Non-Friable

OPERATOR'S 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 transport according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
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*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both