KIEWIT MERIDIAM PARTNERS

STRUCTURE SURVEY COMPLETION REPORT – SWANSEA ELEMENTARY SCHOOL EXCAVATION SITE





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, <u>Laura M. Tobin</u>, as the originator of this deliverable certify this deliverable to be complete and meets the requirements of the Project Agreement.

<u>Laura M. Tobin</u> <u>11/30/2018</u>

Printed Name of Originator Signature of Originator Date



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TABLE 3.1 TABLE 1 – INITIAL SAMPLING RESULTS...... **ERROR! BOOKMARK NOT DEFINED.**

TABLE 3.2 TABLE 2 – SUPPLEMENTAL SAMPLING

RESULTS ERROR! BOOKMARK NOT DEFINED.

FIGURES

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- A ACM SOIL CLEANUP PLAN AND POTHOLING GRID
- **B** SWANSEA SOIL REMEDIATION FINAL REPORT
- C SWANSEA SOIL REMEDIATION WASTE MANIFESTS

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



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

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	Environmental Manager, Central 70	Jenn Bradtmueller, District Env. Mgr., Central and South Central Districts Phone: 720.274-5909 Email: jenn.bradtmueller@Kiewit.com		
Co.	Environmental Engineer, Central 70	Megan Wood Mobile: 9 7 0 .819-8147 Email: megan.wood@kiewit.com		
	Area Manager (WSP) Central 70	Laura Tobin, PG Mobile: 303.726-8100 Email: <u>laura.tobin@wsp.com</u>		
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.

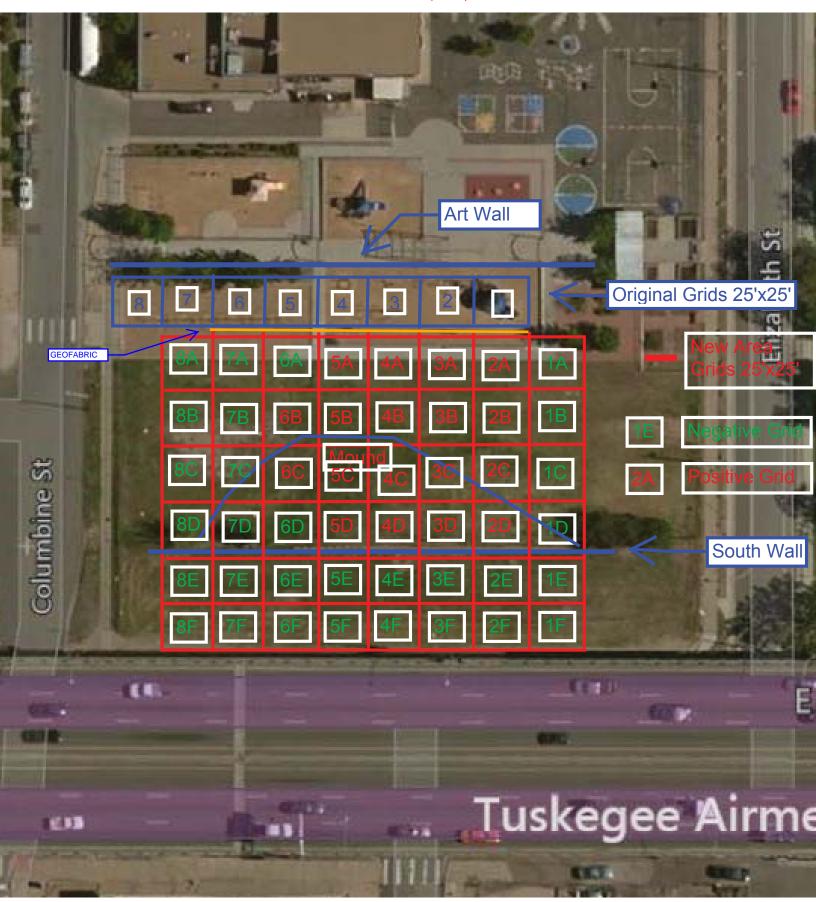
Potholing was completed using an excavator with a 48" bucket, amended water and standard construction personal protective equipment (PPE). A total of 48 grids were assessed by excavating each pothole to a maximum depth of 10'. Excavation stopped in a pothole upon discovery of construction debris with 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.

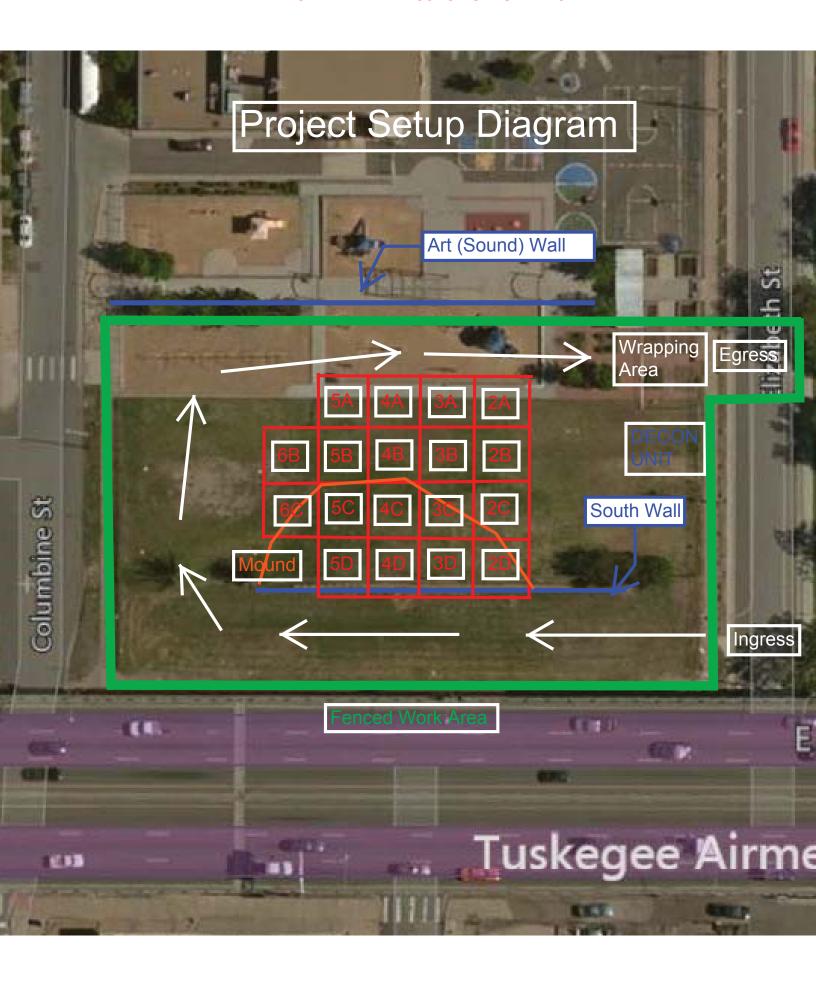
PROJECT SETUP

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)





ATTACHMENT 3 - SAMPLING DATA AND LABORATORY REPORTS

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			Good Damage	d Sig. Damage	
Friable	e	Vibration			
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AC	CBM with potential fo	or damage			
AC	CBM with potential fo	or significant damag	e		
An An	ny remaining friable A	ACBM or friable susp	pected 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,

Jeanne Spencer

Brett S. Colbert for

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.: A\$18143-1

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	Lab ID Number	L A	⊦Sub	Asbestos Content	Non Asbestos	-
Number	ib Number	Y Physical E Description		Mineral Visual Estimate	Fibrous	Components
		R	(%)	(%)	(%)	
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%.

Alegory Hornich
Gregory Hronich

Analyst / Data QA

Time

Date

Initials

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Due Date:																	
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SUBMITTED BY:	Company:	LKLI	11)			Conta	act: mi	W.F	Di	Pe		IACT	141 01	Contac			
Company FOOTHILLS ENVIRONMENTAL Address 5245 CENTENNIAL BUYD, #102	Address:					Phone	e: 71	9.9	30.	00	07			Phone	c c		
LOLDRADO SPRINGS, CO	7/12/14/15/19/19					Fax:								Fax:	E. F. 1418		
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Project Number and/or P.O. #: A 5 1814 3 -1						Fina	al Data De	liverable	Email A	Address:	LINDA.C	YONE	AL	EZ.	a Food	THILLS	usa, com
Project Description/Location: KIEWIT-CENTRAL	70 30125					m	IKEC	FOU	THI	2258	43A.CC	ממו				167 561	
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Organics 24 hr 3 day 5 Day	turnarounds.**	report,	+/- (Air,			Metals Scan,	almo	ves	Microbial Growth: Aerobic Plate Count ID, Bacteria, Fungal, +/- or Quantification	Legionella: +/- or Quantification	ntific ntific	***	STME			e media only**	
MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6	iom	- Bu				als	nt, S	ō'	te C	5	elle Ide						
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NOTE: REI will analyze incoming samples based upon information received and will not on this Chain of Custody shall constitute an analytical services agreement with payment to	erms of NET 30 days, failure to comply	y with p	ayment ter	rms m	ay result	t in a 1.5	5% monthly i	nterest surc	charge.	- TOTAL COST	rany representant	- sqroos	500		. and longitud	, -ampina ioi requ	
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Phone Email Fax

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Initials

Date

Phone Email Fax

Time

Contact



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.

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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	Lab	L	Sub	Asbestos Content	Non Asbestos	-
Sample	ID Number	A				
Number		Y Physical	Рап	Mineral Visual		Components
		E Description		Estimate	Components	
		R	(%)	(%)	(%)	(%)
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%.

Analyst / Data QA

Alegory Hronich
Gregory Hronich

Due Date:_____ RES Job #_____ Page __1__ of _____ REILAB Reservoirs Environmental, Inc. 5801 Logan St. Denver, CO 80216 • Ph: 303 964-1986 • Fax 303-477-4275 • Toll Free :866 RESI-ENV Due Time:____ After Hours Cell Phone: 720-339-9228 CONTACT INFORMATION: INVOICE TO: (IF DIFFERENT) SUBMITTED BY: Contact: MINE PERRY
Phone: 719 930-0007 COMPANY: FOOTHILLS ENVIRONMENTAL Address: Address: 5245 CENTENNIPL BLVB, #102 COLD SPG3, CO 80919 Final Data Deliverable Email Address: MIKE FOOTHILLS USA. COM Project Number and/or P.O. #: A518163-1 LINDA, GONZALEZE FOOTHILLSUSA, Com Project Description/Location: MIEWIT-C70 LAB NOTES: REQUESTED ANALYSIS **VALID MATRIX CODES** ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm & Sat. 8am - 5pm RUSH PRIORITY STANDARD Air = ABulk = B PLM / PCM / TEM Dust = D Paint = P Soil = S Wipe = W CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm Quar F = Food Swab = SW Metal(s) / Dust** ___ RUSH ___ 24 hr. ___3-5 Day 6 "Prior notification is Drinking Water = DW Waste Water = WW RCRA 8 / Metals & Welding required for RUSH __RUSH (3 Day)__5 Day __10 Day O = Other Fume Scan / TCLP** turnarounds.** **ASTM E1792 approved wipe media only** 24 hr. ___ 3 day ___ 5 Day Organics MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6pm E.coli and/or Coliforms* ___24-48 Hour ___ 24-48 Hour Pathogens* *TAT dependent on speed of 5-10 Day Microbial Growth* microbial growth.* _10 Day Legionella RUSH_ _24 Hr ___48 Hr ___3 Day ___5 Day Mold Sample Volume **Turnaround times establish a laboratory priority, subject to laboratory volume and are not guaranteed. Additional fees apply for afterhours, weekends and holidays.** Mold **EM Number** Date Time Special Instructions: (Laboratory Use Only) Collected Collected MICROBIOLOGY hh/mm a/p Client sample ID number (Sample ID's must be unique) B 1 9/20/18 IK-DEBOI-01 3E-DEB02-01 2 3 4 5 6 7 8 9 10 (Additional samples shall be listed on attached long form.) Number of samples received: NOTE: REI will analyze incoming samples based upon information reference 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

Relinquis	shed By: Mi	& S	Gran	7 9/2	0/186	1221	Date/Time:		Sample C		Sealed Intact
Laborato Received B	ry Use Only	This	12:25	P Date/Time	9-21	2-18	Carrie	fand / FedEx / UPS / US Box / Courier	PS / Drop Temp. (F	Yes / No	Yes / No
Data Entry	Contact	Phone Email	Fax	Date	Time	Initials	Contact	Phone Email Fax	Date	Time	Initials
QA:	Contact	Phone Email	Fax	Date	Time	Initials	Contact	Phone Email Fax	Date	Time	Initials



Industrial Hygiene, Safety & Environmental Services

Asbestos Building Insp Building:			Date: 9/20/12
	WHITE PLASTER	DEBRIS	
	: IE-DEBOI		antity:
Material Type: S	urfacing Ther	mal System Insulation	Miscellaneous
Friability	Condition Assessr	nent:	
		Good Damaged	Sig. Damage
V Friable	Vibration		
NF I	Air Erosion		
NF II	Physical Damage		
Category II NF: Any n	, Gasket, Resilient Floor Cover on-friable material not cover amaged: <10% Distributed of	red in Category I	
Sample #: Locati	HOLE IE(D), 5	4	Lab Result
Physical Classification	1		
	ignificantly damaged Therm	al System Insulation (TSI)	
Damaged fria	ble surfacing ACBM		
Significantly of	lamaged friable surfacing AC	BM	
Damaged or s	significantly damaged friable	miscellaneous ACBM	
ACBM with po	otential for damage		
ACBM with po	otential for significant dama	ge	
Any remainin	g friable ACBM or friable sus	pected ACBM	



Industrial Hygiene, Safety & Environmental Services

Asbestos Buil	lding Inspection Form			Date: 9	120/18
	IRIS 3E				
Material Des	cription: WHITE &	EBRIS-	- PLAS	TER	
Homogeneou	is Area D: 3E-bEBD3	ك	C	uantity:	
Material Type	e: Surfacing	Thermal System I	nsulation	M	i scellan eous
Friability	Condition As	sessment:			
		Good	Damaged	Sig. Damage	
Friable	Vibration				
NF I	Air Erosion			F	
NF II	Physical Dam	age			
	F: Any non-friable material not on aged; Damaged: <10% Distributed			amaged: ≥10% [Distributed or
Sample #:	Location:				Lab Result
	3E, @ 2'V				
			Administration of the second s		
			ellerin (a. 1804) a. 1804 a. 1		
					_
			Andrew Control of the		
			CONTRACTOR OF THE CONTRACTOR O		
Physical Class	sification				
	aged or significantly damaged Th	nermal System Ins	ulation (TSI)		
	aged friable surfacing ACBM				
	ficantly damaged friable surfacir	ng ACBM			
Dam	aged or significantly damaged fr	iable miscellaneo	us ACBM		
ACBN	M with potential for damage				
ACBI	M with potential for significant d	amage			
Any i	remaining friable ACBM or friabl	e suspected ACBI	V		

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 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 suites (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 leaktight, 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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CERTIFICATIONS

APPENDIX E



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
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 µm 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)
	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	
October	1015-5	West	< 0.002	ND
15	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	
	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
October	1016-5	West	< 0.002	
16	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	
	1017-1	Jason Evbaak - Sprayer	0.010	ND
October	1017-2	Marco Delacruz - Wrapper	< 0.002	ND
17	1017-3	Northeast	0.003	ND
1/	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			
	1018-1	Jason Evbaak - Sprayer	0.008			
	1018-2	Nelson Archilla - Wrapper	0.009	ND		
	1018-3	East	< 0.003			
Ootobor	1018-4	North	0.004	ND		
October 18	1018-5	West	0.003	ND		
16	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	TEM Result		
Date	#	Location	(fiber/cc)	(Presence/Absence)		
	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	-		
October	1019-5	West	0.005	ND		
19	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 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



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

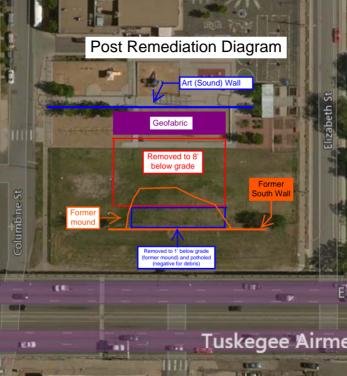


APPENDIX A

SOIL CLEANUP WORK AREA DRAWING

Phone: (303) 232-2660 Fax: (303) 232-4960







APPENDIX B

PLM, PCM, AND TEM LABORATORY RESULTS

Phone: (303) 232-2660 Fax: (303) 232-4960



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,

Jeanne Spencer

Brett S. Colbert for

President

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.: A\$18143-1

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	Lab ID Number	L A	⊦Sub	Asbestos Content	Non Asbestos	-
Number	ib Number	Y Physical E Description		Mineral Visual Estimate	Fibrous	Components
		R	(%)	(%)	(%)	
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%.

Alegory Hornich
Gregory Hronich

Analyst / Data QA

Time

Date

Initials

																NLO	410007
Due Date:																	
	RESERVE 5801 Logan St. D	i	-	F		VII	ror	ım	P	nt	al. I	ne				Job#	
								477-4275	• Toll Fre	ee :866 Ri	ESI-ENV					Page	1 of <u></u>
CURMITTER BY.	INVOICE TO: (IF DIFFE		lours Co	ell Ph	none:	720-33	39-9228				CON	TACT	NEO	TA MC	ION:		
SUBMITTED BY:	Company:	LKLI	11)			Conta	act: mi	W.F	Di	Pe		IACT	141 01	Contac			
Company FOOTHILLS ENVIRONMENTAL Address 5245 CENTENNIAL BUYD, #102	Address:					Phone	e: 71	9.9	30.	00	07			Phone	c c		
LOLDRADO SPRINGS, CO	7/12/14/14/14/14					Fax:								Fax:	E. F. 1419		
20						Cell/p								Cell/pa			
Project Number and/or P.O. #: A 5 1814 3 -1						Fina	al Data De	liverable	Email A	Address:	LINDA.C	YONE	AL	EZ.	a Food	THILLS	usa, com
Project Description/Location: KIEWIT-CENTRAL	70 30125					m	IKEC	FOU	THI	2258	43A.CC	ממו				167 561	
ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm &	Sat. 8am - 5pm	T				RE	QUESTE	D ANA	LYSIS				VA	LID N	MATRIX C	ODES	LAB NOTES:
PLM / PCM / TEM X RUSH (Same Day) PRIORITY (Next Day)													Air =	A		Bulk = B	
(Rush PCM = 2hr, TEM = 6hr.)		_	ć										Dust	= D	F	Paint = P	
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm		ative	Dust),				E.coli +/- or		M				Soil :			Vipe = W	
Metal(s) / Dust** RUSH 24 hr3-5 Day	**Prior notification is	Jalita	ö			_	я, Н	Lo S	× 8		- 1		Swab =	11001111111		= Food	
RCRA 8 / Metals & Welding Fume Scan / TCLP** RUSH (3 Day)_5 Day10 Day	required for RUSH	oug.				Hd .	Plate Count, Salmonella, aureus, Camphlobacter:	Quantification Yes / No	Ö,		Identification e OTES:	Drink	ing Wa		OW Waste O = Other	Water = WW	
Organics 24 hr 3 day 5 Day	turnarounds.**	report,	+/- (Air,			Metals Scan,	almo	ves	Microbial Growth: Aerobic Plate Count ID, Bacteria, Fungal, +/- or Quantification	Legionella: +/- or Quantification	ntific ntific	***	STME			e media only**	
MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6	iom	- Bu				als	nt, S	ō'	te C	5	elle Ide						
E.coli and/or Coliforms* 24-48 Hour Other:	200	- 2	ISO,				S, Cour	Quantification E.coli and/or Coliforms; +/- or State Water (Please Circle One)	Pla	catic	ap or Bulk: +/-, It Viable or Non-Viable	101					
Pathogens* 24-48 Hour		uno	102, ac,	4		me,	late	ircle +	robic	antifi	Non-						
Microbial Growth*5-10 Day *TAT dependent microbial g		i i	1, 74 ro-v	OSHA	eld	Velding Fume,	63 40	se C	. Ae	o s	Bull	Area					
Legionella 10 Day	, commi	P _O	Wel	08,	spira	(s) eldin	, TS verot eria,	Colife	owth pal.	0-/4	th or	3					
Mold RUSH 24 Hr 48 Hr 3 Day		pour	Le Le	740	Re	Analyte(s)	ETH Is: A	Vor (Pung F		on, V	90					
**Turnaround times establish a laboratory priority, subject to laboratory		1 2	P. O.	90A.	ital,	- Analy TCLP, 1	s - M oger :H7.	and	obia eria.	lle i	SIN	nlo	ge	S S			
guaranteed. Additional fees apply for afterhours, weeken Special Instructions:	as and notidays.	- Kg	AHI	- 7400A, 7400B,	. To	8.6	ANICS - METH, TSS Pathogens: Aerobic F 0157:H7, Listeria, S.a	coli	Alicre	Legionella:	Mold: S Quantifi APLER') o	ပိ	taine	Date	Time	EM Number
		_ =	TEM -	PCM .	DUST	RCRA 8,	Pathogens: Aerobic 0157:H7, Listeria, S	Via	ables		Mold: Spore Trap or Bulk: +/-, Identification, Viable or Non-Viable SAMPLER'S INITIALS OR OTHER NOTES:	Sample Volume (L) / Area	Matrix Code	# Containers	Collected	Collected	(Laboratory Use Only)
Client sample ID number (Sample ID's must be uniq	ue)	PLM.	110	O.	3		8	MIC	ROBIO	LOGY	S	Š			mm/dd/yy	hh/mm a/p	311-0116
1 2B-STOI-01		×											B	/	9/19/18		216744
2												\wedge					
3																	
4																	
					100.00									/			
5	1	111	2011012311311	100000									1111000	10000			
6																	
7	×																
8					/												
9																	
		min	/														
10		-	1	Щ													
Number of samples received: (Addi NOTE: REI will analyze incoming samples based upon information received and will not	itional samples shall be listed o					e inaccu	racy of origin	nal data. By	sianina (client/com	nany representativ	e agrees l	hat sub	mission	of the followin	g samples for regu	ested analysis as indicated
NOTE: REI will analyze incoming samples based upon information received and will not on this Chain of Custody shall constitute an analytical services agreement with payment to	erms of NET 30 days, failure to comply	y with p	ayment ter	rms m	ay result	t in a 1.5	5% monthly i	nterest surc	charge.	- TOTAL COST	rany representant	- sqroos	500		. and longitud	,	
miller miller	79/19/1801	4-	1		o/T:								amal	Cond	lition:	On loo	Sagled John
Relinquished By:	111111861	1	7	Date	e/Time	3.	Har	d / Fe	edEx /	UPS	/ USPS / I	2	emp.	Cond			Sealed Intact les / No Yes) No
Received By: Marketta G War	Date/Time: 9-19-18	3	7:20	Ta	C	arrier:				/ Cou			emp.	(,) -		037140	007,140
Data Entry Contact Phone Email Fax Date		nitials	Co	ntact	1		Phone	e Email	Fax			Date			Tin	ne	Initials

Phone Email Fax

Contact

Initials

Date

Phone Email Fax

Time

Contact



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,

Jeanne Spencer

President

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	Lab	L	Sub	Asbestos Content	Non Asbestos	-
Sample	ID Number	A				
Number		Y Physical	Рап	Mineral Visual		Components
		E Description		Estimate	Components	
		R	(%)	(%)	(%)	(%)
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%.

Analyst / Data QA

Alegory Hronich
Gregory Hronich

Due Date:_____ RES Job #_____ Page __1__ of _____ REILAB Reservoirs Environmental, Inc. 5801 Logan St. Denver, CO 80216 • Ph: 303 964-1986 • Fax 303-477-4275 • Toll Free :866 RESI-ENV Due Time:____ After Hours Cell Phone: 720-339-9228 CONTACT INFORMATION: INVOICE TO: (IF DIFFERENT) SUBMITTED BY: Contact: MINE PERRY
Phone: 719 930-0007 COMPANY: FOOTHILLS ENVIRONMENTAL Address: Address: 5245 CENTENNIPL BLVB, #102 COLD SPG3, CO 80919 Final Data Deliverable Email Address: MIKE FOOTHILLS USA. COM Project Number and/or P.O. #: A518163-1 LINDA, GONZALEZE FOOTHILLSUSA, Com Project Description/Location: MIEWIT-C70 LAB NOTES: REQUESTED ANALYSIS **VALID MATRIX CODES** ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm & Sat. 8am - 5pm RUSH PRIORITY STANDARD Air = ABulk = B PLM / PCM / TEM Dust = D Paint = P Soil = S Wipe = W CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm Quar F = Food Swab = SW Metal(s) / Dust** ___ RUSH ___ 24 hr. ___3-5 Day 6 "Prior notification is Drinking Water = DW Waste Water = WW RCRA 8 / Metals & Welding required for RUSH __RUSH (3 Day)__5 Day __10 Day O = Other Fume Scan / TCLP** turnarounds.** **ASTM E1792 approved wipe media only** 24 hr. ___ 3 day ___ 5 Day Organics MICROBIOLOGY LABORATORY HOURS: Weekdays: 9am - 6pm E.coli and/or Coliforms* ___24-48 Hour ___ 24-48 Hour Pathogens* *TAT dependent on speed of 5-10 Day Microbial Growth* microbial growth.* _10 Day Legionella RUSH_ _24 Hr ___48 Hr ___3 Day ___5 Day Mold Sample Volume **Turnaround times establish a laboratory priority, subject to laboratory volume and are not guaranteed. Additional fees apply for afterhours, weekends and holidays.** Mold **EM Number** Date Time Special Instructions: (Laboratory Use Only) Collected Collected MICROBIOLOGY hh/mm a/p Client sample ID number (Sample ID's must be unique) B 1 9/20/18 IK-DEBOI-OI 3E-DEB02-01 2 3 4 5 6 7 8 9 10 (Additional samples shall be listed on attached long form.) Number of samples received: NOTE: REI will analyze incoming samples based upon information reference 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

Relinquis	shed By: Mi	& S	Gran	7 9/2	0/186	1221	Date/Time:		Sample C		Sealed Intact
Laborato Received B	ry Use Only	This	12:25	P Date/Time	9-21	2-18	Carrie	fand / FedEx / UPS / US Box / Courier	PS / Drop Temp. (F	Yes / No	Yes / No
Data Entry	Contact	Phone Email	Fax	Date	Time	Initials	Contact	Phone Email Fax	Date	Time	Initials
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,

Jeanne Spencer

Brett S. Colbert for

President

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 Nu	mber	Air Volume Sampled	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
			(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

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	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
		(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

Alejandro Mejia Lauren Mitchell

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

Analyst

Analyst / Data QA

Due Date:	



RES 4	20445
-I PCM	-2TEM
Page1_	OT

Company:	SUBMITTED BY: Foothills Environmental, Inc.	INVOICE T				.,	_	Cor	ntact:	Λ	dead			_		DRMATION:	-				
Address:	11099 W 8th Ave	Address:	ilez	_		_			Andrew Castano							Phone:					
	Lakewood, CO 80215							Phone: 303-232-2660 Phone: Fax:													
	Lakewood, GG 66215	Liliua.Gorizalez(d	Linda.Conzalez@i CottiliisCSA.com				ell/pager: 954-600-6552							Vpager:							
Project Numb	er and/or P.O. #: ASISI63-1											Email A		:		1000	:11-				
Project Descri	ption/Location: Swansen Elementary South Da	/ 1													acasta	no@footh	IIIS	usa.	.cor	TI	
	OS LABORATORY HOURS: Weekdays: 7am - 7pm			R	EQI	JES	TED	ANA	LY	SIS	The same of		VA	LID	MATRIX C	ODES		LAE	NO	TES	
PLM / PCI				Quant,					0				Air =	A	E	Bulk = B					
	(Rush PCM = 2hr, TEM = 6hr.		Count					Metals Scan	DRO			1	Dust	= D	F	Paint = P			M.		
	TRY LABORATORY HOURS: Weekdays: 8am - 5pm		ŏ	+	Preps			SS	GRO.				Soil:	= S	N	/ipe = W					
Metal(s) /	Dust RUSH 24 hr 3-5 Da	y	Point	ISO,	oct D			Meta					0	rink	ng Water =	DW					
RCRA 8/	Metals & Welding	**Prior notification is	report,	2, 1	ISO-Indirect	4			8260.				1		e Water = W	/W					
Fume Sca	RUSH 5 day 111 day	required for RUSH turnarounds.**	9	7402,	0	OSHA	0	돌				-			Other = O						
	241- 24- 50-	turnar ouriaur	Long	=	0.52	2000	Respirable	- Analyte(s) TCLP, Welding Fume,	MTBE			**AS	ME	792	approved wipe	media only**					10
Organics	24 hr 3 day5 Day		t d	Level	Micro-vac,	7400B,	esp	Analyte(s)	BTEX.				1		73.51		_				
***Anal	ysis turnarounds are subject to laboratory sample volume and are not if delays are expected. Additional fees apply for afterhours and holida		9	4				P. P.	BTB			me									
MARKE BUT	AND THE RESIDENCE OF THE PARTY		Short	AHER	uant, I	7400A,	Total,	TO A	Ś			Volt	Code	Ders			_	10, 30			
Special Ins	tructions: TEM +1- any , 01 or higher, At	t, call with verbals	S	A.	dna			LS	ORGANICS	œ		Sample Volume (L) / Area	ŭ	# Containers	Date	Time	_	-		-	_
			PLM	TEM	Semi-	PCM	DUST	METALS RCRA 8,	RG/	OTHER		amp	Matrix	3	Collected mm/dd/yy	Collected hh/mm a/p			Num		
	ample ID number (Sample ID's must be un	ique)	<u> </u>	Ź		<u>~</u>	-	2 %	10	0	_	0 Z		#		N. 100 (100 (100 P))	127	aborat			T)
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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,

Jeanne Spencer

Brett S. Colbert for

President

Brett S. Colbert

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	Lab	Asbestos
ID Number	ID Number	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:

Due Date:	



RES 4	20445
-I PCM	-2TEM
Page1_	OT

Company:	SUBMITTED BY: Foothills Environmental, Inc.	INVOICE T								Λ	dead		_	_		DRMATION:	-				
Address:	11099 W 8th Ave	Address:	ilez	_		_			Phone: 303-232-2660						G59	one:					
	Lakewood, CO 80215	Linda.Gonzalez@	Footbillo	othille! ISA com					Fax:							Fax:					
	Lakewood, GG 66215	Linua.Gonzalez(d	rootiiiis	trillisOOA.com					Cell/pager: 954-600-6552							Cell/pager:					
Project Numb	er and/or P.O. #: ASISI63-1											Email A		:		1000	:11-				
Project Descri	ption/Location: Swansen Elementary South Da	/ 1													acasta	no@footh	IIIS	usa.	.cor	TI	
	OS LABORATORY HOURS: Weekdays: 7am - 7pm			R	EQI	JES	TED	ANA	LY	SIS	The same of		VA	LID	MATRIX C	ODES		LAE	NO	TES	
PLM / PCI				Quant,					0				Air =	A	E	Bulk = B					
	(Rush PCM = 2hr, TEM = 6hr.		Count					Metals Scan	DRO			1	Dust	= D	F	Paint = P			M.		
	TRY LABORATORY HOURS: Weekdays: 8am - 5pm		ŏ	+	Preps			SS	GRO.				Soil:	= S	N	/ipe = W					
Metal(s) /	Dust RUSH 24 hr 3-5 Da	y	Point	ISO,	oct D			Meta					0	rink	ng Water =	DW					
RCRA 8/	CRA 8 / Metals & Welding RUSH 5 day 10 day required for RUSH			2, 1	ISO-Indirect	4			8260.				1		e Water = W	/W					
	ume Scan / TCLP RUSH 5 day 10 day required for RUSH turnarounds.**			7402,	0	OSHA	0	돌				-			Other = O						
	turnarou			=	0.52	2000	Respirable	- Analyte(s) TCLP, Welding Fume,	MTBE			**AS	ME	792	approved wipe	media only**					10
Organics	24 hr 3 day5 Day		ort, Long	Level	Micro-vac,	7400B,	esp	Analyte(s)	BTEX.				1		73.51		_				
***Anal	ysis turnarounds are subject to laboratory sample volume and are not if delays are expected. Additional fees apply for afterhours and holida		9	4				P. P.	BTB			me									
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Special Ins	tructions: TEM +1- any , 01 or higher, At	i, coll with verbals	dna			LS	ORGANICS	œ	Sample Volume (L) / Area		ŭ	# Containers	Date	Time Collected	<u> </u>	-			_		
			Semi-	DUST	METALS RCRA 8,	RG/	OTHER		amp	Matrix	3	Collected mm/dd/yy	EM Numl (Laboratory Us								
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	5-9					X						NA	A	1	10/15/18	473 pm	540000		1	79	
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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.

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 420529-1 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,

onia veedanio io

President

Jeanne Spencer

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 Nu	mber	Air Volume Sampled	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
			(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

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 Nun	nber	Air Volume Sampled	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
			(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

Analyst

Analyst / Data QA

Due	Date:	98	
			final and



RES	4205	29	
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Address:	11099 W 8th Ave	Address:					Pho	one:	303-					Pho	ne:		- 3			
	Lakewood, CO 80215	Linda.Gonzalez@Foo	thills	USA	com		Fax								Fax:					
	Lantonood, GG GGZ 10	Ellida. Golizaloz(a, i oo	Limio	00/1.0	30111		Cel	Cell/pager: 954-600-6552							Cell/pager:					
	per and/or P.O. #: AS 18 63 - ription/Location: Swansea Elementary, South of s	Ils., bus					_		a Delivera		_			acastar	o@footh	nills	usa.	CO	m	
	TOS LABORATORY HOURS: Weekdays: 7am -			REC	QUE	STE	D ANA	LYS	is			VAL	ID I	MATRIX CO	DDES	94	LAE	NC	TES:	
	M) TEM PRIORITY			The second second		T		T				Air =	Α	В	lulk = B					
	(Rush PCM = 2hr, TEM =		t i	Quant,			Scan	DRO			0)ust =	= D	P	aint = P					77.7
CHEMIS	TRY LABORATORY HOURS: Weekdays: 8am -		S	Preps			Sc	GRO,			5	Soil =	s		ipe = W					
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	**Prior notification is							8260,				٧	Vast	e Water = W	w		1			
	RUSH 5 day 10 day required for RUSH			1, 7402, I ISO-Indir	OSHA		l lime							Other = O	ther = O					
rume Sc	an / ICLP	turnarounds.**	Long report,	1,7	8	Respirable	P B	MTBE,			*AST	M E1	792 a	approved wipe	media only**					
Organics	24 hr 3 day 5	Day	13	Level ro-vac,	7400B,	spire	(s) eldir	2												
**Ana	lysis turnarounds are subject to laboratory sample volume and a	are not guaranteed. You will be notifited	port	- AHERA, Level quant, Micro-vac,		Re	- Analyte(s) TCLP, Welding Fume,	BTEX,	133	9	2									
- 14	if delays are expected. Additional fees apply for afterhours and	holidays for all analysis types.**	r re	AHERA lant, Mi	A,	Total,	A P		-	1 5		e G	SIS							
	TEM GALLEL DOLCH	- books RUSH TAT	Short	AHE	7400A,	10		ORGANICS		Sample Volume	Area	Code	Containers	Date	Time		1			20
Special In	structions: TEM framelabsency any 0.01 fk	car higher, wost 1711				DUST .	METALS RCRA 8,	BAN	OTHER	1 2	/ Ar	Matrix	out	Collected	Collected		EM	Nur	nber	
Client s	sample ID number (Sample ID's must	be unique)	PLM	TEM	PCM		ME	OR	P	Sal	()	Ma	#	mm/dd/yy	hh/mm a/p	(L	abora	tory L	Jse On	ıly)
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3 1/6	16-3				X					12	54	A	1	10/16/18	415pm					8
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	16-5				X	,				11	33	A	1	10/16/18	415pm				1	10
6	016-76			料權	X			139		17	68	A	1	10/16/18	415pn	100			1	1
	016-7				X					13	34	A	1	10/16/18	HISPN				6	2
	016-8			X	X				数	13	08	A	1	10/16/18	415pm		#1		1	3
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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.

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 420529-2 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 Vettraino for

President

Jeanne Spencer

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: A\$18163-1

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	Lab	Asbestos
ID Number	ID Number	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:

Due	Date:	98	
			final and



RES	4205	29	
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	SUDMITTED DV.	INVOICE TO: //	IE DI	FEEDE	· NITN							-	ONT	ACT INFO	DMATION:				5	
Company:	SUBMITTED BY: Foothills Environmental, Inc.	INVOICE TO: (I	IF DI	FFERE	:N1)		Cor	ntact:	Andr	ew (Cas				RMATION:	-				
Address:	11099 W 8th Ave	Address:					Pho	one:	303-					Pho	ne:		- 3			
	Lakewood, CO 80215	Linda.Gonzalez@Foo	thills	USA	com		Fax								Fax:					
	Lantonood, GG GGZ 10	Ellida. Golizaloz(a, i oo	Limio	00/1.0	30111		Cel	Cell/pager: 954-600-6552							Cell/pager:					
	per and/or P.O. #: AS 18 63 - ription/Location: Swansea Elementary, South of s	Ils., bus					_		a Delivera		_			acastar	o@footh	nills	usa.	CO	m	
	TOS LABORATORY HOURS: Weekdays: 7am -			REC	QUE	STE	D ANA	LYS	is			VAL	ID I	MATRIX CO	DDES	94	LAE	NC	TES:	
	M) TEM PRIORITY			The second second		T		T				Air =	Α	В	lulk = B					
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CHEMIS	TRY LABORATORY HOURS: Weekdays: 8am -		S	Preps			Sc	GRO,			5	Soil =	s		ipe = W					
Metal(s)			Point Count	ISO,			Metals					D	rinki	ng Water = [DW WC					
	**Prior notification is							8260,				٧	Vast	e Water = W	w		1			
	RUSH 5 day 10 day required for RUSH			1, 7402, I ISO-Indir	OSHA		l lime							Other = O	ther = O					
rume Sc	an / ICLP	turnarounds.**	Long report,	1,7	8	Respirable	P B	MTBE,			*AST	M E1	792 a	approved wipe	media only**					
Organics	24 hr 3 day 5	Day	13	Level ro-vac,	7400B,	spire	(s) eldir	2												
**Ana	lysis turnarounds are subject to laboratory sample volume and a	are not guaranteed. You will be notifited	port	- AHERA, Level quant, Micro-vac,		Re	- Analyte(s) TCLP, Welding Fume,	BTEX,	133	9	2									
- 14	if delays are expected. Additional fees apply for afterhours and	holidays for all analysis types.**	r re	AHERA lant, Mi	A,	Total,	A P		-	1 5		e G	SIS							
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3 1/6	16-3				X					12	54	A	1	10/16/18	415pm					8
4 10	16-4	化数据数据表示公司数据数		X	X		經營			10	38	A	1	10/16/18	415pm			是管		9
	16-5				X	,				11	33	A	1	10/16/18	415pm				1	10
6	016-76			料權	X			139		17	68	A	1	10/16/18	415pn	100			1	1
	016-7				X					13	34	A	1	10/16/18	HISPN				6	2
	016-8			X	X				数	13	08	A	1	10/16/18	415pm		#1		1	3
	1016-9				X					_	A	A	1		415pm			_	1	4
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Relinq	uished By: atory Use Only By: The samples received:	(Additional samples shall be listed of Date/Time: (1-16-18)	1	iched ic		te/Tin	me: (o			n	-	mple		dition: On		aled '/N	li Z	Mact Y/N		
Results:	Contact Page Phone Email Fax		itials	Co	ntact	91111			Page	Phon	e E	mail	Fax	Date	Tim	ne		In	itials	
	Contact Page Phone Email Fax		itials		ntact				Page						Tim		7-11-1		itials	



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,

Cina vaccianio ioi

President

Jeanne Spencer

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 Nu	mber	Air Volume Sampled	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
			(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

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 Numl	ber	Air Volume Sampled	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
			(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

Analyst

Analyst / Data QA

Due Date:	
Due Time:	



SUBMITTED BY:		INVOICE T	O: (IF DI	FFERE	NT)	100						C	ONT		RMATION:				
Company: Foothills Environmental, Inc.		Company: Linda Gonza	alez				Cor	ntact:	And	12 0000000	-		0	Cont					
Address: 11099 W 8th Ave		Address:					Pho	one:	303	232	-266	0			Phone:				
Lakewood, CO 80215		Linda.Gonzalez@	Foothills	USA.c	om		Fax								Fax:				
			THE STATE OF				_		r: 954					Cell/	pager:				
Project Number and/or P.O. # ASISI63-1 Project Description/Location: Swansea Elementary, Sovita	ac a1						Fin	nal Da	ta Deliver	able Er	nail Ad	dress:		acastan	o@footh	ills	usa	.co	ml
ASBESTOS LABORATORY HOURS: Weekdays: 72				RFC	UF	STE	D ANA	I Y	SIS	9 5		VAI	ID I	MATRIX CO	DDES	18	LA	3 NC	OTES:
PLM (PCM (TEM) (RUSH (Same Day)) PRIO		av) STANDARD										Air =		The state of the s	ulk = B				
(Rush PCM = 2hr, 1			ŧ	Quant,			E	DRO				ust:	-		aint = P				
CHEMISTRY LABORATORY HOURS: Weekdays: 8		S CONTRACTOR OF THE REAL PROPERTY.	Point Count				Scan				-	Soil =			ipe = W				
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								8260.			7,27		-	e Water = W	P0000				
RCRA 8 / Metals & Welding RUSH 5 day	10 day													Other = O					
Fume Scan / TCLP		turnarounds.**	turnarounds.**					MTBE.		100	**AST	M F1		approved wipe	media only**				
Organics 24 hr 3 day	5 Day		Long	= 2				Σ			701		1020	pproved impo	modia omy				
	10.100	and Vermill be notified	red report,	RA, Level Micro-vac,	7400B,	Res	Analyte(s) SLP, Welding Fume,	BTEX.			o o								
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Special Instructions: TEM (preserve/absence) any 0.01	Accorh	igher, RUSH TAT	S	- AHE			NLS	ORGANICS	œ	-	(L) / Area	×	Containers	Date Collected	Time Collected	\vdash	EM Number		mhor
lient sample ID number (Sample ID's must be unique)			PLM	TEM	PCM	DUST	METALS RCRA 8,	RG	OTHER		- am	Matrix	ပိ	mm/dd/yy	hh/mm a/p	0			Use Only
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5 1017 - 5			CONTRACTOR DE LA	V	1	Cattle	CHIEF 655	1 100	1000	1	65	Δ	STATE OF	10/11/2018	406PM	/85E	28	MILE SE	120 112
6 1017-6		2000年2月1日 · 1000 · 100	SECTION SOL		2			1000	C ANNUAL DE	1.	2 50	A		10/17/7019	406pm	1000		ACCES 1911	
7 1017 - 7			Contraction of the	Company Control	1	0.000	100 Table		5 South 60	10	50	A	1	10/11/2010	406/m	1000	B(E	600 0	
8 1017-8	10.00		antaivas (178	270	1	11000	100 MB	100		i i	30	A		10/17/2018	406pm	11000	37/45-1	SEC 100	
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10 1017-10			DECEMBER NO.	100	X	1300	THE RE	1000	1 1000		V (-1	14		10/11/1010	roopri	23100	10/8-1	1001	
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			11100000000								-50	- 10	Waster or	1000000	The second secon	800		1.	nitials
Results: Contact Page Phone Email F	ax Date	Time	Initials	Co	ntact				Page	Pho	ne E	mail	Fax	Date	Tim	e		11	illuais



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.

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Sincerely,

onia vectianio ioi

Jeanne Spencer President

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: AHERA - M Qual. Presence/Absence (Air +/-), Air

Turnaround: Rush

Date Analyzed: October 17, 2018

Client	Lab	Asbestos
ID Number	ID Number	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:

Due Date:	
Due Time:	



SUBMITTED BY:		INVOICE T	O: (IF DI	FFERE	NT)	100						C	ONT		RMATION:				
Company: Foothills Environmental, Inc.		Company: Linda Gonza	alez				Cor	ntact:	And	12 0000000	-		0	Cont					
Address: 11099 W 8th Ave		Address:					Pho	one:	303	232	-266	0			Phone:				
Lakewood, CO 80215		Linda.Gonzalez@	Foothills	USA.c	om		Fax								Fax:				
			THE STATE OF				_		r: 954					Cell/	pager:				
Project Number and/or P.O. # ASISI63-1 Project Description/Location: Swansea Elementary, Sovita	ac a1						Fin	nal Da	ta Deliver	able Er	nail Ad	dress:		acastan	o@footh	ills	usa	.co	ml
ASBESTOS LABORATORY HOURS: Weekdays: 72				RFC	UF	STE	D ANA	I Y	SIS	9 5		VAI	ID I	MATRIX CO	DDES	18	LA	3 NC	OTES:
PLM (PCM (TEM) (RUSH (Same Day)) PRIO		av) STANDARD										Air =		The state of the s	ulk = B				
(Rush PCM = 2hr, 1			ŧ	Quant,			E	DRO				ust:	-		aint = P				
CHEMISTRY LABORATORY HOURS: Weekdays: 8		S CONTRACTOR OF THE REAL PROPERTY.	Point Count				Scan				-	Soil =			ipe = W				
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								8260.			7,27		-	e Water = W	P0000				
RCRA 8 / Metals & Welding RUSH 5 day	10 day													Other = O					
Fume Scan / TCLP		turnarounds.**	turnarounds.**					MTBE.		100	**AST	M F1		approved wipe	media only**				
Organics 24 hr 3 day	5 Day		Long	= 2				Σ			701		1020	pproved impo	modia omy				
	10.100	and Vermill be notified	red report,	RA, Level Micro-vac,	7400B,	Res	Analyte(s) SLP, Welding Fume,	BTEX.			o o								
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	must be uniqu	le)	0	Fo	X	-	≥ ∞	10	101	10	0 =	Δ	#	10/17/2018	406pm	2		81	
1 1017 - 1			CAPTON DE	V	1			1 100		14	- 14	A		10/17/2018		0	6	00	7/0
2 1017 - 2			THE REAL PROPERTY.		1			-	1000	100	100	Δ		10/17/208	406 pm	1000		2000	
3 1017 - 3		VALUE OF THE PARTY	DATE OF THE PARTY		1	1000	HOOT HIS	1 100		11	2 57	A		10/17/2018	-	1000	205	100 E	
4 1017-4		2011年12日1日 1200年120日 1200日 120	ESHARE EAC		2	Distance.	500 100	100		1.0	23	Δ		10/1/2010	406pm	95550	10000	Chief and	
5 1017 - 5			CONTRACTOR DE LA	V	1	Cattle	CHIEF 655	1 100	1000	1	65	Δ	STATE OF	10/11/2018	406PM	/85E	28	MILE SE	120 112
6 1017-6		2000年2月1日 · 1000 · 100	SECTION SOL		2			1000	C ANNUAL DE	1.	2 50	A		10/17/7019	406pm	1000		ACCES 1911	
7 1017 - 7			Contraction of the	Company Control	1	0.000	100 Table		5 South 60	10	50	A	1	10/11/2010	406/m	1000	B(E	600 0	
8 1017-8	10.00		antaivas (178	270	1	11000	100 68	100		i i	30	A		10/17/2018	406pm	11000	37/45-1	SEC 100	
9 (017 - 9		CA SHEET COMMENT STATES	TENNES CA	1000	1	and the	LONE STREET	100	THE REAL PROPERTY.	IN IN	A	A		10/17/2018	406pm	774	5031	EVE -	99
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			DESTRUCTION OF THE PARTY OF THE		1000	Star.	NAME AND ADDRESS OF	100		100						PERSONAL PROPERTY.	Maria I		
13	44.1.0							_		_	_	_				ш			
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Received By: New York	D	ate/Time: 10119 ~	8 4	430	2		Carrier	: 1	Far	1	Tei	mp. ((F°)	Y	'/N Y/	/N		CY/N	
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Results: Contact Page Phone Email F	ax Date	Time	Initials	Co	ntact				Page	Pho	ne E	mail	Fax	Date	Tim	e		11	illuais



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,

Ciria veccianio

President

Jeanne Spencer

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 Nur	nber			Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
			· (L)			(F/mm²)	(F/mm²)	(F/cc)	(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

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	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
		(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

Analyst

Analyst / Data QA

te:	



c	RES	4 <mark>20</mark> 724

	SUBMITTED BY:		E TO: (IF	IFFER	ENT)						C	ON	TACT INFO	DRMATION:			INFORMATION:				
Company:	Foothills Environmental, Inc.	Company: Linda Go	nzalez				Co	ontact	And	drev	v Cas	tan	0	Co	ntact:					4		
Address:	11099 W 8th Ave	Address:					Ph	one:	303	3-23	2-26	60		Ph	one:							
	Lakewood, CO 80215	Linda.Gonzale:	z@Foothil	IsUSA.	com	1	Fa	39						Fax	Fax:							
Decinat Number	are and los D.O. #. A.C. O.L.O.								er: 954			_		Cel	Cell/pager:							
	iption/Location: Swansea Elementary School, So.	The of soundwell					Fi	nal Da	ata Delive	rable	Email Ad	dress		acasta	no@footh	nills	usa	.co	ml			
ASBEST	OS LABORATORY HOURS: Weekdays: 7am - 7pm			RE	QUE	STE	D ANA	LY	SIS		P. 12.19	VA	ID I	MATRIX C	ODES		LAI	3 N(OTES	3:		
PLM /PCI	M (TEM) RUSH (Same Day) PRIORITY (Nex	t Day)STANDARD		ant,				7		\neg		Air =	Α	E	Bulk = B							
	(Rush PCM = 2hr, TEM = 6hr.	.)	İ	Quant,			Scan	OBC				Oust	= D	P	Paint = P							
CHEMIS	TRY LABORATORY HOURS: Weekdays: 8am - 5pr		tion	Page S	reps		ls So	GRO	2	Soil = S			s s	W	/ipe = W							
Metal(s) /	RUSH 24 hr3-5 Da	ay	io	o to			Metals					0	rinki	ng Water =	ow wc			1/19				
BCRA8/	Metals & Welding	**Prior notification		W				8260				١	Vast	e Water = W	/W							
Fume Sca			SH E	5 P	OSHA		E	ш						Other = O								
1.55						rte(s) Welding Fume,	MTRF			**AST	M E1	792 a	approved wipe	media only**								
Organics	24 hr 3 day5 Day			evel	800	spir	e(s)	×														
	lysis turnarounds are subject to laboratory sample volume and are no		tifited	L, L		0	alyto, v	BTEX			ше											
Section 2 Section	if delays are expected. Additional fees apply for afterhours and holid	Service and address of the contract of	to do			Total,	- Analyte(s)_TCLP, Weldi	S.			nlo/		ainers									
Special Ins	al Instructions: TEM (t/1) any 0.01 f/cc or higher, rush TAT		to.	- AHE	4	-	8,8	N N	ORGANICS OTHER -		Sample Volume (L) / Area		tain	Date	Time							
					2	DUST	METALS RCRA 8,	Se	OTHER	ld m		Matrix	Containers	Collected	Collected				nber			
	ample ID number (Sample ID's must be un	nique)		PLM TEM Semi			M S	ž ō				_	#	mm/dd/yy	hh/mm a/p	(l	abora	tory L	Jse Or	nly)		
	18-1						00000			-	242	A	1	10/18/18	350pm	2	18	46	44	1		
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5 10		DATE SHE SHOWN IN THE PARTY OF				1000	198 M.		N MARIE		2 30	A		10/18/18	350pm				R LS	17		
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11						and the second								10/10/10	220111		(20 K) (00 K)	CB MC	-	1		
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	tory Use Only	1	1-1					47.0	1/		_			Y/				Y/N				
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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,

Gina Vettraino for

Jeanne Spencer President

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: A\$18163-1

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	Lab	Asbestos
ID Number	ID Number	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:

te:	



c	RES	4 <mark>20</mark> 724

	SUBMITTED BY:		E TO: (IF	IFFER	ENT)									DRMATION:	ACT INFORMATION:						
Company:	Foothills Environmental, Inc.	Company: Linda Go	nzalez				Co	Contact: Andrew Castano						Co	ntact:					4		
Address:	11099 W 8th Ave	Address:					Ph	Phone: 303-232-2660						Ph	one:							
	Lakewood, CO 80215	Linda.Gonzale:	z@Foothil	IsUSA.	com	1	100	Fax:						Fax	Fax:							
Decinat Number	are and los D.O. #. A.C. O.L.O.								er: 954			_		Cel	II/pager:							
	iption/Location: Swansea Elementary School, So.	The of soundwell					Fi	nal Da	ata Delive	rable	Email Ad	dress		acasta	no@footh	nills	usa	.co	ml			
ASBEST	OS LABORATORY HOURS: Weekdays: 7am - 7pm			RE	QUE	STE	D ANA	LY	SIS		P. 12.19	VA	ID I	MATRIX C	ODES		LAI	3 N(OTES	3:		
PLM /PCI	M (TEM) RUSH (Same Day) PRIORITY (Nex	t Day)STANDARD		ant,				7		\neg		Air =	Α	E	Bulk = B							
	(Rush PCM = 2hr, TEM = 6hr.	.)	İ	Quant,			Scan	OBC				Oust	= D	P	Paint = P							
CHEMIS	TRY LABORATORY HOURS: Weekdays: 8am - 5pr		tion	Page S			s So	GRO	2		:	Soil :	s s	W	/ipe = W							
Metal(s) /	RUSH 24 hr3-5 Da	ay	io	o to			Metals					0	rinki	ng Water =	DW			1/19				
BCRA8/	Metals & Welding	**Prior notification		W				8260				١	Vast	e Water = W	/W							
Fume Sca			SH E	20 2				ш						Other = O								
1.55		turnarounds.**	2			Respirable	rte(s) Welding Fume,	MTRF			**AST	M E1	792 a	approved wipe	media only**							
Organics	24 hr 3 day5 Day			evel	7400B,	spir	e(s)	×														
	lysis turnarounds are subject to laboratory sample volume and are no		tifited	RA, Level Micro-vac,		0	- Analyte(s)_TCLP, Weldi	BTEX			ше											
Section 2 Section	if delays are expected. Additional fees apply for afterhours and holid	Service and address of the contract of	to do			Total,	G A	S.			nlo,	Code	ers									
Special Ins	structions: TEM (t/1) any 0.01 f/cc or higher	rush TAT	to.	- AHE	4	-	8,8	N N		ż		ပိ	tain	Date	Time							
	Client comple ID number (Comple ID)					DUST	METALS RCRA 8,	Se	ORGANICS OTHER -		Sample Volume (L) / Area		Containers	Collected	12.1512				nber			
	ample ID number (Sample ID's must be un	nique)		TEM	5	1	M S	9	6			Matrix	#	mm/dd/yy	hh/mm a/p	(l	abora	tory L	Jse Or	nly)		
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2 01	18-2	包括用有整个人 不管。1993年2月		^						-	200	*		10/18/18	350m	1			4	15		
3 0		MACHINE SERVICE AND ADDRESS OF THE PARTY OF	CHECK SHOW NO.		X	-	Control Section			100	7 20	1	1	10/18/18	350pm			\perp		6		
5 10		DATE SHE SHOWN IN THE PARTY OF				1000	198 M.		N MARIE		2 30	A		10/18/18	350pm				R LS	17		
	118 - 6	AND PROPERTY AND ADDRESS OF THE PARTY AND ADDR			V	10000				1	7 0.5	1	1	10/18/18	350 pm	100000	100000000000000000000000000000000000000			8		
	018-7	P. C. SHARL STERRING SELECTION SERVICE.	100000000000000000000000000000000000000	11100 100	- C		1900	1000	Same S		7 37	A		10(18/18	350pm	HIE.				9		
	018-8	and Constitute Printers and Con-		5 ASS (1)		5000	SIR ES			N N	7 15	A		81/81/01	350 pm		-	040 69	5	0		
	1018-9		September 198	0 0000 000		NO.		1000		-	NA	Δ		10/18/18	350 pm		100	BE 100		2		
	018-10				×		CERT CO.			_	VA	A		10/18/18	350pm		1000	198 021		3		
11						and the second								10/10/10	220111		(20 St. 605)	CB MC	-	1		
12	THE RESIDENCE OF THE PARTY OF T	THE RESERVE THE PARTY OF THE PA				138	124 (01)	100			2 100	1552			With the	- 100		99- 057	0 000	1000		
13											SALE SALES	COSSOR							2000			
Number of	f samples received: (Ac	dditiional samples shall be	e listed on at	ached lo	ong fo	rm.)				•										_		
			1																			
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Relingu	ished By:				Dat	e/Tin	ne: 10/1	8/18	2 4	1170	San	nnle	Cond	dition: On	Ice Seal	ha	le.	ntact				
	tory Use Only	1	1-1					47.0	1/		_			Y/				Y/N				
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Results:	Contact Page Phone Email Fax Da	te Time	Initials	C	ontact				Page	Pho	ne Er	nail	Fax	Date	Time	•	Too	Ini	itials			
1	Contact Page Phone Email Fax Da	te Time	Initials	C	ontact				D	DL.	ne Er			Date	Time			-	itials			



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,

Jeanne Spencer

Lierra Coburn for

President

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 Nui	Lab Air Fields Fiber ID Number Volume Analyzed Count Sampled		Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration		
			(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

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	Fields Analyzed	Fiber Count	Reporting Limit	Fiber Density	Reporting Limit	Fiber Concentration
		(L)			(F/mm²)	(F/mm²)	(F/cc)	(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

Analyst

Analyst / Data QA



Company: Foothills Environmental, Inc.	Company: Linda Gonzale	ez				Con	ntact:	Andre	ew (Cast	ano		Cont	act:				N/A	
Address: 11099 W 8th Ave	Address:					Pho	Phone: 303-232-2660					Phon	e:						
Lakewood, CO 80215	Linda.Gonzalez@F	oothills	USA.	com		Fax							Fax:						
	RI BUHLER HER							954-6						pager:					
Project Number and/or P.O. #: ASI8165-		915				Fin	al Data	Deliverab	ole Em	ail Add	ress:		acastan	o@footh	ills	usa.	con	n	
Project Description/Location: Swansen Elementary, South of	Sand wall																		
ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm			REC	QUE	STE	D ANA	LYS	IS		1	VALI	M	ATRIX CO	DES	曹	LAB	NO	TES:	
PLM / PCM TEM RUSH (Same Day) PRIORITY (Next			Quant,				DRO		L	F	Air = A		Bi	ılk = B					
(Rush PCM = 2hr, TEM = 6hr.)		Count	9	100		Scan				_	ust = [_		int = P					
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm		t o	Preps			als S	GRO,		-	S	oil = S			pe = W					
Metal(s) / Dust RUSH 24 hr 3-5 Day	/	Point	ISO,			Metals			-			1	g Water = D			THE CO.			
RCRA 8 / Metals & Welding	**Prior notification is required for RUSH	port,	D2, Indir	4			8260,				Wa		Water = W	W					
Fume Scan / TCLP RUSH 5 day10 day	turnarounds.**	9 6	9 47 1 2 10 Other				other = O	modia only**											
Organics 24 hr 3 day 5 Day			=	200	Respirable	S)	Σ			ASII	W E I / S	Zap	proved wipe	nedia only					
**Analysis turnarounds are subject to laboratory sample volume and are not	guaranteed. You will be notifited	ort,	Lev Pov	7400B,	Res	lyte(BTEX,		0	,									
if delays are expected. Additional fees apply for afterhours and holida		Short report,	₹ S	A.	Total,	- Analyte(s) . TCLP, Weldi		Mr.	l H		0	2							
10 10 10 10 10 10 10 10 10 10 10 10 10 1	11 100	Sho	AHERA,	7400A,	- To	ST	CS		>	Area	Code	aine	Date	Time	6				
Special Instructions: 1019 TEM (1/-) any 0.01 F/cc or higher, Rush TAT			1 0	5		METALS RCRA 8,	ORGANICS	ОТНЕВ	2 X X E		Collected C	Collected		EM	Num	nber			
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Relinquished By: Laboratory Use Only Received By:	Date/Time: 10 1968						,,	and	1	-	np. (F						Y/N		
	Date/Time: 10 198	Initials		3/3	,	Carrier	,,	Page	/	Ten	np. (F	°) -			/N		Y/N		



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,

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 420829-2 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,

Jeanne Spencer

Brett S. Colbert for

President

Brett S. Colbert

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: A\$18163-1

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	Lab	Asbestos
ID Number	ID Number	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:



Company: Foothills Environmental, Inc.	Company: Linda Gonzale	ez				Con	ntact:	Andre	ew (Cast	ano		Cont	act:				N/A	
Address: 11099 W 8th Ave	Address:					Pho	Phone: 303-232-2660					Phon	e:						
Lakewood, CO 80215	Linda.Gonzalez@F	oothills	USA.	com		Fax							Fax:						
	RI BUHLER HER							954-6						pager:					
Project Number and/or P.O. #: ASI8165-		915				Fin	al Data	Deliverab	ole Em	ail Add	ress:		acastan	o@footh	ills	usa.	con	n	
Project Description/Location: Swansen Elementary, South of	Sand wall																		
ASBESTOS LABORATORY HOURS: Weekdays: 7am - 7pm			REC	QUE	STE	D ANA	LYS	IS		1	VALI	M	ATRIX CO	DES	曹	LAB	NO	TES:	
PLM / PCM TEM RUSH (Same Day) PRIORITY (Next			Quant,				DRO		L	A	Air = A		Bi	ılk = B					
(Rush PCM = 2hr, TEM = 6hr.)		Count	9	100		Scan				_	ust = [_		int = P					
CHEMISTRY LABORATORY HOURS: Weekdays: 8am - 5pm		t o	Preps			als S	GRO,		-	S	oil = S			pe = W					
Metal(s) / Dust RUSH 24 hr 3-5 Day	/	Point	ISO,			Metals			-			1	g Water = D			THE CO.			
RCRA 8 / Metals & Welding	**Prior notification is required for RUSH	port,	D2, Indir	4			8260,				Wa		Water = W	W					
Fume Scan / TCLP RUSH 5 day10 day	turnarounds.**	9 6	9 47 1 2 10 Other				other = O	modia only**											
Organics 24 hr 3 day 5 Day			=	200	Respirable	S)	Σ			ASII	W E I / S	Zap	proved wipe	nedia only					
**Analysis turnarounds are subject to laboratory sample volume and are not	guaranteed. You will be notifited	ort,	Lev Pov	7400B,	Res	lyte(BTEX,		0	,									
if delays are expected. Additional fees apply for afterhours and holida		Short report,	₹ S	A.	Total,	- Analyte(s) . TCLP, Weldi		Mr.	l H		0	2							
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Special Instructions: 1019 TEM (1/-) any 0.01 F/cc or higher, Rush TAT			1 0	5		METALS RCRA 8,	ORGANICS	ОТНЕВ	2 X X E		Collected C	Collected		EM	Num	nber			
Client sample ID number (Sample ID's must be un	ique)	PLM	TEM	PCM	DUST	ME.	OR	6	Sa	3	Ma	#	mm/dd/yy	hh/mm a/p	(L	abora	ory Us	se Only	y)
1 019-1				X					10	-	A	1	10/19/18	ZOSPM	2	18	65	7	0
2 1019-2	计划是现在分词		X	X				E - F	10	109	A	1	10/19/18	ZOSPM					2
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APPENDIX C

PHOTOGRAPHS

Phone: (303) 232-2660 Fax: (303) 232-4960

10/15/2018



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



Beginning of excavation of mound at grid 2D.



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



Wrapped load with asbestos hazard labeling.



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

10/16/2018



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



Building debris encountered during digging included concrete and brick.



Concrete foundation encountered in grid 2B.

Volvo

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



Western perimeter and western downwind sampling pumps.



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.

10/17/2018



Debris – concrete foundation.



Debris - brick with mastic.



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.



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



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



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



Surfactant added to water sprayers.



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.



Inside of bucket after cleaning.



Bucket claws after cleaning.



Outside of bucket after cleaning.



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



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.



No debris remained in the excavated area.



APPENDIX D

DAILY VISUAL INSPECTIONS AND MONITORING LOGS

Phone: (303) 232-2660 Fax: (303) 232-4960

F 60 BRICKS & LIGHT CONCRETE @ SURFACE, CLETHE BELOW 1 PHOTO FLOOR TILE, BRICK, CONCRETE W/ MASTIC CONTAMINATION 1-6 F 50 ABOVE GRASE-FLOOR TILE, BRICK BELOW GRASE - PIPE INSULATION @4' 1 PHOTO HG ABOVE GRASE - FLOOR TILE, BRICK MASTIC 3C SAME AS 4C 20 ABOVE GRADE - SAME 193 40 BÉLOW GRANE - " I " Y PLOSE TILE IC ABOVE GRASE-BRICK MASTIC BELOW GRABE-BRICK TO &' 8D CLEAN FILL 7D METAL PIPE (NO WRAP) QG", CLEAR FILL LIGHT BRICK ON SURFACE, CLIEBR FILL F GD ABOVE GRADE - BRICK MASTIC QG" F 5D 71 F HD - FLOOR TILE @ 2" 11 11 - BRICK MASTIC, MASTIC DA CONTERETE F 35 14 11 - 14 11 21 F 2D PID CLEAN

16 BRICK AT SURPACE, WHITE DEBRIS @ 5' (SAMPLE) P 2E 3E - WHITE DEBRIS @ Z' SAMPLE BRICK & SURFACE, CLEAN TO 10' WHWRAPPED PIPE @ 4" P 4E ASPITALLY & SURFACE, CLETH BELOW BRICK E 15 5E - CLEAN CLEAN GE CLEAN CLEAN P TE WOOD, PLASTER, CONCRETE, ASPITALLET TO Y' CILEAN P SE ASPHANT @ SURFACE 11 , PVC @ 1' 8P ASPHANIT & SURFACE 7F CONLRETE @ 3' OF UNWRAPPED PIPE @ 3' 5F BRICK @ SURPACE P 4F CONCRETE, BRICK & UNWRAPPED PIPE 1'-3' P 3F CLEAN CLEAN



Material Description: STEP TREAD BROWN W TAN MASTIC	Asbestos Building Inspection	Form		Date:	9/19/18
Homogeneous Area ID: 2B - STOI Quantity: Material Type: Surfacing Thermal System Insulation Miscellaneous Friability Condition Assessment: Good Damaged Sig. Damage Friable Vibration Good Damaged Sig. Damage Friable NF I 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: By Grad 2B, 4 ← Physical Classification Damaged or significantly damaged Thermal System Insulation (TSI) Damaged friable surfacing ACBM Significantly damaged friable miscellaneous ACBM ACBM with potential for damage	Building: GRID 2P	2			
Homogeneous Area ID: 2B - ST o I Quantity: Material Type: Surfacing Thermal System Insulation Insulation Friability Condition Assessment: Good Damaged Sig. Damage Friable Vibration NF II Air Erosion NF II Physical Damage Category I 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: B / G R 10 2B, 4 ★ Physical Classification Damaged or significantly damaged Thermal System Insulation (TSI) Damaged friable surfacing ACBM Significantly damaged friable miscellaneous ACBM Damaged or Significantly damaged Themage ACBM with potential for damage	Material Description: 572	EP TREAD, B	ROWN W/	TAN MA	STIC
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ACBM with potential for damage					
ACBM with potential for significant damage					
Any remaining friable ACBM or friable suspected ACBM			cted ACBM		



Asbestos Building Insp Building:			Date: 9/20/12
	WHITE PLASTER	DEBRIS	
	: IE-DEBOI		antity:
Material Type: S	urfacing Ther	mal System Insulation	Miscellaneous
Friability	Condition Assessr	nent:	
		Good Damaged	Sig. Damage
V Friable	Vibration		
NF I	Air Erosion		
NF II	Physical Damage		
Category II NF: Any n	, Gasket, Resilient Floor Cover on-friable material not cover amaged: <10% Distributed of	red in Category I	
Sample #: Locati	HOLE IE(D), 5	4	Lab Result
Physical Classification	1		
	ignificantly damaged Therm	al System Insulation (TSI)	
Damaged fria	ble surfacing ACBM		
Significantly of	lamaged friable surfacing AC	BM	
Damaged or s	significantly damaged friable	miscellaneous ACBM	
ACBM with po	otential for damage		
ACBM with po	otential for significant dama	ge	
Any remainin	g friable ACBM or friable sus	pected ACBM	



Asbestos Buil	lding Inspection Form			Date: 9	120/18
	IRIS 3E				
Material Des	cription: WHITE &	EBRIS-	- PLAS	TER	
Homogeneou	is Area D: 3E-bEBD3	<u>د</u>	C	uantity:	
Material Type	e: Surfacing	Thermal System I	nsulation	M	i scellan eous
Friability	Condition As	sessment:			
		Good	Damaged	Sig. Damage	
Friable	Vibration				
NF I	Air Erosion			F	
NF II	Physical Dam	age			
	F: Any non-friable material not on aged; Damaged: <10% Distributed			amaged: ≥10% [Distributed or
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ACBN	M with potential for damage				
ACBI	M with potential for significant d	amage			
Any i	remaining friable ACBM or friabl	e suspected ACBI	V		



Wind Monitoring Form

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

Date: 10/15/2018	Location: Swaven elem S. of sound wall			
Time	Direction	Wind Average	Wind Max	
8-816	SAN	1.3	5	32 F
920 930	SWYNE	7.2	47	36 F
1005-1015.	SW-INE		3.2	
1050 - 11	SUANE	1.4	5.1	
1140-1150	SUNNE	47	1.9	48F
12 30 - 1240	SIN	1.4	3.6	ζ γ .
110 - 120	SWANE	1.3	3.7	
2-710	E->W	3,2	8.1	
240 250	E>W	1.6	5.4	
320-330	$F \rightarrow W$	2,0	6.8	The second secon
59 - 409	E7W	7.7	6.3	
	· .			
	<u> </u>			
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Wind Monitoring Form

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

Time	Direction	Wind Average	Wind Max	
42-752	M	0	0	
370-840	SWANE	a position	2.9	
910 970	SWIME		3.9	
10-10:10	SWANE	, 7		
11-11:10	E>W	2	2.9	
1140-1131	E>W	3.2	5.8	53F
1550-1570	NE->SW	1.7	5.6	
1-110	E>W	7.8	5.6	
140 150	E>W	7,3	5.0	56 F
220-30	NE->SW	2.9	6.4	
3-310 350-4	E->W	1.2	4.1	
350-4	E>W	1.0	3,5	
			•	
		,		



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

Wind Monitoring Form

Date: 10/17/2018 Location:

Date: () / 1 / / 28	Location:			
Time	Direction	Wind Average	Wind Max	
742-755	WAE	1.4	4.6	
835-840	SW ->NE	, 7	3,4	
9:10-9:30	SW-ANE	1.0	4.5	
954-1004	SWAME	2,2	S-J	
1038 - 1050	WAE	7.0	6.6	
1120-1130	SW -> NE	1.5	3.4	
12-1210	W-E	[.7	3.6	
1240-1250	A SON	1.4	7.8	
120-130	GUAMME ->W	1,9		
2-210	SEPNW	1.8	4.5	
740-250	SEANW	7.1	8.7	
320-370	E>W	3.1	8-2	
	·			
C-14-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
			•	
				TO THE OWNER AND ADDRESS OF
	:			
	·.			

Wind Monitoring Form

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

Date: 10/18/2018	Location: Swansen	Elem 5, of Se	and wall	
Time	Direction	Wind Average	Wind Max	
50-8.77	>NW		2.8	
350 - 840	NA	0	0	
110-900	SAN		2,7	
950-1000	SWANE	1.9	5,2.	
1030-1040	S-ANE	1.0	7.1	
world Stoppinge - bad b				
11:40-1150	SE-7MU	2,0	4.9	
12:20-1790	SW-NE	1.1	41	
100-116	S. A ->NE	7.6	6.3	***************************************
140-150	SDN	5	4.7	
ZZO ZJO	SE-PM	7.2	4.4	
300 -310	SE->W	2.5	5.2	
	-			
. ,				-
			7	Martin or or or or or or or or or or or or or
		·		THE RESIDENCE P. LEWIS CO., LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSING P. LANSI
		٠		
				-



Wind Monitoring Form

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

ate: 10/19/2019	_ Location:	op if: gust 20mph+, avg of 12mph	·+)
lime	Direction	Wind Average	Wind Max
805-815	?	0.7	1.7
	ヒラル	18	1.8
845-854	5 >N	1.0	2.2
730-940	SF->NW	1.1	8,5
1040-10120	05 -> 00	25	4.6
080 -17	ME>SW	21	7.7
1140-1150	WAE	7.0	9.6
			v N
		:	
	·		
,			
W			
		·	

Fax: (303) 232-4960

Client: Kiev	vet	5 ⁻ .	Proj	ject Loca	tion: Sc	Nanseg	Elen	1		Phase:		Day 1	mound remova,
Project Numb	per: AS[8163-1 PC	O Number:			Sampl	led By: 🛕	ndrew	Casto	<u> 100</u>	Date:_	10/15/	12018	
	er_ 1015	Cali	bration 1	Method/S	SN_DryC	cal/ 137	055 (Cassette T	ype/Lot #:2	5mm 3pc	0.8µm l	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
	Jason Eubaak	836	1632	476	2.4640	24488	2.4564	1169.2					water Spraye
2	Carlos Martinez	847	[629	462	2,4572	24797	2.4685	1140.4					Water Spraye Trick wrapper
3		858	1623	445	2.4847	24878	z4863	1106.4					, ,
L		828	1625	447	2.4579	24539	2.4559	1097.8					
Ş		858	1626	448	2.4970	25/79	z.5075	1123.4					
Б		858	1627	449	2,1139	18569	1.9854	891.4					
7		858	1628	450	2.4077	20375	2.2226	1000.2					
8		858	1629	451	24720	2453	2.4629	1110.8					
9	Blank												
10	Blank							-					
*													
Name:	Ana	llyst Signature:				L			d Daggart Same		file	rs/Sold	Data antocad □

Fax: (303) 232-4960

Client:	iewe t	AS18163-1 _{PO}		Pro	iect Loca	ution: Sh	'9 USEA	Elemen	itary S.	of sou	nd ral	/ : Agu	フ	
Project Nun	nber: 1016	AS18163-1 PO	Number	:		Samp	led By:_/	Andre	w Cas	tano	Date:	10/16	12018	
Prefix Num	, ,									ype/Lot #:2				10640
Sample FE Number	Sample Location	on/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
	Jason	Evbaak	0720	1615	535	24990	2,479(2.4893	1331.8					water spraye,
Z	Louis	Guitierez	0775	1616	531	2.4466	2.4960	2,4713	1315.3					truckwayne
3			0739	1607	508	7.4805	2 4569	2.4687	1254.					
4		· · · · · · · · · · · · · · · · · · ·	0739	1608	509	2.2162	18618	2.039	1037.9					
5			0739	1609	510	2.3908	2,052(2,2217	1133.1					-
6			0739	1610	511	2.4808	2.4805	2.4807	1267.6					
7						2,5223								
8			0739	1612	513	7,5502	25506	2.5501	1308.3					
9			NA	4,790ideneessaalineessaansiineessaansiineessaansii		And according account by the constraint and the properties.	and the state of t							->
10			NA	The same of the sa	and the second s		en erioldi silli di hasili di Adpalini barra hisk ere p opposspret		The make discovering all projects are an address to the contract of	and condition of making manipage and publisher your receives distributions				>
· · · · · · · · · · · · · · · · · · ·														
N	- Land and the state of the sta								Б.			L	L	L
Name:		Analy	yst Signature:						. Date Blin	d Recount Sam	 ole #	fibe	rs/field	Data entered □

Fax: (303) 232-4960

Client:	ienet		Proj	ect Loca	tion: <u>Sw</u>	ruea E	Elem.	s, of.	Sound wall	Phase:	Day.	3 gri	d excavation
Project Numl	ber: <u>AS18163-1</u> I	O Number:			Sampl	led By:	ndren	Casta	jno	Date:	9/17/201	8	
***************************************	er_ 0 7	Calil	oration 1	Method/S	SN <u>DryC</u>	Cal / 376	<u> </u>	Cassette T	ype/Lot #:25	mm 3pc	0.8µm M	CE Filter	106410
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
	Jason Eubaak	0726	1603	517	2,4977	25185	2,5081	1296.7	,				Water Sprager
2	Marco Delacioz	0732	16.04	492	2.5144	24413	2.4779	1719,					Truck wrapper
3			1554	494	z.zo63	18473	2.0268	1001,2					
4	Noftmule loading	0740	1555	495	24909	24522	2,4716	1223.4					
5	, .				2,4730		I .	l .					
6		0740	1557	497	2,5467	25424	2,5446	1764.7					
7		0740	BIZI	498	2,5283	25704	2,5194	1254.7					
8		0746	1559	499	2,5003	21407	2,3205	157.9					
9	Blank	NA-						\rightarrow					
10	Blank	NA -			and the second s		agence 11 pp process galagage monotones de com	>				_ a	
													e de la companya de l
							·						
Name:	Α	nalyst Signature:					-	Date	:		•		
		<i>, 50 0 1</i> 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							d Recount Sample	- #	fibers/f	ield	Data entered □

Fax: (303) 232-4960

Client:	Kiewet		Proj	ect Loca	tion: Sw	ansea	Flem	S, of	oval wal	Phase	. Day	14		
Project Numb	per: AS18/63-1	PO Number:		****	_ Sampl	ed By:	ndrew	Cast	ano	Date:_	10/18/	2018		
Prefix Numbe	er 1018	Cali	bration]	Method/S	SN <u>DryC</u>	Cal / 137	855 (0.8µm l	MCE Filter/	10640	
FE Number	Sample Location/Person Sampled	Time On		Total Minutes	(L/min)		Flow	Volume (L)	fibers field	fiber density	LOQ	f/cc	Comme	ents
	Sason				2,4870		<u> </u>							
2	Nelson Archilla	0738	335p	477	2.4529	25802	2.5166	1200.4						
3					1.9860									
4		0747	343	476	2,5039	75827	2,5433	1210.6						
5		0747	345	478	2,5135	56351	2,5728	1729.8						
(c		0747	346	479	ZH360	21698	2,3029	1103.1						
7		0747	347	480	25190	26364	2.5777	1237.3						
8		0747	348	481	24818	zs723	2,5271	1215.5						
9		NA	pulse 1994 are to 1687 1990 1990 (Comm	nan alaka kalan salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah		entition individually consistent expression with the second	ORGONOMENTOS ESTA SERVICIO DE LA CONTROL DE	acon accomunitation of						
10		NA	- angles and the register of the control of the con		ACCOMMISSION AND PROPERTY OF THE PROPERTY OF T									
														THE STATE OF THE S
											·			
	I.					L								
Jame:		Analyst Signature:							d Recount Sample	 le#	fiber	s/field	Data ent	ered \sqcap

Fax: (303) 232-4960

Client:	kiewit		Proj	ect Locati	ion: Sw	ransea	Elem !	South of	Sound wall	Phase	Day	5		
	per: 4518163-1	PO Number:			Sampl	ed Bv:	udren	r Chi	Stano	Date:	10/19/2	:08		
Prefix Number	er 1019	Calib	oration I	Method/S	N <u>DryC</u>	al/ 137	ر تران	assette T	ype/Lot #:2	5mm 3 p	c w/0.8μι	n MCE Fi	lter/ 10640	7
Sample	Sample Location/Person Sample	Time	Time Off	Total Minutes	Flow Start (L/min)	Flow End	Average Flow	Volume (L)	<u>fibers</u> field	fiber density	LOQ	f/cc	Comments	
至2	Jason Erbeck	0721	13\$3	392	26171	25434	Z,5803	1011.5					water Spr	1
型	Jason Erbank Carlos Martinez					ļ	2,5820						ivater Spratrucke rapp	er
3	NE	0756	1355	379	2,5920	26189	2.6055	187.5						
4	N	0736	1356	380	24770	24330	Z. 9550	932.9						-
5	W	0776	1357	381	21870	18655	20263	772.0	Marya Maryan ila sanah mada 1988 Super			5 5 5 9 10 15		
6	\$					<u> </u>	2,3094							
7	SW						2,5480			:				
8	NW	0736	1401	385	2,5632	35890	2.5761	991.8						
q		NA	The section of the se		erthan the Clark Antique has server the entered and appearance of the	de zaerzorrez distalación versident zozzabilitable versigliche de	en operational recognition association (copied reconstruction of the copied reconstruction of the copied reconstruction (copied reconstruction).	and a surface to the surface of the						
10		NA	March of the State	engagionale (Stockfere) are constraint at \$15,00 feb. springspace on six	eneral egy en historia de la 1910 de 1910 de 1910 de 1910 de 1910 de 1910 de 1910 de 1910 de 1910 de 1910 de 1	er Bedannson on om til still det Amerikaanska koksus	en aller en en aller alle digitaliste de devidence en procession con		and the second s					
	Maria Salaman													
									36 					
Name		Analyst Signature						Date	e:					



Truck Log Sheet

10/15/2018

Survin elem, s. of sound wall

	Truck License		IN time	OUT time	
824 had st.	7 trucks	. 1~7	818am	906 am	
not in are	8 tructes	8-15	954am	1 1 / /	ruck bleftat
#8 in 12:22	9 Fruiles	16-78	1121 am		Trick 7 left at 1207
#25	7 friles	75-77	12:49pm		76 Frat 1:27
	9	33-	206		FIS croins 344pm
(e)		,			- "
,					-
*					-
					-
_					-
					-
					10
	·				•
					•
_					•
_					5



1st day 42 hooks (SG)

Truck Log Sheet

Truck License	IN time	OUT time	
10 tricks	0713	812	
10 trucks 10 trucks \$10 truck	849am	1027	
\$10 trick	10:13	1156	1 leavel 115
10 trucks	105/	148pm	
10 trules	1342	3 22	Ž(+ · ·
6			
		:	

)
ý :			

Truck Log Sheet

10/17/2018

53

Truck License	IN time	OUT time
10 trucks	719 am	810
10	850am	1003
10	10:73	1142
书	1:45	351
* .		
-		
·		



Truck Log Sheet 10/18/2018 Day 4 Swarser Flen, S. of sound wall



Truck License	IN time	OUT time
10 tocks	717am	825
10	903	954
9	1076 work sto	1220
q	102	2:30
हे	242	€6 65334
•		
	<u>; </u>	



Truck Log Sheet

16/19/2018

Truck License	IN time	OUT time
Il trucks	0711am	
	1003	807am 952
	1003	

	Hay 10-15 Swansea	elem 5 of sound wall
	650 arrive orisite low wind, clas	- Sky cold Some ice
	710-735 Safety meeting	
	S wink and all over, workers put back up	
	740 prepsite exput in place, wrappings	station setup, etc
	818-1st truck enters	
	7 tyrcks 9:06 km	
	0.0 ppm around dry site 9:15 am	sunny low while
	955 am allowings grerational	
	10:05 O. Oppm around dig site	
	1079 an all pumps operational	Suny
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	1035 Site valk Ooppm	
$\frac{1}{2} \frac{1}{2} \frac{1}$	lastfrick left 1116 am vave zout	
	wave 3 in 11:21am	
	1134 all pumps operational	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	11:40 Site vallearound O.O.ppm	CDOT Site M'six 1130
$\frac{1}{2} \frac{1}{2} \frac{1}$	Birele + concate chunks observed in mound dirt	Sunhy
$\frac{1}{2} \left(\frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right)}{1} \right)} \right) \right)} \right)} \right)} \right)} \right)}} \right)} \right)} \right)$	105pm all purips overational	
	3 M wave out @ 1252/m	Sunny
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	4th were frocks in 1249 pm	
	Nopm site walk O.Oppm	
	dirt is drying from sun, roads mostly middly	
	208 all purps operational	
	310 all pumps operational	Sunny
	320 perinefer of dig O.Oppm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Last frek left at 429pm	
	453 leave	
	Ma) chlirthe of sprayed before leaving to	stabilize soil
	<u> Participation, in both the light participation of the light of the l</u>	
	Scale: 1 square =	Rite in the Rain.

10/16/2018 Day 2
GLZIAN FEI RYTHE Onsik
6:30-650 Safety neeting
650-720 prepare site stand up wind fince met dirt
7 Ban Arst Iruck arme onsite Sunny
SHam Znd www of trocks begins nound
gam pumps all operational floren ground
Mount 90% removed Q Mosam low used
19:40 Frush many begin excavation of grit 2B
10200 moved purps around new Mygrix area
of chen ar. Realings Laken in Howard area are assess too
of clan are Redige Laken in How work area are attack too
1075 M purps aparational
1136 all pumps operational wind change moved pumps 7-8
grant brying out no dust from trucks driving yet
Instructed water sprayer to wet down roads durings down time Summy
1250 New PID annes Styllbreeze
1256 All perps operational
10 5 on measured depth of grid 28/38 n 6 sunny styll breeze
140 pm walked permeter of dry area 0.0-0.1 ppm voc
145 pm all purps operational hose attached to
Z. Sopn all pumps operational excavator to find onward sprayer
Spin dig walk around 0.0-0.2 ppm NOC
Brile + concrete letry present in pit
last truck from left 40 / an
Pumps collected 2425pm VOC check @ 427 0,0 ppm
1/190 Sprayed on as stabilizer
Scale: 1 square = /12 Rite in the Rain.

Opt Day 3 Summer Selm South of sound well		
650-645 Safety Meeting 645 priststerk arms 179 am First test arms 1st time of 10 tricks leave at \$10 am 1 trick roads \$411 test no dust 1 mile stabled to tricked originary problem injured things 1 was examled by privile Outputs of thing 195 an all purpl operational 1920 am walk around disperience Output with visibilitying 1045 an all purpl questions 105 overant, cloudy light breeze 106 overant, cloudy light breeze 17215 all purpl periture 17215 all purpl periture 17215 all purpl periture 1720 the walk Output voca 1720 the perity sunty reads dump 1720 and the observed in pet, consider chanks brick 1740 perity sunty reads dump 1720 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 superior demander to the site Output voc 130 temper apportional 130 reportional 130 re		10/17 Day S Swarsex Elem. South of sound wall
650-645 Safety Meeting 645 priststerk arms 179 am First test arms 1st time of 10 tricks leave at \$10 am 1 trick roads \$411 test no dust 1 mile stabled to tricked originary problem injured things 1 was examled by privile Outputs of thing 195 an all purpl operational 1920 am walk around disperience Output with visibilitying 1045 an all purpl questions 105 overant, cloudy light breeze 106 overant, cloudy light breeze 17215 all purpl periture 17215 all purpl periture 17215 all purpl periture 1720 the walk Output voca 1720 the perity sunty reads dump 1720 and the observed in pet, consider chanks brick 1740 perity sunty reads dump 1720 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 site walk around extensive around a code gray 130 superior demander to the site Output voc 130 temper apportional 130 reportional 130 re		FEI arrives obsite 620am
645 prepsite 719 am Fish frek armins 15t have of 10 hinks leave at \$10 am Track roads 5th wet, no dust track roads 5th wet, no dust his athelet to exercise, outdoor while wheat amino watereant his printer, 0.0 mile 744an 915 am all pumps operations 1920 am work around its periode 0.0 ppm VR 1920 am work around its periode 0.0 ppm VR 1930 and pumps operations 1941 breeze Truck road dusp 5 week the dusp 1215 all pumps operations 1220 site walk 0.0 ppm VOC 1220 red he observed in pet, concell chunks brief 1240 partly smary, ready dusp 1200 site walk 0.0 ppm VOC 1220 red he observed in pet, concell chunks brief 1240 partly smary, ready dusp 1200 site walk 0.0 ppm VOC 1220 red he observed in pet, concell chunks brief 1240 partly smary, ready dusp 1250 site walk only operations 1200 site walk 0.0 ppm VC 1351 repetition proper 144 all pumps operational 1250 reduced to the ESP, Plush on a cod exped 1351 repetition forces partly swary 1362 all pumps operational 1250 reduced of proper 144 all pumps operational 1250 reduced of periodical 1250 reduced proper 144 all pumps operational 1250 reduced of operational 1250 reduced of operational 1250 reduced of operational 1250 reduced of operational 1250 reduced of operational 1250 reduced of operational 1250 reduced of operational 1250 reduced of operational		630-645 Safety Meeting
7-19 am First trek armys Sist war at 10 treks leave at \$10 am Trek roads \$10 treks leave at \$10 am Trek roads \$10 with no dust hos of traked to examine, overcome problem without a simple The problem of problem of problem with a simple 19-20 am walk around No. problem VC 10-45 am all purps granted o. Oppor VC 10-45 am all purps granted o. Oppor VC 10-45 am all purps operation Truck road darp 12-15 all purps operation 12-20 ste walk 0.0 ppor VOC 12-20 red the observed in pri, consider churchs brief to 12-40 partly sand, darp 12-20 red the observed in pri, consider churchs brief to 12-40 partly sand, granted areas 0.0 ppor VC 12-20 partly sand, granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-3 republic granted granted areas 0.0 ppor VC 13-4 republic granted granted areas 0.0 ppor VC 13-5 republic granted granted areas 0.0 ppor VC 13-5 republic granted granted areas 0.0 ppor VC 13-5 republic granted granted areas 0.0 ppor VC 13-6 all granted granted granted areas 0.0 ppor VC 13-6 all granted granted granted areas 0.0 ppor VC 13-7 republic granted granted granted areas 0.0 ppor VC 13-7 republic granted grante		
Ist was of 10 treks leave at 210 am Trek reads 5till but no dust bush call of private observe public whenk talkingho wash carend his private 0.0 ppins 74 lan 915 am all purpl operational 1920 am wash around this particles 0.0 ppin Wa 10 to an all purpl operational 10 to an all purpl operational 12 to evernit (leave) light breeze 12 to the val durp 12 to site wash 0.0 ppin VOC 12 to red the observed in pri council chants 6/12t 12 to make operational 120 site wash around exercised around 0.0 ppin VOC 13 reporter council around exercised around 0.0 ppin VOC 13 reporter council around exercised around 0.0 ppin VOC 13 reporter council around exercised around 0.0 ppin VOC 13 reporter council around exercised around 0.0 ppin VOC 13 reporter council around operational 230 relation breeze partity surray 320 public primater of dig 0.0 ppin VOC		719 am First truck arrives
trick roads still wet, no dust supplied that simple with county to private position whenk things with a private position whenk things with county of the private position of the private of the private position of the private position of the private of the private position of the private of the private of the private position of the private of the private of the private position of the private of the private of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of the private position of t		1st have of 10 tricks leave at 810 am
Inst Atalek to Etigoslar overlare intition without the similar with a strong of the eticon of the perioder of the property of the perioder of the perioder of the perioder of the period		trick roads still wet no dust
Walk cocord Alla prinche O. Oppin C. 749 an 915 am all purpl operational NS periodes O. Oppin VC 10 User all purpl genetical O. Oppin VC around wat trike principal partly Synty Freth breeze Truck road damp 1215 all purpl operational 1220 site walk O. Oppin VC 1220 red the observed in pri, concell chunks briet 1240 partly sanay, roads damp 120pm all purpl operational 120 site walk on the principal 120 site walk on the principal operational 120 partly sanay, roads damp 120 partly sanay operational 120 site walk on the first familian of order of the property of the purple operational 131 reposition of purple 132 reposition of purple operational 230 redurn breeze partly surry 320 purple operational 720 purple operational 720 purple operational		hose attacked to excavator overcome problem w/tank + pumps
915 am all purple operational 1970 am welk around Nis perinche O. Oppor VAC 10 VS an all purple generation O. Oppor VAC around work site/Aliging 10 VS an all purple generation O. Oppor VAC around work site/Aliging 10 overaff (loudy light) breeze 10 viet vand damp 10 overaff (loudy light) breeze 10 viet vand damp 10 overaff (loudy light) breeze 10 viet vand damp 10 overaff (loudy light) breeze 10 viet vand (lough) breeze 10 viet vand observed in prit, concrete chunts briek 10 viet vand observed in prit, concrete chunts briek 10 viet vand observed in prit, concrete chunts briek 10 viet vand observed in prit, concrete chunts briek 10 viet vand vand vand vand vand O. Opport VAC 10 viet vand vand vand vand vand vand vand vand		walk around dia perinter O.O. Noc 7.41am
1970 an work around dis perincher Oloppin Vac 10 Utan all purps quarkient Oloppin Vac around work site/disping partly South S		
loutan all pury gentland Oloppin voc around war site/highing Partly Sunny Shight breeze Truck raid dump 1270 she wilk 0.0 ppm VOC 1270 red the observed in pit, concick chunks brick 1240 partly sunny realis dump 120 site wilk around executed area 0.0 ppm VX 133 repetition purys: 135 repetition purys: 135 repetition purys: 135 repetition purys: 137 repetition purys: 138 repetition breeze partly surny 130 all purps exercisional 230 repetition breeze partly surny 130 all purps exercisional 230 repetition breeze partly surny 130 vialk around perimeter of dig 0.0 cm Voc		
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Topm all jumps sprintional 120 Site walk around executed areas 0.0 ppm VX 133 reposition execution execution to Esse, Dimin on wend express 140 all pumps operational 230 medium breeze partly sunny 320 partly of dig 0.0 ppm Voc 320 park around perimeter of dig 0.0 ppm Voc		1740 Party Sunny road damp
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320 Walk around perimeter of dig 0-0,pm Vac		
		320 Walk around perimeter of dig 0-0 ppm VOC
Scale: 1 square = Atte in the Rain.		
Scale: 1 square = Rite in the Rain.		
Scale: 1 square = Number 1.5 Scale: 1 s		
The state of the s	12	Scale: 1 square = 4 Rite in the Rain.

	10/18 Day 4
	620 am FEI arrive onsite
	630-640 am Safety meeting
	645 begin site prep
	717in 1st firek enters
	noblen with hydrant NIS min to fix
	737am luadin begin 745 wak around O. Oppon VOC
	Gan snoke test decon pass
	n 9 next were start
	worker sprayed truck road w/water supression
	law with sonny and wetting/dust suspicision
	978010 all mans speciational wilk around dig O. Open VCC
	Hydrant leating on opposite side of our hose and meter Denver water called
	1010 dissing stop Denier water work on hydrant
	Hydrant found unrepairable 21035am #2777 (hydrant)
	water frek on way work 5 toppinge
	All: hook up to new hydrent work tesome
	11:45 all pumps operational
*	1150 wilk around dis site 0.0 ppm VOC
	[ISP all purps operational site walk, O. Oppor VOC
-	ZY5pm all pumps operational, site walk of opposition
	water sprater ~ 30 feet from disging
<u>.</u>	
_	
_	
	Scale: 1 square = Rite in the Rain.

	10/19/2018 Day 5 Swasea Elem, S. of Soundwall
	0621: FEI arrive onsite
$\frac{1}{1 + \frac{1}{2}} = \frac{1}{2} $	0630-0640 Safety meeting
$\frac{1}{1} = \frac{1}{1} $	0640 crew preps equipment temp low 40s nound
$\frac{1}{1}$ $\frac{1}$	disging resures on/around grid SA
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0711 Ist track enters work area walkaround O.Oppon VOC
	Eam smoke test decon (PAJ)
$\frac{1}{1} \cdot \frac{1}{1} \cdot \frac{1}$	855 all pumps operational, digwilk ground, O.Oppus VOC
	~ 1010-1025 of moved to deepen corner of 6B
$\frac{1}{10000000000000000000000000000000000$	1005 ex back to SA
	1832 all pumps operational stewarth 0.0 ppm NOC
	concrete foundation still encountered in west sine of SA
$ \frac{1}{10000000000000000000000000000000000$	1120 Finish is size
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1170-1145 more ex reposition hoses
	11:32 all pumps operational walk around 0-0 ppm loc
	11:34 Confirm w side 8' leep, took pre of worker w/ neasing
	1155 potholim being
	8 holes my Zper gril, 4 grils 20-50
	12.42 all pottols Clean, no need for additional display
	end a excavation activities 1242pm
	124] prep site for brillet decon
	1247 all pumps functional site walk 0.0 ppm voc
	12M workers get bidet over pdy, Same w/shord
	146 pm bulut declared clean of dirt/debris
	Small basis setup, water propod out and Filtered to Source
10	
	Scale: 1 square = Rute in the Rain.



APPENDIX E

CERTIFICATIONS

Phone: (303) 232-2660 Fax: (303) 232-4960



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



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:

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





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 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



Frank Hulce

Instructor

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





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:

EXAMINATION DATE:

EXPIRATION DATE:

Course Hours:

FEBRUARY 12 - 15, 2018

FEBRUARY 15, 2018

FEBRUARY 15, 2019

32.0

Verify Credential



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

Credential License ID: 11250487



Brendan Hainsworth Instructor

CHC Training Certificate No. I18-0273-AMS-CO





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: D

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



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:

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 R. Beaver

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





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



5007449

d. Generator's Marine and Location: Generator's Marine and Location:	I. GENERATOR (Generate	or completes la	a-r)					
Phone: Charge Color Colo	a. Generator's US EPA ID Number		b. Manifest Docum					
Phone: Charge Color Colo	d. Generator's Name and Location:	spanishon		e. Generator's Mailing Ad	dress:	ent of Tex	nervicestion	
If Phone: If womer of the generating facility differs from the generator, provide: In Owner's Name: I. Waste Phone No.: I. Waste Shipping Name and			ireats	3543 E	46th Avenu	ien of the com	Million of Sherings	
h. Owner's Name: j. Waste Profile #		7,20-920-46	66	g. Phone:	CO 80216		720-920-466	
Waste Profile # K. Exp. Date L. Waste Shipping Name and M. Containers N. Total Quantity Wil/Vol	If owner of the generating facility differs from	om the generator,	provide:					- C C C C C C C C
Bescription No. Type Quantity WWVol Reculated Ashabation Configurated Gold RACS GENERATOR'S CERTIFICATION: 1 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 peckaged, and is in proper condition for transportation according to applicable regulations. AND, if this been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and peckaged, and is in proper condition for transportation according to applicable regulations. AND, if this been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable state law, 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 or any applicable regulations. AND, if this been treated in accordance with 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 or any applicable regulations. AND, if this been treated in accordance with the waste has been accepted silled by 40 CFR 261 or any applicable regulations. In TRANSPORTER (Generator completes Illa-0 and Destination Site completes Illd-g) a. Disposal Facility and Site Address: a. Disposal Facility and Site Address: a. Disposal Facility and Site Address: a. Disposal Facility that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. b. Phone: a. Name of Authorized Agent (Print) I. Signature a. Operator's Name and Address: a. Complete Site Address: a. Complete Site Address: a. Complete Site Address: a. Complete Site Address: a. Complete Site Address: a.	h. Owner's Name:			i. Owner's Phone No.:				
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, desaffed and packaged, and is in proper condition for transportation according to applications; AND, if this waste is all the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable requisitions; AND, if this waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. MECAN DOC DESTRICT OF THE ADDRESS OF THE ADDRE	j. Waste Profile #	k. Exp. Date		ping Name and			70.00	
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, desaffed and packaged, and is in proper condition for transportation according to applications; AND, if this waste is all the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable requisitions; AND, if this waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. MECAN DOC DESTRICT OF THE ADDRESS OF THE ADDRE			Dameston.	n Ashasina Chelominatar	tell.		4	
GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CR2 251 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 CR2 268 and is no longer a hazardous waste as defined by 40 CR2 251 or any applicable requisitions. I certify and warrant that the waste has been rested in accordance with the requirements of 40 CR2 268 and is no longer a hazardous waste as defined by 40 CR2 251 or any applicable requisitions. I certify and warrant that the waste has been received in a hazardous waste as defined by 40 CR2 251 or any applicable requisitions. I certify and warrant that the waste has been received in a hazardous waste as defined by 40 CR2 251 or any applicable requisitions. I certify and variant that the waste has been received and is no longer a hazardous waste as defined by 40 CR2 251 or any applicable requisitions. I certify and variant that the waste has been received and is no longer a hazardous waste as defined by 40 CR2 251 or any applicable. ### CEAL OF CR2 15	5126 1812 498	7/30/2019		A MINISTER OF BOTTON	, Out			Youth
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. MECAN Debt 1 18 15 28 18 P. Generator Authorized Agent Name (Print)					77.			
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. MECAN Debt 1 18 15 28 18 P. Generator Authorized Agent Name (Print)								
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. MECAN Debt 1 18 15 28 18 P. Generator Authorized Agent Name (Print)								
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. MECAN Debt 1 18 15 28 18 P. Generator Authorized Agent Name (Print)				1940 V. 1840 - 17				
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. MECAN Debt 1 18 15 28 18 P. Generator Authorized Agent Name (Print)								
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. MECAN Debt 1 18 15 28 18 P. Generator Authorized Agent Name (Print)								
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 267. P. Generator Authorized Agent Name (Print) Q. Signature I. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: D. Phone: C. Driver Name (Print) D. Signature C. Driver Name (Print) D. Signature C. Driver Name (Print) D. Phone: C. Driver Name (Print) D. Phone: C. Signature G. Signature C. Driver Name of Authorized Agent (Print) D. Phone: C. Responsible Agency Name and Address: C.	GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous was	te as define	d by 40 C	FR 261 or any a	applicable
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e) a. Transporter's Name and Address: b. Phoge: 335445524 c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete llla-c and Destination Site completes llld-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: 355 à 1 Caper Hd Commerce City, CO (Account & Lad 216 ESA 11 O 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: c. Responsible Agency Name and Address: d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Sy Friable Sy 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 controls of the demolition or controls or supervises the facility being demolished or renovated, or the demolition or controls or reports to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or controls or reports or the demolition or controls.	waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the	waste has
p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e) a. Transporter's Name and Address: b. Phone 30364559 c. Oriver Name (Print) d. Signature c. Oriver Name (Print) d. Signature d. Destination Site completes IIId-g a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space:								
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-b) a. Transporter's Name and Address: b. Phone: 303645524 c. Driver Name (Print) d: Signature c. Driver Name (Print) d: Signature c. US EPA Number d. Discrepancy Indication Space: a. Disposal Facility and Site Address: 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: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: d. Phone: c. Responsible Agency Name and Address: d. Phone: d. Phone: c. Responsible Agency Name and Address: d. Phone: d. Phone: c. Responsible Agency Name and Address: d. Phone:				penalt of CD	01		1512018	3
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b. Phone: c. Driver Name (Print) d. Signature c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number 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: c. Responsible Agency Name and Address: d. Phone: d. Phone		ator complete	s lia-b and Tran	isporter completes lic	-e)			
c. Driver Name (Print)	50	40500	Truck	inco				
c. Driver Name (Print)	b. Phone:3036445929	Beun	eft Co					
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Macount # \$50216 ESA / POPOSCS Destination Space: Commerce City, OC Maco	Cult 15/1 Bulat		11119 11	h.//	/	0-1	5.18	
a. Disposal Facility and Site Address: 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: C. Responsible Agency Name and Address: C. Responsibl	c. Driver Name (Print)	d. Signa	aturé	La Company	e. Date			
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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: NCSTAL Address: Operator Creek Dr. South Commerce City, CO 80022 b. 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	-Commerce City, CO (Account	# LEOZIO ESA / I	O Project)					
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d. Generator's Name and Location; responsible of the property of the generating facility differs from the generator, provide: h. Owner's Name: J. Waste Profile #	I. GENERATOR (Generator							
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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 wasterant that the waste has been insected in accordance with the requirements of 40 CFR 261 or any 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 wasterant that the waste has been rested in accordance with the requirements of 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable been rested in accordance with the waste has been received and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable to the Land Disposal Restrictions. I certify and wasterant that the waste has been received and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable requirements of the scenario and accordance waste as defined by 40 CFR 261 or any applicable and the waste has been received and to the seat of the Land Disposal Restrictions in certify and wasterant that the waste has been accordance waste as defined by 40 CFR 261 or any applicable to the waste has been accordance waste as defined by 40 CFR 261 or any applicable and the waste has been accordance waste as defined by 40 CFR 261 or any applicable and the waste has been accordance and the waste has been accordance and the waste has a constitution of the proper shape and the waste has a constitution and accordance and accordance and accordance waste and accordance and accordance waste and accordance wa		Evn Date	I Waste Shir		m Cor	ntainers	n Total	a Unit
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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. MERAN WOOD P. Generator Authorized Agent Name (Print) Q. Signature II. TRANSPORTER (Generator completes illa-b and Transporter completes illc-e) a. Transporter's Name and Address: B. Phone: C. Driver Name (Print) D. Signature C. Driver Name (Print) D. Date III. DESTINATION (Generator complete illa-c and Destination Site completes illd-g) a. Disposal Facility and Site Address: C. US EPA Number D. Discrepancy Indication Space: D. Date III. DESTINATION (Generator complete illa-c and Destination Site completes illd-g) a. Disposal Facility and Site Address: C. US EPA Number D. Date D. Date III. DESTINATION (Generator complete illa-c and Destination Site completes illd-g) a. Disposal Facility and Site Address: C. US EPA Number D. Date D. D								(88192
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waste is a reament residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been freated in accordance with the requirements of 40 CPR 268 and is no longer a hazardous waste as defined by 40 CPR 268. MERAN WOOD J. Generator Authorized Agent Name (Print) q. Signature q. Signature q. Signature q. Date II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: B/G S C b. Phone: C. Driver Name (Print) d. Signature q. Date III. DESTINATION (Generator complete lilla-c and Destination Site completes lilld-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: OR ACCOUNT OF ACCOUNT FOOD HAZARDOUR FOR STANDARD CONTROL OF THE STANDARD CONTROL OF	State law, has been properly described, classi	ified and package	ed, and is in prop	er condition for transportat	tion according	a to applic	able regulations	· AND if this
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p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: 75/4559 b. Phone: 7 02 - 644569 c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: citic a flower R3 commerce City CO (Account in 300216 ESA 11 or 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. III. DESTINATION (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Dest of R3 commerce City CO (Account in 300216 ESA 11 or Project) b. 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. Dest of Planta & Public Site Commerce City CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver CO (Account in South Deriver Count in South Deriver Cou								
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b. Phone: 3 03 - 64455 9 c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Outside a Tower R3 of the Part of the Contents of the Destination of the Destination 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. In 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) a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Donver, CO 20246-1630 OCERATOR'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 interpretage and and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable interpretage and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable interpretage and the classified and labeled/placarded, and are in all respects in proper condition for transport according to applicable interpretage and 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 interpretage and are classified.	II. TRANSPORTER (Generate			sporter completes lic	C-e)	1. Date		
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b. Phone:	2144							2004
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illid-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: data a Towar Rd commerce One Co (Account & SOUZ 16 ESA 1 D 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: C. Responsible Agency Name and Address: Double Charry Greek Dr. South Double Commerce Cdy, CO 20022 d. Phone: e. Special Handling Instructions and Additional Information: d. Phone: e. Special Handling Instructions and Additional Information:	h Phone: 7 127- 69406 0							
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a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space:				tion Site completes I				
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 Na		John Proto III.				1:	-	
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 Na	agin a Tawer Ro					•		
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		60216 ESA / I-	0 Project)					5
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: c. Responsible Agency Name and Address: d. Operator Color Cherry Creek Cr. South Donver, CO 30246 1630 d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-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		has been accen	ited and to the he	et of my knowledge the fe	manaine is to			
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: Commerce City CO 2002 303-991-1250 b. Phone: e. Special Handling Instructions and Additional Information: d. Phone: f. Friable Non-Friable Both Friable Mon-Friable Both Friable Mon-Friable Mon-F	os, sarai, tride trid above france material	Tias been accep	ted and to the be	st of my knowledge the fo	regoing is tru	ie and acc	urate.	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: Commerce City CO 2002 303-991-1280 b. Phone: e. Special Handling Instructions and Additional Information: d. Phone: f. Friable Non-Friable Both Friable Mon-Friable Both Friable Mon-Friable Mon-F	e. Name of Authorized Agent (Print)	f Signatur			- Data			
a. Operator's Name and Address: C. Responsible Agency Name and Address: Converge City CO 20022 Denver CO 20246 1030 Denver CO 20				complete (Va-i)	g. Date			
b. Phone: e. Special Handling Instructions and Additional Information: d. Phone: f. ☐ Friable ☐ Non-Friable ☐ Both	a. Operator's Name and Address:				ame and Ado	fress:	lant of Hastin	L Parkin Shy
b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both								a I section series
b. 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	Committee City, CO 80000	303-991-1280)					2 ,
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	D. Phone:	Linformation		d. Phone:				
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	o. openial rialiding modulons and Additional	i inioimation.						
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	f □ Friable □ Non-Friable □ Both	% Eriah	lo	9/ Non Eriable				
and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and	OPERATOR'S CERTIFICATION: I hereby deci	lare that the cont	tents of this consi	gnment are fully and accur	rately descri	bed above	by the proper s	hipping name
g	and are classified, packaged, marked and labe	eled/placarded, a	nd are in all respond	ects in proper condition for	transport ac	cording to	applicable inte	mational and
	goronmonia rogulations.							
g. Operator's Name and Title (Print) h. Signature i. Date	g. Operator's Name and Title (Print)	h Cianatur	20					
*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. le	eases, operates.	controls or supe	rvises the facility being de	molished or	ronovotod		



I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page		
d. Generator's Name and Location:	urandeline.		e. Generator's Mailing A	ddress;	unt me Teo	num/set asto.in	
North of L70 between Columb		grant a	3543 P	- 48th Avesn	SEC. OF FEE	(ASTACH PROPERTY)	
Denver, CO 80216				r CC 80214		720-920-469	el .
f. Phone:			g. Phone:				
If owner of the generating facility differs fr	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit
TO ANTHONOLOGY OF THE PARTY OF		Description		No.	Туре	Quantity	Wt/Vol
		Regulate	ed Astractor Confaminate	ed Soil			
5178 1812498	7/30/2019	RAGS					Yards
	Charles Control					· · · · · · · · · · · · · · · · · · ·	
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	ste as define	d by 40 C	FR 261 or any a	pplicable
state law, has been properly described, cl waste is a treatment residue of a previous	assified and packa	aged, and is in prop	er condition for transportat	tion accordin	g to applic	able regulations	; AND, if this
been treated in accordance with the requi	rements of 40 CFF	R 268 and is no long	er a hazardous waste as	defined by 4	0 CFR 26	1.	vaste nas
MEGAN WOOD	é	nul oi	n behalf of c	POT	101	15/2018	
p. Generator Authorized Agent Name (Prin	nt) q.	Signature		e Smill (Care Care Care Care Care Care Care Care	r. Date		
II. TRANSPORTER (Gene	rator complete:	s Ila-b and Tran	sporter completes lic	с-е)			
a. Transporter's Name and Address:						,35,530	
BIATSTE							
b. Phone: 3-644.592	9				* LONG TO W		
Jim 1	1	R		10	15-	200	1
c. Driver Name (Print)	d. Signa			e. Date			
III. DESTINATION (Generat	or complete Illa	a-c and Destina	tion Site completes I	llld-g)			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indi	cation Space	e:	100	
elien a Tower Ptd							
Genmarca City, CO (Account	# SEC216 ESA 1	- (U f-toked)					(Land
b.	arial bas base see	antad and to the he	at of any knowledge the fo	to to A-			-
I hereby certify that the above named mat	enai nas been acc	epted and to the be	ist of filly knowledge the to	legoing is tr	ue ario ac	curate.	
e. Name of Authorized Agent (Print)	f. Signat		1	g. Date		-	
IV. ASBESTOS (Generator	completes IVa-						
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	dress:	lept of Health 8	Printe Silv
MAIN E BOth Avenue			4300 0	herry Cresk	Dr. South	1	
Commerce Oily, CO 30022	305-991-120	10	Demes	r, CO 80248	1533	303-692-310	2
b. Phone: e. Special Handling Instructions and Addition	onal Information		d. Phone:				
or operational familiary management and years	onal momation.						
f. 🗆 Friable 🗆 Non-Friable 🗀 Both	% Fri		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the collabeled/placarded	ontents of this cons , and are in all resp	ignment are fully and accu	rately descr or transport a	ibed above	by the proper so applicable inte	shipping name mational and
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date			
*Operator refers to the company which ow	ns, leases, operate	es, controls, or supe	ervises the facility being de	emolished or	renovated	l, or the demoliti	on or



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 GENERATOR (Generate 	or completes	s la-r)						
a. Generator's US EPA ID Number		b. I	Manifest Docum			c. Page		
d. Generator's Name and Location:	OFFICE AND PARTY.		1	e. Generator's Mailing Add	dress:	uni de Tana	at an or he in the heart	
Horth of F70 between Columb	SPECT CLUSCO :	to the same	44	OUR TELL	ELICORDATE	HE OF FEE	BINGRAMOR	
Denver, OC 80216					19th Avenu		The tipe year	9
f. Phone:	12740	MERCHO.	652	g. Phone:	CO 892 16		720-920-460	3
If owner of the generating facility differs fr	om the general	tor, prov	ride:	g. r riono.				
h. Owner's Name:				i. Owner's Phone No.:				
i. Waste Profile #	k. Exp. Date		I. Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit
	<u>'</u>		Description		No.	Туре	Quantity	Wt/Vol
			Districts	d Asbeston Conteminated	Parent .			
C 100 4040 400	TI-PUT INVOLUENCE	100		is represent contracts intox	darun:			
5176 1812496	7/30/201	5	RACE					Tonda
197-100-1-10								
GENERATOR'S CERTIFICATION: I here	hu cortifu that t	ho abou	o named mater	rial is not a hazardaya wast	o oo define	d by 40 Cl	TD 261 or call o	policoble
state law, has been properly described, cl								
waste is a treatment residue of a previous	ly restricted ha	zardous	waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has
been treated in accordance with the requi								100
MEGAN WOOD		AM	uul on	i behalf of c	DOT	10	15/2018	
p. Generator Authorized Agent Name (Pri	nt)	q. Sigr	nature			r. Date		
II. TRANSPORTER (Gene				sporter completes lic-	e)			
a. Transporter's Name and Address:	rator compi	3100 110	a b dird ridi	oportor completed no	0/			
1) M Duch.	- 1							
	6 313	9						
b. Phone: 505-901	583		27/Apres 5					
			The state of the s			10. 10	- 18	
David Morero	-	And the State of t			/	0=1	5-18	MAR AND AND A
c. Driver Name (Print)		ignature			e. Date			
III. DESTINATION (Generat	or complete							
a. Disposal Facility and Site Address:		С	. US EPA Num	ber d. Discrepancy Indica	ation Space	9:		
Setth & Tower Rd								
Commission City, CO (Account	# 990216 ESA	11-101	Project)					
b.								
I hereby certify that the above named mat	eriai has been	accepte	d and to the be	st of my knowledge the fore	egoing is tru	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Sic	nature			g. Date			
IV. ASBESTOS (Generator			nd Operator	complete IVa-i)				
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	dress.		
LSA Inc				ALS HA	- Admin: (Colorado E	papt of Health &	Public Sfty
6700 E 50th Avenue				4900 Ch	erry Greek	Dr. Sout		
b. Phone: Commerce City, CO 50022	303-991	174		Denver,	CO 80246	1590	303-392-310	2
e. Special Handling Instructions and Addit	ional Informatio	on.	-	d. Phone:				
o. oposiai rianamig mondono dila riani	ional informatic	J11.						
				AND THE RESERVE OF THE PARTY OF	- 1			
f. Friable Non-Friable Both		Friable		% Non-Friable	-4-b t		l. Al-	1
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	deciare that the	e conte	nts of this consi	gnment are fully and accura	ately descri	ccording to	e by the proper s	mational and
national governmental regulations.	aboled/placal	usu, and	a are in all resp	eore in brober condition to	u anapun a	coording to	applicable litte	mational and
		C-VIII.E						
a Operator's Name and Title (Brint)	h C:	anatura			i Dete			
g. Operator's Name and Title (Print) *Operator refers to the company which ow		gnature erates, c		rvises the facility being den	i. Date	renovated	or the demolitie	on or
renovation operation or both	no, loaded, ope	, a.c.o, C	onitions, or supe	, 11000 the facility being deli	nonaneu or	isilovalet	, or the demolitie	JII 01



I. GENERATOR (Generate	or completes la						
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page		
d. Generator's Name and Location:	sportston		e. Generator's Mailing Ad	dress:	and dilea	WEST AND A	
Fronth of 1-70 between Column		latels	354	46th Avent	12	9 . A . A	
f. Phone:	720-920-96	66	Det Jor	10 80216		120 CA +061	
If owner of the generating facility differs fr	om the generator,	provide:	g. Phone:				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and	m. Cor	tainers	n. Total	o. Unit
	1 -	Description		No.	Туре	Quantity	Wt/Vol
		Regulati	ed Aspestos Contaminated	Solf			
5126 1812498	7/30/2015	RACS					Yests
**************************************							-
				-			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardaya waat	o oo dofino	d by 40 Cl	EB 261 or only on	plicable
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations:	AND, if this
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazar	dous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has
MECHN WOOD			in behalf of C			15/2018)
p. Generator Authorized Agent Name (Prin	nt) q.	Signature			r. Date		
II. TRANSPORTER (Gene			sporter completes lic-	e) _		0-	· · · · · · · · · · · · · · · · · · ·
a. Transporter's Name and Address.	JO 1-	50 mg	ave com	inc	154	(200	328
6011						200	
b. Phone: 303 97113	280		10000		,	. , ,	1
DENNIS Rompi	Sell De	- rend	senfly	10	75	5-18	
c. Driver Name (Print)	d. Signa			e. Date			
III. DESTINATION (Generat	or complete Illa						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space):		Sec. 1
utan & Tower Rd	a month and if the						
Commerce Cay, CQ (Account b.	W BUCKE LOFT	HU Projecti					
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fore	egoing is tr	ue and acc	curate.	
							350
e. Name of Authorized Agent (Print)	f. Signat	ure		g. Date			
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:	Name of the state of the	Strain, Day
BACK E SOIN AVENUE				eny Omes		Dept or research &	. ADMC 248
Commerce Oily, CO 80022	303-901-120	90	Denver.	CG 801148		300 692 3103	
b. Phone:e. Special Handling Instructions and Additi	onal Information:		d. Phone:				
f. Friable Non-Friable Both	% Fri	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the co	ontents of this cons	ignment are fully and accura	transport	bed above	by the proper st	nipping name
national governmental regulations.		,a are in air resp	Solo in propor containen lei	a an aport a	ocording to	applicable filteri	national and
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date			
*Operator refers to the company which own	ns, leases, operate	es, controls, or supe	ervises the facility being dem	nolished or	renovated	, or the demolitio	n or



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I. GENERATOR (Generator	completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur					
d. Generator's Name and Location:	odalico		e. Generator's Mailing Ad	dress:	ont of Trac	scontilion	
North of 170 between Golembin		ragin	3540 E	idei Avenu	10	1000	
Disniver, CO 80215				00 80216		720-920-468	6
f. Phone:			g. Phone:				
If owner of the generating facility differs from	n the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:	-			1
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol
		Description		140.	Туре	Quantity	140401
		kerual	ed Aebestos Contaminated	loi			
5128 1012498	7/90/9019	RACS					Yuanda
	27/						
GENERATOR'S CERTIFICATION: I hereby	y cortify that the	above named mate	rial is not a hazardous wast	e as define	ed by 40 C	FR 261 or any a	policable
state law, has been properly described, class	ssified and packa	aged, and is in prop	er condition for transportation	on according	ng to applic	cable regulations	s; AND, if this
waste is a treatment residue of a previously been treated in accordance with the require	restricted hazar	dous waste subject	to the Land Disposal Restr	ictions. I ce	ertify and w	arrant that the v	waste has
MEGAN WOOD	ments of 40 CFF	Www.C	on behalf of l	BOT	10 1	15/2018	
p. Generator Authorized Agent Name (Print		. Signature		200	r. Date		
II TRANSPORTER (Conord	ton complete	s Ila-b and Tra	nsporter completes lic-	e)			
a. Transporter's Name and Address:	1 9 5	170 nin	A		1.41	8002	
· 25F1 6-10	0 - 2	710-	Comme	· - ·	/	J	
b. Phone: 303-991-							
Steven moon		Laror	~		10-	15-18	
c. Driver Name (Print)	d. Signa			e. Date			No.
III. DESTINATION (Generato	r complete III						
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indic	ation Spac	e:		
enth & Lower Rd	- Maria de Antonio - Company						
Commerce Oity, CO (Account &	9901/15 EBA /	I-St Frojecti					, L
I hereby certify that the above named mater	rial has been acc	cepted and to the b	est of my knowledge the for	egoing is tr	rue and ac	curate.	1
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date			
IV. ASBESTOS (Generator co			complete IVa-i)	3	19		
a. Operator's Name and Address:	ompiotoo iva	Tana operate.	a Paspansible Agency Na	me and Ac	ddress:		
LS-W			NESHA	P Admin	Colorado	pept of Health i	& Public Stry
6700 E 6/Ah Avenue	COMPANIES AND A SECOND			ierry Cres			
b. Phone: Commerce City, OC 80022	303.991-12	(40	d. Phone:	CO 862/8	1530	302-392-310	of stable
e. Special Handling Instructions and Addition	nal Information:						
f. Friable Non-Friable Both	% Fr	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby cand are classified, packaged, marked and la	declare that the o abeled/placarded	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	rately desc transport a	ribed abov according	e by the proper to applicable into	shipping name ernational and
national governmental regulations.							
						03	
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
*Operator refers to the company which own renovation operation or both	s, leases, operat	tes, controls, or sup	pervises the facility being de	molished o	r renovate	d, or the demoli	ion or



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I. GENERATOR (Generato	r completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Document Number			c. Page 1 of			
d. Generator's Name and Location:	e. Generator's Mailing,Ad	e. Generator's Mailing Address:						
Ivonn of 1-70 between Columbi	3543 E 48th Avenue							
Denver CC 80216 720-920-4668			Denver, CO 80216 729-920-4666					
f. Phone:			g. Phone:					
If owner of the generating facility differs fro								
h. Owner's Name:	i. Owner's Phone No.:							
			ipping Name and m. Containers n. Total o. Unit No. Type Quantity Wt/Vol					
			Description		Туре	Quantity	Wt/Vol	
		Regris.	ad Asbertus Contemi Julia	0.1		200		
5129 1812496	PA 80E "AS					/	11/2	
							-	
							-	
		i						
GENERATOR'S CERTIFICATION: I hereb	y certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 CI	R 261 or any a	pplicable	
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 AMOUNT ON LOCATE OF COCT 11/15/18								
			or vyerrate an					
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:								
Blapsey I vac in y								
30364VCG79BPHUPTTCO								
b. Phone:								
Country HBILDE MAINT			R. Kar	181618				
c. Driver Name (Print) G. Signature			paper	a Date				
c. Driver Name (Print)								
a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space:								
a. Disposar acting and Site Address. C. US EPA Number d. Discrepancy Indication Space:								
Commerce Criv. CO (Account # 890216 ESA / IP Se)								
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)		g. Date						
e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)								
tion income the state of the st								
Opposite Only, CO 80022	4300 Cherry Creek Dr. South Denver, CO 90246-4530 303-692-2102							
b. Phone:	d. Phone:	UG duare	110/01/2	303-687-310	2			
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.								
			V 545-		7,	-		
G. Operator's Name and Title (Driet)	h 01-	A						
g. Operator's Name and Title (Print) *Operator refers to the company which owns	h. Signa	es, controls, or supe	ervises the facility being den	i. Date	renovated	or the demolitie	on or	
renovation operation or both	-, .sacco, oporati	, oooio, oi oupe	uno idollity being dell	ionarieu di	ionovaleu	, or the definding	J.1 UI	



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I. GENERATOR (Generator	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page				
d. Generator's Name and Location:	EPI-CIPRIST LINE		e. Generator's Mailing Add	dress:	ar of Tene	incuted offices			
fronth of 1-79 between Columb		ii zada dates	ACUTA COLOR	15th Avenu	NU ON LITER	ISHEA HADATA			
Denver, Ob 80216				00 80216		720-920-4888			
f. Phone:	7,209-820-95	554	g. Phone:	SIN SUETO		1.67.3851.400H			
If owner of the generating facility differs from	om the generator,	, provide:			11-7-010				
			1 Ourselle Dhann No.						
h. Owner's Name:	In From Date	I Masta Chin	i. Owner's Phone No.: pping Name and	n. Total	o. Unit				
j. Waste Profile #	k. Exp. Date	Description	iping Name and	No.	tainers Type	Quantity	Wt/Vol		
					- 21				
		i-14guan	ed Ascessos Contaminated	iol					
5126 1812466	7/80/2016	RACS				4	Mounds		
The state of the s									
The same William Street						2_3_3			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any ap	plicable		
state law, has been properly described, cl waste is a treatment residue of a previous	assiiled and pack Iv restricted haza	taged, and is in prop irdous waste subject	er condition for transportation to the Land Disnosal Restri	on accordin ictions I ce	g to applic	able regulations; arrant that the wa	aste has		
been treated in accordance with the requir	rements of 40 CF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1.	aoto nao		
MEGAN WOOD			on behalf at						
p. Generator Authorized Agent Name (Prin		ı. Signature	1000		r. Date				
II TOANGDODTED (O			sporter completes lic-	e)		**	- 10		
a Transporter's Name and Address:	dior complete	33 lia b alla Ital	isporter completes no	<u> </u>					
a. Transporter's Name and Address: 37	geser								
b. Phone: 3-644-5939									
b. Filorie.	lan	17		1/7	1.1	6			
11/6	17	Bran		10,	115)	18			
c. Driver Name (Print)	d. Sign	nature		e. Date		AND THE PROPERTY OF THE PARTY O			
III. DESTINATION (Generat	or complete II	la-c and Destina	ation Site completes III	d-g)					
a. Disposal Facility and Site Address:		c. US EPA Num	nber d. Discrepancy Indica	ation Space	e:				
eeth & Tower Ro									
Commerce City, CO (Account	EGRIPAR FALL	J. W. Drossots							
b.	TO SELECTION A SECURITION OF	- In this is							
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
							School Services		
e. Name of Authorized Agent (Print)	f. Signa	aturo		a Data		-			
			complete IV/a iV	g. Date					
	completes iva	a-i and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	cast of health &	Public Sity		
5700 E 50th Avenue			4900 Ch	eny Cresk					
Commerce Dity, CO 65022	303-591-12	360	Denver.	00 802	1530	303-862-3162			
b. Phone:	and the second second		d. Phone:						
e. Special Handling Instructions and Addit	ional Information:								
							-110000		
f. Friable Non-Friable Both		riable	% Non-Friable				nidat		
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur-						
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inter	national and		
national governmental regulations.					H215 L210	######################################			
			70						
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		***			
*Operator refers to the company which ow			ervises the facility being der	nolished or	renovated	d, or the demolitic	n or		
renovation operation or both									



I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur								
d. Generator's Name and Location:	anastation		e. Generator's Mailing Ad	ddress:	ent of The	nether then				
North of 1-70 patween Column	auch wour: and A. Gleathaile	I verale	201010	MEMS ALLES	istikul (142	Hathar retries				
Denver, CO 80216	720-92 LA			ALLIN AVER		months of the party of the sales				
f. Phone:	A CO-GOLEN	ATC:	g. Phone:	, 00 80211	.7	720-921-4866				
If owner of the generating facility differs fr	om the generator	provide:	3				~~			
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Co	ntainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
		Complete	and statement on Classic and a	4 5 40		1 2	741325			
TARIN ABAY AND	100000000000000000000000000000000000000		ed Asbentos Contaminate	a bun						
5126 1812496	7/30/2019	RACS				10	Yishile			
						,				
						f				
	-80	4								
				-			150000			
	-									
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 C	FR 261 or any ap	plicable			
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pack	aged, and is in prop	er condition for transportati	ion accordir	ng to applic	cable regulations;	AND, if this			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lone	der a hazardous waste as o	defined by 4	O CFR 26	van ant mat me wa 1	aste nas			
MEGAN WOOD		The second secon	n behalf of c	DOT	16 1	5/2018				
			in the both of c		101.					
p. Generator Authorized Agent Name (Pri		. Signature			r. Date					
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes lic	:-e)						
a. Transporter's Name and Address:	101 -	- Tunk	Par al				4			
Barren rucking	/Blaes	YIJOCK	.117							
17001-10 1011					1	1				
b. Phone: (720) 560 - 4860) /		0.		1-	1				
FStebon Rarron	in the same	Test I A	There	1/2	115	12015				
	- //	100 (1)								
c. Driver Name (Print)	d. Sign			e. Date						
III. DESTINATION (Generat	or complete II									
a. Disposal Facility and Site Address:		c. US EPA Num	iber d. Discrepancy Indic	cation Space	e:					
tear, & Tower Ro										
Commerce City, CO (Account	# 990216 ESA /	I- 'O Protecti								
b.										
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the for	regoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	1000000					
IV. ASBESTOS (Generator			complete IVa iV	y. Date						
	completes iva	-i and Operator				· · · · · · · · · · · · · · · · · · ·				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	Dest of Health &	Public Site			
670XI E 50th Avenue		1	4390 C	herry Oreel						
Commerce City, CO 80022	303-991-12	50		CO 802#		303-692-3102				
b. Phone:			d. Phone:							
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable		Western Commencer					
OPERATOR'S CERTIFICATION: I hereby	declare that the o	contents of this cons	ignment are fully and accur	rately descr	ibed above	e by the proper sh	nipping name.			
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	ects in proper condition for	r transport a	ccording t	o applicable interr	national and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date	. The		W 20-			
*Operator refers to the company which ow			ervises the facility being de	molished or	renovated	d, or the demolition	n or			
renovation operation or both				ACCOUNT OF THE PARTY.						



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I. GENERATOR (Generato	r complete	es la-r)						
a. Generator's US EPA ID Number		b. Ma	anifest Docun	nent Number		c. Page	1 of	
d. Generator's Name and Location:	and the			e. Generator's Mailing A	ddress:	and of Tana	namen and state and	
North of I-70 between Columb	puncauda na 8 Pidanu	di Minade		OSAS II	: 48ih Avera	en en en en en en en en en en en en en e	(abouterace)	
Fenvel, CO 80216					00 80216		720-010-456	E
f. Phone:				g. Phone:		4.200	- X	The state of the s
If owner of the generating facility differs from	om the gener	ator, provid	e:					
h. Owner's Name:				i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		l. Waste Ship Description	ping Name and	Mo.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
			1 1000			Турс	Guaritty	***************************************
F4700 10 40 40 5			4	id Asbeatos Contaminete	d lieil			
5126 1812496	3/90/2/	HE	FACS					Yards
	20 - 20							
CENERATOR'S CERTIFICATION: I beach		h áb a a b a u a		dal ia ant a bananda	-A	d b 40.0	TD 004	Grable
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, cla								
waste is a treatment residue of a previousl	y restricted h	nazardous w	vaste subject	to the Land Disposal Resi	trictions. I ce	rtify and w	arrant that the	waste has
MEGAN WOOD	ements of 40			on behalf of				a.
p. Generator Authorized Agent Name (Prin	.+\	q. Signa		ON Menall of	Chacil	r. Date	1191201	
II. TRANSPORTER (Gener	-V	The state of the s		enorter completes lic	2-0)	T. Date		
a. Transporter's Name and Address:	ator comp	ictes na-t	Jana Han	isporter completes in	J-C)	estr		
BlATE								
		0						
b. Phone: 3-644-59	27							
Til 2		marine Lamanage	R		1	0-15	-2018	
c. Driver Name (Print)	d.	Signature			e. Date		1	
III. DESTINATION (Generate	or complet				llld-g)			
a. Disposal Facility and Site Address:		c. l	JS EPA Num	ber d. Discrepancy Indi	cation Spac	э:		
aith a Towar Pri								
Commerce Ony, OU (Account	= UEX 216 E	SA / In TO PE	oject)					
 I hereby certify that the above named mate 	riai has bee	n accepted	and to the be	st of my knowledge the fo	regoing is tr	ue and ac	curate	
				or or my microscope are re	l dgolling lo ti	ar and ar	Ja. 410.	*===
e. Name of Authorized Agent (Print)	fc	ignature			g. Date	1444		
IV. ASBESTOS (Generator of			Operator	complete IVa-i)	y. Date			
a. Operator's Name and Address:	ompictos	TVU TUITU	Operator	c Responsible Agency N	ame and Ad	drees.		
ESA Inc				RESHA	Alf Admin.	Jolerado L	ant of Health !	& Public Sity
5700 E 50th Avenue	200.00	4 1000			herry Orsel			
b. Phone:	303-99	1-1200		d. Phone:	, CO 80246	10,00	303-892-310	14.
e. Special Handling Instructions and Addition	onal Informa	tion:						#202
f. Friable Non-Friable Both		% Friable		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that abeled/place	the contents arded, and a	s of this consi are in all resp	ignment are fully and accu	rately descr transport a	ibed above	e by the proper	shipping name emational and
national governmental regulations.			a 100p		port c		- applicable ille	oanonananan
<i>f</i>						A		
g. Operator's Name and Title (Print)	h. 8	Signature		-	i. Date			
*Operator refers to the company which owr	s, leases, o	perates, con	trols, or supe	ervises the facility being de	emolished or	renovated	l, or the demolit	tion or



I. GENERATOR (Generate	or completes l	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page				
d. Generator's Name and Location:	and the land		e. Generator's Mailing Add	dress:					
Substant Doubleman of Holl	SOCRETOR		Udiorau	UE JOTUS	ent of Ira	nagonation			
Morth of 1-70 between Columb				16th Avenu					
Denver, OG 80216	720-920-4	323	Denver,	00 80216		720-920-466	j		
f. Phone: If owner of the generating facility differs fr	om the generator	provido	g. Phone:						
In owner or the generating facility differs in	on the generator,	, provide.							
h. Owner's Name:			i. Owner's Phone No.:						
i. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	tainers	n. Total o. Unit				
		Description		Туре	Quantity	Wt/Vol			
		Tourist	and of the market of the section in the section of	5					
		9	ed Asbestos Conteminated	DON					
5126 1812496	2230/2019	RAGS					Yantis		
		***	SHO NAVA				-		
							i"		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	as define	d by 40 C	FR 261 or any a	nnlicable		
state law, has been properly described, cl	lassified and pack	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations	; AND, if this		
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Restrict	ctions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste as de	efined by 4					
MEGAN WOOD	1	muul o	n behalf of c	DOT	10 1	5/2018			
0									
p. Generator Authorized Agent Name (Pri		. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trar	nsporter completes llc-	e)	5.8				
a. Transporter's Name and Address:	- 1/3								
0111001	1	and the							
2 21 (1	31.55	> 9							
b. Phone: 990 /6	21 - 30	3/							
J.J. Holle.		and the same	The same descriptions have been seen as the same seen as	-	10.1	C-IX			
David More	10	water the later of		1	6-1	210			
c. Driver Name (Print)	d. Sign	ature		e. Date					
III. DESTINATION (General	or complete II	la-c and Destina	ation Site completes Ille	d-a)					
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num							
L Cold Ch. (Provi State)		C. OO LI A Null	d. Discrepancy maice	illori opace	3.				
eath a Towar Rd									
Commerce City, GC (Account	1# 090216 ESA/	T Project)							
b.							0440		
I hereby certify that the above named mat	terial has been acc	cepted and to the be	est of my knowledge the fore	going is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	turo		a Data					
	The second secon		complete IV/= 1	g. Date					
IV. ASBESTOS (Generator	completes iva	-ı and Operator							
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:	Jept of Health 8	District Street		
5700 E 60th Avenue			12/37 (7)	erry Greek			: Don. otty		
Ocennieros Oriy, CO 80022	303-591-13	226				309-892-310	2		
b. Phone:	200-98 1-13	F 51	d. Phone:	CQ 90519	11950	ANS -4855-3 10	6		
e. Special Handling Instructions and Addit	ional Information:								
f. Priable Non-Friable Both		riable	% Non-Friable	o-th-					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accura	ately descr	ibed above	e by the proper s	shipping name		
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	a, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable inte	rnational and		
national governmental regulations.	100								
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		12 10011100000			
*Operator refers to the company which ow			ervises the facility being dem		renovated	, or the demoliti	on or		
renovation operation or both			, , , , , , , , , , , , , , , , , , , ,						

REPUBLIC SERVICES 5007489

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

I. GENERATOR (Generate	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu					
d. Generator's Name and Location:	umantolar.	************	e. Generator's Mailing Add	dress:	and of Lenie	semanahan	788 - X
high of 170 between Count		Sirvate	3542 F /	18th Avenu	an un trai	ration (state)	
Denver CO 80216	720-920			QQ 80218		720-920-4665	
f. Phone:			g. Phone:	ALIAN STREET		1,000,000	
If owner of the generating facility differs for	om the generate	or, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		oping Name and	m. Con		n. Total	o. Unit
A STATE OF THE STA		Description		No.	Туре	Quantity	Wt/Vol
		Regulat	ed Aubestos Contaminated	Soil		10	
5128 1812498	7/30/2016	RACS				18	Yourday
						27/	
GENERATOR'S CERTIFICATION: I here	by certify that th	e above named mate	erial is not a hazardous waste	as define	d by 40 C	FR 261 or any a	oplicable
state law, has been properly described, c	lassified and pad	kaged, and is in proj	per condition for transportation	n accordin	g to applic	cable regulations	AND, if this
waste is a treatment residue of a previous	sly restricted haz	ardous waste subject	t to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has
MEGAN WOOD			a behalf of c			5/2018	
p. Generator Authorized Agent Name (Pri		q. Signature		A Charles	r. Date		
II. TRANSPORTER (Gene			nsporter completes lic-	۹)	1. Date		
a. Transporter's Name and Address:	1 = 14	NITZ CA	me 154 Ca	520	SO	2	
a. Transporter's Name and Address:	50	AVE CO	mar Cillian	0			
b. Phone: 303 99 280		-	2 0 00				
DONNE COEMPBOIL		7 · 7 (eems (20)	16	-1	5-18	
c. Driver Name (Print)	d. Sig	nature	100	e. Date		<u> </u>	
III. DESTINATION (Genera			ation Site completes III				
a. Disposal Facility and Site Address:	tor complete	c. US EPA Nur			e:		
unit & Towar Rd							
Commerce City, OC (Accoun	ER GOODIN ESA	L. In Consumet					
b.	A DE CONTRACTOR ASSESSED	S. J. S. J. S. Market.					
I hereby certify that the above named ma	terial has been a	scepted and to the b	est of my knowledge the fore	going is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date			
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IVg-i)	SHI HOUSE CO.			27.
a. Operator's Name and Address:	All and Marketing and Table		c. Responsible Agency Na	me and Ad	dress:		
ESA Inc						Ject of Health &	L'UDHE SEL
6700 E 50th Avenus	200 004	v radici v		eny Creak		303 862 315	1
b. Phone: Commerce City, CO 80022	303-991	1,201.1	d. Phone:	00 80246	r I CHOM	JIAJ KRIZE-O HA	4
e. Special Handling Instructions and Addi	tional Information	n:					
f. ☐ Friable ☐ Non-Friable ☐ Both		Friable	% Non-Friable				0,00
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and							
national governmental regulations.	i ianeien/hiscard	eu, anu are in all fes	pecis in proper condition for	u ansport a	ccording 1	o applicable inte	manonar and
	T						
C Operator's Name and Title (Date)				i Dete			
 g. Operator's Name and Title (Print) *Operator refers to the company which ov 		inature rates, controls, or sur	pervises the facility being den	i. Date	renovate	d, or the demolitic	on or
renovation operation or both	ms, icases, oper	alos, controls, or su	or vises the facility being deli	nonaneu ui	. CHOVALE	a, or the demont	0.1 01



I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docui			c. Page					
d. Generator's Name and Location:	enaltsian		e. Generator's Mailing Ad	dress:	ent of Tex	namortation	7			
North of 1-70 petween Columb		if-roafe	9R 19 F	46th Aven	HE WALL THE	HOLDS CARRY				
	720-620-46			GO 80210		720 930 486	18			
f. Phone:	1 220 100 100		g. Phone:	O'G WOLL						
If ow er of the generating facility differs fr	om the generator,	provide:			4					
h, (wner's Name:			i. Owner's Phone No.;							
i. Vaste Profile #	k. Exp. Date	I. Waste Shir	pping Name and	m. Cor	ntainers	n. Total	o. Unit			
ji vvacio i veine ii		Description		No.	Type	Quantity	Wt/Vol			
		Drumedist	ad Asbestos Contaminated	i cali						
Cabb adabang	7/50/2019	RACS	ar inggang warman ana	Jun			Veneza			
6128 1812496	11/2087/11/19	MAGE					Yards			
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						0.000				
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous wast	te as define	ed by 40 C	FR 261 or any a	applicable			
state law, has been properly described, cl	lassified and pack	aged, and is in prop	er condition for transportation	on accordin	ng to applic	cable regulation	s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haza	rdous waste subject	to the Land Disposal Restr	ictions. I ce	ertify and v	varrant that the	waste has			
The state of the s	The second secon					15/2018				
MEGAN WOOD	1	numer on	behalf of cbo	1	101	12/2018				
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date					
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic-	-e)			,			
a. Transporter's Name and Address:	1071			com	WAL	16 4 C.	44			
624	Land of				41	1027				
707 991	1200				9	/ T. 1611				
b. Phone: 303-991-1	1 -80									
Struer moor		Stars			10.1	5-18				
c. Driver Name (Print)	d. Sign	mangalant of		e. Date						
III. DESTINATION (General			ation Site completes II							
a. Disposal Facility and Site Address:	tor complete ii	c. US EPA Nun			0'					
The sector of the section of the sector of t		C. OS LI A NUI	d. Discrepancy maio	ation opac	C.		-			
ddts & Tower Rd	LA PROPINSI POLICE	1 Pr. Channel								
Commerce Sity, CO (Accoun	EH SOUZIO EDIA.	1- 'U PTO(SGE;								
I hereby certify that the above named mat	terial has been ac	cented and to the h	est of my knowledge the for	egoing is tr	ue and ac	curate				
The series and above hamed that		ooptod and to the b	co. or my knowledge the for	July 10 ti	Lo Grid do					
A STATE OF THE STA										
e. Name of Authorized Agent (Print)	f. Signa			g. Date	- 12-2 15					
IV. ASBESTOS (Generator	completes IVa	-t and Operator	complete IVg-i)	-500000						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ac	dress:	Dept of Health	R Preno Site			
5700 E 60th Avenue			#900 GS	nerry Creek			SA T SENTING STREET			
Continueroe City, OD 60322	303-991-11	ORG		CO 8024		300-502-311	S De la constitución de la const			
b. Phone:	(VVI) 444 1 13	HATE:	d. Phone:	CO MAL			Market Profession Community			
e. Special Handling Instructions and Addit	tional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accur							
and are classified, packaged, marked and										
national governmental regulations.										
							2			
g. Operator's Name and Title (Print)	h, Sign			i. Date						
*Operator refers to the company which ow			ervises the facility being de	molished or	r renovate	d, or the demoli	tion or			
renovation operation or both					311	DESCRIPTION OF THE PARTY OF THE				



 GENERATOR (Generator 	r completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page					
d. Generator's Name and Location:	nortenan		e. Generator's Mailing Ad	dress:	ni ni Tra	ancatation .				
tions of 1-70 patwisen Columbi		lineare		18th Avenu		topical resource.				
Denner CO 80215	720-920-46			00 80218		720-920-4666				
f. Phone:		V	g. Phone:							
If owner of the generating facility differs fro	m the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	Waste Ship Description	pping Name and	m. Con	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
					Туре	Quartity	***************************************			
			ed Aspestos Contaminated	(Oil						
5128 1812498	7/90/2010	RACS					Yorkin			
					*					
		· ·								
GENERATOR'S CERTIFICATION: I hereb										
state law, has been properly described, cla waste is a treatment residue of a previously										
been treated in accordance with the require	ements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	1.	doto ndo			
MEGAN WOOD	Si Si	murel o	nhehall of co	OT	10/1	5/26/8				
p. Generator Authorized Agent Name (Print	t) q	. Signature			r. Date					
II. TRANSPORTER (General	ator complete	s Ila-b and Trai	nsporter completes lic-	e)						
a. Transporter's Name and Address:										
h Dhana										
b. Phone:	10/1	1-1100	>	1	10	16				
17100-	1	-11-		10	0	-18				
c. Driver Name (Print)	d. Sign			e. Date						
III. DESTINATION (Generate	or complete III				A.S. 10					
a. Disposal Facility and Site Address:		c. US EPA Nun	ber d. Discrepancy Indica	ation Space	9:					
eun a Tower Rd										
Commerce Oity, GO (Account)	# 980216 EBA /	1- 10 Project)								
I hereby certify that the above named mate	rial has been ac	cepted and to the be	est of my knowledge the fore	eaoina is tri	ue and ac	curate.	WE 100			
		191.M.								
e. Name of Authorized Agent (Print)	f. Signa	aturo		g. Date		-				
IV. ASBESTOS (Generator c			complete IVa-i\	g. Date						
a. Operator's Name and Address:	ompictes iva	-i and Operator	c. Responsible Agency Na	me and Ad	droce:					
ESA Inc			NESHA	, younu.	Polorado t	Jept of Health a	Public Sits			
6700 E 50th Avenue				erry Creak						
b. Phone:	363-991-12	180	d. Phone:	CO 86245	1550	303-592-316	2			
e. Special Handling Instructions and Addition	onal Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fi	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby of	declare that the	contents of this cons	signment are fully and accur							
and are classified, packaged, marked and lenational governmental regulations.	abeled/placarded	d, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inte	rnational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Sign		omings the facility being de-	i. Date		l as the demails.	an or			
*Operator refers to the company which own renovation operation or both	is, leases, opera	tes, controls, or sup	ervises trie racility being der	nonsnea or	renovated	i, or the demoliti	UII OF			



I. GENERATOR (Generate	or complete							
a. Generator's US EPA ID Number		b	o. Manifest Docui			c. Page		
d. Generator's Name and Location:	eneration			e. Generator's Mailing	Address:	act of Tre	nenominima	mark
Promise of 1-70 between Column	hunu & Elmoin	alie. Water	infet	0.000	E 45th Avera	GERE DE LERDE Till	Hammarine.	
Denver, CO 80215	720-92						THE PLANT COMMISSION	he .
f. Phone:	FIGURES	D 45000	,	g. Phone:	iar, CO 80216		720-920-486	10
If owner of the generating facility differs fr	om the gener	ator pre	ovide.	g. i tiono.			24.	
in owner of the generaling radiity direct in	om are gener	ator, pr	Ovido.					
h. Owner's Name:			10/41 1/20/1	i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		I. Waste Ship	pping Name and		tainers	n. Total	o. Unit
		-	Description		No.	Туре	Quantity	Wt/Vol
			Ed more should	eti Asbestos Contamina	dari Rei			
5126 1812496	7/30/30	14.00		PACKET CANDIDATE	CONTRACTOR OF THE PARTY OF THE			5402040
(120 101X-421)	CENTRAL CO.	EES!	RACS					Yards
			1					
			4					
GENERATOR'S CERTIFICATION: I here	by certify that	the abo	ove named mate	rial is not a hazardous w	aste as define	d by 40 C	FR 261 or any a	pplicable
state law, has been properly described, cl	lassified and p	ackage	ed, and is in prop	er condition for transport	tation accordin	g to applic	able regulations	S; AND, if this
waste is a treatment residue of a previous	sly restricted h	azardo	us waste subject	to the Land Disposal Re	estrictions. I ce	rtify and w	varrant that the v	waste has
been treated in accordance with the requi	rements of 40							
MEGAN WOOD		gu	mul	on behalf o	1 CDOT	101	15/2018	
p. Generator Authorized Agent Name (Pri	nt\	7 6	ignature			r. Date	18659	
			-7-			r. Date		
II. TRANSPORTER (Gene	rator comp	etes	lla-b and I rar	rsporter completes	llc-e)			
a. Transporter's Name and Address:	SLAPS	- Salar	Truc	KINOT				
***	ROMM	pf	for Co					
2 17/11/11/CC 7 04	DENIN	"	110	21				
b. Phone 3036445929	1-	1	1 11	6/1/2				
1 1111 SA 111	che	1///	121 M	the Value	/	511	- 117	-
Cult 1011 Rall	1	M	11/9/1	MEET	/	0-15	5-18	
c. Driver Name (Print)	d. 3	Signatu	re		e. Date			
III. DESTINATION (General	or complet	e Illa-d	c and Destina	ation Site completes	s IIId-g)			
a. Disposal Facility and Site Address:			c. US EPA Num			9:	* /1-0/10	
estr & Tover Ro						•		
	CONTRACTOR A DECEMBER		es municipalità.					
Commerce City, CO (Appound	I H SHOKID EX	PET IN	n evolecti					
b.								
I hereby certify that the above named mat	eriai nas beer	accep	ted and to the be	est of my knowledge the	roregoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f S	ignature	e	20 00 00 00	g. Date		The same of the sa	1002
IV. ASBESTOS (Generator				complete IVa iV	y. Date			
	completes	va-1 6	and Operator					
a. Operator's Name and Address:				c. Responsible Agency	Name and Ad	dress:	Dept of Health &	Change Sing
8700 E com Avenue				430	Cherry Creek			ALL THE PART THERES.
Commerce City, CO 60022	903.95	1-1090			a, 00 ar 246		303-892-910	7
b. Phone:				d. Phone:	and the second		000 002 000	
e. Special Handling Instructions and Addit	ional Informat	ion:			9		Me and the	
for Early Charles Control						22.02		
f. Friable Non-Friable Both		6 Friab		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that t	ne cont	rents of this cons	signment are fully and ac	curately descr	ped above	by the proper	snipping name
national governmental regulations.	aneled/placa	ueu, a	nu are in all resp	ecis in proper condition	ior transport a	ccording t	o applicable inte	mational and
nasanar govornmentar regulations.					1	-		
g. Operator's Name and Title (Print)	h. S	ignatur	re		i. Date	-		
*Operator refers to the company which ow				ervises the facility being	demolished or	renovated	, or the demoliti	on or
renovation operation or both				,				



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I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page		
d. Generator's Name and Location:	sauristica	di .	e. Generator's Mailing Ad	dress:	reprie at 3	n state of the first of the	
Fight of 170 between Columb		MALLEY TO THE PARTY OF THE PART	GEN. F	U DELETTI	E 140	agonaeon	
Frenzer, CO 80216	720-920 de			AND AVEN		The state of	
f. Phone:	F-29-2520000	NA .	g. Phone:	CO 80215		720 420 46	20
If owner of the generating facility differs fr	om the generator	provide:	g. r none.				
in owner or the generating radiity amore in	om the generator,	provide.					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit
7		Description		No.	Туре	Quantity	Wt/Vol
		Remian	ed Asbestos Contaminated	Roll			
5126 1612366	7/30/2019	RAGS					March
VIII.	CONTRACTOR	1.07/0501					Youris
CENEDATORIO OFFICIOATION A							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	applicable
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restr	on accordin	g to applic tify and w	able regulation	S; AND, IT THIS
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 26	1.	waste nas
MEGAN WOOD			n behalf of C		A	9/2018	
p. Generator Authorized Agent Name (Pri		. Signature			r. Date		
II TOANGOODEED (O			concetor completes lle	-1	1. Date	100	
a Transporter's Name and Address:	ator complete	is lia-b and Trai	isporter completes lic-	·e)		XX-ann->	
a. Transporter's Name and Address: 3/	ges ei						
b. Phone: 3-644-3929	,						
m 3/601	m	13-		10	115)	15	
c. Driver Name (Print)	d. Signa	ature		e. Date	1	- / /	
III. DESTINATION (Generat	or complete III	a-c and Destina	tion Site completes III	d-a)			u Tax
a. Disposal Facility and Site Address:		c. US EPA Num	The state of the s				
THE OF SAME SAME		0.002.7114	a. Discrepancy mais	ation opacc	,,		
Reth & Tower Rd	Commission of the last of the						
Communicative CC (Account	# HELYKI LICIA !	- U Projecti					
b. I hereby certify that the above named mate	arial has been acc	contact and to the he	est of my knowledge the fer	andra la tre			
	chai nas peen acc	cepted and to the De	at or my knowledge trie for	going is the	e and acc	Surate.	
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
IV. ASBESTOS (Generator of	completes IVa-	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:		
tise inc			PESTE	" MOITHIN L	ickelson f	ect of Health a	. Public Sitiv
BAD E 50th Avenue	and an extra control			erry Creek			
b. Phone:	303-981-12	80	District,	CO 802-6	1530	393-592-310	2
e. Special Handling Instructions and Additi	onal Information:		d. Phone:		- T	-	
The second residency manded and Addition	onar miorination.						
A STATE OF THE STA				101			
f. Friable Non-Friable Both	% Fri	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accur	ately descri	bed above	by the proper	shipping name
and are classified, packaged, marked and national governmental regulations.	rapered/placarded	i, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inte	ernational and
							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date	-		-
*Operator refers to the company which ow	ns, leases, operate	es, controls, or supe	ervises the facility being den	nolished or	renovated	, or the demolit	ion or



I. GENERATOR (Generate	or completes I	la-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	sportation	tweeter to the state of the sta	e. Generator's Mailing Ad	ddress:	20 0	Elo. Raon				
North of 1-76 between Column	Dine & Freshalb	Tranks	544	an dien		S. Fred S. Maril				
Element CD a0216				C. 80" H		770-020-45				
f. Phone:			g. Phone:	1450. 155. 1	10	tare week or.				
If owner of the generating facility differs fr	om the generator	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Shi	pping Name and	m. Co	ntainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
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5100 1812498	7/20/06/19	7463	The second secon	**			Unul			
CITATION OF STATE	F. Children St. Co.	(Alla):		11			Yanta			
	1 1 1 1 1 1 1 1 1									
				72.00			*			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous was	te as define	ed by 40 C	FR 261 or any a	applicable			
state law, has been properly described, cl	assified and pack	aged, and is in prop	per condition for transportation	ion accordir	ng to applie	cable regulations	s: AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haza	rdous waste subjec	t to the Land Disposal Rest	rictions. I ce	ertify and v	varrant that the v	waste has			
MEGAN WOOD		The second second second		DOT		15/2018				
p. Generator Authorized Agent Name (Pri		. Signature	7	Tiesen i	r. Date					
II. TRANSPORTER (Gene			nenorter completes lic	-0)	I . Date					
a. Transporter's Name and Address:	rator complete	7 1	T IC	1	9					
Marron Hurr	nd / F	2100501-	/YIKEC	/						
The state of the s	29010	10 - /	1100			. /				
b. Phone: (741) 5(0) - 4	860'	-//	12			/ /	1			
ESTATED BOWLE	1 3	Dest 1	Nan		10	15/19	7			
Direct Darre		100-11			10	01.6				
c. Driver Name (Print)	d. Sign			e. Date	· · · · · · · · · · · · ·					
III. DESTINATION (Generat	or complete II			- 0/						
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	cation Spac	e:					
outh & Tower Po										
Commerce City, QO (Apprunt	# BAOL GENA	T 1. (es)								
b.	adat bas bass -									
I hereby certify that the above named mat	enai nas been aci	cepted and to the b	est of my knowledge the fol	regoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	Idress:	Carl and the same of	The Later Code			
570 E 50in Avenue			FINAL POPULATION AND ADDRESS OF THE	er Admini herry Credi	WORD DAY	Dept of Health	a langue such			
Commerce City, CC 26022	303-96/1-13	nan nan		00 80 4		308-692-310	10			
b. Phone:	COOLDON TO SE		d. Phone:	, und duch	AT STATE OF	Worker Control				
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both	% Fr	riable	% Non-Friable				-			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accu	rately desci	ribed abov	e by the proper	shipping name			
and are classified, packaged, marked and	labeled/placarded	d, and are in all res	pects in proper condition for	transport a	according t	o applicable inte	ernational and			
national governmental regulations.		-		1						
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow	ns, leases, operat	tes, controls, or sup	ervises the facility being de	molished or	renovate	d, or the demolit	ion or			
renovation operation or both			A PARTY I							



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 GENERATOR (Generate 	or complete	s la-r)							
a. Generator's US EPA ID Number		b.	Manifest Docum			-	c. Page		
d. Generator's Name and Location:	or asimilar			e. Generator's	Mailing Add	dress:	one of Day		
North of 1-70 between Courte		b Diame	-Lon		THE STATE OF	icth Azenu	HILLOLDSKI	15 14 11	
Denver, CO 20216	720-920		· L.T					20% 55% 36%	in the
f. Phone:	7.8702-3500			g. Phone:	Deiner	GO 80215		720-RTT 464	20.
If owner of the generating facility differs from	om the genera	tor, pro	vide:	g. i itono.					
	Jane	,							
h. Owner's Name:				i. Owner's Pho	ne No.:				
j. Waste Profile #	k. Exp. Date			ping Name and		m. Con		n. Total	o. Unit Wt/Vol
			Description	11/20 T			Туре	Quantity	VVV VOI
i a			Regulate	d Asbartos L	ta materi	ioil			
5126 1812490	7/50/23	18	RACH						dire.
						ļ		200	
								V	
GENERATOR'S CERTIFICATION: I here	by certify that	the abo	ve named mater	rial is not a haza	rdous waste	as define	d by 40 C	FR 261 or any a	applicable
state law, has been properly described, cla	assified and pa	ackaged	d, and is in prope	er condition for t	ransportatio	n accordin	g to applic	able regulation	s: AND, if this
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted ha	zardou:	s waste subject	to the Land Disp	osal Restri	ctions. I ce	rtify and w	arrant that the	waste has
	rements of 40				174				
MEGHN WOOD		am	une on	behalf	ot ed	OT	10/15	12018	
p. Generator Authorized Agent Name (Prin	nt)	q. Sig	ınature		100,000		r. Date		
II. TRANSPORTER (General	rator compl	etes II	a-b and Tran	sporter com	oletes lic-	e)			
a. Transporter's Name and Address:			-11/15/	7-22					
BIATSON									
b. Phone: 3-644 5-72	5								
7		X	/3			10	- 102	90180	
Vin K		1	10				-15-	>010	
c. Driver Name (Print)		ignature				e. Date			
III. DESTINATION (Generat	or complete					- 07			
a. Disposal Facility and Site Address:			c. US EPA Num	ber d. Discrep	oancy Indica	ation Space):		15.
deth & Lower Rd		1							
Commerce City, CO (Account	# 990216 68	111	Project)						
b.									
I hereby certify that the above named mate	erial has been	accepte	ed and to the be	st of my knowle	dge the fore	egoing is tru	ue and acc	curate.	- Mil
e. Name of Authorized Agent (Print)	f. Si	gnature			22207	g. Date			
IV. ASBESTOS (Generator of				complete IVa	ı-i)	3. 2010			
a. Operator's Name and Address:	Jon piocos I	· G I G	a Operator			no ced Ad	droca		1
a. Operator's Name and Address.				c. Responsible	Agency Nar	ne and Ad	uress:	ept of Hastin	& Public Site
6700 E 50th Avenue						env Creek			
Commerce City, CO 80022	303-891	-1280	1		Denver:	CC 80246	1630	303-892-310	2
b. Phone:				d. Phone:					
e. Special Handling Instructions and Additi	ional informati	on:							
		701201							
f. 🗆 Friable 🗆 Non-Friable 🗆 Both	9/	Friable	Э	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the	e conte	ents of this cons	ignment are fully	and accura	ately descri	bed above	by the proper	shipping name.
and are classified, packaged, marked and national governmental regulations.	labeled/placar	ded, an	id are in all resp	ects in proper co	ondition for	transport a	ccording to	o applicable inte	ernational and
nauonai governinentai regulations.			No.			The same	F-12 (1980)		700000
g. Operator's Name and Title (Print)		ignature				i. Date			
*Operator refers to the company which ow	ns, leases, op	erates, o	controls, or supe	ervises the facility	y being den	nolished or	renovated	l, or the demolif	tion or
renovation operation or both									



5007481

I. GENERATOR (Generato	or completes I	a-r)		188		
a. Generator's US EPA ID Number		b. Manifest Docur		c. Page		
d. Generator's Name and Location:	Sociation		e. Generator's Mailing Add	dress:	nsportation	
North of 1-70 between Columb		Siraets	3643 E 4	Eth Avenue		
Denver, CO 60216 f. Phone:	726-920-4	560	g. Phone:	CG 80218	720 \$20-4656	
If owner of the generating facility differs from	om the generator	, provide:				
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date		pping Name and	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
		Description			Quantity	***************************************
		Regulate	so Asbestos Contaminated	loil		
5128 1312498	7/30/2019	RACS				Yanthi
	2/1					
			1.11 hammadaya yana	a as defined by 40 C	CED 261 or any an	nlicable
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	accified and nac	kadad and is in ntot	ser condition for transportation	nn accordinu to appi	Capie reduiations,	AND, IS UND
l	dy rectricted have	STANIE WEEK SIINIEC	i io ine i ann Disposal Resu	ictions, i certify and	Wallall fligt alo m	aste has
been treated in accordance with the requi	rements of 40 Ch	-R 268 and is no ion	ger a nazardous waste as d	elilled by 40 CFR 20	115/2018	
MEGAN WOOD	2	mull	on behalf of i		115/2010	
p. Generator Authorized Agent Name (Pri	nt)	q. Signature		r. Date		
II. TRANSPORTER (Gene	rator complet	es lla-b and Tra	nsporter completes lic-	-e)		
a. Transporter's Name and Address:	7	and the same of th				
Deven L.	and the same					
b. Phone:	- 15	(/// /				
b. Pilotte.		- Secretarian			1 1.	
c. Driver Name (Print)	d Sia	nature		e. Date	11/1/	6
c. Driver Name (Print) III. DESTINATION (General			ation Site completes II			
a. Disposal Facility and Site Address:	tor complete	c. US EPA Nui	mber d. Discrepancy Indic	ation Space:		
onto a Tower Rd						
Commerce City, CC (Account	1 # 990216 ESA	/ I- O Protects				*
h		Carlotte Carlotte Annual Carlotte				
I hereby certify that the above named ma	terial has been a	ccepted and to the t	est of my knowledge the fol	regoing is true and a	ccurate.	
e. Name of Authorized Agent (Print)	f. Sign		1 4 9 4 9	g. Date		
IV. ASBESTOS (Generator	completes IV	a-f and Operato				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Address:	Dept of Health &	Paulo Sity
67(3) E 50th Avenue			4900 C	harry Creek Or. Six	riti	
Commerce Oily, CO 80022	303-991-	1260	d. Phone:	, CO 80246-1630	303-652-310	2
b. Phone: e. Special Handling Instructions and Add	itional Information	n:	d. Priorie.			
o. opecial randing members						
f. Friable Non-Friable Botl	3 %	Friable	% Non-Friable			
ODEDATORIS CERTIFICATION: I bereh	v declare that the	contents of this cou	signment are fully and accu	rately described abo	ove by the proper s	shipping name
and are classified, packaged, marked an national governmental regulations.	d labeled/placard	led, and are in all re	spects in proper condition fo	r transport according	o applicable inte	madonal and
national governmental regulations.						
				i. Date		
g. Operator's Name and Title (Print) *Operator refers to the company which o	h. Sig	gnature rates, controls, or su	pervises the facility being de		ed, or the demoliti	on or
renovation operation or both	o, 100000, ope		, , , , , , , , , , , , , , , , , , , ,			



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I. GENERATOR (Generato	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Doc	est Document Number c. Page 1 of							
d. Generator's Name and Location:	portavon		e. Generator's Mailing Address:							
Florth of 1-70 between Columb		Sirects	3543 E 46th Avenue							
Denver, 00 80216	720-920-46		Denviir, CO 80218 790-820-8889							
f. Phone:	and Ata and a second		g. Phone:			The Man 1811				
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ipping Name and		tainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
		Fuerasia	ted Aspestos Contaminated	Soil						
5120 1812498	3/30/2019	RACS					Yards			
				-						
4				-						
				-						
GENERATOR'S CERTIFICATION: I hereb	y certify that the	above named mat	erial is not a hazardous wast	e as define	d by 40 Cf	R 261 or any ap	plicable			
waste is a treatment residue of a previously	ssilled and packa / restricted hazard	igea, and is in pro dous waste subjec	per condition for transportation	n accordin	g to applic	able regulations;	A 5 100 10 11 1			
booth a cated in accordance with the require	ements of 40 CFR	R 268 and is no lor	nger a hazardous waste as de	efined by 4	ruiy and w 0 CFR 261	arrant that the w	aste has			
MEGAN WOOD	a	mul or	behalf of ci	or		5/2018				
p. Generator Authorized Agent Name (Print		Signature			r. Date					
II. TRANSPORTER (General			neporter completes lle	0)	r. Date	-				
a. Transporter's Name and Address:	1 , 1	/.	noporter completes lic-	C)		- 183-				
	ache.									
713.0	SMI.	5839								
b. Phone:	701		, e							
David More.	المالية	UK.			10-	15-18				
c. Driver Name (Print)	d. Signa	ture		e. Date						
III. DESTINATION (Generato			ation Site completes Ille							
a. Disposal Facility and Site Address:		c. US EPA Nur			r.					
John & Towar Rd										
Commerce Univ. CO (Account a	990216 ESA / L	(G Project)				200				
b.										
I hereby certify that the above named mater	rial has been acce	epted and to the b	est of my knowledge the fore	going is tru	e and acc	urate.				
10.										
e. Name of Authorized Agent (Print)	f. Signati			g. Date						
IV. ASBESTOS (Generator co	ompletes IVa-f	and Operator	complete IVg-i)			****				
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Add	lress:	-1				
6700 E 59th Avenge			AUGUAL AUGUAL	any Oreek	PERMANENTAL LA	बार जा माडबारा क	FUDIG SEY			
Commerce City, CO 80022	303-994-128	9		GC 60248		303-802-3162				
b. Phone:e. Special Handling Instructions and Addition	nai Information		d. Phone:		- 12-61-2	210000000000000000000000000000000000000				
o. opedat Harlaning Matructions and Addition	nar miormation:									
f C Field C N F C C										
f. Friable Non-Friable Both	PERATOR'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/placerded, and are in all packaged.									
and are classified, packaged, marked and la national governmental regulations.	beled/placarded,	and are in all resp	ects in proper condition for to	ransport ac	cording to	by the proper shapplicable interr	national and			
- January - Janu				-						
G Operator's Name and Title (Dain)	1.0									
g. Operator's Name and Title (Print) *Operator refers to the company which owns renovation operation or both	h. Signati	ure s controls or sup-	anylege the facility being	i. Date						
renovation operation or both		o, controls, or supe	si vises the lacility being demi	UIISHED OF I	enovated,	or the demolition	n or			



 GENERATOR (Generate 	or completes la	a-r)								
a. Generator's US EPA ID Number		c. Page								
d. Generator's Name and Location:	and a death of the		e. Generator's Mailing Add	iress:	and and Taxon	and the second state and the				
		Manual II	CAUSIUM.		mat or that	(BDO: WHEN)				
hierth of 170 between Columb				18th Avenu		TON FIRM JOSE				
f. Phone:	730-920-46	190	g. Phone:	00 80216		720-100-4898				
If owner of the generating facility differs fr	om the generator.	provide:	g. i norte.							
I dwild of the generating lability direct in	om the gonerator,	provide.								
h. Owner's Name:	p		i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	M. Con	ontainers n. Total o. Unit					
)		Description		140.	туре	Quantity	VVV VOI			
		Regulati	ed Asbestos Contaminated	Soli						
5126 1812496	7/80/2018	164.08				10	Yords			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any ap	plicable			
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations;	AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CFI	rdous waste subject R 268 and is no lone	to the Land Disposal Restri ner a hazardous waste as de	ctions, i ce efined by 4	OCFR 26	arrant that the w	aste nas			
MEGAN WOOD			behall of CD			15/18				
		Production of	nendii oi Lu	-		13110				
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?	20.50	MAUF	Comme	(4)	, C	800	ce			
199 6100		, -, , -		L						
2-2-2-1-1-	200		10							
b. Phone: 3 03-112	200		0/0//			-10				
Denvis Count Be	1 00	مسکر ل	zeup ()	10	-15	1X				
	d Cian	-1		a Data		, _				
c. Driver Name (Print)	d. Sign		tion Oite considers III	e. Date						
III. DESTINATION (General	tor complete III									
a. Disposal Facility and Site Address:		c. US EPA Num	nber d. Discrepancy Indica	ation Space	: :					
skith & Tower Ro.										
Commerce Oilyr, CO (Accoun	t # 39上18 ESA /	L-fu Hyoject)								
b.										
I hereby certify that the above named mat	terial has been acc	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and acc	curate.				
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date		100				
IV. ASBESTOS (Generator			complete IVa-i)							
a. Operator's Name and Address:			c Responsible Agency Na	me and Ad	dress:					
LSA INC			NESMA	Admin	JINOPAGO I	Dept of Hearth &	Pincks Sity			
9703 E 60th Avenue	Section 1			eny Creek						
Commerce City, CO 20022 303-991-1250 Denter, CO 30246-1530 303-692-3102										
b. Phone: e. Special Handling Instructions and Additional Information:										
, see a see										
			N		-					
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.		_,		opoic a		- applicable inter				
				1.5	-					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign	ature	entires the facility being den	i. Date	renoveter	d or the demolitie	on or			
renovation operation or both	riis, ieases, upera	ies, condois, or sup	ervices the racility being der	nonsiled of	Teriovale	a, or the demond	JII OI			
						The second second	-			



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I. GENERATOR (Generate	or comp	letes la-r)								
a. Generator's US EPA ID Number			Manifest Docum			c. Page				
d. Generator's Name and Location:	sportation			e. Generator's Mailing Address:						
North of 1-70 between Columb Denver, SO 20215 f. Phone:	ine & Ein	moeth Siree 1921-1669	ia	3540 E	46th Avent CO 80211	10	720-920-466			
If owner of the generating facility differs fr	om the ge	nerator, prov	vide:							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. [Date		ping Name and		ntainers	n. Total	o. Unit		
		·	Description		No.	Туре	Quantity	Wt/Vol		
5125 1812498	7/9/	5/2019	Regulate RACS	ci Asbentos Contaminates	iok			Yarda		
								1		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requirements.	assified ar Iv restricte	nd packaged ed hazardous	, and is in prope s waste subject	er condition for transportation to the Land Disposal Restr	on according	g to applic	able regulations	· AND if this		
MEGAN WOOD		aru	ull on	behalf of c	DOT	10/10	5/2018			
p. Generator Authorized Agent Name (Prin	nt)	q. Sig				r. Date	Lamana			
II. TRANSPORTER (Gener	rator cor	mpletes lla	a-b and Tran	sporter completes lic	-e)					
b. Phone: 303-991	1280		700 =	50 PW	CON	in the	8002 =			
c. Driver Name (Print)	لم	d. Signature	mo	1	- D-t-	10-1	5-18	-		
III. DESTINATION (Generate				tion Site completes II	e. Date	-14-	*****			
a. Disposal Facility and Site Address:	or comp		. US EPA Num			2:		200		
eath & Tower Rd Continues City, CO (Account b.	# 890216	ESA/FO	Project							
I hereby certify that the above named mate	eriai has b	een accepte	d and to the be	st of my knowledge the for	egoing is tr	ue and acc	urate.			
e. Name of Authorized Agent (Print)		f. Signature			g. Date					
IV. ASBESTOS (Generator of	complete	es IVa-f ar								
a. Operator's Name and Address: 67.0 C Soft Avenue Commerce City UC 67.22 b. Phone: e. Special Handling Instructions and Additional Commerce City UC 67.22	a. Operator's Name and Address: C. Responsible Agency Name and Address: NESTAN Admin. Colorado Dept of Health & Phanc Shy 4200 Cherry Greek Br. South Denver, CO 80246 1530 303-592-3102 d. Phone:									
	orial inion									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare th	% Friable at the content acarded, and	nts of this consi	% Non-Friable gnment are fully and accur ects in proper condition for	ately descri transport a	ibed above ccording to	by the proper so applicable inter	hipping name, national and		
							7			
g. Operator's Name and Title (Print)		h. Signature			i. Date	50 1.00 1 .	ENTER METERS			
*Operator refers to the company which own renovation operation or both	ns, leases,	, operates, c	ontrols, or supe	rvises the facility being der	nolished or	renovated	, or the demolition	on or		



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I. GENERATOR (Generato	or completes				,						
a. Generator's US EPA ID Number		b. Manifest Docur									
d. Generator's Name and Location:	man displayable man		e. Generator's Mailing Ad	dress:	ent of Tax	osnodation					
North of 170 between Columb		Clambric		49th Avenu		THE PERSON NAMED IN COLUMN TWO					
Derver, CO 80216	720 920			CO 80214		735-925-484	19				
f. Phone:	2000 BOX35	*500	g. Phone:	and desire							
If owner of the generating facility differs from	om the generate	or, provide:									
			i. Owner's Phone No.:								
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste Shir	ipping Name and m. Containers n. Total o. Ur								
j. vvaste Prolite #	K. Exp. Date	Description	philig Hamo and	No.	Туре	Quantity	Wt/Vol				
		Themselvis	and Authorities Charles are no	i Cad							
Annual Commence		18	ed Asbesios Contaminated	200			Vende				
5126 1812.498	7/30/201	B RACE					Yantis				
GENERATOR'S CERTIFICATION: I here	by certify that the	ne above named mate	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any	applicable				
state law has been properly described of	assified and na	ckaged and is in pror	per condition for transportati	on according	na to addit	cable requiation	S; AND, IT THIS				
waste is a treatment residue of a previous	sly restricted haz	zardous waste subiec	t to the Land Disposal Resti	rictions. I ce	ertity and v	varrant that the	waste has				
been treated in accordance with the requi	rements of 40 C	FR 268 and is no ion	or a hazardous waste as c	leillied by -	O CFR 20	5/2018					
MEGAN WOOD		munua o	in penalt at c	1201	1011	912010					
p. Generator Authorized Agent Name (Print) q. Signature r. Date											
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator comple	tes Ila-b and Tra	nsporter completes lic	-e)							
a. Transporter's Name and Address:	SA 10	700 E 5	OAVE CO.	mm.	re	C-41	10				
							0022				
b. Phone: 3/991/1280	2					0	000/				
b. Phone: 3 1977		Name of the same o									
K+1065	1/1	2. 100	7	10	7-15	18					
	d Ci	gnature		e. Date							
c. Driver Name (Print) III. DESTINATION (Genera			ation Site completes I			1000 EU					
	tor complete	c. US EPA Nur		nu-g/	Ο'						
a. Disposal Facility and Site Address:		C. US EFA NUI	ilbei d. Discrepancy man	Jation Opac	.c.						
ean & Fower Fid	a service and a store	e u e Programa di					-				
Commerce City, CO (Accoun	EF MUSIC CO	CZ HIN PROJECT				1					
b. I hereby certify that the above named ma	torial has been	accepted and to the h	est of my knowledge the fo	regoing is t	rue and a	ccurate.					
Thereby certify that the above hamed his	Condinas Deem	accepted and to the L	oc. of my knowledge the lo	January 10 t							
e. Name of Authorized Agent (Print)		nature		g. Date							
IV. ASBESTOS (Generator	completes i\	Va-f and Operator	r complete IVg-i)								
a. Operator's Name and Address:			c. Responsible Agency N	ame and A	ddress:	Doct of Health	a Public Sit.				
6700 E 50th Avenue				Shany Ored		ih					
Commerce City, CO 83023	303-991	1280		. 00 8024		303-692-33	OZ.				
b. Phone:			d. Phone:								
e. Special Handling Instructions and Add	itional Information	on:									
							4				
f. ☐ Friable ☐ Non-Friable ☐ Both	1 %	Friable	% Non-Friable	11540.02			10.0				
OPERATOR'S CERTIFICATION: I hereb	v declare that th	ne contents of this cor	signment are fully and accu	rately desc	ribed abo	ve by the prope	shipping name				
and are classified, packaged, marked and	d labeled/placar	ded, and are in all res	spects in proper condition for	r transport	according	to applicable in	ternational and				
national governmental regulations.											
	the state of										
g. Operator's Name and Title (Print)	h. Si	ignature		i. Date							
*Operator refers to the company which or	wns, leases, ope	erates, controls, or su	pervises the facility being de	emolished o	or renovate	ed, or the demol	ition or				
renovation operation or both				- 1000 F							



I. GENERATOR (Generate	or completes	la-r)								
a. Generator's US EPA ID Number	b. Manifest Docur			c. Page						
d. Generator's Name and Location:	Modalion		e. Generator's Mailing Ad	dress:	em of Tra	neportation				
Harth of 1-70 between Columb		Simple	3643 E	46th Avenu	113	144				
Derver, 00 80216			Demer,	GO 80215		720-820-456	ia			
f. Phone:			g. Phone:							
If owner of the generating facility differs from	om the generator	r, provide:								
h. Owner's Name:	5.5		i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit			
		Description	45.	No.	Туре	Quantity	Wt/Vol			
		Regulate	ed Asbasios Contaminated	Soil						
5128 1812498	7/30/2019	RACE					Yerde			
100										
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	ED 261 or any a	annlicable			
state law, has been properly described, cla	assified and pack	kaged, and is in prope	er condition for transportation	on accordin	g to applic	cable regulations	s; AND, if this			
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	varrant that the	waste has			
been treated in accordance with the requir	ements of 40 Cr	R 268 and is no long	ger a nazardous waste as o	etined by 4	0 CFR 20	1 12015	a			
			on behalf of	CDOL	10	16-16-16	5			
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	laeser		2014000							
	45501									
b. Phone: 3-644-5929	7									
b. Phone:					10.1	1.5				
17/3/0 x 2m	not in	3723		1	0/19	1118				
c. Driver Name (Print)	d. Sigr	nature		e. Date						
III. DESTINATION (Generate	or complete I	lla-c and Destina	ation Site completes III	d-g)						
a. Disposal Facility and Site Address:		c. US EPA Num) :					
son & Tower Rd										
Commerce One, CO (Appoint	# 990216 ESA /	(140) Project)								
b.										
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date	- 2004					
IV. ASBESTOS (Generator of			complete IVg-i)	J 3						
a. Operator's Name and Address:	701			me and Ad	draes:					
ESA INC			c. Responsible Agency Na	PAGMINE	Jararado i	Dect of Health &	s Public Sity			
6700 E 50th Avenue	400.004.4		4300 GF	eny Creek	Dr. South					
b. Phone:	303-991-17	250	d. Phone:	CO 80248	- 1630	303-892-310	2			
e. Special Handling Instructions and Additi	ional Information:		u. Filolic.				-			
f. Friable Non-Friable Both	0/ E	Friable	0/ Non Erichle							
OPERATOR'S CERTIFICATION: I hereby			% Non-Friable ignment are fully and accur	ately descr	ihed abov	e by the proper	shinning name			
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable inte	ernational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date						
*Operator refers to the company which own	ns, leases, opera	ites, controls, or supe	ervises the facility being der		renovated	, or the demolit	ion or			
renovation operation or both										



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I. GENERATOR (Generate	or completes	ia-i)							
a. Generator's US EPA ID Number		b. Manifest Docu							
d. Generator's Name and Location:	esnetation		e. Generator's Mailing Address:						
North of 1-70 between Column		Stemple	\$20\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	iBth Avent	oth and a resident	Call San Assessment			
	720-920-4					700 000 A000	6		
Derver, CO 80215	1 KIT-2001-0	000	g. Phone:	00 80216		720-920-4666			
f. Phone: If owner of the generating facility differs fr	om the generator	r provide:	g. Filone.						
If owner of the generating facility unlers it	om the generator	, provide.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	oping Name and	m. Cor	tainers	n. Total	o. Unit		
		Description		No.	Type	Quantity	Wt/Vol		
		Downstad	ed Asiastos Contaminated	tail.					
2100 1000 100	78 50 50 50 50 50 50	The second second	eu paogrado usa rezamentos	12UH					
5120 1812/486	7/30/2019	RACS					Yards		
	W18030 1035 1		W				2-22-00		
GENERATOR'S CERTIFICATION: I here	by partiful that the	s about named mate	rial is not a hazardaya wast	o on define	d by 40 Cl	ED 261 or ony or	pliophlo		
state law, has been properly described, cl	assified and nack	caned and is in pror	per condition for transportation	e as ueillie on accordin	a to anniio	able regulations	AND if this		
waste is a treatment residue of a previous	ly restricted haza	ardous waste subjec	t to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26	l.			
MEGAN WOOD		7	n behalf of e			15/2018			
			N MENECIF 6= 6	001	101	1716016	,		
p. Generator Authorized Agent Name (Pri	nt) (q. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	es lla-b and Tra	nsporter completes lic-	e)					
a. Transporter's Name and Address:	1-006	211-1111	- Wall Car						
D	105	0 1100	GRICO						
	BANU	1 PtAGE	1						
b. Phone: 30364450	120	//	-120						
b. Phone:	1911	11/2	1 11	/		- 11			
(111/4/5 H)	No 12 1	1/	1 Marion	1	04	4 18			
c. Driver Name (Print)	d. Sigr	nature	- factor	e. Date	-	V	***		
III. DESTINATION (Generat			ation Site completes III						
	or complete i								
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indica	ation Space	3 :				
dam & Tower Ro									
Commerce Otty, CO (Account	# 990216 EISA	1-70 Protects							
b.									
I hereby certify that the above named mat	eriai has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and acc	curate.	a.		
e. Name of Authorized Agent (Print)	f. Signa	***************************************		g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		-		
ESA Inc			MESMA	Admin.	Salarada i	ext of Health &	HARRIE SITY		
6700 £ 50th Avenue		400.00		any Cresh					
Commerce City, CO 80022	303-991-1	280	Denver,	00 80248	1539	302-692-3100			
b. Phone: e. Special Handling Instructions and Addit	ional Informatic		d. Phone:						
e. Special mandling instructions and Addit	ional mormation:	•					76		
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby				ately descr	ibed above	by the proper s	hipping name		
and are classified, packaged, marked and									
national governmental regulations.						- 2			
				1.0			12012		
g. Operator's Name and Title (Print)	h. Sigr		andone the facility to the state of	i. Date		l as the describer			
*Operator refers to the company which ow renovation operation or both	nis, ieases, opera	ates, controls, or sup	ervises the facility being der	nonsnea of	renovated	i, or the demolitic	וו סו		



5007475

I. GENERATOR (Generate	or completes l	a-r)								
a. Generator's US EPA ID Number	b. Manifest Docum									
d. Generator's Name and Location:	enortation.		e. Generator's Mailing A	ddress:	and of Year	necomation				
North of i-70 between Columb		Strenis	3542 =	46th Aveni	194	AL VINE COL				
Denver, CG 80216	720-920-46		Derver, CC 80210 720-920-4666							
f. Phone:			g. Phone:	1 1 2 2 2 2 2						
If owner of the generating facility differs fr	om the generator,	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and		ntainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
		Regulation	ad Asbestos Contaminate	d Boll		Id	1			
6128 1812490	7/30/2019	RACS				10	Yants 1			
					-					
				1						
							 			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous was	ste as define	ed by 40 C	FR 261 or any a	applicable			
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportat	ion accordir	ng to applic	cable regulation	s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the require	rements of 40 CF	rdous waste subject R 268 and is no lond	to the Land Disposal Resi ier a hazardous waste as	defined by 4	ertify and w 10 CFR 26	varrant that the 1	waste nas			
MEGAN WOOD	72	Α	behalf of 1	the second second	T-	15/2018	5			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature	1000 to 100		r. Date					
II. TRANSPORTER (Generator completes lla-b and Transporter completes lic-e)										
a. Transporter's Name and Address:	1:-1	Q1	Tickey	1000	200					
RICALLOW IRAC	KINS /	Blaeser	Trucking							
b. Phone: (72) 560-4	360	- //				1 1	1			
Esteban Barror	1 3	Raff! A	Im		10/	15/20	218			
c. Driver Name (Print)	d. Sign			e. Date	/					
III. DESTINATION (Generat	or complete III									
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indi	cation Space	e:					
With & Tower Ro										
Commerce City, CO (Account	# 1820210 (SA /	1-10 Projecti								
I hereby certify that the above named mat	arial has been acc	contod and to the he	est of my knowledge the fo	rogoing is to	ue and ee	ouroto.				
. Horoby cormy that the above hamed mate	Charlias Deell act	sopred and to the be	sacor my knowledge tile 10	legoling is th	ue anu ac	curate.				
- None of Augin 1 1 August 1							- 12			
e. Name of Authorized Agent (Print)	f. Signa		namedate N/= "	g. Date		***				
IV. ASBESTOS (Generator of	completes iva	-i and Operator				*				
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	ldress: Luciarado (Jept of Fleeth	Public Sity			
57(4) £ 50th Avenue				herry Greek						
b. Phone:	303-991-12	60	d Denver	, CO 80248	1680r	303-892-910	12			
e. Special Handling Instructions and Additi	ional Information:		d. Phone:		1					
		74	+2°,							
f. Friable Non-Friable Both Friable Mon-Friable Mon-Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name.										
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the d	contents of this cons	ignment are fully and accu	rately descr	ribed above	e by the proper	shipping name			
national governmental regulations.	ianelen/biacaidec	a, and are in an resp	ecra in brober couginou to	i dansport a	scording t	o applicable inti	amauonal and			
		140								
g. Operator's Name and Title (Print)	h. Signa	ature	1.00	i. Date						
*Operator refers to the company which ow	ns, leases, operat	tes, controls, or supe	ervises the facility being de	molished or	renovated	d, or the demolit	ion or			
renovation operation or both						,				



I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur								
d. Generator's Name and Location:	sociation		e. Generator's Mailing Ad	dress:	ent at Tes	กรดสเกลยดล				
Horth of 1-70 between Columb	ane & Elizapes: S	Birests	3643 E 46th Avenue							
Denver, CO 80216	720-820-49			00 80216		720-920-486	5			
f. Phone:			g. Phone:	2 2 2	4					
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
		Regulati	ed Asbentos Contaminatico	Bod						
5128 1812498	7/30/2019	RACS					Teirds			
							+			
							 			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	e as define	d bv 40 C	FR 261 or any a	pplicable			
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations	; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazai rements of 40 CFI	rdous waste subject R 268 and is no long	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the v	vaste has			
MEGAN WOOD			n behalf of c							
p. Generator Authorized Agent Name (Prin	nt) a	. Signature			r. Date					
II. TRANSPORTER (General			sporter completes lic	-e)						
a. Transporter's Name and Address:						****	30,00,000			
PIAESE										
b. Phone: 3-444-592	9 1									
b. Phone: 3 - 474-572	N. N.			,						
Sin R	1/	元尺		10	-15-3	OB				
c. Driver Name (Print)	d. Sign	ature		e. Date						
III. DESTINATION (Generat	or complete III	a-c and Destina	ition Site completes II	ld-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space	∋:					
adin & Yower Rd										
Continuence City, CO (Account	# 990218 ESA /	1-70 Project)								
b.										
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tr T	ue and ac	curate.	-			
						4	No.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator of	completes IVa	-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	Dept of Horeth I	Chiene Sac			
670') E 59th Avenue			4300 0	terry Cres			a a secula servi			
Commerce City, CO 80022	303-991-12	80	Denver	00 80246		903-692-910	Q.			
b. Phone:	ional Information.		d. Phone:			its.				
e. Special Handling Instructions and Additi	onal information:									
			1				100			
	f. Friable Non-Friable Both Friable Mon-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	d, and are in all reso	ects in proper condition for	transport a	ccording t	e by the proper o applicable inte	ernational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			-			
*Operator refers to the company which ow	ns, leases, operat	tes, controls, or supe	ervises the facility being der		renovate	d, or the demolit	on or			



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I. GENERATOR (Generate	or completes	la-r)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location:	Marlettati	<u>10</u>	e. Generator's Mailing Add	dress:	al Tarana a					
high of (-70 between Columb		Strage	364 . Alivene							
Desyce: 00 80216					780-03-13	9				
f. Phone:			g. Phone:							
If owner of the generating facility differs fr	om the generate	or, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		hipping Name and m. Containers n. Total							
		Description		No. T	ype Quantity	Wt/Vol				
		Raquiat	eti Asbestos Contaminali		10					
5126 1612496	Z00GO:S RACS									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl										
waste is a treatment residue of a previous	sly restricted haz	zardous waste subjec	t to the Land Disposal Restri	ctions. I certify	and warrant that the v	vaste has				
been treated in accordance with the requi										
MEGAN MOOD		1.70	n betalf of Ci	The second second second	0/15/18					
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:	E. 50	oth Auc	= Clomine	1010	5 000					
EJN COTO										
b. Phone: 303 991 12	80_		A 000							
DENNIZ Comp Be	T	semil (amplelle	10-	15-18					
c. Driver Name (Print)	d. Sig	gnature		e. Date						
III. DESTINATION (General	or complete	Illa-c and Destina	ation Site completes III	d-g)						
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indica	ation Space:		C33500				
apta a Tower (to										
Commerce City, City (Account	# 990216 ESA	71-10 Project								
b.										
I hereby certify that the above named mat	erial has been a	accepted and to the b	est of my knowledge the fore	egoing is true a	and accurate.					
e. Name of Authorized Agent (Print)	f. Sig	nature		g. Date						
IV. ASBESTOS (Generator	completes IV	/a-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Addres	ss:	19-14 No. 2180				
ERMINE FORK ALBERTA					rado Dept of Health 6	HINDRO DREY				
5700 E 50th Avenue	2002 0004	1000		erry Creek Dr		Α				
b. Phone: Commerce City, CO 80022	333.691	±200	d. Phone:	CO 80248-15	30 333-692-310	Ė				
e. Special Handling Instructions and Addit	ional Information	n:								
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/placard	led, and are in all res	pects in proper condition for	transport acco	rding to applicable inte	rnational and				
national governmental regulations.				-		- 100-				
g. Operator's Name and Title (Print)		nature		i. Date						
*Operator refers to the company which ow	ns, leases, oper	rates, controls, or sup	ervises the facility being den	notished or ren	ovated, or the demoliti	on or				



I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	cument Number c. Page 1 of						
d. Generator's Name and Location:	ennetnina		e. Generator's Mailing Add	dress:	not of Test	aunourication			
Horth of 1-70 between Columb		inmeta	3643 E 46th Avenue						
Transer, CC 60216	720-920-45			GO 80216		720-939-195	16		
f. Phone:)÷	g. Phone:						
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
			The second secon		.,,,,,	Country	77.0		
Tion stands	TOWNS CO.	and the second second	ed Asbestos Contaminated	HON					
5128 1812498	7030(3)19	RACE					Yords		
		10.00	6-10-10-10-10-10-10-10-10-10-10-10-10-10-						
GENERATOR'S CERTIFICATION: I here	by cortify that the	above named mate	orial is not a hazardaya wast	o ao dofina	d by 40 C	ED 261 or any	applicable		
state law, has been properly described, cl	assified and packa	aged, and is in prop	per condition for transportation	on accordin	g to applic	able regulations	s; AND, if this		
waste is a treatment residue of a previous	ly restricted hazar	dous waste subjec	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the	waste has		
been treated in accordance with the requi			behall of at			15/18			
			benait of CL	3611	All all all all all all all all all all	7110			
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Gene			nsporter completes lic-	e)					
a. Transporter's Name and Address:	Ter Sens	Andrew Contract	and the second s						
h Phone: 320 93	1 - 1	117							
b. Phone:	4- 4-1	The state of the s							
				ig G	10	/1=-/	1-1		
c. Driver Name (Print)	d. Signa	ature 2		e. Date	177	47/	Lucia		
III. DESTINATION (General			ation Site completes III						
a. Disposal Facility and Site Address:		c. US EPA Nur			e:				
sith & Towar Rd									
Commerce City, CO (Account	# 990216 ESA /	I-10 Project)							
b.		1							
I hereby certify that the above named mat	eriai nas been acc	epted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa-	-r and Operator	0 /						
a. Operator's Name and Address:			c. Responsible Agency Na	LARSH BUT	य पादासम् ।	Dept of Hustin	A Public Say		
6700 E 80th Avenue				entry Creek					
Dommeroe Day, CO 80022	303-991-12	50		00.80245	1536	303-692-310	12		
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this con	signment are fully and accur						
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	l, and are in all res	pects in proper condition for	transport a	ccording t	o applicable inte	ernational and		
		1114		-					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa ns. leases, operat		ervises the facility being den	i. Date	renovater	or the demolit	ion or		
renovation operation or both	iodooo, oporat	oo, controle, or sup	or 11000 the facility being deli	nononeu O	CHOVALE	, or the deliton			



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I. GENERATOR (General	or com	Dietes	ia-r)								
a. Generator's US EPA ID Number			b. Manifest	Docur	nent Number		c. Page				
d. Generator's Name and Location:	encetation	r).			e. Generator's Mailing Address:						
North of I-70 between Columb			Circolo		25325 3	6th Avenu	ent an irea	was an extensive			
Disniver, CO 80216		0-970-4				CO 80214		720-920-4868			
f. Phone:	r 140				g. Phone:	OCT SOLE IN		FRANCISCO			
If owner of the generating facility differs fr	om the g	enerator	, provide:			1000					
h Oumada Nama											
h. Owner's Name:	In Face	D-4-	L I Man	- 05:-	i. Owner's Phone No.:	1 m Co.	toinoro	T-4-1	T - 11-11		
j. Waste Profile #	k. Exp.	Date	Descrip		ping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol		
							1,750	Guarring	110101		
			- Re	igulate	ed Asbestoa Contaminated	ion			1 - 1 - 1		
5126 1812496	79%	0/2019	St	103					Vande		
GENERATOR'S CERTIFICATION: I here	by certify	that the	above named	mate	rial is not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable		
state law, has been properly described, cl	assified a	and pack	aged, and is it	n prop	er condition for transportation	n accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the require	iy restrici rements (ed naza of 40 CF	rdous waste s R 268 and is r	ubject	to the Land Disposal Restric	ctions. I ce	ntify and w	arrant that the w	aste has		
	CITICITES		1 201	2	The state of the s						
MEGAN WOOD		16	mucu	1 0	n behalf of c	DOI	1011	5/2018			
p. Generator Authorized Agent Name (Prin			. Signature	1000			r. Date				
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)											
a. Transporter's Name and Address:			reports also	1	£ 1-07m		OM	MPRIE.	6.11		
	05	n	610		\$ 507- Ave	(on The of	27		
								800	6		
b. Phone: 303-991-	128	70									
			Dans!				27.44	- 10			
moon hust			12a	27	Request 1 11.		10-1	5-18			
c. Driver Name (Print)		d. Sigr				e. Date					
III. DESTINATION (Generat	or com	plete II	la-c and De	estina	tion Site completes Illo	d-g)					
a. Disposal Facility and Site Address:			c. US EPA	A Num	ber d. Discrepancy Indica	tion Space	e:				
Beth & Tower Rd											
Commerce City, U.O. Account	# 99021	BESA	L'U Projecti								
b.											
I hereby certify that the above named mate	erial has	been ac	cepted and to	the be	st of my knowledge the fore	going is tre	ue and acc	curate.			
	-										
e. Name of Authorized Agent (Print)		f. Signa	iture			g. Date					
IV. ASBESTOS (Generator of	complet			rator	complete IV/a iV	y. Date					
	ompiei	.63 1 7 8	-i aliu Opei								
a. Operator's Name and Address:					c. Responsible Agency Nam	ne and Ad	dress:	lear of Health &	Prints I'm		
6700 E-50th Avenue				- 1			Ch South		- GOM Dire		
Commerce Only, CO 20022	366	1.991-12	agn.			00 91218		303-692-3102			
b. Phone:					d. Phone:	A NA PRINCIPALITY		and the second second			
e. Special Handling Instructions and Additi	onal Info	rmation:									
f. Friable Non-Friable Both			riable		% 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/p	lacarde	d, and are in a	II resp	ects in proper condition for to	ransport a	ccording to	applicable inter	national and		
national governmental regulations.		-	- 27	935							
g. Operator's Name and Title (Print)	-	h. Sign	ature		10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	i. Date					
*Operator refers to the company which own	ns, lease:	s, opera	tes, controls, c	r supe	rvises the facility being dem	olished or	renovated	, or the demolitio	n or		
renovation operation or both				(4)							



I. GENERATOR (Generato	r completes la	i-r)							
a. Generator's US EPA ID Number		nent Number		c. Page	1 of				
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:	ant of Ton	assertations.			
North of L70 petween Columb		(Fisher Fig.	3613 E 1	Sth Avenu	NG ONLY INTO A LOSS	TOPOM SMERTE			
Derver, CO 60216	720-920-466			00 80216		720-920-466	ő		
f. Phone:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	g. Phone:						
If owner of the generating facility differs from	om the generator, I	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol		
				Quantity	11010				
	100 Miles (100 N 100		ed Aubertos Contaminated	SGIL			Manda		
5129 1612496	7/30/2019	RAGS					Yamts		
GENERATOR'S CERTIFICATION: I here	hu andif , that the a	shave named mate	rial is not a hozardous wast	o oo dofina	d by 40 C	ED 261 or any a	upplicable		
state law has been properly described, cla	assified and packa	ged, and is in prop	er condition for transportation	on accordin	ig to applic	cable regulations	s; AND, if this		
waste is a treatment residue of a previous	ly restricted hazard	dous waste subject	to the Land Disposal Restri	ctions. I ce	ertify and v	varrant that the v	vaste has		
been treated in accordance with the requir			of behalf of C			15/2018			
			a penal to c	1	10. 11	1712018	,		
p. Generator Authorized Agent Name (Prin		Signature			r. Date				
II. TRANSPORTER (Gener		s Ila-b and Trai	nsporter completes lic-	·e)					
a. Transporter's Name and Address: 15	CESTSFO	1,18011	1.00						
7	Beun eq	150					'		
b. Phone: 303644592	1	// -	1-11-						
(JULLA W. 1)	16 6	14114	4/18/1/22	7 11	746	7-18			
c. Driver Name (Print)	d. Signa	duro (10 laces	e. Date	717	, 0			
III. DESTINATION (Generat			ation Site completes III		21	To and the			
a. Disposal Facility and Site Address:	or complete in	c. US EPA Nun			e:				
getti & Tower Rd									
Commerce City, CC (Account	# 990218 ESA //	LO Franci							
b.									
I hereby certify that the above named mat	erial has been acc	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signal	127.07,00		g. Date					
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)				,		
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ac	idress:	Dept of House	s Practic Sits		
6700 E 60th Avenue			4300 CF	remy Creek	k Ly Soul	F}			
Commerce City, CG 86022	303-991-12	50		00 8024	8-1500	303-692-910	12		
b. Phone: e. Special Handling Instructions and Addit	ional Information:	-	d. Phone:						
3									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	iable	% Non-Friable		-				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this con:	signment are fully and accur	ately desc	ribed abov	e by the proper	shipping name,		
and are classified, packaged, marked and	labeled/placarded	f, and are in all res	pects in proper condition for	transport a	according	to applicable int	ernational and		
national governmental regulations.									
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature	ervises the facility being de	i. Date	r renovate	d, or the demoli	tion or		
renovation operation or both	na, icases, operat	.os, controls, or sup	or vided the facility being del	TOROTICO U	. 101,01010				



5007469

I. GENERATOR (Generate	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page		
d. Generator's Name and Location:	snamelina		e. Generator's Mailing Add	dress:	us at Taxa	ALUEN DE PERSONA	71
North of 1/2 between Columb		Diversity	CARGADA NO 10 C J	1 Lichaine 18th Avenu	NAT OF 1 CO.	HEROLINGER!	
Terwer, OG 83216	720-920-4					700 000 1600	
f. Phone:	2200000000	900	g. Phone:	CO 80216		7.30-820-4666	
If owner of the generating facility differs fr	om the generator	, provide:	3	-24 - 247		Table State of the	
18780			16				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.		n. Total	o. Unit
A SECTION OF THE SECT		Description		INO.	Туре	Quantity	Wt/Vol
		Regulate	ed Asberstoe Contaminated	loit			=
5128 18 12 498	2/50/2018	PACS					Yalids
		1					
GENERATOR'S CERTIFICATION: I here	hy certify that the	ahove named mate	rial is not a hazardous waste	as define	1 by 40 C	ED 261 or any ar	plicable
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	n according	to applic	able regulations:	AND, if this
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restric	ctions. I ce	tify and w	arrant that the w	aste has
been treated in accordance with the require	rements of 40 CF	R 268 and is no long	er a hazardous waste as de	efined by 4	CFR 261		
MEGAN WOOD	0	mull on	behalf of c	DOT	10	15/2018	
p. Generator Authorized Agent Name (Prin		. Signature			r. Date		
a. Transporter's Name and Address:	rator complete	es lia-b and Trar	isporter completes lic-	e)	101	-1-1	
a. Transporter's Name and Address.	DA 6 1	00 8 50	AUC COM	Topl -	-		
						800	22
b. Phone: 3/99/1280							
	1 /2-		Aller 1772	,	,		
K+1005	1	3 1974		/	0 1	5 18	
c. Driver Name (Print)	d. Sign	ature		e. Date		, 0	- Info
III. DESTINATION (Generat			tion Site completes III				
a. Disposal Facility and Site Address:	or complete ii	c. US EPA Num					
		C. US EFA NUM	d. Discrepancy indica	ilion Space	•		
dath & Yower Ra	To Table 2 and The Control of the Co						
Conmerce City, CO (Account	# 990210 ESA	F-19-Philadi)					
b.	adat baa baaa aa		-1-61116				
I hereby certify that the above named mate	enar nas been ac	cepted and to the be	st of my knowledge the fore	going is tru	ie and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date		100	
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ado	lroce.		
EGA 210			NESITAL	Admin C	Clanido E	Pept of Freelin a	Public Sity
6706 E 59th Avenue			4300 Chi	erry Creek	Dr. South		
Commerce City, CO 80022	303-991-12	180	Denver, (00 61246	1630	303-892-3102	
b. Phone:	anal Information		d. Phone:				
e. Special Handling Instructions and Additi	onal intormation:						
4							
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accura	ately descri	bed above	by the proper s	hipping name
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	ects in proper condition for t	transport a	ccording to	applicable inter	national and
national governmental regulations.							
	1						
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			
*Operator refers to the company which own	ns, leases, opera	tes, controls, or supe	ervises the facility being dem	nolished or	renovated	, or the demolition	n or
renovation operation or both							



I. GENERATOR (Generator	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur							
d. Generator's Name and Location:	arterbahan		e. Generator's Mailing Add	dress;	and all Take	12A SAISANA			
North of 1-70 between Columb		Managardez	VEAN E	icth Aveat	orn un max	rapidi ization			
Denier, CO 80216				CO 80216		720.520-450	8		
f. Phone:	7 20-020-90	2.0	g. Phone:	GG DUETT		(SOUNDED-STATE	Ş.		
If owner of the generating facility differs fro	om the generator,	provide:							
h. Owner's Name:		[1 144 -1 Ot 1	i. Owner's Phone No.:	0	4-1	7.4.1	o. Unit		
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	tainers Type	n. Total Quantity	Wt/Vol		
					1700	Gournity	110101		
		Regulat	ed Arbestos Contaminated	असी					
5126 1812496	7/00/2019	RACS					Yasirda.		
						P30 - 10	-		
GENERATOR'S CERTIFICATION: I herel	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any a	pplicable		
state law, has been properly described, clawaste is a treatment residue of a previous									
been treated in accordance with the requir	rements of 40 CFF	R 268 and is no lone	ner a hazardous waste as de	efined by 4	0 CFR 26	arrant that the w	vaste rias		
MEGAN WOOD			n behalf of ci			15/2018			
The second secon			n bevar of C	201	1623	12015	2		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)									
a. Transporter's Name and Address: 3	M. m. (m. m.								
U	पर्डा								
- 11.6 TT 5 G									
b. Phone: 3 -644-5949					v 1				
177131-cm		n 17		11.	1771	10			
		Maria de la companya del companya de la companya del companya de la companya de l		D 1	111	KI			
c. Driver Name (Print)	d. Signa			e. Date					
III. DESTINATION (Generate	or complete III								
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	9:				
89th & Tower Rd									
Commerce City, CO (Appount	# EX0210 ESA /	F (C Froject)							
b.							-24-24		
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	nelector o				
IV. ASBESTOS (Generator of			complete IVa-i)						
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	drace:				
LOA INC		i i i	c. Responsible Agency Ival	Admin Au	Scierado i	Jept of Fleath &	Public Sity		
9700 E 50th Avenue			4300 Ch	erry Cresi	Dr. Souli				
Ocrameros City, CC 80922 303-991-1260 Denver, CC 80246-1530 303-692-3152									
b. Phone:	anal Information:		d. Phone:		75 70				
e. Special Handling Instructions and Additional Information:									
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accura	ately descr	ibed above	by the proper s	shipping name		
and are classified, packaged, marked and national governmental regulations.	iapeled/placarded	i, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable inte	rnational and		
nadorial governmental regulations.									
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		*			
*Operator refers to the company which own	ns, leases, operat	es, controls, or sup	ervises the facility being den	nolished or	renovated	l, or the demoliti	on or		
renovation operation or both									



5007467

I. GENERATOR (Generate	or complete	es la-r)							
a. Generator's US EPA ID Number		b.	Manifest Docu	e. Generator's Mailing Address:					
d. Generator's Name and Location:	engestine.			e. Generato	r's Mailing Ad	dress:	set of I may	enniellen	
horin at 1-70 between Columb		an Literan	- Evolu		OF ACT I	STATE A	STATE OF THE	HOOF TELEFORE	
			E			48th Avenu			
f. Phone:	720-92	O MODES		g. Phone:	Denver	CO 30216		730-920-4696	
If owner of the generating facility differs fr	om the gener	ator pro	vido:	g. Filone.					
in owner or the generating facility differs in	om me gener	ator, pro	vide.						
h. Owner's Name:				i. Owner's F	hone No.:				
j. Waste Profile #	k. Exp. Date)	I. Waste Ship	ping Name ar	nd	m. Cor	tainers	n. Total	o. Unit
			Description	No. Type Quantity					Wt/Vol
			Characteris	A Allenatus C	Laurence and an in-	Donal			
				nd Ashestos C	ARIUM III MAI EG	OR OH			
5128 181248B	7/90/cm		RAGE						Ynitte
						1			+
GENERATOR'S CERTIFICATION: I here	by certify that	the abov	ve named mate	rial is not a ha	zardous wast	e as define	d hv 40 C	FR 261 or any ai	policable
state law, has been properly described, cl	assified and p	ackaged	d, and is in prop	er condition fo	r transportation	on accordin	g to applic	able regulations	AND, if this
waste is a treatment residue of a previous	ly restricted h	azardou	s waste subject	to the Land C	isposal Restri	ictions. I ce	rtify and w	arrant that the w	aste has
been treated in accordance with the require	rements of 40	CFR 26	8 and is no lon	ger a hazardo	us waste as d	efined by 4	0 CFR 26	1.	
MEGAN WOOD		AAA	mul or	1 behal	6 01 07	DOT	10 1	5 2018	
	-4\			17.00000	. 0.			712010	
p. Generator Authorized Agent Name (Prin			nature				r. Date		
II. TRANSPORTER (General	rator comp	letes II	a-b and Trai	nsporter co	npletes lic-	-e)			
a. Transporter's Name and Address:									
B/A-ser									
b. Phone: 3-644.592	-7								
> (A)		4.000	115	-10	6.0	
Simil		- /	· F	10-15-3018					
c. Driver Name (Print)		Signature		e. Date					
III. DESTINATION (Generat	or complet	e Illa-c	and Destina	ation Site co	ompletes III	ld-g)			
a. Disposal Facility and Site Address:			c. US EPA Nun	ber d. Disc	repancy Indica	ation Space):		
ann a Tower for									
Commence City, CO (Account	# OKVISHED BOX	WELL BY	Chemister)						
b.	4 ADDA LA CO	DATE OF	(adigm)						6
I hereby certify that the above named mate	erial has heer	accente	and to the h	et of my know	ledge the for	agoing is to	o and acc	ourate	
Tribroby Cortiny triat the above framed fride	Chair had been	Сосори	od and to the b	ost of my know	neage the lore	going is the	ic and acc	Julate.	
									1
e. Name of Authorized Agent (Print)	f. S	ignature				g. Date			
IV. ASBESTOS (Generator of	completes	Va-f a	nd Operator	complete I	/g-i)	Andrew Control			
a. Operator's Name and Address:				c. Responsib	0 /	me and Ad	drees:	700	-
25A Inc				c. responsib	NES HA	Admin:	Joidrago I	Dept of Health &	PUBLIC SHY
8700 E 50th Avenue					4900 Oh	Herry Creek			-
Commerce City, CO 86027 303-901-1290 Denvey CO 96746-1530 363-697-3102									
b. Phone:				d. Phone:					
e. Special Handling Instructions and Additi	ionai intormat	ion:							
f. Friable Non-Friable Both		% Friable	•	% Non-Friab	е				
OPERATOR'S CERTIFICATION: I hereby	declare that t	he conte	ents of this cons	signment are for	illy and accur	ately descr	ibed above	e by the proper s	hipping name
and are classified, packaged, marked and	labeled/placa	rded, an	d are in all resp	ects in proper	condition for	transport a	ccording to	o applicable inter	national and
national governmental regulations.									
a Operator's Name and Title (Driet)	h /	Namatri				1 0-4			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	ne leases or	Signature	controle or eur	anciene the for	ility bains de-	i. Date	ronovoto	l or the demolist	n or
renovation operation or both	iio, icases, U	ciales, l	controls, or sup	01 413E3 [116 [8]	mry being der	nonaneu or	removated	i, or the demolitic	JI 01
				1000		The second secon			·



I. GENERATOR (Generato	r completes la	-r)			c. Page	1 of	
a. Generator's US EPA ID Number		b. Manifest Docume	ent Number		c. Page	1 01	
d. Generator's Name and Location:	navioliza		e. Generator's Mailing Add			sponsuen	
d. Generator's Name and Location.		freets		foth Avenue		720-920-4668	
Dawer CO \$2216	720-920-18	96	g. Phone:	00.80216		TELESCO-SOLV	
a mi	om the generator	provide:	y. Frione.				
f. Phone: If owner of the generating facility differs from	om the generator,	provide.	i. Owner's Phone No.:			The s	
h. Owner's Name:	k. Exp. Date	I. Waste Shipp	oing Name and	m. Conta		n. Total Quantity	o. Unit Wt/Vol
j. Waste Profile #	K. EXP. Date	Description		No.	Туре	Quartery	1
5128 1612 400	7/50/37/19	Regulate RACS	d Asbastos Contaminater	i Boil		18	Yeards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, of waste is a treatment residue of a previous been treated in accordance with the requirements.	sly restricted haza irements of 40 CF	ardous waste subject R 268 and is no lon	to the Land Disposal Res ger a hazardous waste as	trictions i ce	O CFR 2	Wallall wide in	applicable s; AND, if this waste has
MEGAN WOOD	-		Device.		r. Date		
p. Generator Authorized Agent Name (P	rint)	q. Signature	nsporter completes II	c-e)	Second Second		
II. TRANSPORTER (Gen a. Trapsporter's Name and Address:	erator complet	es lia-b and ma	To INV				
Barron Truck b. Phone: (720)560	4866 E	Spaces et	Bun	1	o /1	5/201	6
Esteban Bari	01	Juny !	11/	e. Date			
c. Driver Name (Print)	d. Sig	nature / Doctir	nation Site completes				
c. Driver Name (Print) III. DESTINATION (Gener	ator complete	c. US EPA Nu	mber d. Discrepancy In	dication Space	ce:		
a. Disposal Facility and Site Address:	unt # 990216 ESA	7 L-10 Project)					
b. I hereby certify that the above named n	naterial has been	accepted and to the	best of my knowledge the	foregoing is	true and	accurate.	
e. Name of Authorized Agent (Print)	f. Sig	nature	1.6.07.0	g. Date			
IV. ASBESTOS (Generate	or completes I	Va-f and Operate	or complete IVg-I)	Name and A	Address:		a Civista CD
a. Operator's Name and Address:			c. Responsible Agency				n is proping day
670) E 50th Avenue			4300	Chemy Grever CO 802	68. Un. 3 68. 1890	olan Susabiza	102
Commerce City, CO 8002	2 303-991	1280	d. Phone:	VOL. CALL GOLD	16.16		
b. Phone: e. Special Handling Instructions and A		on:					
f. Friable Non-Friable E	oth 9	% Friable	% Non-Friable	anurataly day	ecribed a	hove by the pror	per shipping nar
f. Friable Non-Friable E B OPERATOR'S CERTIFICATION: I he and are classified, packaged, marked national governmental regulations.	reby declare that t and labeled/placa	he contents of this c rded, and are in all r	onsignment are fully and a espects in proper condition	n for transpor	t accord	ing to applicable	international an
			24				
g Operator's Name and Title (Print)	h. 9	Signature	and the facility being	i. Date	or renov	vated, or the den	nolition or
g. Operator's Name and Title (Print) *Operator refers to the company which	h owns, leases, or	perates, controls, or	supervises the racility being	y demonstred			
renovation operation or both							1



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 GENERATOR (Generate 	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu							
d. Generator's Name and Location:	mortalina		e. Generator's Mailing Add	ress:	ant lef Tear	sectoriotene.			
North of L70 between Columb		Henolo		fith Avenu		GUANTERIUM			
Deliver CO 80216	720-020-4			CO 80318		72) 920-4869			
f. Phone:	-1 75/0-54/00-W	200	g. Phone:	With COUNTY		1203-3203-80000			
If owner of the generating facility differs from	om the generator	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	oping Name and	m. Cor	tainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
5129 1612499	7,000 8	eg his ist. S	a sa de la una.	ci		18	7.0978		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	per condition for transportation to the Land Disposal Restri	n accordin	g to application of the state o	cable regulations; varrant that the w	AND, if this		
MEGITN WOOD amuel or behalf of CDOT 10/15/2018									
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
	OE. S	on Thau	L Completes IIC-	1179	(.9	800	22		
b. Phone: 303 99112	N		1 0000	1/	7 -10	10			
Dennis Comp BEL	1 +5	em (duyou		7.1-	270			
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generat	or complete II								
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ition Space	∌:				
Man & Tower IV									
Commerce Ciri, CO (Account	# 39() C F A /	O Project)							
b. I hereby certify that the above named mate	erial has been ac	cented and to the h	est of my knowledge the fore	aoina is tr	ue and acc	curate			
	nao boon ao	and to the b		3519 10 11	3114 401		o al car		
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date		TOWNS			
IV. ASBESTOS (Generator			complete IVa-i)	g. Date					
a. Operator's Name and Address:		The special of	c. Responsible Agency Nar	me and Ad	dress:				
ESA IRC			1,672,121	Admin.	idichade i	Jept of Health a	Public Sftv		
6700 E 60th Avenue				erry Crosk					
Denver, CO 80245-1630 (03-692-3102) b. Phone: Denver, CO 80245-1630 (03-692-3102)									
e. Special Handling Instructions and Addit	ional Information:		u. Filolie.						
						C			
f. 🗌 Friable 🔲 Non-Friable 🔲 Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this cond d, and are in all res	signment are fully and accura pects in proper condition for	ately descr transport a	ibed above according t	e by the proper s o applicable inter	hipping name, mational and		
7.									
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date					
*Operator refers to the company which ow			ervises the facility being den		renovated	d, or the demolitic	on or		
renovation operation or both				· us illipse					



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 GENERATOR (Generate 	or completes l	a-r)							
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of									
d. Generator's Name and Location:	sportanon		e. Generator's Mailing Ad	dress;	ent of Trai	пенставал	2 2		
North of 1-70 patween Columb		Straule	2619 5	45th Aven	145	togene statement			
Denier CO 60216	728.97% a		1	CO 80216		720-920-408	5		
f. Phone:	· Manager, in		g. Phone:	Assess with the a ti	μ2 	120-020-000			
If owner of the generating facility differs from	om the generator	, provide:							
h. Owner's Name:		1 1 141 - 1 - 011	i. Owner's Phone No.:	- Co.	atainara	7-4-1	1 - 11-14		
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol		
					1,750	Guartity	110101		
		Regulat	ed Aspestos Contaminated	Soil					
5126.1812496	7990/2019	FUCS					Yards		
				-			-		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous wast	e as define	ed by 40 C	FR 261 or any a	oplicable		
state law, has been properly described, clawaste is a treatment residue of a previous	assified and pack	kaged, and is in prop	per condition for transportation	on accordin	ng to applic	able regulations	; AND, if this		
been treated in accordance with the requir	rements of 40 CF	R 268 and is no lon	der a hazardous waste as d	efined by 4	10 CFR 26	ramanı mat me w 1.	aste nas		
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 AMMEDIA OF COOT 1015 2018									
MEGAN WOOLS MANUE ON DEVALL OF COOL 1011312018									
p. Generator Authorized Agent Name (Prin	nt) c	q. Signature		82 89/ 81	r. Date		1000		
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address:	TH Aul								
ESA 6700 8, 50		>							
Commince only co	7 823 5	Cur							
b. Phone: 3) 991 1287) ~								
CCA TO1 = Pollie	· Pa	t. 11)		112-	15-	300	LECTURE L. SAN		
231. 101 1 18 4000	12	we wor		70	- 0	20.0			
c. Driver Name (Print)	d. Sigr		1' 0'' 1 1 1	e. Date					
III. DESTINATION (Generat	or complete I								
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	ation Spac	e:				
88th E Towar Rd									
Colamerce City, CO (Account	1# 990216 ESA	I- U Projects							
b.				44.44					
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the for	egoing is to	rue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date		4			
IV. ASBESTOS (Generator			complete IVa-i)	- III - III					
a. Operator's Name and Address:		The special	c. Responsible Agency Na	me and Ac	ldress:				
ESA HIL		101	MESTIA	P. ALKERIA.	Inchalant I	Dept of Health &	Public Sity		
6700 E 50th Avenue	K				k Dr. Sout		-5		
Commerce Oily, CO 80022 303-991-1260 Denver, QO 80246-1630 303-992-5102									
b. Phone: e. Special Handling Instructions and Addit	ional Information		d. Phone:		e ce de la lacera de		-		
5. Special Hariding mandellons and Addit	.o.iai miorilation								
f. Friable Non-Friable Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	contents of this con	signment are fully and accur	ately desc	ribed abov	e by the proper :	snipping name		
national governmental regulations.	ianeieu/piacarde	o, and are in all res	pects in proper condition for	u ansport a	according t	o applicable lifte	manonal and		
The second secon									
			12 12 14	160		7701			
g. Operator's Name and Title (Print)	h. Sigr			i. Date					
*Operator refers to the company which ow	ns, leases, opera	ates, controls, or sup	pervises the facility being der	nolished o	r renovate	d, or the demoliti	on or		
renovation operation or both									



5007463

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu								
d. Generator's Name and Location:	snarionar		e. Generator's Mailing Ad	dress:	ant of Tray	sennetarion				
		Santala.	50 m c	a Lagran de Company	जार जा । रहा	SOLD CHEERLY!				
Herth of 170 between Columb				16th Avenu						
f. Phone:	720 920 45	100		00 80218		720-620-186				
If owner of the generating facility differs from	om the generator	provide:	g. Phone:							
if owner of the generating facility differs from	om the generator	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Cor	tainers	n. Total	o. Unit			
		Description		Quantity	Wt/Vol					
		Umardan	ed Asbasios Contaminated	lend.						
Tarin Anadami	Parameter constitution		ed vancards contamination	1011						
5128 1812496	2/90/2019	FACS					Yearis			
			U 1000-00		12/2/2 - 12/2	-				
							-			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any a	pplicable			
state law, has been properly described, cla	assified and pack	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations	: AND, if this			
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has			
been treated in accordance with the requir		The second section is a second			-					
MEGAN WOOD	a	mull o	n bahall of cr	TOC	1011	5/2018				
p. Generator Authorized Agent Name (Prin		. Signature	- 100 cm (m - 100 m -		r. Date					
			conorter completes lle	0)	1. Date					
a. Transporter's Name and Address:	ator complete	s lia-b allu Trai	isporter completes lic-	e)						
a. Transporter's Name and Address.	3 Day		and the same of th							
-	- / - / /	and the first warm								
b. Phone:	1	1117								
b. Phone:						-				
	1		20.00			/ /	100			
c. Driver Name (Print)	d. Sign	ature		e. Date	17	13/1	-			
			etion Cita completes III				the same of the sa			
(30.00	or complete ii									
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	: :					
isith is Tower Ro										
Commerce Orty, GD (Account	# 990216 ESA /	1-10 Project)								
b.										
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.				
e. Name of Authorized Agent (Print)	f Ciana	turo		a Data						
	f. Signa	The second secon	computed - N/ "	g. Date						
IV. ASBESTOS (Generator of	completes IVa	-i and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	ept of Health &	Charles Silver			
6790 E 50th Avenue			13113 (14				L. Marine Strike			
Commerce City, CO 80022	500 004-15	iac.		erry Creat						
Deriver, CO 80246-1530 303-991-1280 b. Phone:										
e. Special Handling Instructions and Additi	ional Information:		West of the second		11	1100				
AD Edoble District District	64 =	4-1-1-	0/ 11 - 12 11	4						
f. Friable Non-Friable Both		riable	% Non-Friable		had at-	n haadha waa	hinning			
OPERATOR'S CERTIFICATION: I hereby	labeled/placarder	contents of this cons	signment are fully and accur-	ately descr	ccording to	e by the proper s	mational and			
and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national governmental regulations.						o applicable inte	mational and			
3		and the same of th								
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or sup	ervises the facility being den	nolished or	renovated	l, or the demoliti	on or			
renovation operation or both										



NON-HAZARDOUS SI

ASBESTOS MANIFEST

5007462

I. GENERATOR (Generate	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu							
d. Generator's Name and Location:	speriation		e. Generator's Mailing Ad	dress:	mar est Tree	nerenestern			
North of 1-70 between Columb		16maso	26.42 C	46th Avenu	OKET PET TEST	(Sales of Control of			
Denver, CQ 60216				CO 90519		man first and			
f. Phone:	i su-uscu qu	JUG	g. Phone:	CORRECTO		730-920-486	9.		
If owner of the generating facility differs fr	om the generator	provide:	g. i floric.						
	om are generator,	, provide.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and	m. Cor		n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Requisi	ed Asbestos Contaminated	Soil					
5175 1012496	7/30/2019	RACS					Yards		
Control Control Control Control	1.16/10/20/20	THE POST					- Britis		

			C	-			 		
					- 1123				
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	pplicable		
state law, has been properly described, cl waste is a treatment residue of a previous	assilled and pack	aged, and is in prop rdoue waste subject	to the Land Disposal Pestr	on accordin	g to applic	cable regulations	; AND, if this		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	per a hazardous waste as d	efined by 4	0 CFR 26	1.	aste nas		
MEGAN WOOD			behalf of CDC			5/2018			
		would on	benalt of CLE		1011	512010			
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)									
a. Transporter's Name and Address:									
7									
					80	022			
b Phone: 303 991-	1280								
b. Phone: 303-991- Steven MOOT	P	Process of			16	15-110			
JITURN MOOF		Lynn	-		10-	15-18			
c. Driver Name (Print)	d. Sign	ature		e. Date					
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes III	d-a)		Salahan o	382		
a. Disposal Facility and Site Address:	-	c. US EPA Nun			20				
akin & Fower Fid									
Commerce City, CO (Account	WINDSHALLS .	Carlos Comments							
b.	of ecosyte month	s. Seinland							
I hereby certify that the above named mat	erial has been acc	cented and to the h	est of my knowledge the for	nacina ic tr	io and an	nurata			
say sorary that the above hamed mate	Sharings been acc	sopted and to the bi	sat or my knowledge tile lon	Syoniy is tru	anu du	ourato.			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			. 0 /	me and Add	dress:	22.1	- Constant		
DOA INC			c. Responsible Agency Na	Admin'	Journal I	Decit of Health 8	Public Sity		
5700 6 50th Avenue			4300 Ch	ierry Creek	Dr. Soul	1			
Commerce Oily, CO 80022	303-091-12	19-0		CO a0246	1630	309-892-310	2		
b. Phone:e. Special Handling Instructions and Addit	ional Information:		d. Phone:						
or operating medications and Additional Information.									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable	3.45					
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this cons	ignment are fully and accur	ately descri	bed above	by the proper s	hipping name		
and are classified, packaged, marked and	labeled/placarded	and are in all resp	ects in proper condition for	transport a	ccording t	o applicable inte	rnational and		
national governmental regulations.									
g. Operator's Name and Title (Print)	h. Signa	ature	28	i. Date					
*Operator refers to the company which ow	ns, leases, operat	es, controls, or sup	ervises the facility being der	nolished or	renovated	, or the demolitie	on or		
renovation operation or both				200000000000000000000000000000000000000					



5007461

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number					ument Number c. Page 1 of					
d. Generator's Name and Location:	sportation	•	e. Generator's Mailing Ad	dress:	ant of Tear	nortenana				
Horlh of 1-70 petween Golumb		Simple	12 C. 17 C.	den Avera		inportation:				
Derver, CO 60210	720-920-46			CO SOPIA		720 021 400				
f. Phone:	Pro- Ostorni	in the second	g. Phone:	HAN BUILTO		1 Transfer and Son				
If owner of the generating facility differs fr	om the generator	, provide:								
			i Oursels Bhons No.							
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Wasta Chin	i. Owner's Phone No.: Shipping Name and m. Containers n. Total o. Unit							
j. vvaste Prome #	k. Exp. Date	Description								
		- 10 - 10	V. 1	aca:			Wt/Vol			
			an Asbestoa Contaminated	SOL						
6126 1912496	7/90/2019	FACS					(arcs			
OCHEDATORIO OCRTICIOATION AL										
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	pplicable				
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restri	ictions. I ce	rtify and w	arrant that the w	vaste has			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 26	1.				
MEGAN WOOD Amuel on behalf of CDOT 10/15/2018										
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)										
a. Transporter's Name and Address:										
PC	2-34	11/100	the of							
L	3eunet	TICO								
b. Phone: 303644592	29	// //	1							
11.6 11/10	8 11	derily	the last	1	0-11	/8				
c. Driver Name (Print)	d. Sign	MNV SI	MARE	e. Date	115	10				
III. DESTINATION (Generat			tion Cita completes III							
	or complete ii	c. US EPA Num				William Hilliam				
a. Disposal Facility and Site Address:		C. US EPA NUIT	ber d. Discrepancy Indica	ation Space) :					
dotte & Yower Rd		1								
Commerce Day, CO (Account	# SHOWING ENAME	I- U Project)	1							
I hereby certify that the above named mat	erial has been ac	cented and to the he	est of my knowledge the for	nacina ie tr	io and acc	ourata				
Thereby certify that the above hamed that	eriai ilas beeli ac	cepted and to the be	sst of my knowledge the fore	agoing is the	Je and act	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	Control House	At the same			
6700 5 50th Avenue			USCOLUM:			ept of Health 6	PERMIT SHAY			
	200 204 45	70.0		erry Creek						
b. Phone: Commerce City, CO 80022	393-091-10	200	d. Phone:	00.80246	Stagn	303-692-3101	5			
e. Special Handling Instructions and Addit	ional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable										
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accur	ately descr	ibed above	e by the proper s	hipping name			
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inte	rnational and			
national governmental regulations.							D-			
							*			
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow	ns, leases, opera	ites, controls, or sup-	ervises the facility being der		renovated	l, or the demoliti	on or			
renovation operation or both			- 5%							



5007457

I. GENERATOR (General	tor completes	s la-r)		-				
a. Generator's US EPA ID Number		b. Manifest Doo	cument Number			c. Page	1 of	
d. Generator's Name and Location:	isportation		e. Generato	or's Mailing Ac	dress:	and of The	*******	- add
North of 1-70 between Colum	one & Elizabeth	Streets		Printer	46th Aven		nscortation	3,00
Denver, CO 30216 f. Phone:	730-829-	4966	Dhana.		CO 8021		720-920-4585	. Alex
If owner of the generating facility differs f	rom the generat	or, provide:	g. Phone:					
h. Owner's Name:			i. Owner's F	Phono No :				
j. Waste Profile #	k. Exp. Date		nipping Name ar		m. Co	ntainers	n. Total	o. Unit
		Description			No.	Туре	Quantity	Wt/Vol
5126 1812 496	7/30/201		alad Asbestos (Contaminated	Soil		16	Yards
							(4)	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lv restricted haz	ardous waste subjected and is no lo	oper condition to to the Land D nger a hazardou	r transportation isposal Restri us waste as de	n accordin	ig to applic	able regulations;	
MEGAN WOOD		annul	on beh	ial lot	CDOT	10	115/2018	
p. Generator Authorized Agent Name (Pri		q. Signature				r. Date		
ii. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complet	tes Ila-b and Tra	ansporter cor	npletes lic-	e)			
Barron Trucki b. Phone: (720) 560 - 4	ng be	laoser	Truci	Kny			//	
c. Driver Name (Print)	dette	nature 9	1 Pu	v		10%	15/20	18
III. DESTINATION (Generat			ation Site co	mpletes III	e. Date			
a. Disposal Facility and Site Address:	or complete	c. US EPA Nui		epancy Indica				
High & Tower Rd Commerce City, CO (Account b.								
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my know	ledge the fore	going is tru	e and acc	urate.	
								V 2
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of	f. Sign				g. Date			
IV. ASBESTOS (Generator of a. Operator's Name and Address:	completes IV	a-f and Operator						
E700 E 50th Avenue Commerce City, CO 80022 b. Phone:	303-995 (280	c. Responsible	4300 Che	ne and Add Adition any Creek 20 80246	Dr. South	opt of Health & P	uolic Sity
e. Special Handling Instructions and Additi	onal Information	:	d. Phone:	-v	_			
f. Friable Non-Friable Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this consider, and are in all resp	signment are ful pects in proper of	lly and accura condition for tr	tely descrit ransport ac	bed above cording to	by the proper ship applicable interna	oping name ational and
Operator's Name and Title (Print)	h. Sigr	nature	7		i. Date			
Operator refers to the company which owr enovation operation or both	is, leases, opera	ites, controls, or sup	ervises the facil	ity being demo	olished or i	renovated,	or the demolition	or



5007458

I. GENERATOR (Generate	or complete	es la-r))								
a. Generator's US EPA ID Number		b.	. Manifest Docur								
d. Generator's Name and Location:	aporte/kon			e. Generator's Mailing Ad	dress:	eni of Tem	nastrantica				
North of 1-70 perseen Columb	ine & Elizabi	ali Sire	ele	35/3 F	46th Avenu	isa	HODDISAUUT!				
Demier, CG 80216					GO 86216		771-971-491	i i			
f. Phone:				g. Phone:							
If owner of the generating facility differs from	om the gener	ator, pro	ovide:								
h. Owner's Name:				i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date)		ping Name and		tainers	n. Total	o. Unit			
			Description		No.	Туре	Quantity	Wt/Vol			
			Regulate	ed Asbestos Contominated	Soil						
5126 1812466	7/39/20	119	RACS			1		Yearte			
			-			200					
1											
			-				The state of the s				
GENERATOR'S CERTIFICATION: I herel	by certify that	the abo	rial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any a	nnlicable				
state law, has been properly described, cla	assified and p	ackage	d, and is in prope	er condition for transportation	n accordin	g to applic	able requiations	· AND if this			
waste is a treatment residue of a previous	lv restricted h	azardou	is waste subject	to the Land Disposal Restri	ctions. Lce	rtify and w	arrant that the w	aste 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 AMMED ON BRIDE OF COOT 10 15 12 018											
		DYV	mee or	a bluat of CI.	20 (1512018				
p. Generator Authorized Agent Name (Print) q. Signature r. Date											
II. TRANSPORTER (Gener	ator comp	etes II	a-b and Tran	sporter completes lic-	e)						
a. Transporter's Name and Address:											
		920									
b. Phone: 3-644.992	25	0									
		X	7		,		- Philade				
Jun	1	1 min	- 1		10	-15-	1018				
c. Driver Name (Print)		ignatur			e. Date						
III. DESTINATION (Generate	or complete	e Illa-c	and Destina	tion Site completes Ille	d-g)						
a. Disposal Facility and Site Address:			c. US EPA Num	ber d. Discrepancy Indica	tion Space):					
Buti à Tower Rd											
Communice Oity, CO (Account	# 990216 ES	ALLO	Project)								
b.											
I hereby certify that the above named mate	eriai nas been	accepte	ed and to the be	st of my knowledge the fore	going is tru	e and acc	urate.				
e. Name of Authorized Agent (Print)		gnature			g. Date						
IV. ASBESTOS (Generator o	completes I	Va-f a	nd Operator	complete IVg-i)							
a. Operator's Name and Address:			1	c. Responsible Agency Nar	ne and Add	ress:	toner of Linetin II	That was			
8709 E 50th Avenue				1000 Ch	eny Creek	Or Saule	COULT CHARGE OF	PURNED DITY			
Commerce City, CO 60022	309.59	-1980			00 80248		363-802-3103	4			
b. Phone:				d. Phone:	urur Gozago	1100/2	HOOFEREE O TO				
e. Special Handling Instructions and Addition	onal Informati	on:			Ş.C						
f. ☐ Friable ☐ Non-Friable ☐ Both	9	Friable	е	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that t	ne conte	ents of this consi	anment are fully and accura	tely descri	bed above	by the proper s	hipping name			
and are classified, packaged, marked and I national governmental regulations.	iabeled/placa	ued, an	are in all respons	ects in proper condition for t	ransport a	coording to	applicable inter	national and			
Operatorio Novo de l'Estato											
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. S	ignature	controls or sure	nuince the facility had a	i. Date		and a last				
renovation operation or both	is, icases, op	siales, (controls, or supe	rvises the facility being dem	iolisned or	renovated	, or the demolitic	on or			



5007459

 GENERATOR (Generate 	or completes	la-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	annidation		e. Generator's Mailing A	ddress:	one of Ten	and an interference with				
North of 170 between Columb		Qinesole-	D Chac	45th Aven	CARLETTER	FRIOUTURIPOIT				
Denver, CO 80218						DOMESTING ARRO				
f. Phone:	731,431,20131	tien:	g. Phone:	, CO 50216	7	720-020-466				
If owner of the generating facility differs from	om the generator	r, provide:	J. C.	1000	-					
	-		i Owned Black No.							
h. Owner's Name:		1.144-4-01	i. Owner's Phone No.:	in On	-4-1					
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol			
				A .	1,700	Quantity	***************************************			
			ed Asbastda Contemnale	d soll						
5126 1812498	7/30/2019	RACS					Yards			
				-		-	-			
		4								
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or a										
GENERATOR'S CERTIFICATION: I here	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any a	pplicable					
state law, has been properly described, cla waste is a treatment residue of a previous	assilied and paci ly restricted haza	kaged, and is in prop ardous waste subject	per condition for transportat to the Land Disposal Rest	ion accordir rictions I ce	ig to application	cable regulations	; AND, if this			
been treated in accordance with the requir	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1.	raste rias			
MEGAN WOOD Amuel on behalf of COOT 10/15/2018										
			DA. MENIOCI. O.	CDUI		15120.0				
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (General a. Transporter's Name and Address:	rator complete	es lia-b and Ira	nsporter completes lic	:-e)						
a. Transporter's Name and Address:	DA 61	00 2 00	syve con	JWE						
						80	022			
b. Phone # 3/99/1280										
		· Por		1 /	_		-			
K+1005	20	- Part		10	15	1-18				
c. Driver Name (Print)	d. Sigr	nature		e. Date						
III. DESTINATION (Generate	or complete I	lla-c and Destina	ation Site completes I	lld-g)						
a. Disposal Facility and Site Address:	- Average in	c. US EPA Nun			e:					
upin & Tower Ted										
Commerce Ciry, CO (Account	H DESTRUCTION DISC.	La Garage								
b.	The state of the last section is	and a report								
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the for	regoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f Ci	-t		D.4						
	f. Sign		complete IV/v IV	g. Date						
	completes iva	a-i and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	Dent of Health &	Change Stor			
6700 E 50th Avenue				herry Greak			2.4500.500			
Commission Oily, CO 80922	303-991-1	260		CO 80246		303-697-310	2			
b. Phone:			d. Phone:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000	1774 1015 1016	*			
e. Special Handling Instructions and Additi	onal Information									
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accu	rately descr	ibed abov	e by the proper s	hipping name			
and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable					o applicable inte	rnational and				
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Sigr	nature	The same of the sa	i. Date						
*Operator refers to the company which own	ns, leases, opera	ites, controls, or sup	ervises the facility being de	molished or	renovated	d, or the demolitie	on or			
renovation operation or both										



I. GENERATOR (Generate	or completes	la-r)			200020					
a. Generator's US EPA ID Number		b. Manifest Docur				c. Page				
d. Generator's Name and Location:	sportsynn		e. Generator	's Mailing Ad	dress:	ent of Tran	sochation			
North of 470 between Column		Strants			45th Avenu					
Donver CQ 60216					GG 80710		726 920 408	3		
f. Phone:		The state of the s	g. Phone:							
If owner of the generating facility differs from	om the generato	r, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Shir	hipping Name and m. Containers n. Total					o. Unit		
j. Wadte i Tome ii		Description			No.	Type	Quantity	Wt/Vol		
		Francis	ed Ambasios C	ostaminated	Spil					
E400 4040400	7/30/3019	000	the state of	THE STARTES IN FRACTOR OF				Yards		
(016) 1512990	5128 1812496 7/30/2019 RAC						ŭ -	0.50080		
	22 - 2002 ¹		*							
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	rial is not a ha	zardous wast	e as define	d by 40 C	FR 261 or any a	pplicable		
state law has been properly described, cl	assified and pac	kaged, and is in prop	er condition fo	r transportation	on accordin	q to applic	able regulations	; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted haz	ardous waste subject	t to the Land D	isposal Restr	ctions. I ce	nity and w	arrant that the v 1	aste nas		
MEGAN WOOD	rements of 40 Ci	annel or	4 lastado	13 Waste as d	DAT.	10	15/2018			
MEGHO WOOL		nous or	1 DEVIA	11 01 6	- 3763 (10	11512016			
p. Generator Authorized Agent Name (Pri		q. Signature				r. Date				
TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)										
a. Transporter's Name and Address: B19856										
and b	cay can c ;									
b. Phone: 3-644-5-939	1					1	1-			
m 35000	1	27/3			10	115	118			
c. Driver Name (Print)	d. Sig	nature			e. Date					
III. DESTINATION (General			ation Site co	ompletes II	id-a)					
a. Disposal Facility and Site Address:	ior complete	c. US EPA Nur		repancy Indic		9:				
6m a Lover Rd				, ,						
Commerce City, CO (Accoun	A GOOD IN FIRE	/ L W Property								
b.	troppe to Lore	7 7010000								
I hereby certify that the above named mat	terial has been a	ccepted and to the b	est of my know	ledge the for	egoing is tr	ue and ac	curate.			
							215925			
Name of Authority of Authority	1.0				a Deta					
e. Name of Authorized Agent (Print)	f. Sigr		oomplete I	/a i)	g. Date					
IV. ASBESTOS (Generator	completes IV	a-i and Operator								
a. Operator's Name and Address:			c. Responsib	ie Agency Na	ime and Ad	aress:	Dept of Health 6	Public Sity		
67(4) E 60th Avenue		91 Q T		4360 G	nearly Chrost	c Dr. Sout	is a			
Commerce City, CO 80022	303-891-	1260		Donver	00 8024	1530	303-552-310	2		
b. Phone:	tional Informati		d. Phone:							
e. Special Handling Instructions and Addit	lional information	1.								
	20									
f. ☐ Friable ☐ Non-Friable ☐ Both	%	Friable	% Non-Friab	le				-11		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	contents of this con	signment are for	ully and accur	rately desci	Thed abov	e by the proper	snipping name		
and are classified, packaged, marked and national governmental regulations.	i iaueieu/piacaro	eu, anu are ili ali 195	hacra ili hiohei	SOMETICAL TOL	aansport	according t	o applicable little	a.onar and		
g. Operator's Name and Title (Print) *Operator refers to the company which ov	h. Sig	nature	onvisos the fac	sility being do	i. Date	renovato	d or the demolit	ion or		
renovation operation or both	wis, leases, oper	ates, controls, or sup	DELAIPES (LIG 190	mity being de	monarieu ol	TEHOVALE	u, or the demont	ion or		
, a aradon operation of both							Strategy to the strategy			



I. GENERATOR (Generato	r completes la	ı-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of				
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:	ent at Tea	nerconation				
Morth of 170 petween Columb	portation ine & Elizabeth S	tressie,		46th Avenu		NO AM STATESTY				
Derver, QD 80216	720-920-48		Danver,	00 80216		720-920-486	66			
f. Phone:		- Idea	g. Phone:							
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:		- L. W O.	i. Owner's Phone No.:	o. Unit						
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	tainers Type	n. Total Quantity	Wt/Vol			
		Diamorate	ed Asbestne Contaminates	t tail						
5120 1812490	7/30/2019	PACS	and the artist and the first place (1991) sections	2 1000			Yards			
DIAN MICHOU	V. (19810.19)	. 61000			-		-			
A				(1)						
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		İ								
		1								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 C	FR 261 or any	applicable			
state law, has been properly described, cl waste is a treatment residue of a previous	accified and nacks	aned and is in prop	er condition for transportati	on according	nd to applic	cable requiation	S; AND, II this			
been treated in accordance with the require	rements of 40 CFF	R 268 and is no long	ger a hazardous waste as o	defined by 4	10 CFR 26	· 1.				
MEGAN WOOD	a	mul or	1 behalf of C	DOT	10	15/2018	۵			
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)										
a. Transporter's Name and Address:	5/Bla	eser Tr	uckind							
(220) 560 /	1360	1				,				
b. Phone: (100) 500- L	100	Qual 1	The same	T	10/	15/20	3			
c. Driver Name (Print)	d. Sign	ature	7 1000	e. Date		- 1				
III. DESTINATION (General			ation Site completes I	lld-q)						
a. Disposal Facility and Site Address:	(O) (O) (I) (I) (I) (I)	c. US EPA Nun		cation Spac	e:					
Asth & Tower Rd										
Commence City, CO (Accoun	1 # 990216 ESA /	1-70 Project)								
b. I hereby certify that the above named ma	tarial has been as	parted and to the h	act of my knowledge the fo	regoing is t	rue and a	curate				
I hereby certify that the above named ma	teriai nas been ac	cepted and to the b	est of my knowledge the to	regoing is t	rac and a	Journalo.	***			
				g. Date						
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signa		complete IVa-iV	g. Date	1,000					
	completes iva	-i and Operator	D	ame and A	ddress:					
a. Operator's Name and Address:			HEAT	AP" AVOIENT.	L-MOTOR NO.	Dept of Fleath	a Public Stry			
6700 E 60th Avenue	2022 2024 00	200		theny Ores r, CO 8024		303-892-31	09			
b. Phone:	303,991,41		d. Phone:	is the billion	D SAMP	COD GOT E	-			
e. Special Handling Instructions and Addi	tional Information:									
		- 10-								
f. Friable Non-Friable Both	% F	riable	% Non-Friable	retoly doc	oribad abo	ve by the prope	r chinning name			
and are classified, packaged, marked and	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.				T						
				1.54						
g. Operator's Name and Title (Print) *Operator refers to the company which over	h. Sign	nature ates, controls, or sui	pervises the facility being de	i. Date emolished	or renovate	ed, or the demo	lition or			
renovation operation or both			, , , , , , , , , , , , , , , , , , , ,							



5011171

I. GENERATOR (Generate	or completes l	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	an existing a		e. Generator's Mailing Ad	dress:	2.00					
Galorado Ereportment or Fran		Sec. 1		o Gepartm		naportation				
learth of 1-70 petween Columb				18th Avenu		Land Will Tale				
f. Phone: Denver, GG 60216	720-929-46	R20	g. Phone:	CO 80218		730-920-469	a			
If owner of the generating facility differs fr	om the generator,	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and	m. Cor	tainers	n. Total	o. Unit			
		Description		Туре	Quantity	Wt/Vol				
		Physical and	and distribution (Construction)	P40						
2200 2020200	700000000000		ed Asbestos Contaminared	Soal		16	1			
5120 1812496	7/30/2019	RACS				o t D	Yards			
				1						
GENERATOR'S CERTIFICATION: I here	hy certify that the	ahove named mate	rial is not a hazardous wast	o as define	d by 40 Cl	ED 261 or any a	policable			
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations	: AND if this			
waste is a treatment residue of a previous	ly restricted hazar	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the v	vaste has			
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	1.				
Hower or new Earth	d chan	5 1				1, 110	2012			
p. Generator Authorized Agent Name (Pri		. Signature			r. Date					
			eporter completes lie	0)	1. Date					
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address:										
Di	4050	1 Pac	SING							
0 10	1 13PM	nott (0							
b. Phone: UV+15 OT Mul	att	//	1 1							
D. Flories Of The grant	- CHE	Alexander	18 18 1111 a	- make	1 . 1		gets			
3036445979	4	11111 1	My		10-1	918				
c. Driver Name (Print)	d. Signa	ature		e. Date						
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes III	d-g)						
a. Disposal Facility and Site Address:		c. US EPA Num			:	(MISS) 1945				
LEWEL PARKET										
aistr & Tower Rd	A STANDARD PORT		THE STATE OF THE S							
b. Conmierce City, OO (Account)	# USUZID ESA	EFU Projecti								
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	aoina is tru	e and acc	curate.				
a Name of Authorized Asset (Driet)	1.00									
e. Name of Authorized Agent (Print)	f. Signa		1 4 0 4 0	g. Date						
IV. ASBESTOS (Generator of	completes Iva-	-t and Operator								
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:					
ESA MG						rept of Health 5	Francisco Silv			
8700 E 50in Avenue	000 004 40	6.0		erry Creak						
b. Phone: Commerce City, 00 80022	303-891-12	90	d. Phone:	CO 80246	1000	303-892-310	t l			
e. Special Handling Instructions and Additi	ional Information:									
f. Friable Non-Friable Both	% Fr	iable	% 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	l, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inte	rnational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	ervises the facility being den	nolished or	renovated	, or the demoliti	on or			
renovation operation or both										



REV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page				
d. Generator's Name and Location:	overtelenn		e. Generator's Mailing Add	dress:	ant of Year	a arranga ti ma			
horn of I-70 between Columb		locets.	3543 6	46th Avenu	यस हार सम्ब	(AND URGOON			
Cooper CC A024s	720.920-48		Conver	CO 80218		720-920-486	6		
f. Phone: If owner of the generating facility differs from	om the generator	provide:	g. Phone:		. 75.				
	om the generator,	provide.							
h. Owner's Name: i. Waste Profile #	Is From Date	I Masta Chi	i. Owner's Phone No.:	l Co	Anim	·	1 11 11		
j. waste Profile #	k. Exp. Date	Description	pping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol		
	11 220								
a man a man a man in a man a man a man a man a man a man a man a man a man a man a man a man a man a man a man	DESCRIPTION AND DESCRIPTION		led Asbestos Contaminated	Soil		18			
5120 1812496	7/90/2019	RACE				10	Yards		
		1							
		ī							
					-				
GENERATOR'S CERTIFICATION: I here	hy certify that the s	shove named mate	arial is not a hazardous waste	as define	1 by 40 CI	D 261 or only o	pplianhla		
state law, has been properly described, cla	assified and packa	ided, and is in prop	per condition for transportation	n according	to applic	able regulations	· AND if this		
waste is a treatment residue of a previous been treated in accordance with the requir	ly restricted hazard	dous waste subjec	t to the Land Disposal Restrictors as de-	ctions. I cer	tify and w	arrant that the w	aste has		
Desir a dated in accordance with the requir	Cincins of 40 of 10	200 and is no lon	ger a riazardous waste as de	enned by 40	CFR 20	11/2012	-		
Consider Authorized Asset No.	Lt.b.f					1116			
p. Generator Authorized Agent Name (Prin		Signature			r. Date				
II. TRANSPORTER (Gener a. Transporter's Name and Address:	ator completes	s lia-b and I ra	nsporter completes lic-	e)	100101	10-20-0			
The state of the s	MUCKE	7					6 10		
723 6	11158	29							
b. Rhone:	(21-)0	21				,			
David Whose	0		Adoptobase Parity of State State Control		10:1	1911	dining		
c. Driver Name (Print)	d. Signa	iture	The state of the s	e. Date	/	, 0			
III. DESTINATION (Generate			ation Site completes Illo						
a. Disposal Facility and Site Address:		c. US EPA Nun			:				
Built & Tower Rd									
Commerce Ony CO (Assount	# GOFOTE FSA / I	20 Deniacti							
b.									
I hereby certify that the above named mate	erial has been acce	epted and to the b	est of my knowledge the fore	going is tru	e and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signati			g. Date					
IV. ASBESTOS (Generator o	completes IVa-l	f and Operator		200					
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Add	ress:	laser of Libertity C	Civilia dalla		
ATO S Soft Averge				erry Creek		ept of Health &	HUND STA		
b. Phone: Optimieros City, OD 80022	303-991-129	30	Optimize i	CO 80248		303-662-3100	2		
	b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fria	able	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	DERATOR'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 I national governmental regulations.	labeled/placarded,	and are in all resp	pects in proper condition for t	ransport ac	cording to	applicable inter	national and		
national governmental regulations.	1 -	11/2							
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signat	ture	ondoor the facility being al	i. Date	NEW TOTAL	andha da Wa			
renovation operation or both	is, icases, operate	a, contrors, or sup	ervises trie racility being dem	oiisned or i	enovated	, or the demolitic	on or		
		1000				-			

GENERATOR RETAIN

RS-F11A



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I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	enotte in n		e. Generator's Mailing A	Address:	and the Tarrie				
high of 170 bewiesi Columb		liveris.		E 46th Avenu		INCOCKER ST			
Danier CO 80216	720.920.49		Denve	r. CQ 80215		720 920-498	¥i		
f. Phone:	1000	16	g. Phone:	N. MARS. CHARLES		· ac var payo	63		
If owner of the generating facility differs from	om tne generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:			W. STREET, CASE .			
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con		n. Total	o. Unit		
	-	Description		No.	Туре	Quantity	Wt/Vol		
		Requiate	ed Asbastos Contaminate	ed Boti		10			
5120 1812490	7/30/2019	RACS				10	Yards		
							171/01/01/01		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wa	ste as defined	by 40 Ci	R 261 or any a	applicable		
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transporta-	tion according	to applic	able regulations	S AND if this		
waste is a treatment residue of a previous been treated in accordance with the requir	restricted nazar	dous waste subject R 268 and is no lone	to the Land Disposal Res der a hazardous waste as	defined by 40	tify and w	arrant that the	waste has		
I have a built of	CLOT	76-1\	jo. a nazardodo waoto ab	delined by 40	011(20	1 1			
D. Conceptor Authorized Agent Name (Drie	1	01-1			14	117/361	7		
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:									
Bodyon Travel	19/16	reser T	YUCK In 1						
Tallol Hock	1		2						
b. Phone: (740) 560	-4800l	1 1	/		,)		
I Sloppo Provide	0	1	1-50		10/	19/71	12		
c. Driver Name (Print)	d. Signa	1991	1 m	1.5.	011	1100	0		
III. DESTINATION (Generate			tion Site completes	e. Date			100010		
a. Disposal Facility and Site Address:	or complete ma	c. US EPA Num			-				
LEWIN LANCRY		C. OS EFA Null	d. Discrepancy fild	cation Space.					
outh a Tower Fid									
b. Commerce City, CO (Account	# 890216 ESA . 1	- O Projecti							
I hereby certify that the above named mate	erial has been acc	epted and to the be	st of my knowledge the fo	regoing is true	e and acc	urate.			
					283001				
e. Name of Authorized Agent (Print)	f. Signat	ure		g. Date			511		
IV. ASBESTOS (Generator o			complete IVa-i)	3. Date					
a. Operator's Name and Address:			c. Responsible Agency N	ame and Add	ress.				
ESA Inc			NESH	AF Admin. C	otorado D	act of i feathr d	Public Stry		
5700 E 50th Avenue	4.6.			herry Creek					
b. Phone: Commerce City, CO 80022	300-991-126	30	d. Phone:	00 80240-	530	300-062-310	2		
e. Special Handling Instructions and Addition	onal Information:				3.00 Miles				
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	able	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ontents of this cons	ignment are fully and accu	rately describ	ed above	by the proper	shipping name		
and are classified, packaged, marked and I national governmental regulations.	aueled/placarded,	, and are in all resp	ects in proper condition fo	r transport ac	cording to	applicable inte	rnational and		
		5					-		
a Operator's Name and Title (Dui-1)	L 0'	tand by		1.6					
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	ture	rvises the facility being de	i. Date	enovated	or the domeliti	on or		
renovation operation or both	, .uuouu, operate	o, controla, or supe		anonaneu or r	enovated.	or the demond	OII OI		



I. GENERATOR (Generate	or completes la-r)							
a. Generator's US EPA ID Number	b	. Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:	1.0				
North of H70 between Column		wanta	Octoredo Department of Transportation 35-43 E-46th Avenue						
Denver, CO 80218	720-920 4966			CO 80215		720-920-4868			
f. Phone:			g. Phone:	, Constitution In	· 	A ROW THE WATER	25		
If owner of the generating facility differs fr	om the generator, pro	ovide:							
h. Owner's Name:	1		i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
			***************************************		1,750	G. G. G. G. G. G. G. G. G. G. G. G. G. G	110101		
		Regulati	ad Ashastos Conteminates	d Soil		12			
5126 1812496	7/00/2019	RACS				10	Yanda		
					:				
GENERATOR'S CERTIFICATION: I here	by certify that the abo	ove named mater	rial is not a hazardous was	te as define	d by 40 Ci	FR 261 or any ap	plicable		
state law, has been properly described, cl	assified and package	ed, and is in prope	er condition for transportati	on accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted hazardor rements of 40 CFR 2	us waste subject '68 and is no lone	to the Land Disposal Resti er a hazardous waste as o	rictions. I ce defined by 4	ortify and w	varrant that the wa	aste has		
DOST GOALDS III GOOD GAILDS WITH THE FOREIGN	A A W	or and lottle lottle	IA		1.	1 1 1 1 22	0		
n Consister Authorized Agent Name /Pri	nt) a C	ianatura	N/Dec		r Data	11 1 1	1 1		
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. Hallsporter straille and Address 7000 E SOTA AVE									
7 - 2 901 17	80			-		A Superior De			
b. Phone:	0		1 1006			0			
Dean GampB	011 Don		ough W		10-	17-10			
c. Driver Name (Print)	d. Signatu	re		e. Date					
III. DESTINATION (General	tor complete Illa-	c and Destina	ition Site completes II	ld-g)					
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	cation Space	э:				
ceih & Tower Rd									
Commerce City, CO (Account	1# 990219 ESA / L	U Projecti			1				
I hereby certify that the above named mat	terial has been accen	ited and to the be	est of my knowledge the for	regoing is tr	ue and acc	curate.			
				Jenny 10 II					
e. Name of Authorized Agent (Print)	f. Signatur			g. Date					
IV. ASBESTOS (Generator			complete IVa-i)	y. Date					
a. Operator's Name and Address:	completes IVa I	and Operator	c. Responsible Agency Na	ame and Ad	dress:				
Eas inc			NESHA	Actmin.	Colorado	Jack of Health &	Public Sity		
5700 E 57th Avenue	and the second second			herry Creek					
b. Phone: Commerce City, CC 80022	303-991-1280		d. Phone:	, CO 80246	1630	363-862-0102			
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									
national governmental regulations.									
g. Operator's Name and Title (Print)	h. Signatu		1	i. Date					
*Operator refers to the company which ow			ervises the facility being de	molished or	renovated	d, or the demolitic	on or		
renovation operation or both		TANKARA PAR	ENTRE OF COLUMN TO SERVICE OF THE PROPERTY OF						



5011177

I. GENERATOR (Generate	or completes i	a-r)	N*				
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number	150	c. Page	1 of	
d. Generator's Name and Location:		-	e. Generator's Mailing A	ddress:	-	6	
Colorano Deparament of Truck			Colors	do Deparm		isconation	
Norm of 1-70 between Columb			3843 E	46th Avenu	10		
f. Phone: Dunyer, CO 50216	720-925-48	50	g. Phone:	r, 100 80211		720-920-465	ð
If owner of the generating facility differs fr	om the generator	provide:	g. Phone.	_			- Indiana
in owner or the generating facility diners in	om me generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	oping Name and	m. Cor	ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Regulat	ed Asbestce Contaminate	distri		10	
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				_		NAME:	10000
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OFNEDATORIO GERTIFICATION. LL							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the	above named mate	erial is not a hazardous was	ste as define	d by 40 Cl	FR 261 or any a	pplicable
waste is a treatment residue of a previous	lv restricted hazar	dous waste subject	to the Land Disposal Rest	rictions I ce	ig to applic	able regulations	r; AND, if this
been treated in accordance with the requir	rements of 40 CFF	R 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1.	vaste nas
1 1 1 1 1	1 disseme	AA.		,	1		
The steadows on total	a 11/6 !	AVDO			10/1	2/2015	
p. Generator Authorized Agent Name (Prin	nt) q.	Signature			r. Date		Management and
II. TRANSPORTER (Gener	rator complete	s lla-b and Trai	sporter completes lic	c-e)			
a Transporter's Name and Address	4					S1469	
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b. Phoné: 3) 99//28	- 7						
b. Priorie: 37 447 72	577					1	
ESA TOUT POULUSEL	- FOS	1,4/00	WA.	10-	-19-	R	
c. Driver Name (Print)	d. Signa	ature		e. Date	' /	70	
III. DESTINATION (Generate			ation Site completes I				
	or complete iii						
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indi	cation Space	e:		
äßin & Tower Rd							
Commerce City, CO (Account	# 000018 ESIA / I	L. Hallmant					
b.	TO SAMOR 12 PRINTED	C. Indon't Chi					
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fo	regoing is tri	ue and acc	curate.	
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o Nemo of Australia d A - 1 (75) (1)				-	1		
e. Name of Authorized Agent (Print)	f. Signat			g. Date			
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	5-30-91	
ESA inc						ept of Hearth 8	Public Sity
BTOO E 50th Avenue				hemy Greek			
b. Phone: Commerce City, 00 80022	303-991-126	80	Description	CO 80246		363-592-3102	,
e. Special Handling Instructions and Additi			d. Phone:	, 40 00000	911.0		
e. Special mandling instructions and Additi	onal information;						
f. Friable Non-Friable Both	% Fri	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	signment are fully and accu	rately descr	ibed ahove	by the proper s	hipping name
and are classified, packaged, marked and	labeled/placarded	, and are in all resp	ects in proper condition for	r transport a	ccording to	applicable inte	rnational and
national governmental regulations.							
		1					
a Operatoria Nassa and Title (D. 1)	1 01			ļ	1		
g. Operator's Name and Title (Print)	h, Signa	iture		i. Date			
*Operator refers to the company which owr renovation operation or both	is, leases, operati	es, controls, or sup	ervises the facility being de	mousned or	renovated	, or the demoliti	on or



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I. GENERATOR (General	or completes i	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number			c. Page	1 of			
d. Generator's Name and Location:	am revisione		e. Generator's	Mailing Addr	ess:	the second of the second				
Volume Lepartment of Trans Fronth of 1-70 between Column		Total Control of the					1600staugs			
Deriver CO 80216	720.920.4			3648 5 48			TOTAL IN THE STREET			
f. Phone:	7.20.HB.20.HR		g. Phone:	Denver, C	U due in		720-930-4866			
If owner of the generating facility differs fr	om the generator,	provide:		1000						
h Oumania Nama			i Oursel Street Mar							
h. Owner's Name: i. Waste Profile #	Is Eve Date	I Masta Chia	i. Owner's Phone No.: Shipping Name and							
J. Waste Profile #	k. Exp. Date	Description	philip Name and	-	No.	Type	n. Total Quantity	o. Unit Wt/Vol		
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GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a haza	ardous waste	as define	d by 40 Cl	R 261 or any ap	plicable		
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for t	transportation	according	a to applic	able regulations:	AND, if this		
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Dis	posal Restricti	ions. I ce	rtify and w	arrant that the wa	aste has		
been treated in accordance with the requir	ements of 40 CFI	268 and is no ion	ger a nazardous	waste as defi	ned by 4	0 CFR 26				
Descripe on writte	1 (107	為人				10	110 120	2		
p. Generator Authorized Agent Name (Prin	nt) a	Signature		1000		r. Date		-21/A2 - 22		
II. TRANSPORTER (Gener			sporter com	nletes IIc-e)					
a. Transporter's Name and Address:	utor complete	C A T	oportor com	piotos no c			385			
Ame tilly	15 45	5 1500 tou	151					No.		
TIME HOUR	10.	12 1/1/10.								
b. Phone:			/							
A 1	111	1 / /	1	- 14	1/	110	14			
1/16/1/1/1/1/100		And W			16	114.	10			
c. Driver Name (Print)	d. Signa	ature C	/ 1		e. Date					
III. DESTINATION (Generate	or complete III	a-c and Destina	ation Site con	npletes IIId-	-g)					
a. Disposal Facility and Site Address:	2000	c. US EPA Num		pancy Indication);				
TENT LEFORE										
Built in Tower Rd										
b. Dammerce City, CO (Account	# SERVITE ESA /	U Project								
I hereby certify that the above named mate	erial has been acc	ented and to the be	est of my knowle	dae the foreg	oina is ta	ie and acc	urate			
					13 10 110			322		
- Non- of A. M. of the Law of the Co.			- 11				in township.	1		
e. Name of Authorized Agent (Print)	f. Signa				g. Date					
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVo	g-i)						
a. Operator's Name and Address:			c. Responsible	Agency Name	and Add	dress:				
Lasa inc							lent of Haeith & I	Public Sity		
6703 E 50th Avenue				4300 Cher						
b. Phone: Doinmerce City, OC 60022	303-991-12	80	d. Phone:	Deriver, O	0.80246-	1630	300-692-3102			
e. Special Handling Instructions and Additi	onal Information:									
f Frights Non Frights Deth	f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable									
	declare that the c	ontents of this cons	% Non-Friable	and accurate	alv deseri	had above	by the proper st	inning name		
DPERATOR'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.		,	The property of			- Jonaniy K	approude interi	orial and		
					1000					
- Onested News of Pitt (P. L.)					1000					
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	iture	aniona the feetile	i.	Date		andha di III			
renovation operation or both	is, leases, operat	es, controls, or sup	ervises the facilit	y being demo	iisned or	renovated	, or the demolition	n or		



REV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011180

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes i								
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page	1 of			
d. Generator's Name and Location:	anamidina		e. Generator's Mailing Ad	ldress:					
North of L70 between Columbia		Charles		lo Departmi		RECORDER			
Denver, 00 50216	729-929-4			46th Avenu		militar sharp the Kin			
f. Phone:	F-07/F-01/05/F-40	000	g. Phone:	CO 80216		720 820 4666			
If owner of the generating facility differs from	om the generator	, provide:		2022					
h. Owner's Name:			1 0 1 DI N						
i. Waste Profile #	k Eva Data	I Wasta Shir	i. Owner's Phone No.:	m. Con	tainere	n. Total	I = 11=14		
J. Waste Frome #	k. Exp. Date	Description	philip ivaine and	No.	Type	Quantity	o. Unit Wt/Vol		
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7-2		Regulat	ed Asbasios Confaminated	Bost		16			
5126 1812486	7/30/2019	RACS				10	Viards		
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7									
OF VERNATORIO OFFICIAL TICK									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 CF	R 261 or any ap	plicable		
waste is a treatment residue of a previous	lv restricted haza	ageu, anu is in prop rdous waste subiect	to the Land Disposal Restr	on according	g to applic	able regulations; arrant that the wa	AND, if this		
been treated in accordance with the requir	ements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 261		aste nas		
The Street CWF or tonall	dia	ALA				1. 100/2	1 39		
C. S. C. C. C. C. C. C. C. C. C. C. C. C. C.		0:				10 118 13 (
p. Generator Authorized Agent Name (Prin		. Signature			r. Date				
II. TRANSPORTER (Gener	ator complete	es IIa-b and Irai	nsporter completes lic-	-e)					
a. Transporter's Name and Address:	/								
Colucon									
			A.		/				
b. Phone:					/	11/1			
2000 DAMI.			A CONTRACTOR OF THE PARTY OF TH	/	0/1	4/1/8			
c. Driver Name (Print)	d. Sign	ature /		e. Date	-/				
III. DESTINATION (Generate			ation Site completes III						
a. Disposal Facility and Site Address:		c. US EPA Num							
TENTER ESTYCHA			and a substrate of the	шион оршос					
Bitth & Towlet Rd									
b. Commerce Oity, CO (Account	H SHUZIT ENAV	1-70 Projecti							
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tru	e and acc	urate	-		
				J J J J J J J J J J J J J J J J J J J	io and doo	arato.			
A Name of A. Abrahama a 470 bit									
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)			W-19			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	iress:		4		
8700 E 50th Avenue						ept of Heath &	Public Sity		
	2002 AN E 20	100		erry Creek					
b. Phone: Commerce City, OO 80022	903-891-12	2630	d. Phone:	CO 80248	1533	303 4572 3162			
e. Special Handling Instructions and Additional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable									
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this cons	ignment are fully and accur	ately descri	bed above	by the proper sh	ipping name		
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	ects in proper condition for	transport ad	cording to	applicable interr	national and		
national governmental regulations.	200					······································			
		2							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		-			
*Operator refers to the company which own	s, leases, operat	es, controls, or supe	ervises the facility being den	nolished or	renovated.	or the demolition	n or		
renovation operation or both					STORAGE THE				

GENERATOR RETAIN

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I. GENERATOR (General	or completes i	a-1)				T 1000 T 1000 T				
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	14.74		e. Generator's Mailing Address: Coperado Department of Etapaportages							
Unloado Department of Fran						NEDOFTANON				
harth of 1-70 between Calumi				46th Avenu						
f. Phone:	7231-92014	100	g. Phone:	CO 80218		729-920-4966				
If owner of the generating facility differs fr	om the generator	provide:	g. 1 Hone.							
I owner or the generating facility differs in	on the generator	, provide.								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit			
		Description	-	No.	Туре	Quantity	Wt/Vol			
		Regues	ad Astrosioe Contemnated	idit		194				
5126 1812495	7/80/2019	RACIS				1 🕓	Yams			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any ap	plicable			
state law, has been properly described, cl	assified and pack	aged, and is in prop	per condition for transportation	on accordin	g to applic	able regulations;	AND, if this			
waste is a treatment residue of a previous	ly restricted haza	rdous waste subjec	t to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the wa	aste has			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	1.				
The Hortany or boroll.	of MAI	新			16	111/20	10			
p. Generator Authorized Agent Name (Pri		ı. Signature		1 6						
				-1	r. Date					
II. TRANSPORTER (Gene	rator complete	es lia-b and i ra	nsporter completes lic-	·e)						
a. Transporter's Name and Address:	SA 6	100 %	so Ale Co	who	ecc	Cc 44,	10			
Street on .										
0 40117811						Com do	222			
b. Phone:						000	16.4			
b. Phone: 3-4911280 K+1005	- Art	and the	2-3	1.11	1 61	15				
				-	1 1	10				
c. Driver Name (Print)	d. Sign			e. Date		0:01				
III. DESTINATION (Generat	or complete II				100000					
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	ation Space	e:		2811111			
Bath & Tower Rd										
	Acres 20 Car	1 to Comment								
b. Commerce City, CO (Account	FREIZIS COAT	I- U PTSEEGO								
I hereby certify that the above named mat	erial has been ac	cented and to the b	est of my knowledge the for	egoing is tr	ue and acc	curate				
		21541								
		7								
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
E84 86			NESHA	P Admin I	Dalaredo S	Jean of Health &	Public Sity			
5700 E 50th Avenue			4300 CN	eny Creek	Dr. Sout					
h Phone: Cummerce City, 00 and22	303-691-10	080	Denver.	CO 80246	1530	303-892-3102				
b, Filone.			d. Phone:	-						
e. Special Handling Instructions and Addit	ional information:						17 7 5 7 10			
f. Friable Non-Friable Both	% F	riable	% Non-Friable		-					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accur	ately descr	ibed above	e by the proper s	hipping name			
and are classified, packaged, marked and	labeled/placarde	d, and are in all res	pects in proper condition for	transport a	ccording t	o applicable inter	national and			
national governmental regulations.										
a Operator's Name and Title (Duly)	h 0'-	- At the		I Data						
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign	tes controle or cur	envises the facility hains do	i. Date	renovata	or the demolisie	on or			
renovation operation or both	ns, icases, opera	ico, controls, or sup	ervises the facility being der	nonsiled of	removated	i, or the demolitic	AT OI			



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I. GENERATOR (Generate	or completes i								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing	Address:					
Goloffido Department of Tren			Gelon	kio Ueparun		SOGRELION			
North of (17) between Columb				E 45th Avent					
f. Phone: Senver, 00 80219	720-920-49	מסו	g. Phone:	w, CO 80216		720-920-4666	3		
If owner of the generating facility differs fr	om the generator,	provide:				***			
h. Owner's Name:	F	Trust car	i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	No.	ntainers	n. Total	o. Unit Wt/Vol		
		Description		NO.	Туре	Quantity	VVVVOI		
		Remini	ad Asbestos Contaminas	art Rrai		12			
5179 1012400	7/30/3019	RACS	and a large contract of the contract	or or other than		10	Viscale		
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CENEDATOR'S CERTIFICATION: I have	h.,	-h		1.5	11 40 00	D 004	1		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	assified and nack	apove named mate	erial is not a nazardous wa	iste as define	d by 40 Cr	R 261 or any ap	oplicable		
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Res	strictions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the require	rements of 40 CFI	R 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 261				
	of the		12			110 /2	5		
	161 1401		4100,			O I I I I I			
p. Generator Authorized Agent Name (Prin		. Signature			r. Date				
II. TRANSPORTER (General	rator complete	s Ila-b and Trai	nsporter completes II	c-e)					
a. Transporter's Name and Address:									
Minar - 1-									
b. Phone:)								
(hore !		Por many		1	2 8	10/ 1	5		
Jean C		and the same of th		/	1	1	0		
cDriver Name (Print)	d. Sign	THE RESERVE OF THE PARTY OF THE		e. Date			71		
III. DESTINATION (Generate	or complete III	a-c and Destina	ation Site completes	llid-g)					
a. Disposal Facility and Site Address:		c. US EPA Num	nber d. Discrepancy Ind	ication Space	9:		2112		
Bith & Tower Rd									
Commerce City, CO (Account	H VERYOUR ERRY H	r Dry Charles II							
b.	IN BROKEN CONT.	HIN LIDISON							
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fo	pregoing is tr	ue and acc	urate.			
	S20 - M684	11.0	1				*** ***		
			2511052 37653				#		
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency N	lame and Ad	dress:	2			
tusa ino			Nest	AF Admin: 1	Jolarado L	least of Health &	Pecks Sity		
6700 £ 60th Avenue				Sherry Cresi					
b. Phone: Commerce Oily 00 80022	303-991-12	(0)	d. Phone:	r. 00 90248	1830	303-862-3102	1		
e. Special Handling Instructions and Additi	ional Information:		d. Filone.	the state of the s					
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the d	ontents of this cons	signment are fully and acc	urately descr	bed above	by the proper s	hipping name		
and are classified, packaged, marked and national governmental regulations.	rapeleu/placarded	i, ariu are in ali resp	bects in proper condition to	or transport a	ccording to	applicable inter	national and		
go taminaman regulations,					10				
				1					
g. Operator's Name and Title (Print)	h. Signa	ature	CU ICA MINE SU S	i. Date		111111111111111111111111111111111111111			
*Operator refers to the company which own	ns, leases, operat	es, controls, or sup	ervises the facility being d	emolished or	renovated	or the demolition	n or		
renovation operation or both			1,53866			- ivist			



I. GENERATOR (Generate	or completes la	a-r)		1						
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page 1	of				
d. Generator's Name and Location:	and the first of		e. Generator's Mailing Address:							
Udiorado Debartment of Fran North of 1-70 between Columb		Grante		16th Avenu		aponauen				
Figure GO 89216	72(105/145			OG 802:0		720-920	Laero			
f. Phone:		*	g. Phone:	West Collection		100000	7-101-0			
If owner of the generating facility differs fr	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
	Requisited Asbestos Contaminated Bail									
5126 1812496	7/30/2019	RACS				d	Yester .			
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				1						
GENERATOR'S CERTIFICATION: I here										
state law, has been properly described, cl waste is a treatment residue of a previous	assified and packa	aged, and is in prop	er condition for transportatio	n accordin	g to applica	ble regula	ations; AND, if this			
been treated in accordance with the requi	rements of 40 CFF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 261.	inani inai	the waste has			
The Water of the Labella	11 175	217-			N N	lini	2019			
n Generator Authorized Agent Namo (Bri	nt) a	Signatura	William William Street		r Data	1 1	and the			
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 6/0	OE. So	- THE MU	Contra		/	2	CU del			
	02									
b. Phone: 303 97/12	80		0.000			0				
DONNIE COMPE	Bell	C	suplate !	1	0-1	4-1	X			
c. Driver Name (Print)	d. Signa	ature		e. Date	to g summer	1 /	-			
III. DESTINATION (Generat	The state of the s		ation Site completes Ille		99. 17.7					
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num		- 07	a·	-				
Lawar Largers			an Diodropano, inaio	anon opasi	~					
Utith & Tower Rid Commerce City, CO (Account	e companie :	I Wi Demonsti								
b.	IN OUR IN LIGHT	1- G F SUPERALLY								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	going is tru	ue and accu	ırate.				
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date						
IV. ASBESTOS (Generator	completes IVa-	f and Operator	complete IVg-i)							
a. Operator's Name and Address:		*	c. Responsible Agency Nar							
6700 E 50th Avenua						ept or the	aith & Public Sty			
Commercia City CC 80022	303-991-12	en		GO 80246	Dr. South	303 40	12/04			
D. Phone:		OF.	d. Phone:	GU OUZUG	- 1612U	JAN COX	F-0-403			
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both % Friable % Non-Friable										
OPERATOR'S CERTIFICATION: I hereby	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.	abolou/placalueu	i, and are in an resp	oce in proper condition for t	u anapon a	coording to	applicable	e memational and			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	ervises the facility being dem		renovated.	or the de	molition or			
renovation operation or both			1 441	ing.						



If waste is asbestos waste, complete Sections I, III and IV It waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

ESTTIOS

g. Operator's Name and Title (Print) h. Signature national governmental regulations. f. Disble Diversified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and are classified. e. Special Handling Instructions and Additional Information: d. Phone: Denvey, CO 80248-1630 ZZODE OC 'ARO BOZZERIBOD EVOLE SUCH AVENUE 4300 Chany Creek Dr. South the audit a mest to replace thinks the c. Responsible Agency Name and Address: a. Operator's Name and Address: ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) g. Date f. Signature e. Name of Authorized Agent (Print) I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. postory of 4 (ARE BISSOR # Innocody, CO, vito somemino d. Discrepancy Indication Space: c. US EPA Number a. Disposal Facility and Site Address: DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) 111 e. Date d. Signature c. Driver Name (Print) p. Phone: a. Transporter's Name and Address: TRANSPORTER (Generator completes Ila-b and Transporter completes IIc-e) q. Signature p. Generator Authorized Agent Name (Print) r. Date 411 101 state law, has been properly described, classified and packaged, and is in proper condition for transportations. I certify and warrant the the waste has 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'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable DONE LET BELLE hot belenimetroch soreeds. catalogali Type Description IoVtW Quantity o. Unit n. Total m. Containers I. Waste Shipping Name and k. Exp. Date # elitor9 etseW .į i. Owner's Phone No.: h. Owner's Name: If owner of the generating facility differs from the generator, provide: f. Phone: g. Phone: BOWN 00 80816 91008 00 Taylor 250 (550 (15) 30 to F 46th Avenue steered pleutastic & promutos, necessor 07-110 phost e. Generator's Mailing Address: d. Generator's Name and Location: c. Page 1 of b. Manifest Document Number a. Generator's US EPA ID Number GENERATOR (Generator completes la-r)

*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



5011078

I. GENERATOR (Generate	or completes is	a-r)									
a. Generator's US EPA ID Number	a. Generator's US EPA ID Number b. Manifest					ment Number c. Page 1 of					
d. Generator's Name and Location:	11. 12 IV.		e. Generator's Mailing Address:								
Colorado Department of Fran		V. 557	Delando	o Umpanin		naportation					
North of 1-70 between Columb			3543 E 48th Avenue								
f. Phone:	720.920.46	200	g. Phone: Denver,	CO 90216		720-920-4666					
If owner of the generating facility differs fr	om the generator	provide:	g. I none.								
If owner of the generating facility differs in	on the generator,	, provide.									
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit				
4		Description		No.	Type Quantity Wt						
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			ed Asbestos Contaminated	2011			2				
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	at and the										
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GENERATOR'S CERTIFICATION: I here											
state law, has been properly described, cl											
waste is a treatment residue of a previous been treated in accordance with the requi	restricted hazar	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has				
		più , , carrière	ger a nazardous waste as d	elined by 4	U CFR 20		(perp				
I we restand a p	enorte ca (1007	2000		10	11110	5012				
p. Generator Authorized Agent Name (Pri	nt) a	. Signature			r. Date						
II. TRANSPORTER (Gene			seporter completes lic	0)							
a. Transporter's Name and Address:	rator complete	S IIa-D allu IIal	isporter completes lic-	()	- 15 17						
u. Transporter s Marile and Address.	757.	The same and									
100	A 35 A	The second second									
(20)	795-	611			,						
b. Phone:		-	- re-market								
) 1 5c. 1 31	ng 40	The same and	and with the same	/	1//	1/162					
c. Driver Name (Print)	d. Sign	ature		e. Date	-						
III. DESTINATION (Generat			ation City completes III	-			-				
	or complete iii			- 07							
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space	9:						
uich & Tower Ra					-						
Commerce City: CO (Account	2 000018 FRA /	1. 4) Project			/						
b	A STATE OF THE STA	To the second									
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the for	egoing is tr	ue and acc	curate.					
a Name of Authorized Accord (Date)	(0:		and the second s								
e. Name of Authorized Agent (Print)	f. Signa			g. Date		10 to 1					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:						
LOA WG		*				Dept of Health &	Public Stat				
6700 E 60th Avenue		4040		ierry Chae							
b. Phone: Outmoerce City, CO 80022	303-991-12	180	d. Phone:	00 802 %	4670	303-892-3102					
e. Special Handling Instructions and Addit	ional Information:		G. F HORE.								
			A STATE OF S	201 1000							
f. Friable Non-Friable Both		riable	% Non-Friable								
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur	ately descr	ibed above	by the proper sl	nipping name,				
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	u, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable inter	national and				
							California de la califo				
	1										
g. Operator's Name and Title (Print)	h. Sign			i. Date							
*Operator refers to the company which ow			ervises the facility being der	nolished or	renovated	d, or the demolition	n or				
renovation operation or both		HI CONTROL OF THE PARTY OF THE					W. Common of the				



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I. GENERATOR (Generate	or completes la								
a. Generator's US EPA ID Number	1900	b. Manifest Docu	ment Number			c. Page	1 of	K.	
d. Generator's Name and Location:	TELEBRICA CO		e. Generator's Mailing Address:						
Colorado Department de Franc Profes de 170 perspan Colorat		secontr.			3th Avery		INDEX INCOME		
Exercise, OO 80216	720 920.45			Donver, C			720-920-4880		
f. Phone:			g. Phone:	PARKAGE!	JNUE 4254/00 1 1/1		FEUPPZUF VOOD		
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone	a No ·					
j. Waste Profile #	k. Exp. Date	I. Waste Shir	pping Name and	3 140	m. Cor	tainers	n. Total	o. Unit	
, , , , , , , , , , , , , , , , , , , ,		Description	,		No.	Type	Quantity	Wt/Vol	
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GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl									
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Dispos	sal Restric	tions. I ce	rtify and w	arrant that the wa	aste has	
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no lon	ger a hazardous wa	aste as de	fined by 4	0 CFR 26	l		
Ma Jankany on the	all of Or	OT A	CA			101	17 1201D		
p. Generator Authorized Agent Name (Pri		. Signature		500	-	r. Date	i i Marriso		
			napartar comple	oton llo c	1	1. Date	11212	بلود ا	
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complete	S lia-b allu ITal	isporter compie	BLES IIC-E	*)	2 027	10 1:00		
a. Transporter a traine and Address.	4 6	5/20, 5	- 00	106	((()	
01 001 00							Company of the same of the sam		
b. Phone: 3 991 128	7						000	122	
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K+1005	1/				10	/	1-10		
c. Driver Name (Print)	d. Sign	ature		1	e. Date				
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site comp	letes IIId	l-g)				
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepa	ncy Indicat	tion Space	e:			
Buth & Tower Rd									
Cummaria Ony, CO (Account	A DESCRIPTION OF A	W Christell							
b.	IT WOOD THE LINE CO.	in o regional							
I hereby certify that the above named mat	erial has been acc	cepted and to the b	est of my knowledg	e the fore	going is tr	ue and acc	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ture			g. Date	COVC 11 2			
IV. ASBESTOS (Generator			complete IVa-i	1	g. Duto				
	oompictos iva	Tana Operator				d			
a. Operator's Name and Address:			c. Responsible Ag	gency warr	e and Ad	oress:	Ject of Health &	Donne Sitte	
8700 E 50th Avenue		1				Dr South			
Compagnia Com. DO 20022 202 202 202 202 202 202 202 202									
b. Phone: e. Special Handling Instructions and Addit			d. Phone:		and Marian 146	ON THE REAL PROPERTY.	444 844 4114		
c. opeolar harranny moducatoris and Additional milorination.									
						1		Carallian Carallian	
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the d	contents of this cons	signment are fully a	and accura	tely descr	ibed above	by the proper sl	nipping name,	
national governmental regulations.	labeleu/placaldet	ı, anu are in air ies	secre in brober con	MINUTE TOF T	ansport a	ccording to	о аррисавіе іпіег	nauonai and	
3									
g. Operator's Name and Title (Print)	h. Signa	ature			i. Date		1		
*Operator refers to the company which ow renovation operation or both	ns, leases, operal	es, controls, or sup	ervises the facility l	being dem	olished or	renovated	I, or the demolitio	n or	
removation operation of both									



REV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011076

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes	la-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	er Managhani Langu		e. Generator's Mailing Address:							
Colorado Department of Fran		We wanter				Sportation				
Honn of 1/70 petween Columb			3643 E 46th Avenue							
f. Phone:	720-820-8	iroti	g. Phone: Denver, CO 89216 720-925-9595							
If owner of the generating facility differs from	om the generator	r, provide:								
h. Owner's Name:	1. 5 . 5 .	1 14/ 05:	i. Owner's Phone No.:	I Co	tainers	- 7-4-1	1			
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol			
	111.42.21			110.	1750	quantity	110 001			
		Requisi	les Asbestos Contaminates	d Soil		10				
5126 1812496	7/30/2019	RACS					Yords			
						- 12 - W				
7.7										
			MILES INTO							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous was	te as define	d by 40 CF	R 261 or any ap	plicable			
state law, has been properly described, cl	assified and pacl	kaged, and is in prop	per condition for transportati	ion accordin	g to applic	able regulations;	AND, if this			
waste is a treatment residue of a previous	rements of 40 CF	ardous waste subjec	t to the Land Disposal Resti	rictions, I ce	riiry and w	arrant that the wa	aste nas			
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 AM DI COLL CHAMPION AND	SATING F -	10°T	14.		140	17 1001	8			
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date					
II. TRANSPORTER (General	rator complete	es Ila-b and Tra	nsporter completes lic	-e)			I_{ij}			
a. Transporter's Name and Address:	PSK	7	0700 250	TAU	e C	OMMIERI	4 011			
		(0100							
767 01	F = 15 6					80011				
b. Phone: 5.03 - 971	1-128C									
b. Phone: 303-971	n mal	14 2.00	The state of the s		10-	17.10	7			
					10	18	,			
c. Driver Name (Print)	d. Sign			e. Date						
III. DESTINATION (Generat	or complete I									
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indic	cation Space);	1				
Alth & Tower Rd							22			
Commente City, CO (Account	# 9687219 male	L. Decareri								
b.										
I hereby certify that the above named mate	erial has been ac	ccepted and to the b	est of my knowledge the for	regoing is tru	ue and acc	urate.				
e. Name of Authorized Agent (Print)	f. Sign	ature	The state of the s	g. Date	14.1					
IV. ASBESTOS (Generator of			complete IVa iV	y. Date	-					
	completes ive	a-i and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	eprof Heatin &	Primite Killy			
62(2) E 5th Avanue				herry Creek			1 000000 00712			
Gorginarios City CO 80022 903-951-1290 Degyer CO 80246-1530 303-642-3102										
D. Phone:	201200000000000000000000000000000000000		d. Phone:	1 GA BUR IN	Caches 1	447 454 414				
e. Special Handling Instructions and Additi	ional Information									
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur	rately descr	bed above	by the proper sl	nipping name			
and are classified, packaged, marked and	labeled/placarde	ed, and are in all resp	pects in proper condition for	transport a	ccording to	applicable inter	national and			
national governmental regulations.				T						
g. Operator's Name and Title (Print)	h. Sigr		90 = 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i. Date						
*Operator refers to the company which ow			ervises the facility being de	molished or	renovated	, or the demolitio	n or			
renovation operation or both										

GENERATOR RETAIN

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a. Generator's US EPA ID Number	or completes		cument Number		c. Page	1 of			
4 (01)		b. Marinest Bo	Julion (Nambo)		0.1499	101			
d. Generator's Name and Location:	portation		e. Generator's Mailing Ad	dress:	wit of Tour	ISCOTATION			
hisner of i-70 between Columb		Sireeu		tith Avenu		1000000			
f. Phone: Derver, CO 80219	720-920	1969	g. Phone:	GO 80216		720.62 46%			
If owner of the generating facility differs fro	om the generate	or, provide:	g. 1 Hono.						
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		hipping Name and	m. Cor	tainers	n. Total	o. Unit		
		Description	1	No.	Туре	Quantity	Wt/Vol		
		Requi	atno Asbestos Contaminated	lott		1 1			
5129 1912/498	7/30/2019	RACE				10	Yanta Q		
				614					
			1774		- 1				
	to copies with the	with Circ							
GENERATOR'S CERTIFICATION: I herel	by certify that th	ne above named ma	aterial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any api	olicable		
state law, has been properly described, cla waste is a treatment residue of a previousl	assified and pad	ckaged, and is in pr	oper condition for transportation	on accordin	g to applic	able regulations;	AND, if this		
been treated in accordance with the requir							ste nas		
The Stephenson bal	naltot(Dot	AD		10	1712.0	18		
p. Generator Authorized Agent Name (Prin	nt)	g. Signature			r. Date	10 71			
II. TRANSPORTER (Gener		tes lla-b and Tr	ansporter completes lic-	e)					
a. Transporter's Name and Address:	Kinl.	12.5 B	antila St						
AIM TIVE	1	4011	11117						
b. Phone: 770 480 52	48	0	, /						
M CHI GRETANIA	110	11/ 1	hA	1	11. 15	m/x			
c. Driver Name (Print)	d Sie	nature		e. Date	11-17	10			
III. DESTINATION (Generate			nation Site completes III		10.0000000	70 10 00 00 00 00			
a. Disposal Facility and Site Address:		c. US EPA N);				
odth a Tower Rd									
Commerce City, CO (Account	# 500210 ESA	/1-10 Project							
b. I hereby certify that the above named mate	erial has been a	ccented and to the	best of my knowledge the fore	egoing is tr	ie and acc	curate			
				going to the		30.010.			
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date					
IV. ASBESTOS (Generator of			or complete IVg-i)	3. 2010					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
ESA (50 870) E 5/8h Avenue						Kept of Health & F	TIBILD SIRV		
Operation Dis. Of \$1000 935 bit 1000 Preside Of \$100 905 600 900									
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 co	ensignment are fully and accur-	ately descr	ibed above	e by the proper sh	ipping name		
and are classified, packaged, marked and national governmental regulations.	iapeled/placard	ed, and are in all re	espects in proper condition for	transport a	ccording to	o applicable interr	ational and		
			MATERIAL MATERIAL AND ADMINISTRATION OF THE PARTY OF THE						
g. Operator's Name and Title (Print)	h. Sic	ınature		i. Date			-		
*Operator refers to the company which own	ns, leases, oper	rates, controls, or s	upervises the facility being den	nolished or	renovated	, or the demolition	n or		
renovation operation or both									



I. GENERATOR (Generate	or completes is	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number			c. Page	1 of		
d. Generator's Name and Location:	and the same of th		e. Generator's	Mailing Add	dress:	ALL CHAILE			
Galarada Department of Fran			Golomoo (Japanthan), or Transportation						
Pioriti of 1-70 between Columb			354. E 48th Avenue						
f. Phone:	720-920-46	XIO.	g. Phone: Denver, CO 30216 7/0-820-4669						
If owner of the generating facility differs fr	om the generator,	provide:					7.00		
h. Owner's Name:	~								
i. Waste Profile #	I Eva Data	I I Wasta Shir	i. Owner's Phopping Name and		m Cor	ntainers	n. Total	a I Init	
j. vvaste Fronte #	k. Exp. Date	Description	oping Name and		No.	Type	Quantity	o. Unit Wt/Vol	
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		Regulat	ad Asbestos Co	entaminated	Soli				
5126 1812496	2630/2019	BACS					P.	Yards	
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						8			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a haza	ardous waste	as define	d by 40 Cl	FR 261 or any a	pplicable	
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for	transportatio	n accordin	g to applic	able regulations	; AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CFI	rdous waste subject	to the Land Dis	posal Restric	ctions. I ce	of CEP 26	arrant that the v	vaste has	
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IN NEW THE CLAS	rall of CED	7 313				10	117 301	8	
p. Generator Authorized Agent Name (Pri		. Signature				r. Date			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter com	pletes lic-	e)		~ .		
a. Transporter's Name and Address:	L. (00)	ThAN	2 (10	June C	-1/2	1 ()) Ka	ブスコ	
EN 6100		/			,		-	Cox	
3020011	700								
b. Phone:	X & C	,		100			1		
DENNIZ Camp Be	TI 115) [aund	PUDD	11	1 /	7-1X		
	of Ametine		7	1400	7 0	1	/		
c. Driver Name (Print)	d. Sign				e. Date				
III. DESTINATION (General	or complete III				07				
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discre	pancy Indica	ition Space	e:			
Buth & Fower Rd			-						
Commerce City, CO (Account	# 990216 ESA /	I-10 Project							
b.									
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowle	edge the fore	going is tr	ue and acc	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ture			g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVo	g-i)		100			
a. Operator's Name and Address:			c. Responsible		ne and Ad	droce.			
ESA ITO			o. reopendible	NESHAF	Admin:	Calarado (Date to Health a	Public afty	
6700 E 50th Avenue				4300 Ch	erry Creal	Dr. South	1		
b. Phone: Commerce City, GO 60022 303-991-1290 d. Phone: Denver, GO 80246-1530 303-652-3102									
e. Special Handling Instructions and Addit	ional Information:		d. Phone:						
(D									
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable				1 4		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarded	contents of this cons	signment are full	y and accura	tely descr	coording *	e by the proper :	snipping name	
national governmental regulations.	piacardet	., and are in all 185 ₁	Joola III brober C	orialiani iur l	anopon a	ocording t	applicable life	mauonai and	
<u> </u>		3-2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10	····					
			4 1478						
g. Operator's Name and Title (Print)	h. Signa	ature	190		i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or sup	ervises the facili	ty being dem	olished or	renovated	, or the demoliti	on or	
Tonovation operation of both			- Great	ESTATUS NO.				ATTORNEY OF THE PARTY	



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I. GENERATOR (Generate	or completes i	а-г)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:		· · · · · · · · · · · · · · · · · · ·	e. Generator's Mailing Address:						
Cotorado Department of Tran			Colorado Department de Fransportation						
North of I-79 between Columb			3643 £ 46th Avenue						
f. Phone:	720-920-48	7,51	g. Phone: Denver, CO 80216 720 820 4666						
If owner of the generating facility differs fr	om the generator.	, provide:							
h. Owner's Name:	Lis Euro Date	L Marta Obia	i. Owner's Phone No.:	I m Co	ntainers	n Total	I a I tala		
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol		
(n		2 COOTIFICOTI		1	.,,,,,,		1.4401		
		Requisi	ed Asbostos Contaminated	licii		107			
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				+					
		200 20							
GENERATOR'S CERTIFICATION: I here									
state law, has been properly described, cl waste is a treatment residue of a previous	assined and pack	aged, and is in prop	er condition for transportation to the Land Disposal Restr	on accordin	iy to applic	acie regulations	s, AND, IT this		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	lefined by 4	0 CFR 26	1.			
		· The	1		101		(7		
THEON MAN OF SOME			J		, - 1	17 201	8		
p. Generator Authorized Agent Name (Pri		. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic	-e)					
a. Transporter's Name and Address:	10/01	2 53 P. S.	v. rVina						
Barron Trucky	17 /01	aeser 1	rucking						
12m1 EHT 10	TIN		1 ~		1	-	,		
b. Phone: (70) 50 47	10	- 1	1/	т ,	01.		112		
FStorn Tryvol)	Instl1	1 Dur	/	011	7/20	17		
c. Driver Name (Print)	d. Sign	ature	the state of the s	e. Date					
III. DESTINATION (General	CONTRACTOR OF THE PARTY OF THE		ation Site completes II				70.0		
a. Disposal Facility and Site Address:	.c. complete II	c. US EPA Num			e,		-		
LUWER LEEDONS		U. UU EI A INGII	d. Diooropanoy maio	calon opao	٠.				
astr & Tower Hd									
Commerce City, CO (Appount	LF 980216 ESA /	I- (C Project)							
b. I hereby certify that the above named mat	terial has been ac	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate			
The state of the s	1		,	3-1.3.0 11			417.7551.154		
						1191			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator					52,000		
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
ESA inc						Dept of Health 8	REPROSITY		
5700 E SOlly Avenue	224 221	u e A		PRITY CIES					
b. Phone: Commerce Oily, 00 80022	303-991-12	50	d. Phone:	OO 86246	1530	303-392-310	2.		
e. Special Handling Instructions and Addit	tional Information:				95-1				
f. ☐ Friable ☐ Non-Friable ☐ Both	% E	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby				rately desci	ribed abov	e by the proper	shipping name		
and are classified, packaged, marked and	l labeled/placarde	d, and are in all resp	pects in proper condition for	transport a	according t	o applicable inte	ernational and		
national governmental regulations.	100								
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or sup	ervises the facility being de		renovate	d, or the demolit	ion or		
renovation operation or both									



5011072

I. GENERATOR (Generate	or completes l	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location:	israidonas		e. Generator's Mailing Address:							
Colorado Department di Tran North di 170 balween Colora		n isunggitä	Goorado Erapartment de Fransconadun 3643 E 46th Avenue							
f. Phone:	720-930-46		g. Phone:	r, CO 60216	9	720-920-48	95			
If owner of the generating facility differs for	om the generator,	provide:	g. i none.	WE VENE						
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and		m. Containers n. Total					
		Description		No.	Туре	Quantity	Wt/Vol			
to the control of the			eti Asbestos Contaminats	lio£ ce		10				
5128 1812488	7/30/2019	RACS				19	Yards			
	97%			1						
			8-11				-			
4	1			1						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby certify that the lassified and pack	above named mate aged, and is in prop	rial is not a hazardous wa: er condition for transporta	ste as define tion accordii	ed by 40 C ng to applic	FR 261 or any a cable regulation	applicable s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haza	rdous waste subject	to the Land Disposal Res	trictions. I co	ertify and v	varrant that the	waste has			
We seeking a behal	La COT	7	ge, a flazardous waste as	denned by -	1001120	TI 2018				
p. Generator Authorized Agent Name (Pri	int) a	. Signature			r. Date	11 -010				
II. TRANSPORTER (Gene			nsporter completes lie	c-e)	11.5010					
a. Transporter's Name and Address:	7/3	~	1	-						
()/	(=	//	/							
b. Phone:	- Commence	4/								
EBAN IL	<i>'</i> .	16117	100		111 -	12-	2011			
c. Driver Name (Print)	d. Sign	ature	- Comment	e. Date	/		-0			
III. DESTINATION (Genera			ation Site completes	llld-g)						
a. Disposal Facility and Site Address:	//	c. US EPA Num	nber d. Discrepancy Indi	cation Spac	e:					
30th & Yower Rd										
b. Commerce City, CO (Accoun	VA 990216 ESA /	to Project,								
I hereby certify that the above named ma	terial has been ac	cepted and to the be	est of my knowledge the fo	regoing is t	rue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	-f and Operator		FD F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	ddress:	Daos of Hastin	& Public Stry			
6700 it 50th Avenue			4930 0	Sherry Oree	k Or. Sout					
b. Phone: Commerce City, CO 60022	SIG-901-10	360	d. Phone:	r, CO 8024	0-1660	303-592-31	定			
e. Special Handling Instructions and Addi	tional Information:									
	7									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby		riable contents of this cons	% Non-Friable	ırately desc	ribed abov	e by the proper	shipping name			
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	d, and are in all resp	pects in proper condition fo	r transport	according t	to applicable int	ernational and			
	*****		net et al.							
g. Operator's Name and Title (Print)	h. Sign	ature		i, Date						
*Operator refers to the company which ow			ervises the facility being de		r renovate	d, or the demoli	tion or			
renovation operation or both		The second second				Name of the second				



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I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	ex a winding	**************************************	e. Generator's Mailing Address:						
Verefado L'epartinent et Fran North et 1.76 between Goium		N comba	Colorado Department of Transportation						
Denyer, OC 50216			3645 E 48th Avenue						
f. Phone:	720-620-46	TAU.	g. Phone:	Deriver, CO 80218		720-920-466	the second second		
If owner of the generating facility differs fr	om the generator,	provide:				100000000000000000000000000000000000000			
h. Owner's Name:			Coursels Phone I	Mar.					
j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone I	No.:	tainers	n. Total	o. Unit		
j. Waste i Tollie #	K. Exp. Date	Description	oping Name and	No.	Type	Quantity	Wt/Vol		
Later Control		Regulat	ed Asbestos Contar	ninated Rei		10			
6126 1812-496	7/30/2019	RACIS				13	Yante		
	5/2/2022		West Control of the C			200 20 20 20	-		
- 4-77	SIGNER					<i>a</i>			
723	-		The second				1		
OCCUPATIONS OF STIFLS ATION AND									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	erial is not a hazardo	us waste as define	d by 40 CF	R 261 or any a	oplicable		
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposa	I Restrictions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no lon	ger a hazardous was	te as defined by 4	0 ĆFR 261	l. ,			
The Heartane on La	hall of co	OT XIL).		10	117 10	N Q IN		
p. Generator Authorized Agent Name (Pri		. Signature			- Doto		10		
				II\	r. Date				
ii. TRANSPORTER (General a. Transporter's Name, and Address:	rator complete	s lia-b and Trai	isporter complet	es lic-e)					
Blasser.									
The state of the s									
b. Phone: 3 644 59	27 0								
Jiu	- X			,		7.47			
	1/-	una my		10	-12-	. 10			
c. Driver Name (Print)	d. Signa			e. Date					
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site comple	etes IIId-g)					
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepand	y Indication Space	:				
den & Tower Rd									
Commerce City, CO (Account	# 000 PAR ESS	LPD Drespett							
b.		The let							
I hereby certify that the above named mate	erial has been acc	cepted and to the b	est of my knowledge	the foregoing is tru	e and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ture	39923990190	g. Date					
IV. ASBESTOS (Generator of			complete IVg-i)	J 3. 50.0					
a. Operator's Name and Address:	Joinpiotoo i va	Tana operator	c. Responsible Age	nov Name and Ada	droop				
ESA Inc			c. responsible Age	ESHAP Admin.	Ciorado L	ent of Health &	Public Silv		
6742 E 50th Azenue		120		300 Cherry Greek					
b. Phone: Commerce City, CG 66922 363-591-1250 d. Phone: Derivar, CG 80246-1530 303-392-3192									
e. Special Handling Instructions and Additi	ional Information:		d. Phone:	- 74	1000				
and Additional State of the Ad	onal mornation.								
f. Friable Non-Friable Both	% Fr		% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	laheled/placarded	ontents of this cons	signment are fully and	d accurately descri	bed above	by the proper s	nipping name		
national governmental regulations.		.,	south in proper condi	aon tor transport at	Joording (C	applicable litte	nauonai and		
			2810						
a Operatoria Name and Title (D. 19)									
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	ature	anyiege the facility be	i. Date	roncustad	or the day -1'4'	D 01		
renovation operation or both	iis, icases, uperat	es, controls, or sup	er vises trie racility De	mig demonstred of	renovated	, or trie demolition	וס ווכ		
			The Contract of the Contract o						



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I. GENERATOR (Generate	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	and a fine		e. Generator's Mailing Address:						
Opignado Dopartment of Trans		Washington .				паренавоп			
Fronth of F70 between Solumb Deriver, CO 80218			3643 E 46th Avenue Denver, CO 80216 720-920-4656						
f. Phone:	720-920-4	100	g. Phone:	UU BUZIO		720-920-4858			
If owner of the generating facility differs fr	om the generator	, provide:							
h Owner's Name									
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Wasta Shi	i. Owner's Phone No.:	m Cor	itainers	n. Total	o. Unit		
J. Waste Frome #	Description of the second of t					Quantity	Wt/Vol		
			Team Item						
		Regulal	ed Aspestos Consummated	Hoti		10			
5126 181240B	7/30/2019	RACS				IX	Yestin		
				1					
							1		
				2	-		-		
CENERATOR'S CERTIFICATION: I have	hu andifications that	abaya samad mak		1-6	d b 40 O	FD 004	11-1-1-1		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certily that the assified and pack	above named mate	erial is not a nazardous wast per condition for transportation	e as denne on accordin	a by 40 Cl	rk 261 or any ap	AND if this		
waste is a treatment residue of a previous	ly restricted haza	rdous waste subjec	t to the Land Disposal Restri	ictions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	1.			
Ma Dienlegue on S	elalf de	hor	Ato.		1011	7 /2018			
p. Generator Authorized Agent Name (Pri	nt) a	. Signature	10-00	-	r. Date	11.010			
II. TRANSPORTER (Gene			neporter completes lle	0)	1. Date				
a. Transporter's Name and Address:	rator complete	is lia-b allu lia	risporter completes lic-	-6)	- 10	***			
DM The	te- 1								
	The same and								
b. Phone: 503 701	1 - 50:	57							
To a light	-	The State of the S		111	,-1	19			
- Leci di lore	100		T11-11-12-11-11-11-11-11-11-11-11-11-11-1	10	1-	10	2		
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generat	or complete II								
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indica	ation Space	9:				
Beth a Tower Po									
Commerce City, CO (Account	# 990218 ESA /	i- 'ti Eynladt)							
b.									
I hereby certify that the above named mate	erial has been acc	cepted and to the b	est of my knowledge the fore	egoing is tru	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date					
IV. ASBESTOS (Generator of			complete (Va-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	drage:	******			
ESA Inc			NESHA	Admin:	latorado (ept of Heatin &	Public Sity		
8709 E 50th Avenue				erry Greek					
b. Phone: Commerce City CO 80022	303-991-12	RG.	Demier	CO 80246		205-692,3402			
e. Special Handling Instructions and Addit	ional Information:		d. Phone:			33333333			
and the state of t									
A D Frieble D No Frieble D Polls Of Frie									
f. Friable Non-Friable Both	declare that the	riable	% Non-Friable	ndali de e	had alt	n h., th	blank		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarded	d, and are in all res	signment are fully and accur pacts in proper condition for	transport a	ccording to	e by the proper s	nipping name,		
national governmental regulations.	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.								
					- 14				
a Operator's Name and Title (Date)	1. 00			1.0					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign	tes controls or sur	ervises the facility hoing don	i. Date	renovator	or the demotistic	n or		
renovation operation or both	, iodaea, opeidi	, coriniois, or sup	or vises the facility being der	nonsiled of	cilovatec	i, or the demoitio	iii Oi		



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a. Generator's Name and Location: d. Generator's Name and Location: proposed to the property of the generatory provides: f. Phone: f. Phone: g. Phone: j. Weste Profile # L. Owner's Phone No.: j.	I. GENERATOR (Generate	or comple	etes la-	·r)		1500						
Phone:	a. Generator's US EPA ID Number			b. Manifest Docur	ment Number		c. Page	1 of				
Phone:	d. Generator's Name and Location:	o sala			e. Generator's Mailing Address:							
f. Phone: Emerge CO 6/CIE 70.000 9, Phone: Phone CO 6/CIE 70.000 9, Phone: Towns of the generating facility differs from the generator, provide:	Colorado Labaranem di Tran				Calorad	o Deparem		sponaron	2			
f. Phone: If owner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owner's Name: J. Weste Profile # K. Exp. Date Waste Shipping Name and M. D. Type Guantity Wilvol Page stand Appeared Rescription Rescript												
It owner's Name:	Denver, CO 80216	720-	920 diffe	3	Denver,	QO 80218		720-920-4800	#			
h. Owner's Name: j. Weste Profile # k. Exp. Date L. Weste Shiping Name and Description R.		om the gen	orotor p	rovido	g. Frione.							
L. Waste Profile # K. Exp. Date L. Waste Shipping Name and m. Containers n. Total O. Unit	if owner of the generating facility differs fr	om the gen	erator, p	rovide:								
LWaste Profile # K. Exp. Date LWaste Shipping Name and n. Containers n. Total n. Total n. Total Description No. Type Cuarity Wilvol	h. Owner's Name:				i. Owner's Phone No.:							
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, deserted and packaged, and is in proper condition for transportation according to applicable requisitories. AND, if this wester is a fractionary include to a provision of the conditions of the condition	i. Waste Profile #	k, Exp. D	ate	I. Waste Ship		m. Cor	ntainers n. Total o. Unit					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 251 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 as 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 261 or any applicable. IN EVALUATION (Series and International Control of the Control of Applications) and its proper of the Control of Applications and International and its proper of the Control of Applications and Authorized Agent Name (Print) II. TRANSPORTER (Generator completes lia-b and Transporter completes lice) a. Transporter's Name and Address: C. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: III. DESTINATION (Generator completes lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: III. DESTINATION (Generator completes IV) ASBESTOS (Generator completes IV) ASBESTOS (Generator completes IV) ASBESTOS (Generator completes IV) d. Phone: C. Responsible Agency Name and Address: C. Responsible Agency Name and Ad						No.	Туре	Quantity	Wt/Vol			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 251 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 as 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 261 or any applicable. IN EVALUATION (Series and International Control of the Control of Applications) and its proper of the Control of Applications and International and its proper of the Control of Applications and Authorized Agent Name (Print) II. TRANSPORTER (Generator completes lia-b and Transporter completes lice) a. Transporter's Name and Address: C. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: III. DESTINATION (Generator completes lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: III. DESTINATION (Generator completes IV) ASBESTOS (Generator completes IV) ASBESTOS (Generator completes IV) ASBESTOS (Generator completes IV) d. Phone: C. Responsible Agency Name and Address: C. Responsible Agency Name and Ad												
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CR 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. Ly certify and warrant that the waste has been treated in accordance with the requirements of 40 CR 263 and is pol longer a hazardous waste as defined by 40 CR 261. NECAN WORD 10 JUNE 10 J				Regular	od Astrastos Contaminated	Hotel		1 17				
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE	6728 181240B	7730	2019	RACE			}	I X	Yands			
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE								13/				
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE												
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE		1										
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE												
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE												
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE												
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE									- Allerton			
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. MECHAN WOOD AUGUST 10 IN 12 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD TO BE DESCRIBED TO BE	GENERATOR'S CERTIFICATION: I here	hy certify th	nat the at	nove named mate	rial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any an	nlicable			
waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warraft that the waste has been treated in accordance with the requirements of 40 CFR 288 and is polonger a hazardous waste as defined by 40 CFR 27 D. Generator Authorized Agent Name (Print) Q. Signature I. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e) a. Transporter's Name and Address: D. Phone: D. Driver Name (Print) D. Driver Name (Print) D. Driver Name (Print) D. Disposal Facility and Site Address: C. US EPA Number D. Disposal Facility and Site Address: C. US EPA Number D. Driver Name of Authorized Agent (Print) D. Driver Name of Authorized Agent	state law, has been properly described, cl	assified and	d packag	ed, and is in prop	er condition for transportation	on accordin	g to applic	able regulations;	AND, if this			
P. Generator Authorized Agent Name (Print) Q. Signature II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-b 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: c. US EPA Number d. Discrepancy Indication Space: III. Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: III. Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: III. Destination Site Completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: III. Signature g. Date V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: Densor Co 8022 30 894 1260 d. Phone: Densor Co 8022 30 894 1260 d. Phone: Densor Co 8022 30 894 1260 d. Phone: Densor Co 8024 50 30 30 30 30 30 30 30 30 30 30 30 30 30	waste is a treatment residue of a previous	ly restricted	hazardo	ous waste subject	to the Land Disposal Restri	ictions. I ce	rtify and w	arrant that the wa	aste has			
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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 b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable When Friable When Friable When Friable When Friable When Friable Phones 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	h Commerce City, CO (Addount	# 331215	DSA/F	U Project)				liter .				
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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	a Operator's Name and Title (Print)	h	Sianati	IFA		i Data						
renovation operation or both					ervises the facility being der		renovated	or the demolition	n or			
	renovation operation or both		-poratoo	.,	ooo are reality being der		Johovaldu	i, or the demonto	11 01			



I. GENERATOR (Generator completes la	a-r)				1 . 0	1 06	
a. Generator's US EPA ID Number	b. Manifest Docum	nent Number			c. Page	1 01	
d. Generator's Name and Location:		e. Generator's	Mailing Add	ress:	ent of Tall	renomentation	
Colorado Deparation de Franspondeza	24 automobile		3543 E 4			Tadden at amount of	
North of 1-70 between Octumbers & Etizabeth 5 Denver, OC 60215 720-920-46			Denver, (720-920-468	98
f. Phone:	21	g. Phone:					
If owner of the generating facility differs from the generator	, provide:						
h. Owner's Name:		i. Owner's Pho	ne No.:				1 1 1 1 1 1 1
j. Waste Profile # k. Exp. Date		ping Name and		m. Cor	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
	Description			140.	1,700	Quartery	
	Requiati	ad Asbestos Car	nterminated	SQIL		12	
5126 1812496 7/30/2019	- FACS					10	Yarda
						V-12-7	+
GENERATOR'S CERTIFICATION: I hereby certify that the	e above named mate	rial is not a haza	rdous waste	as define	ed by 40 C	FR 261 or any	applicable
state law, has been properly described, classified and pack waste is a treatment residue of a previously restricted haza	kaaad and it in nior	iar condition for t	ransonnano	II ALCUIUI	nu lu auuni	Lable Ledanding	10, 71110, 11 1110
waste is a treatment residue of a previously restricted haze been treated in accordance with the requirements of 40 CF	FR 268 and is no lon	ger a hazardous	waste as de	fined by	70 OI IV 20	1.	
MEGAN WOOD Amul on behalf of MOT 10/11/2018							
		· · · · · · · · · · · · · · · · · · ·			r. Date		
	q. Signature	neporter com	nletes IIc-	6)			
II. TRANSPORTER (Generator complete a. Transporter's Name and Address:	es lia-b allu Tra	risporter com	pietes iic-	0)			
a. Transporter swarms and Adulass.							
2 3 6 583	P						
b. Phone: 303 901 583							
Doud & brene	Marie Comments	parties.			10	11-19	5
	nature		1000 1000	e. Date			
		ation Site cor	noletes III	d-a)			
a. Disposal Facility and Site Address:	c. US EPA Nui		pancy Indica	ation Spa	ce:		
1 - A-CH LOW MARK	0.00						
Both & Tower Rd	A C WY Chairman						
Dominterus City, CO (Account # 990216 ESA b.							
I hereby certify that the above named material has been a	eccepted and to the b	est of my knowle	edge the for	egoing is	true and a	ccurate.	
	nature			g. Date			
IV. ASBESTOS (Generator completes IV	a-f and Operato	r complete IV	g-i)			70 170	
a. Operator's Name and Address:	***************************************	c. Responsible	Agency Na	me and A	Address:	Cont of Line	N. D. Brie Ster
ESA Inp			PRESHA	remaining	et Dr. Sau	the contract of the contract o	n & Public Sity
6700 E 50th Avenue	4505			CO 802		303-892-3	102
b. Phone: d. Phone:							
e. Special Handling Instructions and Additional Information	n:						
To be a second of the second o							
f. Friable Non-Friable Both %	Friable	% Non-Friable	h, and con-	rataly das	cribed abo	ve by the prop	er shipping name
OPERATOR'S CERTIFICATION: I hereby declare that the and are classified, packaged, marked and labeled/placard	condition for	transport	t according	to applicable i	nternational and		
national governmental regulations.	aca, and are munifor			100			
g. Operator's Name and Title (Print) h. Sig							
	anature			i. Date			
*Operator refers to the company which owns, leases, ope	gnature erates, controls, or su	pervises the faci	lity being de	i. Date molished	or renovat	ed, or the demo	olition or



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 GENERATOR (Generate 	or completes I	a-r)							
a. Generator's US EPA ID Number	***************************************	b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	Part 10 00 110 to	diameter	e. Generator's Mailing Address:						
Odorada Department or Trans North of 170 trategen Octomb		Cleaning	3643 E 46th Avenue						
Early CO 80216	720-920-46			CO 80216		720-925-466	19		
f. Phone:			g. Phone:	An oca in	12 222	2 April and Property	12200		
If owner of the generating facility differs from	om the generator	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		Shipping Name and m. Containers n. Total o. Ur						
		Description		No.	Туре	Quantity	Wt/Vol		
		Request	ed Arbeetos Contaminates	Koii					
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GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	erial is not a nazardous was per condition for transportati	te as define on accordin	a to applic	cable regulation	s: AND. if this		
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Restr	rictions. I ce	rtify and w	arrant that the	waste has		
been treated in accordance with the requi									
MEGAN WOOD	L.	armel or	a belale of c	DOT	10	16/2018			
p. Generator Authorized Agent Name (Pri		ı. Signature			r. Date				
II. TRANSPORTER (Gene			nsporter completes lic	-e)					
a. Transporter's Name and Address:	rator complete	JO HO D UNO TTO	Toportor completed no	0/					
m 191									
(3/ (1							
b. Phone:	Martin procedures to the HT TO	//							
The state of the s	/ 4	had for	par .	1/	- 1	x L	4.		
pean Hud	1.07	16 1 1		76	15				
c. Driver Name (Print)	d. Sign		otion City powerlates II	e. Date			-		
III. DESTINATION (General	tor complete ii								
a. Disposal Facility and Site Address:	A STATE OF THE STA	c. US EPA Nun	nber d. Discrepancy Indic	cation Space	9;				
detn & Towar Rd									
Commerce City, CO (Account	FERENTEE ESA.	1- U Project							
b. I hereby certify that the above named mat	torial has been as	contod and to the h	act of my knowledge the for	receina is tr	ue and ac	curate			
Thereby certify that the above harried that	teriai rias pecir ac	copied and to the b	est of my knowledge tile lol	ogoling is ti	us and at	ourato.	5W		
		- W	****		274 222	2.3			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	A			
ESA INC		,				Dept of Health	& PERNIC MRY		
6700 E 50th Avenue	ont on a	400		herty Creek			Gy.		
b. Phone: Commerce City, CC 80022	303-991-11	(6)	d. Phone:	, 00 60246	1030	303-692-310	ų.		
e. Special Handling Instructions and Addit	tional Information:								
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accu						
and are classified, packaged, marked and	l labeled/placarde	ed, and are in all res	pects in proper condition for	r transport a	according	to applicable int	ernational and		
national governmental regulations.				1					
g. Operator's Name and Title (Print)	h. Sigr			i. Date					
*Operator refers to the company which ow	vns, leases, opera	ates, controls, or sup	pervises the facility being de	molished o	renovate	d, or the demoli	tion or		
renovation operation or both			400	The Aller					



 GENERATOR (Generate 	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	Document Number				c. Page 1 of			
d. Generator's Name and Location:	encHaline		e. Generator's Mailing Address:							
North of 1-70 petween Columb		Viragio	Colorado Department of Transportation 35/3 E 46th Avenue							
Tionus CC 80210	720-920-46		Discours (V) 90045 750 000 4095							
f. Phone: If owner of the generating facility differs from		12	g. Phone:							
	on the generator,	provide.								
h. Owner's Name: i. Waste Profile #	Is Eve Date	I Wests Chi-	i. Owner's Phone No.: . Waste Shipping Name and							
j. vvaste Prolite #	k. Exp. Date	Description					n. Total Quantity	o. Unit Wt/Vol		
	***************************************	**								
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5126 1812496	7/30/3019	* RACIS					. 0	Yenda		
							6)			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a haza	ardoue waet	a ac define	d by 40 C	EP 261 or any a	policable		
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for t	transportatio	n accordir	g to applic	able regulations	; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazar	rdous waste subject	to the Land Dis	posal Restri	ctions. I ce	ertify and w	arrant that the w	aste has		
MEGAN WOOD		Mul in					16/2018			
			behalf	8+ 1		10120.0				
p. Generator Authorized Agent Name (Prin		. Signature		1		r. Date				
TRANSPORTER (General Address; Transporter's Name and Address;	rator complete	s lia-b and I rar	nsporter com	pletes lic-	e)					
Barron Trucking	185/10	0501 T	nucky	14						
Tall of the Army	12/1	Jy A	7							
b. Phone: (+) 560-	4500	- 11	10	ja .		. /.	. /	7		
FStdoon Bayyon	1	James /	A Dan	2		10/1	6/201	X		
c. Driver Name (Print)	d. Sign	ature	I ROOF	Contract of	e. Date		7 / 001	0		
III. DESTINATION (Generat			ation Site con	noletes III			PERF			
a. Disposal Facility and Site Address:	ior complete in	c. US EPA Num		pancy Indica		e:				
det: A. Fower Ftd										
Comments City, CG (Account	E ODYDAN DRE /	i. W. Peniard								
b.										
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowle	edge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa				g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IV	g-i)						
a. Operator's Name and Address:			c. Responsible	Agency Nar	me and Ad	dress:	Dent of Health &	Thomas Die		
6700 E Sole: Avenue		* * * * * * * * * * * * * * * * * * *			erry Crest			t busing only		
Colorados Alex C. SARVY	303-991-12	80			CO 8024		503-692-3100	2		
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. Phone:					V-1020		
f. Friable Non-Friable Both	0/, E,	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that the o	contents of this cons	signment are full	y and accura	ately descr	ibed abov	e by the proper s	hipping name		
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	ects in proper c	ondition for	transport a	ccording t	o applicable inte	rnational and		
national governmental regulations.			-							
- Country II										
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature les controls or sur-	ervises the facili	ty heing des	i. Date	renovator	or the demolitie	on or		
renovation operation or both	,	, co	1.000 trio (dolli)	., Joing dell		· Onovale	., or the demont	01		



5011015

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	c. Page 1 of							
d. Generator's Name and Location:	merculania e		e. Generator's Mailing Address:							
Colorado Department of Trans Tearth of 470 hetalean Columb		kentala	Colorade Department of Transportation 3543 E 48th Avenue							
Lenver, 00 60216	7730-920-48					day can come				
f. Phone:	1 Gr-950-40	TAICE STATE OF THE	g. Phone: Deriver, CO 80216 720-920-4666							
If owner of the generating facility differs fr	om the generator,	provide:								
h. Owner's Name:			i Ownerle Dhone No.							
j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.: aste Shipping Name and							
j. Waste i folile #	k. Lxp. Date	Description								
				1100/1		THE RESERVE OF THE PERSON OF T				
		Regulat	ed Asbestos Contaminated	iosi		10				
5126 1812496	7/30/2019	RACS				10	Yorks			
				Anna Anna						
						15				
						th				
						7				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 C	FR 261 or any app	plicable			
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restrict	ctions I ce	rtify and w	arrant that the wa	AND, If this			
been treated in accordance with the require	rements of 40 CFF	R 268 and is no ion	ger a hazardous waste as de	efined by 4	0 CFR 26	1.	oto nao			
MEGAN WOOD	10	A MARIE OU	behalf of c	DAT	10	16/2018	<i>"-</i> "			
p. Generator Authorized Agent Name (Prin		Signature	02.0.0	1000		Car I days - Card				
				`	r. Date					
TRANSPORTER (General a. Transporter's Name and Address:				e) /1	T 11	201 (200	1			
a. Transporter's traine and Address.	DE. SE	OTHAV	G Comm	v CI	190	0 800	25			
Law and I										
b. Phone: 373 991 128	77									
	3		() and		1 5					
DENNIS Company	311 7=5	السمال	(surptill)	10	-1	1-18				
c. Driver Name (Print)	d. Signa	ature		e. Date		America				
III. DESTINATION (Generate	or complete III	a-c and Destina	ation Site completes Ille	d-a)						
a. Disposal Facility and Site Address:		c. US EPA Num			9;					
CONSTRUCTION										
uusi & Tower Rd	I computate store									
b. Commerce City, CO (Account	e sensiones u	H W HTGHEELS								
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fore	going is tru	ue and acc	curate.				
				- 400						
e. Name of Authorized Agent (Print)	f. Signat	hum								
				g. Date						
	completes iva-	and Operator								
a. Operator's Name and Address:			c. Responsible Agency Nar			ALLE AND ELLER IN F	and the same			
LSA Inc 87/8 E SOm Avenue		ľ				pept of Health & F	ADIC SIL			
Charles (200 - CAC (2000))	303-891-12	500		arry Creat						
B. T HOTIC.		30	d. Phone:	30 M245	1030	30 1-363-3162				
e. Special Handling Instructions and Additi	onal Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	able	% Non-Friable			2002	***************************************			
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accura	tely descri	bed above	by the proper sh	ipping name			
and are classified, packaged, marked and national governmental regulations.	iabeled/placarded	, and are in all resp	pects in proper condition for t	ransport a	ccording to	o applicable intern	ational and			
					2500 05-20					
		W-1-								
g. Operator's Name and Title (Print)	h. Signa	iture		i. Date						
*Operator refers to the company which own	ns, leases, operate	es, controls, or sup	ervises the facility being dem	olished or	renovated	l, or the demolition	or or			
renovation operation or both			4500	0						



5011090

I. GENERATOR (Generation	or comp	ietes ia-	-r)							
a. Generator's US EPA ID Number		1	b. Manifest Doci	22311-15			c. Page	1 of		
d. Generator's Name and Location:	an neferius n			e. Generator's Mailing Address:						
Herin of 170 between Columb	anno E. San	reiksmiri Visi	niserlas	Coorado Department de Fransportation						
Denver, CO 80216		1920-456			3643 E 49th Avenue Deriver, CO 80216 720-920-4696					
f. Phone:		POSCUPERIO	PCI	g. Phone:	Denver	, CG agent		720-616-466		
If owner of the generating facility differs from	om the ge	nerator, p	provide:			2007	- 10-	11412		
h Owner's Name:										
h. Owner's Name: j. Waste Profile #	k. Exp. [Date.	I Wasta Ch		Phone No.:	m Cor	ntainers	T-4-1	T . 11 11	
J. Waste Floille #	K. Exp. L	Jate	Description	pping Name	and	No.	Type	n. Total Quantity	o. Unit Wt/Vol	
			Boodilption	-		140.	Туре	Quantity	VVUVOI	
		Paquia	ted Asbestos	Contaminated	f Soil		10			
5129 1812496	7/30	0/2019	RACS					A	Yards	
			12.57					10	HOPOS	
									*	
									1	
A CONTRACTOR OF THE STATE OF TH										
					2000				-	
									6	
GENERATOR'S CERTIFICATION: I here	hy certify t	that the al	hove named mat	orial is not a l	agardous was	to on define	d by 40 Cl	FD 204 on one	- Ubl-	
state law, has been properly described, cla	assified ar	nd packag	ed, and is in pro	per condition	for transportati	on accordin	a to anniic	rk 201 or any ap	AND if this	
waste is a treatment residue of a previous	ly restricte	ed hazarde	ous waste subject	t to the Land	Disposal Restr	ictions. I ce	rtify and w	arrant that the w	aste has	
been treated in accordance with the requir	ements of	40 CFR	268 and is no lor	iger a hazard	ous waste as d	lefined by 4	0 CFR 26	1.		
								137 718		
P. Congretor Authorized Agent Name (Drie	-41		21					ALM CAR		
p. Generator Authorized Agent Name (Prin			Signature				r. Date			
II. TRANSPORTER (Gener	rator cor	npletes	lla-b and Tra	nsporter co	ompletes llc	-e)				
a. Transporter's Name and Address:	1142	5 /31	ontal >	-						
AMC TIVIKING	707	1 9	(1.10.1	1						
TOO COO COU	14									
b. Phone: 120 9 00 74 1	L'			2 1				134		
MICUPI DE-MINI	7	1	1 /	71	- Heaten	10	-17.	18		
a District (District		10	11 12		44.2	10	1/	10		
c. Driver Name (Print)		d. Signati				e. Date			-	
III. DESTINATION (Generate	or comp	lete Illa	-c and Destin	ation Site	completes II	ld-g)				
a. Disposal Facility and Site Address:			c. US EPA Nui	nber d. Dis	crepancy Indic	ation Space	9:			
8ah & Lower Rd										
Commence City, CO (Action)	16 18 19 19 19	SERVICE S	Sea Laboration						-	
b.	m consequ	A STATE OF	Uriopaa)							
I hereby certify that the above named mate	erial has b	een acce	pted and to the b	est of my kno	wledge the for	egoing is tru	ue and acc	curate.		
o Name of Authorized Asset (D.)		. 01	TANK S		-10-5 1000			1100		
e. Name of Authorized Agent (Print)		f. Signatu				g. Date				
IV. ASBESTOS (Generator of	complete	es IVa-t	and Operator	complete	IVg-i)					
a. Operator's Name and Address:				c. Responsi	ble Agency Na	me and Ad	dress:			
EDA III)eot of Health &	Fublic Sfer	
5700 E 50th Avanue		Asha Isaa				ierry Oreek				
b. Phone: Commerce City, OC 80022	303-	991-128E	Ů.	d. Phone:	Denver,	CO 80246	1636	303-892-3102		
e. Special Handling Instructions and Addition	onal Inform	nation:			*					
									×	
€		01 = 1 1	-			-				
f. Friable Non-Friable Both	doclare th	% Frial	ble	% Non-Fria	ble falls and accord	-1-1-1				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	ueciare in laheled/nla	at the cor	ntents of this con	signment are	tully and accur	ately descri	bed above	by the proper st	nipping name	
national governmental regulations.	.a.oiou/pic	_ouruou, t	and are in all 195	socia ili brobi	o, condition for	u ansport a	coording to	applicable inter	national and	
				-1						
				1						
g. Operator's Name and Title (Print)		h. Signatu	ıre			i. Date	e lan			
*Operator refers to the company which owr	is, leases,	operates	s, controls, or sup	ervises the fa	cility being der	nolished or	renovated	, or the demolitio	n or	
renovation operation or both									1970	



5011089

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	ument Number c. Page 1 of							
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:						
Colorado Lieperment of Franci			Colorado Department en Fransportation							
North of 1-70 between Columb			3543 E 46th Avenue							
f. Phone:	720-820-4	HH6	Demer, CO 60216 729-929-4696							
If owner of the generating facility differs fr	on the generator	provide	g. Phone:							
in owner or the generating facility differs in	om the generator.	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
i. Waste Profile #	k. Exp. Date	I. Waste Ship	Waste Shipping Name andm. Containersn. Totalo. Unit							
		Description	· ·	No.	Type Qu	antity Wt/Vol				
				1						
		Regulate	id Asbestos Contaminated	l Soil		0				
5126 1312405	2/30/2019	RACE				() Yards				
						- Contract				
					13					
				1						
				1						
CENERATORIS CERTIFICATION, I bere	h									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	nal is not a hazardous was	te as define	d by 40 CFR 2	61 or any applicable				
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restr	rictions I ce	y to applicable	regulations; AND, if this				
been treated in accordance with the require	rements of 40 CF	R 268 and is no long	er a hazardous waste as d	lefined by 46	O CFR 261.	it that the waste has				
						- Yan II				
	100 80 1	11-								
p. Generator Authorized Agent Name (Prin		. Signature			r. Date					
II. TRANSPORTER (Gener	rator complete	s Ila-b and Tran	sporter completes lic-	-e)						
a. Transporter's Name and Address:										
	05	M								
	-									
b. Phone: 303 991	-1780									
		Ond.		1	0 .7					
1 Crown 1	want per	alman.		/	0-17-1	0				
c. Driver Name (Print)	d. Sign	ature		e. Date						
III. DESTINATION (Generat			tion Site completes II	ld-a)		*****				
a. Disposal Facility and Site Address:		c. US EPA Num	The state of the s							
ENG LESCON		C. OS LI A NOM	u. Discrepancy indic	ation Space	•					
euth & Tower Rd										
Commerce Only, CO (Account	# 800216 ESA /	14'0 Projecti								
b.	-20.									
I hereby certify that the above named mate	erial has been acc	cepted and to the be	st of my knowledge the for	egoing is tru	e and accurate	в.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date						
IV. ASBESTOS (Generator of			complete IV/a iV	y. Date	Tr. Territoria					
	completes iva									
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:	of a success of the state of the state of				
ESA inc						of Health & Public Sity				
6700 E 67th Avenue	Manager and	1.0		ierry Creek						
b. Phone: Commerce Oily, CG 80022	303.991-12	80.	d. Phone:	CO 80246	1630 30	3-11-2				
e. Special Handling Instructions and Additi	ional Information:									
			1							
AD EARLY DAY THE			V. Z.			11-04-0-1				
f. Friable Non-Friable Both	% Fr	lable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placerder	contents of this consi	gnment are fully and accur	ately descri	bed above by t	the proper shipping name				
national governmental regulations.	ianelen/hiarai (180	i, and are in all resp	ecre in brober condition tot	uansport a	cording to app	plicable international and				
and a second regulations,	*****	-								
g. Operator's Name and Title (Print)	h. Signa	ature	1877991-01-	i. Date						
*Operator refers to the company which own	ns, leases, operat	es, controls, or supe	rvises the facility being der	nolished or	renovated, or t	he demolition or				
renovation operation or both				=0						



5011088

I. GENERATOR (Generato	r completes I				-					
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page 1 of					
d. Generator's Name and Location:	nodalist		e. Generator's Mailing Address:							
North of 1-70 petween Columb		Stranto	3543 E 78th Avenue							
Denver, CO 80216	720-923-46		Detaile: CC 80216 720-930-4866							
f. Phone: If owner of the generating facility differs from	om the generator	provide:	g. Phone:							
	go	, p								
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.: Waste Shipping Name and m. Containers n. Total o. Unit							
j. Waste Flottle #	K. Exp. Date	Description		No.	Type	Quantity	Wt/Vol			
		Panulat	ed Aspestos Contaminates	i Boli		157				
5126 1812498	7/30/2019		No. L. Contract of State of St			10	Yords			
0.000.1912-001	319954010									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cli waste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportati t to the Land Disposal Rest	ion accordii rictions. I c	ng to applicertify and v	cable regulation varrant that the	s; AND, if this			
	The state of	1	V							
p. Generator Authorized Agent Name (Prin	at) (q. Signature		200	r. Date		24			
II. TRANSPORTER (General	10-0		nsporter completes llo	:-e)	Ti. Bato					
a. Transporter's Name and Address: b. Phone:										
J	The same of the sa		And the second s		10,	1171	14			
c. Driver Name (Print)	d. Sigr			e. Date	1	1/				
III. DESTINATION (Generat	or complete I					7:				
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indi	cation Space	ce:					
abth a Tower Rd		m.								
Commerce City, CO (Account	t#500218138A	/ !- 10 Project)								
b. I hereby certify that the above named mat	erial has been ad	ccepted and to the b	est of my knowledge the fo	regoing is t	rue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Sign	ature	- 4-2448-5	g. Date						
IV. ASBESTOS (Generator			complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency N	al' Admin'	COMPAGU	Dect of Hostin	& Public Stlv			
6700 E 50th Avenue	(0), 301.5	1000		therry Crea		n 303-892-31	60			
b. Phone: Commerce City, OO 80022			d. Phone:	r, well duice	OF AVAIL	300,1000,000				
e. Special Handling Instructions and Addit	tional Information	1:								
f. Friable Non-Friable Both	% F	Friable	% Non-Friable			1 0				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the I labeled/placarde	contents of this con ed, and are in all res	signment are fully and accu pects in proper condition fo	urately desc or transport	according	to applicable in	r snipping name, ternational and			
		3.77 E			s).Edip		is filled			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sig	nature		i. Date		T _e	RA L			



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 GENERATOR (Generate 	or completes la	a-r)	4								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of					
d. Generator's Name and Location:	scortation		e. Generator's Mailing Address:								
North of 1-70 between Golumb	one & Elizabeth S		3543 E 46th Avenue								
f. Phone: Conver. 00 80216	726-920-46	160	g. Phone: Denver, CO 80216 720-920-4996								
If owner of the generating facility differs fr	om the generator,	, provide:	2:								
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date	I. Waste Ship	oping Name and	m. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol				
8128 1812496	7/30/2019		ed Asbestas Contami	nated boll		18	*(2(mb)				
,											
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	aged, and is in prop rdous waste subjec	per condition for transp t to the Land Disposal	oortation accordin Restrictions. I ce	g to applic rtify and w	cable regulation varrant that the	s; AND, if this				
	- 15				- 11						
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date						
II. TRANSPORTER (Gene	rator complete	s lla-b and Tra	nsporter complete	es lic-e)							
a. Transporter's Name and Address: £ b. Phone: 3 991 1280	JA 6 (100 E SI	Mac Co	anm.		8103	2				
KHOS		111		10) - / 7	7-18					
c. Driver Name (Print)	d. Sign			e. Date							
III. DESTINATION (General	tor complete II										
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy	Indication Space	9:						
auth & Towar Rd	THE SECRET AND ADDRESS OF										
b. Commerce City, CO (Account	FREE DISUAL	1- in Euclast)	10-2-2								
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge t	he foregoing is tr	ue and ac	curate.					
						0					
e. Name of Authorized Agent (Print)	f. Signa		commiste IVa iV	g. Date							
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes iva	I-i and Operator	c. Responsible Agen	ay Nama and Ad	droop						
ESA inc 97/0 E 50th Avenue	303-991-12	165	NI 43	ESHAP Admin: 190 Cherry Createnver, CC 80248	Goldmado Lir. Sout						
b. Phone: e. Special Handling Instructions and Additional Handling Instruction Handling Instruct			d. Phone:	orrest, our popula	11000	GUS OUZ II N	**				
6. Opeoids Flanding Histractions and Addi	uonai mioimation.		+								
f. Friable Non-Friable Both		riable	% Non-Friable		Tall III						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.											
g. Operator's Name and Title (Print)	h. Sign		and an the facility to	i. Date		d on the dawn - !!	tion or				
*Operator refers to the company which ow renovation operation or both	vns, ieases, opera	ites, controls, or sup	pervises the facility bei	ing demolished of	renovate	a, or the demoli	uon or				



5011086

I. GENERATOR (Generate	or completes la	a-r)									
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of					
d. Generator's Name and Location:			e. Generator's Mailing Address:								
Galantida Department or 1 aan Nach of 1-70 between Count		Steams	Gelorado Detartment of Transportation 3643 E 46th Avenue								
Lenver CO 80216	720-520-4		Denuer CO 80218 220 500 5568								
f. Phone:			g. Phone:								
If owner of the generating facility differs fr	rom the generator,	, provide:									
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	M. Cor	Type	n. Total Quantity	o. Unit Wt/Vol				
		Description	340 741	140.	Турс	Quality 1	***************************************				
		Regulat	ed Asbertos Contaminated	Salt		18					
6106 18124R6	7/39/2018	RACIS				1 0	Transis				
	8										
	100					,,					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, co	by certify that the	above named mate	erial is not a hazardous was	te as define	ed by 40 C	FR 261 or any a	applicable				
waste is a treatment residue of a previous	sly restricted haza	rdous waste subjec	t to the Land Disposal Restr	ictions. I ce	ertify and v	varrant that the	waste has				
been treated in accordance with the requi	irements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	lefined by 4	0 CFR 26	1.					
					15						
p. Generator Authorized Agent Name (Pri	int) q	. Signature			r. Date						
II. TRANSPORTER (Gene			nsporter completes llc	-e)							
a. Transporter's Name and Address:						1					
							1				
72, 936 /	4 / 1										
b. Phone:	10		TOWN.			· · · · · · · ·					
KOBS LICKING	92-	11122	12/1/ 1/ × ×	16	117	1 2 1 3					
c. Driver Name (Print)	d. Sign	nature		e. Date							
III. DESTINATION (General	tor complete II			ld-g)							
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	ation Spac	e:						
Bith & Fower Rd											
Commerce City, CO Macoun	t# 990216 ESA /	1- U Projecti									
b. I hereby certify that the above named ma	torial has been as	ponted and to the h	est of my knowledge the for	ogoing is t	nie and ac	curate					
Thereby certify that the above hamed tha	terial rias been ac	cepted and to the b	est of my knowledge the for	egonig is ti	ue anu au	curate.					
					- 1						
e. Name of Authorized Agent (Print)	f. Signa		complete IV/= IV	g. Date							
IV. ASBESTOS (Generator	completes iva	a-r and Operator									
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	Dept of Health	& Public Site				
A TABLE SOIL AVERUE				herry Cree							
b. Phone: Commerce City, CO 83022	230	d. Phone:	GO 8024	6-1500	303-591-316	52					
e. Special Handling Instructions and Addi	itional Information:		u. Filolie.								
f. ☐ Friable ☐ Non-Friable ☐ Both	0/ ₅ E	riable	% Non-Friable		eli e e e						
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping na							shipping name				
and are classified, packaged, marked and	d labeled/placarde	d, and are in all res	pects in proper condition for	transport	according	to applicable int	ernational and				
national governmental regulations.				T		4					
		3.0	70 70								
g. Operator's Name and Title (Print)	h. Sign		and an the facility is the facility	i. Date		d on the dead to	tion or				
*Operator refers to the company which ov renovation operation or both	wns, leases, opera	nes, controls, or sup	pervises the facility being de	monsned o	renovate	u, or the demoli	แปท ปร				
The second secon	- (1-1101										



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I. GENERATOR (Generati	or complete	s la-	Γ)								
a. Generator's US EPA ID Number			b. Manifest Docu	ment Number c. Page 1 of							
d. Generator's Name and Location:		-	***	e. Generator's Mailing Address:							
Colorado Department of Library				Colorado Department of Transportation							
Prioriti of 1-70 payment Columb				3643 E 46th Avenue							
f. Phone: Demer, CG 50216	720-92	1-4000	3	0	Phone: Danver,	30 80216		Tal Hay dan	9		
If owner of the generating facility differs fr	om the gener	tor n	rovide:	9.	HORG.						
If owner of the generating facility directs in	om the genera	itor, pi	Ovide.								
h. Owner's Name:				i. C	Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		I. Waste Ship	hipping Name and m. Containers n. Total o. Unit							
	Description					No.	Туре	Quantity	Wt/Vol		
100								10			
	Regulat				beside Contaminated	ioil		14			
5126 181240G	3/00/20	19	RAGS					' ()	Yeards		
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GENERATOR'S CERTIFICATION: I here	hu portifu that	the ob	aug named mate	rial is	not a hazardaya waata	on define	d by 40 CE	D 261 es en . e	naliaabla		
state law, has been properly described, cl	assified and n	uie au ackadi	ed and is in prop	er co	ndition for transportation	n accordin	n to annlic	ahle regulations	pplicable • ΔND if this		
waste is a treatment residue of a previous											
been treated in accordance with the requi	rements of 40	CFR 2	268 and is no lon	ger a	hazardous waste as de	fined by 4	O CFR 261		aoto nao		
				<u> </u>			1.7	11010	1 30		
p. Generator Authorized Agent Name (Prin	nt)	q. S	ignature				r. Date				
II. TRANSPORTER (General	rator compl	etes	lla-b and Trai	nspc	rter completes lic-e	9)					
a. Transporter's Name and Address:						-2					
KLAESTA											
b. Phone: 3/644.598	39	1									
b. Phone: 3/644.593 Vin R		Jane .	-77	1000							
VIIIK		Luming	K			/()-10	1.19			
c. Driver Name (Print)	d./S	ignatu	ıre			e. Date					
III. DESTINATION (Generat				ation	Site completes Illo			2-3/6	20.220.000		
a. Disposal Facility and Site Address:	or complete	, iiia	c. US EPA Num		d. Discrepancy Indica	0,					
a. Disposal Facility and Site Address.			C. US EFA INUIT	ibei	d. Discrepancy indica	uon Space	1.				
tenh & Tower Fig.											
Commerce City, CO (Account	# 0000216 ES		() Pententi								
b.											
I hereby certify that the above named mat	erial has been	accep	oted and to the be	est of	my knowledge the fore	going is tru	ue and acc	urate.			
e. Name of Authorized Agent (Print)	4.00	- A		-		- D -					
		gnatur		_	1 . 0 . 0	g. Date	The Revent	115,			
IV. ASBESTOS (Generator	completes I	va-t	and Operator	com	iplete IVg-i)				Sell Comment		
a. Operator's Name and Address:				c. R	esponsible Agency Nan	ne and Add	dress:				
ESA Inc								ept of Houlth 8	Public Shy		
BYRY E 50th Avenue					4500 Cha	erry Cheek	Or South		4		
b. Phone: Commerce City, CO 80922 305-991-1260					hone: Denver,	10 80248	1530	303-692-3100	2		
e. Special Handling Instructions and Addit	ional Informati	on.		u. F	none.						
o. openial harianny monactions and Additi	ionai imormati	011.									
f. Friable Non-Friable Both	9	Friat	ole	% N	lon-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that t	ne con	itents of this cons	signm	ent are fully and accura	itely descri	bed above	by the proper	shipping name		
and are classified, packaged, marked and	labeled/placa	ded, a	and are in all resp	pects	in proper condition for t	ransport a	ccording to	applicable inte	rnational and		
national governmental regulations.											
					1 2 1						
g. Operator's Name and Title (Print)	h S	ignatu	ire			i. Date			25 - 1-1		
*Operator refers to the company which ow	ns. leases, on	erates	controls or sun	ervise			renovated	or the demoliti	on or		
renovation operation or both	, ор		,				. 511010100	, 110 001110110	0		
									-		



5011107

 GENERATOR (Generate 	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number							
d. Generator's Name and Location:			e. Generator's Mailing Address:							
Colorado Lepartinant di Trene Norm of I-70 between Columb Donver, CO 80216			Colorado Department of Transcortation 3543 E 46th Avenue Denver, CO 80216 723-920-4666							
f. Phone:			g. Phone:							
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:	L 5 - 5 -	I Minata Ohio	i. Owner's Phone No.: Waste Shipping Name and m. Containers n. Total o. Unit							
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Vol			
5126 1812496	7/30/2019	Regulate RACIS	ed Anbeston Contaminated	POR		18	Yarris			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in propedous waste subject	er condition for transportation to the Land Disposal Restrict	n according ctions. I cer	g to applicatify and w	able regulations arrant that the w	; AND, if this			
Man Stanner on Graff	11 (167)				10 117 /3017					
p. Generator Authorized Agent Name (Pri	nt) q.	. Signature			r. Date					
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:										
Date de Movere	- Annual Control	No. of the last of		/	10-	17-18				
c. Driver Name (Print)	d. Signa			e. Date		AMAIN .				
III. DESTINATION (General	or complete III									
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ition Space):					
both & Tower Ro	The state of the same of									
b. Commerce Oity, UG (Account	证据的ZHU ESSA /	I-fu Projecti								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	going is tru	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date						
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address: 23A Inc. 6575 & 60th Avenue b. Phone: Commerce Ody, CO 86872	303-991-12	60	4300 Ch	me and Add Admin emy Greek OO 80248	Colorado L Ur. South	ept of Health 8 : 303-892-310				
e. Special Handling Instructions and Addit	tional Information:		u. I none.							
f. Friable Non-Friable Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.										
					3		34			
g. Operator's Name and Title (Print)	h. Sign		anilogo the facility hains da-	i. Date	ranavata	Lor the demella	on or			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being den	nonsnea or	removated	a, or the demoliti	OII OI			



5011106

I. GENERATOR (Generate	. GENERATOR (Generator completes la-r)									
a. Generator's US EPA ID Number		74.2-7	b. Manifest Docu	ument Number c. Page 1 of						
d. Generator's Name and Location:				e. Generator's Mailing Address:						
Cotorado Depertment of Fren		allows 5	S & common days	3543 E 46th Avenue						
Fronts of i-70 between Colum									THE PART OF PERSON	
f. Phone:	I die	.0206	2001	g. P	hone:	Deuver	CO 90319		720-920-1989	
If owner of the generating facility differs for	rom the ger	nerator,	provide:							
h. Owner's Name:					wner's Pho					
j. Waste Profile #	k. Exp. D	ate		. Waste Shipping Name and m. Con					n. Total Quantity	o. Unit Wt/Vol
		-	Description	otion No.				Туре	(Quantity	VVUVOI
			Requis	ted Aar	paretos Co	ntamerated	Bolf		I X	
5120 1812496	7890	10010	RACIS						1.0	Yards
0100 B332-00										-
						150 1.5	W. D			
GENERATOR'S CERTIFICATION: I here	by certify t	hat the	above named ma	erial is	not a haza	ardous wast	e as define	d by 40 C	FR 261 or any ap	plicable
state law, has been properly described, c waste is a treatment residue of a previous	lassified an	d pack	aged, and is in pro	per cor	ndition for	transportatio	on accordin	g to applic	cable regulations;	AND, if this
been treated in accordance with the requ	irements of	40 CFI	R 268 and is no lo	nder a l	hazardous	waste as de	efined by 4	0 CFR 26	1.	asto nas
Ma Vinda I Inii i	1 110		A	9				10	117/2/19	>
THE THEOLOGY WE COME IN	1101		-111						d to the	
p. Generator Authorized Agent Name (Pr			. Signature	-				r. Date		
II. TRANSPORTER (Gene	erator cor	nplete	es lia-b and Tra	nspoi	rter com	pletes IIc-	e)			
a. Transporter's Name and Address:	V7	-								
	10		All part							
	1-	-	-	,						
b. Phone:		-	136					100	1-5-1	
the that the		1	2-7/1				/	0	17-10	
c. Driver Name (Print)		d. Sign	ature	e. Date					3.00	
III. DESTINATION (Genera		- March		ation	Site cor	noletes III	ld-a)			
a. Disposal Facility and Site Address:	*		c. US EPA Nu			pancy Indic		e:		Service Control of th
Contact Controller			0.002.71			panie, maio				
Not 8 Tower Rd		A								
Continerse City, CO (Accour	H # HUZZE	Laa/	In (Project)							
I hereby certify that the above named ma	terial has b	een ac	cepted and to the	pest of	my knowle	edge the for	egoing is tr	ue and ac	curate.	-
							- 5			
e. Name of Authorized Agent (Print)		f. Signa			1.6 0.4	. "	g. Date			
IV. ASBESTOS (Generator	complete	es IVa	1-T and Operato	-	•					
a. Operator's Name and Address:				c. Re	esponsible	Agency Na	me and Ad	dress:	Dept of Health &	Charges Silver
6700 E Solh Avanus							remy Creek			I drilly diff.
Osmmeros City, CO 80022	202	991.43	28/1				CO 80345		303.882.3103	
D. Prione:				d. Pl	none:	CONTROL.	CONTRACTOR OF THE PARTY OF THE	(died	F-0.00-0.00	
e. Special Handling Instructions and Add	itional Infori	mation:								
f. Friable Non-Friable Both	1		riable		on-Friable					
OPERATOR'S CERTIFICATION: I hereb	y declare th	at the	contents of this co	nsignm	ent are ful	ly and accur	ately desci	ibed abov	e by the proper s	hipping name
and are classified, packaged, marked and	d labeled/pl	acarde	d, and are in all re	spects i	in proper o	condition for	transport a	ccording	to applicable inter	national and
national governmental regulations.									72 N - 27 - 78	
g. Operator's Name and Title (Print)		h. Sign					i. Date			
*Operator refers to the company which ov				pervise	s the facil	ity being der	molished or	renovate	d, or the demolitic	on or
renovation operation or both							76	-		



5011105

 GENERATOR (Generate 	or completes	la-r)									
a. Generator's US EPA ID Number		b. Manifest Docui	Document Number c. Page 1 of								
d. Generator's Name and Location:		who were	e. Generator's Mailing Address:								
Colorada Department of Trans Horth of I-70 between Columb		Stranio	Colorado Deparment of Transportation 3543 E 46th Avenue								
Denver, 00 80219.	720-920-4		Denver, CO 80216 720-920-4668								
f. Phone:			g. Phone:								
If owner of the generating facility differs from	om the generator	r, provide:									
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date		oping Name and	m. Con		n. Total	o. Unit				
	- X	Description		No.	Туре	Quantity	Wt/Vol				
		Heavia	ed Asbestos Contaminated	ioil		10					
5126 1512-496	7/00/2019					10	Yards				
						4.					
						The Marian					
57.9											
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	erial is not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable				
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pack	kaged, and is in prop	per condition for transportation	n accordin	g to applic	able regulations;	AND, if this				
been treated in accordance with the requi							1516 1145				
We Compression	no	452			10	17/2018					
p. Generator Authorized Agent Name (Pri	nt) (q. Signature			r. Date	1 1 1 11					
II. TRANSPORTER (Gene		es Ila-b and Trai	nsporter completes lic-	e)							
a. Transporter's Name and Address:	100	0 -	Truckly								
Darron 17004 in	7/2	saese	110000		,						
17N510-A\$	60	1			/	1	1				
b. Phone: (700)		6 11	X		17/1	-1 /- 1/K					
Estaban Baylo		11/2 //	of his	1	0/1	7/2010)				
c. Driver Name (Print)	d. Sigi	nature		e. Date							
III. DESTINATION (General	tor complete I	lla-c and Destina									
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ition Space	e:						
den & Tewer Rei											
Commerce City, CO (Account	# 990216 ESA	(1.10 Project)									
b.			and of my length advantage the force	anina in Am	in and an	aata					
I hereby certify that the above named mat	enai nas been ac	ccepted and to the b	est of my knowledge the fore	going is tri	ue anu ac	curate.					
e. Name of Authorized Agent (Print)	f. Sign			g. Date							
IV. ASBESTOS (Generator	completes IVa	a-f and Operator									
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ad	dress:	Decr of Figure &	Dunie Sito				
BAYOR SOM AVENUE				erry Creek			ASSESSMENT TO A SECTION ASSESSMENT OF THE PERSON OF THE PE				
Class and All 1975 600000	303-991-1	280	Common	00 80248		303-892-5102					
b. Phone: e. Special Handling Instructions and Addit			d. Phone:								
The second secon											
f. ☐ Friable ☐ Non-Friable ☐ Both	0/, E	Friable	% Non-Friable								
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accura	ately descr	ibed abov	e by the proper si	hipping name				
and are classified, packaged, marked and	labeled/placarde	ed, and are in all res	pects in proper condition for	transport a	ccording t	o applicable inter	national and				
national governmental regulations.	T										
4			A Parameter Comment of the Comment o								
g. Operator's Name and Title (Print)	h. Sigi		andon the facility to the	i. Date		d == 4b = d= · · · 100					
*Operator refers to the company which ow renovation operation or both	ms, leases, opera	ates, controls, or sup	ervises the facility being den	nonsned or	renovate	u, or the demolitio	III Of				



I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:	enariation		e. Generator's Mailing Ad	dress:	see not Toxa		
Fronth of 1-70 between Column		iranis :		o Decarant 45th Avenu		INDEX CITED	
f. Phone: Denver, CO 80216	720-920-48		Demer	QQ 80216		720-920-466	ä
If owner of the generating facility differs fr	om the generator.	provide:	g. Phone:	-			
	J,						
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I. Waste Shir	i. Owner's Phone No.:	m. Con	tainers	n. Total	o. Unit
,	THE DATE	Description		No.	Туре	Quantity	Wt/Vol
		Senulat	ed Asbæice Contaminated	knil		. 0	
5128 1812498	7/98/2019	NACS	was companied of accident to implicate	P-METT		18	Yords
							1.50/5842
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the assified and packa	above named mate	rial is not a hazardous wast er condition for transportation	e as defined	by 40 Cl	FR 261 or any appearance of the second secon	pplicable AND if this
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restri	ctions. I cer	tify and w	arrant that the w	aste has
been treated in accordance with the require		R 268 and is no ion	ger a hazardous waste as de	efined by 40	CFR 26	1	,
		11/1/24	/ *		diam'r.	Philiplean	
p. Generator Authorized Agent Name (Prin		Signature		,	r. Date	0	
a. Transporter's Name and Address:	rator complete	s lia-b and Irai	nsporter completes lic-	e) (1)	4	D21	= S
ESH GIOLESOILE COMMON DING							
30200112	00						
b. Phone:	00) Am	10)	~ 1	
HENNIB Court BE	110	Jan.	coupy !!!	10		1-1	X
c. Driver Name (Print)	d. Signa	ature		e. Date			
III. DESTINATION (Generate	or complete Illa	a-c and Destina	ation Site completes Ille	d-g)			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space			1
teuth & Tower Rd							
b. Commerce City, CO (Account	# 950516 FBA / 1	Frojectj					
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fore	egoing is tru	e and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date			
IV. ASBESTOS (Generator of		The second second	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	ress:		
8700 E 50% Avenue		(erry Greek		ept of Hereth &	Fublic Sity
Commence City, CC 90000	303-221-12	80	Denver	00 80245		303-662-3102	5
b. Phone: e. Special Handling Instructions and Additi			d. Phone:			400,000,000	W
o. opedia i anamig mondotions and Additi	onar imonnation.						
f. Friable Non-Friable Both	% Fri	able	% Non-Friable	***			
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ontents of this cons	ignment are fully and accura	ately describ	ed above	by the proper s	hipping name
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	, and are in all resp	ects in proper condition for	transport ac	cording to	o applicable inter	national and
- Tanonai governmentai regulations.				- 112		-	
a Operator's Name and Title (Date)							
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	iture es, controls, or sun	ervises the facility being dem	i. Date	enovated	or the demolitic	on or
renovation operation or both		, our and of or and		oneried of I	SHOVALEU	, or the demonal) I O



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a. Generator's Name and Location: Generator's Name and Location:	I. GENERATOR (Generate	or completes la	a-r)					
Commerce Commerce	a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	
Towner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owner of the generating facility differs from the generator, provide: It owners Name: It owners Phone No.: It owners Phone N	d. Generator's Name and Location:	erent avers		e. Generator's Mailing A	ddress:	nac of Tax	a anne anne a tradition en	
T. Phone: Promes Co 2016 If owner of the generating facility differs from the generator, provide: J. Waste Profile # L. Owner's Phone No.: J. Owner's Phone No.: J. Waste Profile # L. Owner's Phone No.: J. Owner's Phone No.: J. Waste Profile # L. Owner's Phone No.: J. Owne			Separate				ISCULISION	
Phone: g. Phon							700 000 10	en.
h. Owner's Name: j. Wasse Profile # k. Exp. Date L. Wasse Shipping Name and R. Containers In Total Regulated Ashesise Consuminated of Interest Containing Interest Intere	f. Phone:	A SOUTH RESERVED.	NIA.	g. Phone:	A GO BUZTO		3/20/10/20 -16/	
L. Waste Profile # L. Waste Shipping Name and Description Descri	If owner of the generating facility differs fr	om the generator,	, provide:		- Wiles			
Description No. Type Quantity WWvol Racptated Ashesics Contaminated foil Racptated Ashesics Contaminated foil Racptated Ashesics Contaminated foil Racptated Ashesics Contaminated foil Racptated Ashesics Contaminated foil Racptated Ashesics Contaminated foil Racptated Ashesics Contaminated foil Racptated Racptated Ashesics Contaminated foil Racptated Racp	h. Owner's Name:			i. Owner's Phone No.:				
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. Lertify among 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)	j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Coi	ntainers	n. Total	o. Unit
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 as been treated or 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 263 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 lila-b and Transporter completes lile-e) a. Transportary Name and Address: c. Differ Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: which is to see Fig. b. 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) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: Description for transport according to applicable international and analonal cross of the Agency Name and Address: c. Special Handling Instructions and Additional Information: d. Phone: Description for transport according to applicable international and analonal crossified, packaged, marked and labeled/pleasarted, and are in all respec			Description		No.	Туре	Quantity	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 as been treated or 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 263 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 lila-b and Transporter completes lile-e) a. Transportary Name and Address: c. Differ Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: which is to see Fig. b. 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) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: Description for transport according to applicable international and analonal cross of the Agency Name and Address: c. Special Handling Instructions and Additional Information: d. Phone: Description for transport according to applicable international and analonal crossified, packaged, marked and labeled/pleasarted, and are in all respec			The on this e	or Ankanian Cantaminan	A 1 = 13			
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a. Operator's Name and Address: C. Responsible Agency Name and Address: AESTAP Admin. Operator of Health & Public Sity 4300 Cherry Creak Or. South Denvist, CO 80246-1530 303-392-3102 e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-Fria					g. Date			
b. Phone: 6. Special Handling Instructions and Additional Information: 6. Priable	IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)				
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b. 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								& Public Sily
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		market Biotic Ave	0.00					m. 7%
e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	D. FIIOHE.		80	d. Phone:	CO 80248	-1630	303-892-31	02
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	e. Special Handling Instructions and Addit	ional Information:						1000
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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	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								
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	g. Operator's Name and Title (Print)	h. Signa	ature				200000000000000000000000000000000000000	
	*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or supe	ervises the facility being de	emolished or	renovated	l, or the demol	ition or



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I. GENERATOR (Generate	or complete	s la-r)						
a. Generator's US EPA ID Number		b. N	Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location:	NO USE STORY			e. Generator's Mailing A	ddress:		an atom of and art from the	
Horth of 1-70 between Colum		in Steam	is a		go weparan 46th Aven		nsportation	
Danvar, 00 80216			i a.	Denve	CO 80216		721 920 486	99
f. Phone: If owner of the generating facility differs from the generating facility differs from the facility differs from the generating facility differs from	om the genera	tor prov	ide:	g. Phone:				
	om the genera	itor, prov	ide.					
h. Owner's Name: j. Waste Profile #	k. Exp. Date		I Wasta Shin	i. Owner's Phone No.: ping Name and	m. Co	ntainers	n. Total	o. Unit
j. Waste Profile #	N. Exp. Date		Description	ping Name and	No.	Туре	Quantity	Wt/Vol
ph-1			Danieles	ed Asbestoa Contaminate	of Roll		T	
5126 1812490	7/30/20	460	RACE	net Lathoristing from treatmented	C) DESIGN		1	Vards
Wiley Wileway	171071651	100	2500000				. 0	1.581590
		-						
		-						
GENERATOR'S CERTIFICATION: I here	by certify that	the abov	e named mate	rial is not a hazardous wa	ste as define	ed by 40 C	FR 261 or any a	applicable
state law, has been properly described, c waste is a treatment residue of a previous	lassified and pa sly restricted ha	ackageo, azardous	, and is in prop s waste subject	to the Land Disposal Res	trictions. I co	ertify and v	varrant that the	waste has
been treated in accordance with the requi	irements of 40	CFR 268	and is no long	ger a hazardous waste as	defined by 4	0 CFR 26	1.	
The Therefore beauti	14 (1)04		10				10111	611
p. Generator Authorized Agent Name (Pr	int)	q. Sigr	nature			r. Date		
II. TRANSPORTER (Gene	rator compl	etes lla	a-b and Tran	nsporter completes lie	c-e)			
a. Transporter's Name and Address:	05	0						
b. Phone: 303-991- Strven moon	1280)						
5+4440/-000-1		XV	1-00			10-1	7-18	
c. Driver Name (Print)	4.9	Signature	7,000		e. Date	10 1	, 0	
III. DESTINATION (Genera				ation Site completes				
a. Disposal Facility and Site Address:	tor complete		. US EPA Num			e:		
appli & Lower Fv3								
Commente Utay, OU (Accoun	t#00021818	A 7 4 70	Projecti	The state of the s				
b.								
I hereby certify that the above named ma	terial has been	accepte	ed and to the be	est of my knowledge the fo	oregoing is to	ue and ac	curaté.	
e. Name of Authorized Agent (Print)		gnature	ad Operator	complete IV/= IV	g. Date			100
IV. ASBESTOS (Generator	completes I	va-i ar	iu Operator		ome end A	dross		
a. Operator's Name and Address:				c. Responsible Agency N	AP Admini	Calaraa	Dept of Health	& Proble Silly
6700 E 50th Avenue					Charry Cree			
b. Phone: Commerce City, CO 80402	303-99	1.4286		d. Phone:	r, CC 802-1	5 1630	303-842-21	32
e. Special Handling Instructions and Addi	tional Informati	ion:						
f. Friable Non-Friable Both		% Friable		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	y declare that t	he conte	nts of this cons	signment are fully and accordition for	urately desc	ribed abov	e by the proper	shipping name ernational and
national governmental regulations.	a labolou/placa	, aca, am	a are in an 100)	TOOLS IN PROPER CONGRESSION IN	. uunapoit	a soon aming	.o applicable life	oanoriai aria
								*
g. Operator's Name and Title (Print)	h. S	Signature			i. Date			
*Operator refers to the company which ov				ervises the facility being d		r renovate	d, or the demoli	tion or
renovation operation or both								



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 GENERATOR (Generate 	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	-100
d. Generator's Name and Location:	an askalana		e. Generator's Mailing Ad	ddress:	ant of Ton	Annual Control of the State of	91
Normal Department of France Normal Fire Detween Columb		na é administra		lo Daparime 46th Avenu		1500 Hation	
Derwer, OO 60216	720-920-4			CO 80216		720 920-486	979
f. Phone:			g. Phone:	, they book its		1.2010201968	.0
If owner of the generating facility differs fr	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Requist	ad Aspestos Contaminated	i ligit		10	
5128 1812498	7/30/2019					1 1 8	Yards
	7-50-50-741						

CENEDATORIS CERTIFICATION, I have	h	ahana samad mata	riel in not a harrordous was	to an define	d b., 40 C	ED 264 es es	appliachle
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl							
waste is a treatment residue of a previous	ly restricted haza	ardous waste subject	to the Land Disposal Rest	rictions. I ce	rtify and v	arrant that the	waste has
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as o	defined by 4	0 CFR 26	1	
is I distribute or Bitalt	44 (161		ME		1	6 17 13	(12
p. Generator Authorized Agent Name (Pri	nt) (q. Signature	The same of		r. Date		
II. TRANSPORTER (Gene			nsporter completes lic	-e)			
a. Transporter's Name and Address:	17 11						VII
		100/	0117-				
	120	936.	1//				1
b. Phone:		and the second s	ne control of the con			1. 1	101
Jean in Comment		- American Company			10	1/7//	1
c. Driver Name (Print)	d. Sigr	naturo	- copy of the state of the stat	e. Date	16		
III. DESTINATION (General			ation Site completes II	_		1155	
a. Disposal Facility and Site Address:	or complete i	c. US EPA Num			a·	,	-
LOWER LEADING		C. US LEA NUI	d. Discrepancy more	ation opace	J.		
dath & Tower Rd							
b. Comsterce City, CO (Account	1# 990216 EstA	I- U Project)					
I hereby certify that the above named mat	erial has been ac	ccepted and to the be	est of my knowledge the for	regoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Sign	oturo		a Data			
IV. ASBESTOS (Generator			complete IVa iV	g. Date			
	completes iva	a-i and Operator				-	
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	Dect of He will	6 Flahler Rife
0700 E 60th Avenue				herry Creek			er I optio città
Commence Com Com accord	303-991-1	289	Danua	CO 60246		343-032-31	10
b. Phone: e. Special Handling Instructions and Addit			d. Phone:	,			
e. opecial handing instructions and Addit	ionai momation	•					
	l ly						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable	matalı danan	dhad abau	a bu tha prance	abinaina nama
and are classified, packaged, marked and	deciare that the	contents of this cons	signment are fully and accu nects in proper condition for	rately descr r transport a	ccording	e by the proper o applicable int	snipping name ternational and
national governmental regulations.						approude III	
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date			
*Operator refers to the company which ow			ervises the facility being de		renovate	d, or the demoli	tion or
renovation opération or both		.,					



 GENERATOR (Generate 	or completes	la-r)					
a. Generator's US EPA ID Number	•	b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:	and the state of t		e. Generator's Mailing Add	dress:	3.7		
Volorado Departheni er 1 min North et t-70 between Columb		TNI				ISPOITABLES	
Univer, 20 80216	one a casses 720-0264		I .	lath Avenu		TOTAL TOTAL CON	
f. Phone:	1 2007-00000-0	19570	g. Phone:	00 80218		720-020-450	10
If owner of the generating facility differs from	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
i. Waste Profile #	k. Exp. Date	I. Waste Shir	pping Name and	m. Con	tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
E128 1812498	7/30/2319		ed Asbertos Contaminated	Sail	2016	18	Yards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pack ly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restrict	n accordin	g to applic	able regulations	: AND, if this
The hardley o point	1 6067	1				10/17/	2017
p. Generator Authorized Agent Name (Prin	nt) (q. Signature			r. Date		
II. TRANSPORTER (Gener	rator complete	es Ila-b and Trai	nsporter completes lic-	e)			
a. Transporter's Name and Address:	013 6/	00 8 5	DAUR CO	mm	erce	8	1,10
K+1003	1	HO W	17	10	2-1	7-18	
c. Driver Name (Print)	d. Sigr			e. Date	Til seer o		
III. DESTINATION (Generat	or complete I	lla-c and Destina	ation Site completes Ille	d-g)			
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ition Space	9:		
earn & Fower (Rd							
Dammerce City, CO (Account	# 990216 ESA.	1-70 Projecti					
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fore	going is tru	ue and acc	curate.	DETERMINATION OF THE PERSON OF
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			-
IV. ASBESTOS (Generator of	2		complete IVa-i)	g. Date			
a. Operator's Name and Address:	Joinpictos IVE	a-i and Operator		no and Ad			
ESA Inc 8700 E 60th Avenue Comments City, CO, 80023	303-991-1	280	4900 Oh	ne and Ad Admin emy Creek CO 80249	Dr. Scutt	Dact of Health & 1 303-692-310	
b. Phone: e. Special Handling Instructions and Additi			d. Phone:	- of the court			
e. Opecial Harlolling Instructions and Additi	onai mormation.						
f. Friable Non-Friable Both	% F	riable	% Non-Friable				-
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this cons	signment are fully and accura	ately descri transport a	bed above ccording to	by the proper so applicable inte	shipping name rnational and
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date	***		
*Operator refers to the company which ow	ns, leases, opera	ites, controls, or sup	ervises the facility being dem	nolished or	renovated	, or the demoliti	on or
renovation operation or both							



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I. GENERATOR (Generate	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:		-	e. Generator's Mailing Ad	ddress:					
Scionado Department of Trans				la Deparmi		sponsen			
North of 170 between Columb			The second secon	46th Avenu					
f. Phone: Demyet, CO acc16	720-920-4	200	g. Phone:	CO 80216		720-925-4866			
If owner of the generating facility differs from	om the generator	, provide:							
h. Owner's Name: j. Waste Profile #	Is From Data	I West Ohi	i. Owner's Phone No.:	T C	.tainaua	- T.4-1	T = 11.9		
j. vvaste Profile #	k. Exp. Date	Description	oping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
	y	Description		140.	Турс	Quantity	VV V V V V		
		Pegulat	ed Asbestos Contaminated	i leon		10			
6126 1812488	7/30/2019	RAGE				10	Yards		
	TO THE MEDICAL TO A STATE OF THE STATE OF TH	7.0		-			1,000,00		
	211 112322								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 CF	R 261 or any an	nlicable		
state law, has been properly described, cla	assified and pack	aged, and is in prop	er condition for transportati	on accordin	g to applic	able regulations:	AND, if this		
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the wa	ste has		
been treated in accordance with the requir	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as o	lefined by 4	0 CFR 261				
Mary Carles & Shirt	C 116					10/17/2	01.21		
p. Generator Authorized Agent Name (Prin	nt) a	. Signature	r. Date						
			penarter completes lle	ما	1. Date	Al-			
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:									
ar manapartar a mana ana manada.						1 1	Tel .		
and the second s	1						1/4		
b. Phone: 120 23(6761								
L I		11		T		-			
184.65 tock	14	HULL	216-62	16	17	15			
c. Driver Name (Print)	d. Sign	ature		e. Date					
III. DESTINATION (Generate	or complete III	a-c and Destina	ation Site completes II	ld-a)					
a. Disposal Facility and Site Address:		c. US EPA Nun			9:				
TOWER SANGE									
buth a Tower Rd	THE RESIDENCE OF THE PARTY OF T	. Landa and the same of the sa							
b. Gommerce City, CO (Account	# 990216 ESA /	!- (7 Project)							
I hereby certify that the above named mate	erial has been acc	cepted and to the bo	est of my knowledge the for	egoing is tri	e and acc	urate			
				T T	ao ana aoc	arato.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)	41311					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	0.000			
LaA inc						ept of Health &	ubic 5ity		
57:0 E 50th Avenue				terry Greek					
b. Phone: Commerce City, CO 83022	303-991-12	(A))	d. Phone:	00 80240	1030	303.692.8102			
e. Special Handling Instructions and Additi	onal Information:		700						
f. Friable Non-Friable Both	0/ 5-	riable	0/ Non Crish!						
OPERATOR'S CERTIFICATION: I hereby	declare that the	riable	% Non-Friable	rately donor	hed above	by the proper at	inning name		
and are classified, packaged, marked and	labeled/placarded	d, and are in all rest	pects in proper condition for	transport a	ccording to	applicable interr	national and		
national governmental regulations.			F F. 1 deliantel 101	port a	-30,011910	-ppiiodoio iiitoii			
a Operator's Name and Title (Date)	1 0								
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	ature	anicos the facility being do	i. Date	ronoveta d	andha damaliti			
renovation operation or both	ns, leases, operal	les, controls, or sup	ervises the facility being del	nousned or	renovated	, or the demolition	1 or		
3357/1	25/6-	*		-					



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I. GENERATOR (General	or complete								
a. Generator's US EPA ID Number		b.	. Manifest Docui	ment	Number		c. Page	1 of	ř.
d. Generator's Name and Location:	omedalinn			е.	Generator's Mailing Add	ress:	and of Ten	and the same	
high of 1-70 perween Column		ara Dawa	inst in			lâth Avent		neconation	
Qenver CC 80216	77.70.82							all	
f. Phone:	120/4592	N-0500		g. I	Phone:	CO 80216		720-920-4666	
If owner of the generating facility differs from	om the gener	ator, pro	ovide:						
h Oursele Name									
h. Owner's Name: i. Waste Profile #	k. Exp. Date		I Masta Chie		Owner's Phone No.:	m. Con	tainere	- T-4-1	- 11-4
j. vvaste Profile #	K. Exp. Date	,	I. Waste Ship Description	phing	ivame and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
			D GGGI, P II GI			140.	Турс	Godining	***************************************
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5128 1812 498	7/30/25		RACS			1		11%	Ysards
		W.S.	11175						A SSERVER
	1.3				VANCOUR.				
					i i				
GENERATOR'S CERTIFICATION: I here	hy certify that	the abo	ve named mate	rial is	not a hazardoue waste	as define	d by 40 CE	P 261 or any an	olioablo
state law, has been properly described, cla	assified and p	ackage	d, and is in prop	er co	ndition for transportation	n accordin	a to applic	able regulations:	AND if this
waste is a treatment residue of a previous	ly restricted h	azardou	us waste subject	to th	e Land Disposal Restric	ctions. I ce	rtify and w	arrant that the wa	ste has
been treated in accordance with the requir	rements of 40	CFR 26	68 and is no lon	ger a	hazardous waste as de	fined by 4	0 CFR 261		
Mar Mardones over Edigit of	660						ŧ	111126	2
p. Generator Authorized Agent Name (Prin	an atura	ATTENDED !			- Dele				
			gnature	-		,	r. Date		
II. TRANSPORTER (Gener	rator comp	ietes II	ia-b and I rar	rspc	nter completes lic-	9)			
a. Transporter's Name and Address:	tur								
7/14-		0							
h Phone: 3-644-592	2 9								
D. I HOHG.	Test .	V	1						4/15/2
Sim P		12:	F			10	-117.	2018	
c. Driver Name (Print)	8	Signatur	· A	_		e. Date			
III. DESTINATION (Generate				tion	Sito completes Ille		N 1970		
a. Disposal Facility and Site Address:	or complet								
Little Totalia			c. US EPA Num	iber	d. Discrepancy Indica	tion Space):		
Billy & Tokker Rd									
Continente City, EQ (Account	# 990216 E	还有一块的) Project)						
b.									
I hereby certify that the above named mate	eriai nas beer	accept	ted and to the be	est of	my knowledge the fore	going is tru	ie and acc	urate.	
e. Name of Authorized Agent (Print)	f. S	ignature)			g. Date			
IV. ASBESTOS (Generator of	completes	Va-f a	nd Operator	com	plete IVa-i)			-	
a. Operator's Name and Address:				100	esponsible Agency Nan	ne and Add	free:		
USA inc				0. 1	MESHAP	Admin 4	Joiernde D	loot of Haskin & I	Public Sm
EVEL E 50th Avenue						erry Crosk			
Commerce City, CO 80022	303-88	1-1280			Denver (30 80246	1530	303-692-3102	
b. Phone: e. Special Handling Instructions and Addition	ional Informat	ion	1	d. P	hone:				
o. Opedial Handling Instructions and Additi	onai miormat	IUII:							
		113 70							
f. ☐ Friable ☐ Non-Friable ☐ Both		% Friable	е	% N	on-Friable	425,010	ENVEYOR DE		
OPERATOR'S CERTIFICATION: I hereby	declare that t	he conte	ents of this cons	ianm	ent are fully and accura	tely descri	bed above	by the proper sh	ipping name
and are classified, packaged, marked and	labeled/placa	rded, ar	nd are in all resp	ects	in proper condition for t	ransport a	ccording to	applicable interr	ational and
national governmental regulations.				-				- Julianiania	
	2								
g. Operator's Name and Title (Print)	h. 5	Signature	e			i. Date			
*Operator refers to the company which own	ns, leases, or	erates,	controls, or supe	ervise	es the facility being dem	olished or	renovated	or the demolition	n or
renovation operation or both							- 1		



5011084

I. GENERATOR (Generato	r completes i	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number			c. Page	1 of	
d. Generator's Name and Location:	100 E		e. Generato	r's Mailing Ad	dress:	×		
Unictado Department of Trans		ALC: SIZE					esportation	
North of 1-70 petween Ociumbi					45th Avenu		THAT WAS ARE	
f. Phone:	720.020 4	600	g. Phone:	Denver,	CO 80216		720-970-466)E) //
If owner of the generating facility differs fro	m the generator	provide:	g. Thorio.					
in owner or the generating reality amere no	in the generator	, provido.						
h. Owner's Name:			i. Owner's F	Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name a	nd		ntainers	n. Total	o. Unit
		Description			No.	Туре	Quantity	Wt/Vol
		Charrie	ed Aspestos i	"S mant or service and mid-	2.43		. 0	
2 1 4 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE RESERVE OF THE		son wathaufing r	JOHNSON BROSE	DUN		18	
6106 1812498	7/30/2/319	RACS					10	Yards
				2 23 25 25 2	ļ	ļ		
GENERATOR'S CERTIFICATION: I hereb								
state law, has been properly described, cla	ssified and pack	aged, and is in prop	per condition for	or transportation	on accordin	ig to applic	able regulation	s; AND, if this
waste is a treatment residue of a previously	restricted haza	rdous waste subjec	t to the Land E	Disposal Restri	ictions. I ce	ertify and w	arrant that the	waste has
been treated in accordance with the require	ements of 40 Cr	R 268 and is no ion	ger a nazardo	us waste as d	efined by 4	U CFR 26	l	
The Date of the Article	F. F. F. S. C.					10		
p. Generator Authorized Agent Name (Prin	ı. Signature	r. Date						
II. TRANSPORTER (General			neporter co	maletes IIc	0)			
a. Transporter's Name and Address:	ator complete	so ila-b allu IIa	risporter co	ilipietes ilc-	-6)			
a. Hallsporters Habite and Appress.	4- 67							
	-	~ ~						
	11. 11	31						
b. Phone:		and the state of t					75.	-
Dacid Mon	20 -					10-1	1-10	73
c. Driver Name (Print)	d Cian	atura.			e. Date	10		
	d. Sign		-41 014					
III. DESTINATION (Generate	or complete II							
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Disc	repancy Indica	ation Space	e:		
deth 5 Towar Rd								
Commerce City, CO (Addount	e 000014 Prid	1. Williamineto						
b.	TOTAL PROPERTY OF	a sia retensi						
I hereby certify that the above named mate	rial has been ac	cepted and to the b	est of my know	vledge the for	egoing is tr	ue and ac	curate.	
		-1					= = = = = = = = = = = = = = = = = = = =	
e. Name of Authorized Agent (Print)	f. Signa				g. Date	100	The same of the same of	
IV. ASBESTOS (Generator c	ompletes IVa	a-f and Operator	complete l'	Vg-i)				
a. Operator's Name and Address:			c. Responsib	le Agency Na	me and Ad	ldress:		
LSAIRO							Dept of Health	e Public Sity
5700 E 600 Avenue					verry Creek			
b. Phone: Commerce City, CC 80022	303-991-1	280	d. Phone:	Denver,	CO 60240	1-1630	303-692-31	02
e. Special Handling Instructions and Addition	onal Information		d. I Holle.	15-2				
f. Friable Non-Friable Both		riable	% Non-Friab					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are f	ully and accur	ately desci	ribed abov	e by the proper	shipping name
and are classified, packaged, marked and I national governmental regulations.	abeled/placarde	u, and are in all res	pects in prope	condition for	transport a	accoraing t	o applicable int	ernational and
national governmental regulations.					1			
						1		
g. Operator's Name and Title (Print)	h. Sign	nature	37.00		i. Date	d	la	
*Operator refers to the company which own			ervises the fa	cility being der		renovated	d, or the demoli	tion or
renovation operation or both						100		



5011083

I. GENERATOR (Generate	or comp	oletes	la-r)							
a. Generator's US EPA ID Number			b.	Manifest Docu	nent Number			c. Page	1 of	
d. Generator's Name and Location:	em o shoot as				e. Generator's Ma	ailing Ad	dress:			
Colorado Department of Truns Noda of 670 between Sciumt			Winner	inc.			Deserum		Sportauda	
Denver DO 80216		0.02K		160			66th Avenu CO 80216		729.925-16	7071
f. Phone:					g. Phone:	LINATA SES	OCCURRENT		1 20 P Gt 2 C F HGH	(A2)
If owner of the generating facility differs fr	om the g	enerate	or, prov	vide:						
h. Owner's Name:					i. Owner's Phone	No.:				
j. Waste Profile #	k. Exp.	Date			ping Name and			tainers	n. Total	o. Unit
			_	Description			No.	Туре	Quantity	Wt/Vol
				Carutai	ed Ashestos Conta	minated	deil		1 (7	
5126 1812496	710	0/201		SUAR	No Liebberg and Table (1988)	1 FEET CHARLES	Access .		13	Visita
33 251 451 EMO	7.5%	THE STREET		ENTY-19	2 8 1 647					Yanda
									18.1	
					TABLE .					
GENERATOR'S CERTIFICATION: I here	by certify	that th	ne abov	ve named mate	rial is not a hazardo	ous wast	e as define	d by 40 C	FR 261 or any	applicable
state law, has been properly described, cl waste is a treatment residue of a previous	lv restrict	ind pad ed haz	ckageo rardou	ı, and is in prop s waste subject	er condition for tran	sportatio	on accordin	g to applic	able regulation	is; AND, if this
been treated in accordance with the requi	rements of	of 40 C	FR 26	8 and is no lon	ger a hazardous wa	ste as d	efined by 4	0 CFR 26	1.	waste nas
				#1A		3			117	No. 10
D. Concretor Authorized Agent Name (Pri	-41	+ RU	e Cie	in a true				. Dete		2 0 1 3
p. Generator Authorized Agent Name (Pri				nature		A II-	-)	r. Date		
a. Transporter's Name and Address:	rator co	mpie	tes II	a-b and I rai	isporter comple	tes IIC-	e)	-	MIL.	
	10	lan	250	1-11/11	ekng					
Barron Trucking	14	SKEE		1 / 2	Chris					
b. Phone: (720) 560 - 48	(0)			//					/ /	,
b. Filotie.		- 0	-	11	166			17) 1	1-1	L
Esteon Barron	1	1	ne	27/	If hu		. /	0	17/1	0
c. Driver Name (Print)			nature				e. Date	/	/	
III. DESTINATION (Generat	or com	plete								
a. Disposal Facility and Site Address:			(c. US EPA Num	ber d. Discrepan	cy Indica	ation Space	9:		
outs & Tower Ro										
Commerce City, CO (Account	# (4/8)21	RESE	1 1 97	(Protient)						
b.										
I hereby certify that the above named mat	erial has	been a	ccepte	ed and to the be	est of my knowledge	the fore	egoing is tr	ue and acc	curate.	
e. Name of Authorized Agent (Print)		f. Sign	nature				g. Date	-		TELEVISION IN CONTROL OF THE PERSON IN CONTROL
IV. ASBESTOS (Generator	complet				complete IVa-i)	*	3			
a. Operator's Name and Address:				To postalo	c. Responsible Age	ency Na	me and Ad	droce:		
ESA Inc					o. responsible rig	MESHAF	Admin (letorado (ect of Health	& Public Sity
HYON E of the Avenue							erry Creek			
b. Phone: Commerce City, CO 80022	300	1991	1280		d. Phone:	Jenver,	CO 80248	1639	303-892-340)2
e. Special Handling Instructions and Addit	ional Info	rmatio	n:		u. Fliorie.	- Marin	-			
f □ Frieble □ New Frieble □ Deal		0/	E-1-1-1		0/ 14 5 1-14	- 100				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	declare t		Friable		% Non-Friable	ad accur	ately descr	ibed above	by the proper	ehipping name
and are classified, packaged, marked and	labeled/p	lacard	ed, an	d are in all rest	ects in proper cond	lition for	transport a	ccording to	applicable int	ernational and
national governmental regulations.										and the same of th
g. Operator's Name and Title (Print)		h Sin	nature				i. Date			
*Operator refers to the company which ow	ns, lease	s, oper	rates.	controls, or sup	ervices the facility b	eina den	nolished or	renovated	, or the demoli	tion or
renovation operation or both		, , ,		1000	id Alba				., 5 00111011	



5011082

I. GENERATOR (Generat	or completes i	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	
d. Generator's Name and Location:	me autoliais		e. Generator's Mailing Ad	dress:	and Tak	and the first	
Nonned Department of Fran Nonn of L70 between Colum		Sinnata		o exeparion 16th Avera		nsportation	
Daniel CO 80216	720 920 4		Denver	CO 80216		729-920-4898	3
f. Phone: If owner of the generating facility differs fi			g. Phone:				
in owner or the generating facility differs in	om the generator	, provide.					
h. Owner's Name:	T. 5 5 .	I I Wasta Obia	i. Owner's Phone No.:	- Car	ntainers	L . Tatal	11-24
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
			and the second second				
Carry Cold and	The second second		ed Asbestos Contaminaled	SQII		11X	
5126 1812496	7/50/2019	RACS	210-111			0	Yalida
					ĺ		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	o ac define	d by 40 C	ED 261 or any ar	policable
state law, has been properly described, c	lassified and pack	aged, and is in prop	er condition for transportation	n accordir	g to applie	cable regulations:	AND, if this
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I ce	ertify and v	varrant that the w	aste has
been treated in accordance with the requi	Terrierits of 40 CF	K 200 and is no long	ger a nazardous waste as de	enneu by 4	CFR 20	1 / - 1	
Parties and the second			1949	15		1 1 1 1	
p. Generator Authorized Agent Name (Pri		. Signature	100		r. Date		
II. TRANSPORTER (General Address: a. Transporter's Name and Address:		es lia-b and Trai	rsporter completes lic-	0) 77	005	2000	2
ESA 6700	E.50	in AUE	COM	7		500 -	
= = = = = = = = = = = = = = = = = = = =						4	
b. Phone: 303 99/12 S	20		1 1				
Denis Camp B	0119	em)(semal (1)	10) -1	7-18	
c. Driver Name (Print)	d. Sign	nature		e. Date	-	10	
III. DESTINATION (General		the state of the s	ation Site completes III	-			
a. Disposal Facility and Site Address:	to, complete i	c. US EPA Num			e:		
doin & Landra							
Commerce Only CO (Account	: 2 9000 18 FRA :	L. h. Demach					
b.		7	1	12.44	1	- A	
I hereby certify that the above named ma	terial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.	
	100						
e. Name of Authorized Agent (Print)	f. Signa			g. Date	1000		
IV. ASBESTOS (Generator	completes IVa	ı-f and Operator					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	Dept of Health &	Outon William
6703 E 50th Avenue		B		erry Creek			I ARRIVE CHIA
b. Phone: Commerce City, CO 80022	303 991 11	280	Danuer	CÓ 80240		303,362-310,	5
e. Special Handling Instructions and Addi	tional Information:		d. Phone:				
		1					
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur-	ately descr	ibed abov	e by the proper s	hipping name
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	d, and are in all resp	pects in proper condition for	transport a	ccording t	to applicable inter	mational and
national governmental regulations.							
g. Operator's Name and Title (Print) *Operator refers to the company which ov	h. Sign	ature	envises the facility being de-	i. Date	repovete	d or the demalist	on or
renovation operation or both	ma, icases, upera	nos, controls, or sup	er vises the racility being den	ionalieu ol	16110Vale	u, or the demontion	JII OI



5011081

I. GENERATOR (Generate	or completes l	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:					
d. Scholado Department of Fran			COISTE	on Departme		rsconation			
high of 170 between Column				45th Avenu		4.0.5			
f. Phone:	720-920-4	#352	g. Phone:	, GO 80216		720-970-48	i i		
If owner of the generating facility differs fr	om the generator.	provide:	3		100	-6-			
	1								
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		oping Name and		tainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
	300	Demissi	sti Asbastos Contaminata	d Soil		10			
5128.1812496	7/80/2019		on mendade facilitation made	G 181211		17			
G126.1012460	103/15/1/18	PACS				. 0	Yantis		
	1								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 Cl	FR 261 or any a	applicable		
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportat	ion accordin	g to applic	able regulation	s; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the require	rements of 40 CFF	2000 waste subject	to the Land Disposal Rest	rictions. I ce	rtify and w	arrant that the	waste has		
Destricted in accordance with the requir	Cilients of 40 Of t	1 200 and is no long	ger a flazardous waste as t	delined by 4	0 CFR 20				
the said dividates on the	44 640					11712	012		
p. Generator Authorized Agent Name (Prin	nt) q.	Signature			r. Date	- Int			
II. TRANSPORTER (Gener									
a. Transporter's Name and Address:	1 min m	O I o	C Completes lie	,-0)		70.000			
AME TOUCKING	4835	132010/1)1						
/////	10-	1							
DO 680 5748		- /	/						
b. Phone: 120 900 741	t -	,	1	1 1	/ / -	76			
111,500 /50-16/10V/	1	11 01/	7	1 / 6	1-17-1	8			
c. Driver Name (Print)	d. Signa	ature		e. Date	Three .				
III. DESTINATION (Generate			tion Site completes II			B CALL			
a. Disposal Facility and Site Address:	or complete ill								
a. Disposal Facility and Site Address.		c. US EPA Num	ber d. Discrepancy Indic	cation Space	1				
Both & Tower Rd									
Commercie Oity, CO (Account	# 990216 ESA / I	- YO Personali							
D.		The state of the s							
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the for	regoing is tru	e and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date					
IV. ASBESTOS (Generator of			complete IVa iV	y. Date					
	culbieres IA9-	and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	dress:	(T2, E21)	A Company		
						ept of Health a	FRANKS SITE		
5700 E 50th Avenue	man and a second			herry Greek					
b. Phone: Commerce City, CC 20022	303-997-126	50	d. Phone:	00 80248	1530	353-862-316	2		
e. Special Handling Instructions and Additi	onal Information:								
							20		
f Frights New Friedle T S ::	0/ F	261-	0/ 11 (51.11						
f. Friable Non-Friable Both	% Fri	antente of this service	% Non-Friable		h - d - 1	h. Al			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarded	and are in all resp	ects in proper condition for	transport	ped above	by the proper	snipping name		
national governmental regulations.	iasolou/piacai deu	, and are in an 185p	eora in brober condition tot	uansport at	cording to	applicable inte	emational and		
				T -					
g. Operator's Name and Title (Print)	h. Signa	iture		i. Date					
*Operator refers to the company which own	ns, leases, operate	es, controls, or supe	ervises the facility being de	molished or	renovated	, or the demolit	ion or		
renovation operation or both									



5011093

I. GENERATOR (Generat	or completes I	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number	t Number c. Page 1 of				
d. Generator's Name and Location:	was real many and		e. Generator's Mailin	ng Address:				
Cootano Deparament of Loan Norm of U70 beakesin Column		Circusta		orado Departm		nscoriation		
Denver, CO 80216	720-920-46			13 E 48th Avenuary CO 80216		1995 Chin Feed		
f. Phone:			g. Phone:	HYUF, CAN CULL		720-920-4866		
If owner of the generating facility differs fi	rom the generator,	, provide:						
h. Owner's Name:			i. Owner's Phone No					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
		Deminis	ed Asbestos Contamin			10		
dicon chicaron	200,000,00		A VEDGREE POSTERIE	iated ada		10		
5128 1812498	7608019	RACS					Yards	
			A .	Y	}		1	
	5000						i .	
40.00								
					10.00			
						1		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous	waste as define	d by 40 C	FR 261 or any ap	pplicable	
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pack	aged, and is in prop	er condition for transpo	ortation accordin	g to applic	able regulations;	AND, if this	
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no lone	to the Land Disposal F der a hazardous waste	as defined by 4	CER 26	/arrant that the w 1	aste has	
				ar comica by i	0 011120			
p. Generator Authorized Agent Name (Pri		. Signature			r. Date			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trar	sporter completes	s IIc-e)				
a. Transporter's Name and Address:	DEM							
	9							
b. Phone: 303.991	- 17820							
b. Phone:	1 5	7						
Struth MOON		1 mos	Name in the last of the last o		10-1	7.18		
c. Driver Name (Print)	d. Signa	ature		e. Date				
III. DESTINATION (Generat	or complete III	a-c and Destina	tion Site complete	es IIId-g)				
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy l	Indication Space	e:			
dist & Tower No								
Commerce City, CO (Account	# 000/01R FG6 /	LYO Designer						
b.								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	st of my knowledge the	e foregoing is tru	ue and acc	curate.		
							-	
e. Name of Authorized Agent (Print)	f. Signa	ture	* ***	g. Date				
IV. ASBESTOS (Generator of			complete IVa-i)					
a. Operator's Name and Address:			c. Responsible Agenc	v Name and Add	droce.			
ESA ma			MES	SHAP Admen: C	Americo (bed of Figure 8.	Paolia Situ	
6700 E 60th Avenue				O Charry Creek				
b. Phone: Commerce Oity, CG 20022	303-591-12	80		wer, CO 80245		303-692-3102		
e. Special Handling Instructions and Additi	ional Information:		d. Frioric.	92 2 W				
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	0/ Non Friehle	-				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this consi	% Non-Friable ignment are fully and a	ccurately descri	hed above	by the proper si	hinning name	
and are classified, packaged, marked and	labeled/placarded	l, and are in all resp	ects in proper condition	n for transport a	ccording to	applicable inter	national and	
national governmental regulations.								
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date	Tests:			
*Operator refers to the company which own	ns, leases, operat	es, controls, or supe	ervises the facility being	demolished or	renovated	, or the demolition	n or	
renovation operation or both								



5011091

I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number	10	c. Page	1 of			
d. Generator's Name and Location:	are and reliant		e. Generator's Mailing Add	ress:	and 115 Tonic				
horse of 170 between Columb	manuscum na 4 Elizatrain 9	inacra		Doparina 6(h) Avenu		raportation	21		
District 0.0 80216			Singuar C	00 60216		720-920-4866			
f. Phone: If owner of the generating facility differs fr		3.5	g. Phone:						
If owner of the generating facility differs it	om the generator,	provide.							
h. Owner's Name:		T 1 W1- OF:-	i. Owner's Phone No.:	m Con	tainara	T-4-1	L a Llmit		
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol		
5.000 10.000	-57 Con 276 MANUS BAN		ed Aspesios Contaminated:	ijot -		18			
5178 1012478	7/30/2019	RACE				10	Yenda		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable		
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	n accordin	g to applic	cable regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as de	fined by 4	0 CFR 26	varrant that the wa 1.	aste nas		
	T KENT	74.				7/34			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)									
a. Transporter's Name and Address:									
-	,								
b. Phone: 7-20 954.	01/1					1 1			
387 5677 74	7	5			11	1171	107		
c. Driver Name (Print)	d. Sign	atura	Company of the Compan	e. Date	_//_	11/1	<u> </u>		
III. DESTINATION (General			ation Site completes Illo			 			
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num			9:	10000	ad the		
Bash & Tower Rd									
Commerce City, CG (Account	e control of the second	City Decimen							
b.		1							
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa		1 1 1 1 1 1 1	g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Ad	dress:	Dent of Hearth &	Public Say		
Emp E 50th Avenue					Dr. Sout				
b. Phone: Ochanieros City, CC 80022	20% 001.12	90	d. Phone: Denver, (00 80246	1539	303-692-3102			
e. Special Handling Instructions and Addit	ional Information:	700 T TO THE TOTAL OF THE TOTAL							
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and									
national governmental regulations.	labeleu/placarde	u, and are in all resp	pecia in proper contailion for t	ansport a	iccording t	о аррисавіе інтег	nauvilai and		
				*			~		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		-			
*Operator refers to the company which ow					renovate	d, or the demolitio	n or		
renovation operation or both									



 GENERATOR (Generate 	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	en and a sense.		e. Generator's Mailing A	ddress:	one of Ton	in contains			
Norm of 1-70 detucen Column		Dimento	GOTORE SELECTION	do Decarm	कार स्व । स्व	nsportation			
Denier CG 80219			the state of the s	49th Aven		man files and			
f. Phone:	720-920-	HOERO .	g. Phone:	r, CO 80216	1	720-925-46	300		
If owner of the generating facility differs fr	om the generato	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
i. Waste Profile #	k. Exp. Date	I. Waste Shir	pping Name and	m. Cor	ntainers	n. Total	o. Unit		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Exp. Duto	Description		No.	Туре	Quantity	Wt/Vol		
		(Proceedings)							
F-04-7-11-10-10-10-10-10-10-10-10-10-10-10-10-			ed Asbestoa Conteminate	O SOIL		18	1.91		
512# 1812#86	7/80/2019	FACE				10	Yards		
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GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	rial is not a hazardous was	ste as define	d by 40 Cl	FR 261 or any	applicable		
state law, has been properly described, cl	assified and pack	kaged, and is in prop	er condition for transportat	ion accordin	a to applic	able regulation	s: AND, if this		
waste is a treatment residue of a previous	ly restricted haza	ardous waste subject	to the Land Disposal Rest	rictions. I ce	rtify and w	arrant that the	waste has		
been treated in accordance with the requir	rements of 40 Ch	-R 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1.			
September 1 to 1982 and 1									
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date				
			sporter completes lic	:-e)					
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: FSA 6700 ESO AUC Communication (FY)									
Sand									
2 9911780						C	2500		
b. Phone: 3 9911280									
KTIMOS	1	L- 6-2-	Description of the second	10	. 1-7	- 15			
- Distriction (Distriction	1.0			1	' '				
c. Driver Name (Print)	d. Sign		0., 1.4.1	e. Date					
III. DESTINATION (Generat	or complete I	The second secon							
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	cation Space	e:				
With & Lower Pas									
Commerce Orly, CO (Adopted	# 990218 ESA	/ I-*0 Project)							
b.	eviat has been a		-4-6-11-1-1						
I hereby certify that the above named mate	eriai nas been ad	ccepted and to the be	est of my knowledge the fol	regoing is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date					
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:				
LISA INC		N	NESH!	4P Admine 1	Jakorado L	Jept of Health (s Public Sta		
6700 E 60th Avenue	APPLIES MODELLE	diam.		herry Cresk					
b. Phone: Commerce City, CO 35022	303.991-1	300	d. Phone:	, CO 80248	- 1020	303-692-910	2		
e. Special Handling Instructions and Additi	e. Special Handling Instructions and Additional Information:								
f. Friable Non-Friable Both	f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accu	rately descr	ibed above	by the proper	shipping name		
and are classified, packaged, marked and	labeled/placarde	ed, and are in all resp	ects in proper condition for	r transport a	ccording to	applicable inte	ernational and		
national governmental regulations.	- 1			T					
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date	-				
*Operator refers to the company which own	ns, leases, opera	ates, controls, or sup-	ervises the facility being de		renovated	, or the demolit	ion or		
enovation operation or both									



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I. GENERATOR (Generate	or complete	es la-r)		,					
a. Generator's US EPA ID Number		b.	Manifest Docun	nent Number		c. Page	1 of	12	KHO
d. Generator's Name and Location:	Control of the			e. Generator's Mailing	Address:				(
Common Department of Herr	Sportagen	0. 990		GOIOT	IGO L'EDANTI		naportation		
tiorth of a 70 between Columb			LG .		E 46th Avenu		man day, dayle		1000
f. Phone: (30 90216)	720.92	1-4000		g. Phone:	er, 00 802 fe		720-925-400	0	0
If owner of the generating facility differs fr	om the genera	ator, prov	vide:		100	-			- '-
		727			2010				
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		Description	ping Name and	No.	tainers Type	n. Total Quantity	o. Ur Wt/V	
			Bescription		NO.	Туре	Quantity	VVUV	OI
			Require	d Asbestos Contamingto	ed kaŭ				
5120 1012406	7/20/20	19	RACS					Yan	
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		if.			N				
GENERATOR'S CERTIFICATION: I here	by certify that	the abov	e named mater	ial is not a hazardous wa	ste as define	d by 40 Cl	FR 261 or any a	pplicable	
state law, has been properly described, cl	assified and p	ackaged	, and is in prope	er condition for transporta	ition accordir	g to applic	able regulations	; AND, if	this
waste is a treatment residue of a previous been treated in accordance with the require	rements of 40	CER 26	s waste subject	to the Land Disposal Res	defined by	of CER 26	arrant that the v	vaste has	S
boon added in decordance was the requir	1	1 1 200	s and is no long	er a nazardous waste as	delined by 4	U CFR 20	I et	-	
4 39 4 30 11 11 -4 14									
p. Generator Authorized Agent Name (Prin	nt)	q. Sigi	nature		251	r. Date			1
II. TRANSPORTER (Gener	rator compl	etes lla	a-b and Tran	sporter completes II	c-e)				
a. Transporter's Name and Address:									
and the second									1
720 036	19	c 1							
b. Phone:	to 1 - 1								7
Adulos fecti.	11	1-10	12	(0)	10	1 7	18		25.0
	167					1 /			
c. Driver Name (Print)		Signature			e. Date				
III. DESTINATION (Generat	or complete					11		J.C.	
a. Disposal Facility and Site Address:		C	. US EPA Numl	per d. Discrepancy Ind	ication Space	e:			-
College of Stone		1							
Commerce Uny CO (Application)	# 96a0218 F.S	A J L NE	Projecti	1.7			7		
b.									- 1
I hereby certify that the above named mate	erial has been	accepte	d and to the be	st of my knowledge the fo	pregoing is tr	ue and acc	curate.	L	
2	7 1								À.
e. Name of Authorized Agent (Print)	f. Si	gnature			g. Date				
IV. ASBESTOS (Generator of			d Operator o	complete IVa-i)	g. Date		W-104	CONST. N	
a. Operator's Name and Address:	ompietee i	70.70			lama and Ad				
a. Operator s realite and Address.			3 5	c. Responsible Agency N	ame and Ad	oress:	ept of Health &	Dimin	Fire .
9700 # 50th Avenue					Cherry Creek			SECTION DESCRIPTION	erek.
5 Impures 5 th, 65 86500	303 591	1200	1 / /	Pharman	r, 00 80248		303-692-3162	-	1
D. FIIOITE.				d. Phone:	al over environ	1 Stude	ORACINASTA INS		5
e. Special Handling Instructions and Additi	onai mormati	UII.							
f. Friable Non-Friable Both	9	6 Friable		% Non-Friable	Tion .	1762. 17	1-1		
OPERATOR'S CERTIFICATION: I hereby	declare that the	ne conte	nts of this consi	gnment are fully and acc	urately descr	bed above	by the proper s	hipping r	name
and are classified, packaged, marked and national governmental regulations.	iabeled/placar	ded, and	are in all respe	ects in proper condition for	or transport a	ccording to	applicable inte	rnational	and
national governmental regulations.									
	14 13	S4							
g. Operator's Name and Title (Print)	h. S	ignature			i. Date	1			
*Operator refers to the company which own	ns, leases, op	erates, c	ontrols, or supe	rvises the facility being de	emolished or	renovated	, or the demolitie	on or	
renovation operation or both				The second secon					



I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location:	nnunserischt	***	e. Generator's Mailing Add	dress:	nd and Tenan	isanatatian	1 1 1
Worth of 1-72 between Optimit		erects		Kila Avenue		I THE STATE OF THE	
Jurier CO 80216			Danver,	QQ 80216		720-920-466	9
f. Phone: If owner of the generating facility differs from	om the generator.	provide:	g. Phone:		-	and the same	
1	on the generator,	p. 01.00.					
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I. Waste Ship	i. Owner's Phone No.: ping Name and	m. Conta	ainers	n. Total	o. Unit
j. vvdoto v reme "		Description	F. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No.	Туре	Quantity	Wt/Vol
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						A	
N.5							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in propedous waste subject	er condition for transportation to the Land Disposal Restrict	n according ctions. I cert	to applicatify and wa	able regulations arrant that the v	; AND, if this
or popul	+ (.00.	Mrs.			Î	011717	618
p. Generator Authorized Agent Name (Pri	nt) q.	Signature			r. Date		
II. TRANSPORTER (Gene			sporter completes lic-	e)		1000 2022/02	
	Arson						
b. Phone: 3/644-57	729						
Sim R		P	AM HOLL-MANG SOUNCE HER HELLING	10-	17-	18	
c. Driver Name (Print)	d. Signa	ature	*	e. Date		1.785	
III. DESTINATION (Generat			ition Site completes Ille				
a. Disposal Facility and Site Address:		c. US EPA Num					
Opin & Tower Rd Commerce City, CO (Account	t# 900Z16 ESA /	(-10 Project)					
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	going is true	e and acc	curate.	
y							
e. Name of Authorized Agent (Print)	f. Signat			g. Date			
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)	- 73			
a. Operator's Name and Address: E. A. Inc. 6710 E 50th Avenue Commence City, CO 60022 b. Phone:	303-991-12	original State of State of	4300 Ch	me and Add P_Admin: C Perry Creek I OO 80246	ciorado I. Dr. South	Dept of Hisaith 6	
e. Special Handling Instructions and Addit	ional Information:		u. Filone.				
f. Friable Non-Friable Soth OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fri declare that the c labeled/placarded	contents of this cons	% Non-Friable ignment are fully and accura ects in proper condition for	ately describ transport ac	ped above cording to	e by the proper of applicable inte	shipping name, ernational and
g. Operator's Name and Title (Print)	h. Signa			i. Date			
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or sup-	ervises the facility being den	nolished or r	renovated	, or the demoliti	ion or
REV 01/14		GENERATO	OR RETAIN				RS-F11



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I. GENERATOR (Generati	or comple	_								
a. Generator's US EPA ID Number			b. Manifest Docu	ment Nu	umber			c. Page	1 of /	
d. Generator's Name and Location:				e. Ge	enerator's I	Mailing Ad	dress:	53) 4		
Volorado Exeparament of Trans						GOLORNO	Legarine		aportation	
Hartin of 1-70 between Columb							läth Ävenu			
f. Phone: Derver, DO 80215	720-9	120-485	6	g. Ph	one.	Denver,	00 80216		725-919-498	Ū
If owner of the generating facility differs fr	om the gene	arator n	rovide:	g. Fil	ione.					
In owner or the generating facility differs it	om the gene	erator, p	iovide.							
h. Owner's Name:				i. Ow	ner's Phor	e No.:				
j. Waste Profile #	k. Exp. Da	ate	I. Waste Shi	pping Na	ame and		m. Cor	tainers	n. Total	o. Unit
	hul'		Description				No.	Туре	Quantity	Wt/Vol
				=	25.					
			Regula	ad Asbe	eatos Com	annated	Bali		10	
5136 1812/98	7/30/	2019	RACS						18	Yards
							-	7)		
		- 20			VII - 13					
								,		
CENERATOR'S CERTIFICATION: I been	lare a antific Ala	-4 451		adal ta a	-A - L	J	1.5	1140.07	-D 004	1, 1
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify the	at the at	oove named mate	eriai is n	ot a nazar	ous waste	e as define	a by 40 Ci	-R 261 or any a	ipplicable
waste is a treatment residue of a previous	ly restricted	hazardo	ous waste subjec	t to the l	and Disno	nsal Restri	ctions I ce	g to applic rtify and w	arrant that the	vaste has
been treated in accordance with the requi	rements of 4	O CFR	268 and is no lon	ger a ha	azardous v	aste as de	efined by 4	0 CFR 261		waste nas
		18								THE
p. Generator Authorized Agent Name (Prin	nt)	q. S	Signature					r. Date		
II. TRANSPORTER (General	rator com	pletes	lla-b and Tra	nsport	er comp	etes Ilc-	e)			
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
DH Tra	pany -									
	1	C 7/	2							
603-40	1.5	05)	7							12,
b. Phone:								7.3	1 mm	
David More	Aug.	The second second	September 1 and 1					10	1 / 8	
c. Driver Name (Print)	Ч	. Signati	ire				e. Date			
III. DESTINATION (Generat	200000000000000000000000000000000000000			ation S	Sito comi	olotos III				
	or compie	ste illa								
a. Disposal Facility and Site Address:			c. US EPA Nur	nber c	a. Discrepa	incy indica	ition Space	: :		
auth a Tower Rd										
Commerce City, CO (Appount	# 990216	Sp. / L	A) Property	r.						
b.			Scale College							
I hereby certify that the above named mate	erial has be	en acce	pted and to the b	est of m	y knowled	ge the fore	going is tru	ue and acc	urate.	
							N. M.			
a Name of Authority I A and (D.1.)		01			THE PERSON					
e. Name of Authorized Agent (Print)		Signatu			Face of		g. Date			
IV. ASBESTOS (Generator of	completes	Va-f	and Operator	comp	lete IVg-	i)				
a. Operator's Name and Address:				c. Res	ponsible A	gency Nar	ne and Ad	dress:		
LSA Inc						NESHAF	Admin (Idiarade L	ept of Health a	Public Sfty
8700 E 50th Avenue						4500 Ch	אפירון עדום	Dr. South		
b. Phone: Commerce Cdy, CD 80022	303-8	91-1280)	d Dha		Denver (06 89248	1530	203 492 310	2
e. Special Handling Instructions and Addit	11100000			d. Pho	ne:	2.000	-			
e. Special Flanding Instructions and Addit	ional mioni	auon.								
f. Friable Non-Friable Both		% Frial	ble	% Nor	n-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that			signmen	t are fully	and accura	tely descri	bed above	by the proper	shipping name
and are classified, packaged, marked and	labeled/place	carded,	and are in all res	pects in	proper cor	dition for	ransport a	ccording to	applicable inte	ernational and
national governmental regulations.	400.00									
a Operatoria Nassa and Titl. (D.)		01								
g. Operator's Name and Title (Print)	h.	Signatu	Jre		Ala a &c = 1111	hain. 1	i. Date			
*Operator refers to the company which ow renovation operation or both	ns, reases, (pherares	s, controls, or sup	ei vises	une racility	neing aen	iolisned or	renovated	, or the demoliti	on or



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I. GENERATOR (Generate	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page		****		
d. Generator's Name and Location:	anneissine	1	e. Generator's Mailing Ad	dress:	mai he Fra	property or give and a figure			
North of 1-70 between Column		Circuit	GEAST II	46th Aven	WELL WILLIAMS	Hahiri sacari			
						TRANSPORTED TANKS			
f. Phone:	720-920-4	10730	g. Phone:	, CO 80218		720-920-466	U:		
If owner of the generating facility differs fr	om the generato	r provide:	g. Phone.						
in owner or the generating lacinty differs in	om the generato	i, provide.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		oping Name and		ntainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Regula	ed Aspestos Conteminate	d Sail					
5126 1912496	7/30/2015		the and the same and the second of the second	3 John			Vanda		
12 (43) 13 (45)	4.498.8 NO. 340	11/21/1/2					Yards		
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GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any a	pplicable		
state law, has been properly described, cl	assified and pac	kaged, and is in prop	per condition for transportati	on according	ig to applie	cable regulations	; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 C	ardous waste subjec	to the Land Disposal Rest	rictions. I ce	entity and v	varrant that the v	vaste nas		
							- 1		
MEGAN WOOD	munu c	v behalf of	CDOL	101	15/2018				
p. Generator Authorized Agent Name (Pri			r. Date						
		q. Signature	penorter completes llo	(0.					
II. TRANSPORTER (Generator completes IIa=b and Transporter completes IIc-e) a. Transporter's Name and Address:									
a. Transportor o Trainio and Tradross.	4626	I DE	3						
	Del	naett C							
b. Phone: 303 6 4 45929	7	1	1						
b. Phone:		1.00	7/1/10	1 /	73 I	1 1 6			
Cultis A Halat		1111111	ule &	1	Jun./	610			
c. Driver Name (Print)	d. Sig	nature	- Name 1	e. Date					
III. DESTINATION (Generat			ation Site completes II						
a. Disposal Facility and Site Address:	tor complete i	c. US EPA Nur							
		C. US EPA NUI	nder d. Discrepancy indic	ation Spac	е:				
88th & Tower Rd									
Consinerce City, CO (Account	(# 990218 ESA	/ i- O Projecty							
b.									
I hereby certify that the above named mat	erial has been a	ccepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date					
IV. ASBESTOS (Generator			complete IVa i	1 g. Duto					
	completes IV	a rand Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	arne and Ad	dress:	Dept of Haalon i	Public She		
AIGO E 50th Avenue			≰800 C	herry Cros	Dr Sout	7			
Commerce City, CO 80022	303-981-1	280		00 802#F		303-592-310	2		
b. Phone:			d. Phone:		TOTAL CO.	1010 1111 010			
e. Special Handling Instructions and Addit	ional Information	1:							
f. ☐ Friable ☐ Non-Friable ☐ Both	0/, 1	Friable	% Non-Friable		7				
OPERATOR'S CERTIFICATION: I hereby	declare that the			rately descr	ibed abov	e by the proper	shipping name		
and are classified, packaged, marked and	labeled/placarde	ed, and are in all res	pects in proper condition for	transport a	ccording	to applicable inte	rnational and		
national governmental regulations.						12 7/4			
						de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la			
C. On controlle Name d Title (D.) (1)	1 61								
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sigi	nature	onvious the facility hairs do	i. Date	ronevate	d or the demolis	on or		
renovation operation or both	no, icases, open	ales, controls, or sur	ervises the facility being de	monstied of	renovate	u, or the demolit	OII OI		
	*****					The second secon			



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I. GENERATOR (Generate	or compl	letes la	a-r)						
a. Generator's US EPA ID Number		110	b. Manifest Doo				c. Page		
d. Generator's Name and Location:	grandalian			e.	Generator's Mailing Add	ress:	ent at Trac	seemating	
North of 1-70 balance Columb	urio & Fire	shadt. G	imate		35.43 4 4	din Avenu	ME 12 - FM 1 1 1 P. ST	Halland Station +	
Denver, CO 60215		920-46				CO 80215		720-920-4666	
f. Phone:	1 Salet	BELL-40	9	g.	Phone:	WATER BANK TO		120 STD-1000	
If owner of the generating facility differs from	om the ge	nerator,	provide:				30 L N		
h. Owner's Name:			L Wests Of		Owner's Phone No.:	l m Cor	ntainers	- T-t-I	a tanta
j. Waste Profile #	k. Exp. [Jate	Description		Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
							1,750	/	110101
			Regul	ated A	sheetos Contaminated	ioii 🐪 💮		101	
B126 1812498	7630	V2019	FACS					17	Yords
GENERATOR'S CERTIFICATION: I here	by certify t	that the	above named ma	terial i	s not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable
state law, has been properly described, cl	assified ar	nd packa	aged, and is in pr	per co	ondition for transportatio	n accordin	g to applic	cable regulations;	AND, if this
waste is a treatment residue of a previous	ly restricte	d hazar	dous waste subje	ct to th	he Land Disposal Restric	ctions. I ce	rtify and w	arrant that the wa	ste has
been treated in accordance with the require	rements of		A COLUMN TO A COLU						
MEGAN WOOD	Mull o	n b	whalf of CD	OT	101	15/2018			
p. Generator Authorized Agent Name (Prin	nt)	q.	Signature				r. Date		
II. TRANSPORTER (Gene				anspo	orter completes IIc-	e)			
a Transporter's Name and Address:									
Barron Trucking									
Land in the start	1 4	be the same			J				
b. Phone: (710) 560-48	60			1					
		1	5-11	-	6		10	tir too	10
tstoban Barro	7	and the same	71411		and		10/	17/20	10
c. Driver Name (Print)		d. Signa	ature	Corr		e. Date			
III. DESTINATION (Generat	or comp	lete III	a-c and Desti	natior	n Site completes Ille	d-g)			
a. Disposal Facility and Site Address:			c. US EPA N	ımber	d. Discrepancy Indica	tion Space	e:		
gien & Tower Rd									
Commerce City, CC (Account	# 6007216	100A /1	L ST Divagents						
b.	The section was a sec	*********	to a colonesti						
I hereby certify that the above named mate	erial has b	een acc	epted and to the	best o	of my knowledge the fore	going is tr	ue and ac	curate.	
						town the same			
a Name of Augh of the company									
e. Name of Authorized Agent (Print)		f. Signat		"	4 4 10 4 10	g. Date			
IV. ASBESTOS (Generator	complete	es IVa-	-f and Operato	-					
a. Operator's Name and Address:				C. F	Responsible Agency Nar	ne and Ad	dress:	Jest of Health &	Surana Silka
6700 E 60th Avenue					45/13 / 13 v	erry Creak			DESIRE STATE
Commerce City, CC 82022	202	.994.420						368-892-3102	
b. Phone:	Commerce City, CC 82022 303-991-1280 Denver, CC 80246-1530 303-892-3102 b. Phone:								
e. Special Handling Instructions and Addit	e. Special Handling Instructions and Additional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both									
OPERATOR'S CERTIFICATION: I hereby	declare th	nat the o	contents of this co	nsiann	ment are fully and accura	ately descr	ibed above	e by the proper sh	ipping name
and are classified, packaged, marked and	labeled/pl	acarded	I, and are in all re	spects	in proper condition for t	transport a	ccording t	o applicable inter	national and
national governmental regulations.		70.							
					1010-2-4				
a Operator's Name and Title (Print)	g. Operator's Name and Title (Print) h. Signature i. Date								
g. Operator's Name and Title (Print) *Operator refers to the company which ow	ns, leases	operate	es controls or si	pervie	ses the facility being dem	i. Date	renovated	or the demolitic	n or
renovation operation or both		, -point		- P - O - T - T - T - T - T - T - T - T - T	TO THE ISOME SOING GOLD	.5,,51164 01	· On O Falcic		



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I. GENERATOR (Generate	or completes i	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page					
d. Generator's Name and Location:	eportation		e. Generator's Mailing A	ddress:	est of Ton	mail to a secretary to				
North of i 70 between Column	The state of the s	Stepage	96.19 E	48th Avenu	Gret Specifica	HODOR REFEREN				
Denvet, CO 80216	720-920-45					700 000 400				
f. Phone:	1 40 miles 41	200	g. Phone:	, CO 80218		720-920-498	7			
If owner of the generating facility differs fr	om the generator	provide:	g. i none.							
in string of the generating radiity dinord in	om the generator,	provide.								
h. Owner's Name:			i. Owner's Phone No.:			1001				
j. Waste Profile #	k. Exp. Date		ipping Name and		tainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
		Remin	aad Asbestos Contaminate	d Rost						
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CIES AN IZANI	710044910	FUNCIO					Yanda			
				-						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mat	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any ap	plicable			
state law, has been properly described, cl	assified and pack	aged, and is in pro	per condition for transportat	ion accordin	g to applic	cable regulations	, AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CE	268 and is no lor	ot to the Land Disposal Rest	rictions. I ce	nity and w	arrant that the w	aste has			
						All the second second				
MEGAN WOOD	0	muu o	u betall of	CDOT	191	15/2018	>			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date					
The state of the s			nsporter completes lic	-01						
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e) a. Transporter's Name and Address:										
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	Medicanian and Control of States and States and	11	11 month							
b. Phone:	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1 /					
Tokarol Heart	-	and h	(16	1-16	, - H-	_			
c. Driver Name (Print)	d Signa	ature		e. Date						
III. DESTINATION (Generat			ation Site completes I		1033-113					
a. Disposal Facility and Site Address:	or complete in	c. US EPA Nui								
and any and a contract of the	f	C. US EFA NUI	mber d. Discrepancy India	cation Space	e:					
BRE & Tower Rd										
Commerce City, CO (Account	INFERRISHED ESA	I-10 Projecti								
b.										
I hereby certify that the above named mat	erial has been acc	cepted and to the b	est of my knowledge the for	regoing is tr	e and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	turo	- American	g. Date						
IV. ASBESTOS (Generator			complete IVe iV	y. Date			7200			
	completes iva-	-i and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	Dept of Hastin &	Dobbe REc			
8700 E 50th Avenue			4900 C	henry Creek			1 90000 310			
Commerce City, CO 80022	303-991-12	sa.				303-692 3402				
Denver, CO 60246-1930 303-692-3102 b. Phone:										
e. Special Handling Instructions and Addit	ional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable									
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this con	% Non-Friable	rately descr	hed above	a by the proper o	hinning name			
and are classified, packaged, marked and	labeled/placarded	l, and are in all res	pects in proper condition for	transport a	ccording t	o applicable inter	national and			
national governmental regulations.			,	a	uning t	- applicable file				
					- 1	X				
				Lance of the second						
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or sup	pervises the facility being de	molished or	renovated	I, or the demolitic	n or			
Tomoration operation of both			20,000							



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a. Generator's Name and Location: Transportation d. Generator's Name and Location: Transportation between this present of the generator in presentation and the presentation of the generator in presentation and the pre	I. GENERATOR (Generato	or completes	la-r)							
## Season Contaminate of previous Streets Phone: Season Contaminate of previous Property Pr	The state of the s		b. Manifest Docu							
## Season Contaminate of previous Streets Phone: Season Contaminate of previous Property Pr	d. Generator's Name and Location:	portation		e. Generator's Mailing Ad	dress:	or of Time	securitidian			
If owner Of the generating facility differs from the generator, provide: If owner of the generating facility differs from the generator, provide:			Straute	GALL E	sath America	eris nes nesena Uz	Mary Manner			
It Pomers If owner of the generating facility differs from the generator, provide: In Owner's Name: I. Waste Profile # I. W							7761.023 4491			
Nower's Name:		" And bright			WAS DON'T					
L. Waste Profile # L. Waste Shipping Name and M. Containers N. Total Quantity W/Vol	If owner of the generating facility differs from	om the generato	or, provide:							
L. Waste Profile # L. Waste Shipping Name and M. Containers N. Total Quantity W/Vol	h. Owner's Name:			i Owner's Phone No						
Description No. Type Quantly WWol Regulated Ascestos Contemnatod Soit / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 /		k. Exp. Date	I. Waste Ship		m. Con	tainers	n. Total	o. Unit		
GENERATOR'S CERTIFICATION. I hereby certify that the above named meterial 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 as the state of the condition of transportation according to applicable regulations; AND, if this waste is as been treated in accordance with the requirements of 40 CFR 261 and is go longer a hazardous waste as defined by 40 CFR 261 or any applicable international and the waste has been treated in accordance with the requirements of 40 CFR 263 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN WOLLD WASTER (Generator completes lia-b and Transporter completes lic-b. J. Describer Name and Address: J. Describer Name (Print) J. Signature J. Date J. Date J. Describer Name (Print) J. Signature J. Date J. Describer Name (Print) J. Signature J. Date J. Describer Name and Address: J. Describer Name and Name an			Description		No.	Type	Quantity	Wt/Vol		
GENERATOR'S CERTIFICATION. I hereby certify that the above named meterial 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 as the state of the condition of transportation according to applicable regulations; AND, if this waste is as been treated in accordance with the requirements of 40 CFR 261 and is go longer a hazardous waste as defined by 40 CFR 261 or any applicable international and the waste has been treated in accordance with the requirements of 40 CFR 263 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN WOLLD WASTER (Generator completes lia-b and Transporter completes lic-b. J. Describer Name and Address: J. Describer Name (Print) J. Signature J. Date J. Date J. Describer Name (Print) J. Signature J. Date J. Describer Name (Print) J. Signature J. Date J. Describer Name and Address: J. Describer Name and Name an			Decutati	ad Asirostas Conteminaiad	a mari					
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 263 and is go longer a hazardous waste as defined by 40 CFR 261. MECIAN DOT 10 15 ZG18 MECIAN DOT 10	5408 181040A	2000000000	1	PARTY EL VICTOLITATO DITICAL APARTA ENCRETATO MONTANCIO	2474		1 / X	Was and		
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD	3/2// 13/290/	1100000040	13500				10	Course		
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD										
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD							l,			
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD										
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD		*								
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD										
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD					1 1					
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 288 and is go longer a hazardous waste as defined by 40 CFR 261. MECHAN DOD	GENERATOR'S CERTIFICATION: I herel	ov certify that the	e above named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	pplicable		
been treated in accordance with the requirements of 40 CFR 268 and is po longer a hazardous waste as defined by 40 CFR 261. MEGIAN WOOD J. G. Signature II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-b. a. Transporter's Name and Address: D. Phone: 303 991 1280 D.	state law, has been properly described, cla	assified and pac	kaged, and is in prop	er condition for transportation	on according	to applic	able regulations	; AND, if this		
Description Authorized Agent (Print) I. Signature II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: Description Name (Print) Descripti	waste is a treatment residue of a previous	y restricted haz	ardous waste subject	to the Land Disposal Restri	ctions. I ce	tify and w	arrant that the w	vaste has		
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes Ila-b and Transporter completes IIc-e) a. Transporter's Name and Address: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: with a Toward III DESTINATION (Generator complete Illa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: with a Toward III DESTINATION (Generator complete ISA A Department of the Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: with a Toward III D. Discrepancy Indication Space: with a Toward III Commerce City Of (Account & S00216 ESA A Department III) D. Discrepancy Indication Space: c. Name of Authorized Agent (Print) f. Signature v. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and							1000	=		
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: D. Phone: 303 991 1280 D. Phone: 303 991 1280 D. Diver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space:	WECHN MOOD		ammut or	a behalf of c	DOT	101	15/2018			
a. Transporter's Name and Address: Debug Court Be Debug Court Be Debug Court Be September Court Be Debug Court Be September Court Be Debug Court Be September Court	p. Generator Authorized Agent Name (Print) q. Signature r. Date									
a. Transporter's Name and Address: Debug Court Be Debug Court Be Debug Court Be September Court Be Debug Court Be September Court Be Debug Court Be September Court	II. TRANSPORTER (Gener	ator complet	tes Ila-b and Trai	nsporter completes lic-	e)					
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: d. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: d. Phone: d. Phon	a. Transporter's Name and Address: F SOTH AVE COMMETY CO SCOOLS									
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c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes IIIId-g) a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: Description of Authorized Agent (Print) d. Discrepancy Indication Space: Description of Authorized Agent (Print) f. Signature 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: Commence Oit, CO 5002 533-991-1290 d. Phone: e. Special Handling Instructions and Additional Information: c. Responsible Agency Name and Address: Denver CO 60245-1530 Denver CO 60245	DELVIR COMPRE	a ll	James (ample	10)-(1	2-18	>		
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: 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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Denver CO 30245-4530 303-352-3102 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 *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or		d Sig	nature		e Date		0 10			
a. Disposal Facility and Site Address: 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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Denver, CO 60245 4530 303 892 3102 d. Phone: e. Special Handling Instructions and Additional Information: f. Priable 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				ation Site completes III						
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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Denver, CO 50245-1530 303-552-3102 d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Won-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		or complete i	The state of the s							
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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: c. Responsible Agency Name and Address: d. Phone: e. Special Handling Instructions and Additional Information: f. Priable 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		a continue meta	1 6x Physican							
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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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Add Cherry Creek Dr. Scuth Denver, CO 30245-1530 303-353-3102 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 *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	a Name of Authority & Authority (D.)									
a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: AGGO Charry Creek Dr. South Deriver, CO 50245-4530 Derive				1. 0. 0	g. Date					
b. 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		completes iva	a-t and Operator	- 0 /						
b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-F	a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:	lani of Hooth A	Domin Siles		
b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	67(0) E 500; Avenue							- dello sety		
b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	Commerce Oily CO 90827	303.994.4	280					5		
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	b. Phone:			d. Phone:	AND OTHERS	14/4X	SAME TRANSPORT OF THE	~		
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g. Operator's Name and Title (Print) *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accura	ately descri	bed above	by the proper s	shipping name.		
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	and are classified, packaged, marked and	iabeled/placarde	ed, and are in all resp	pects in proper condition for	transport a	ccording to	o applicable inte	rnational and		
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or										
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or										
**Operator reters to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	g. Operator's Name and Title (Print)	h. Sigi	nature		i. Date					
THE PROPERTY OF THE PROPERTY O	"Operator refers to the company which own renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being den	nolished or	renovated	, or the demoliti	on or		



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 GENERATOR (Generate 	or complete	s la-r)								
a. Generator's US EPA ID Number		b.	Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location:				e. Generator's Mailing Ad	dress:	and all Tax	- Ann and at time			
thorac Dopte area of the	sponssion	at France		7010180	o Departie	ent of the	TENGRIBUR			
Nome of L70 between Columb			15		48th Aven			ii.		
f. Phone:	720-62	3-40月月3		g. Phone:	CO 80215	į.	720-826-485	95		
If owner of the generating facility differs fr	om the genera	tor prov	vide:	g. Priorie.						
n owner or the generating facility differs if	om the genera	itor, pro-	vide.							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		I. Waste Ship	ping Name and	m. Co	ntainers	n. Total	o. Unit		
			Description	1664	No.	Туре	Quantity	Wt/Vol		
			(University)	ad Ashestos Contaminateo	Roll					
5126 1812498	n Anna en a	100	-	AN COST SOURCE SOURCEMENT OF	arati			No. of Contract of		
0150 101KHR0	3/30/30	150	RACS					Yanda		
	- Indiana									
						1				
A STATE OF THE STA							0			
		=4					1-10-170 170 170 170 170 170 170 170 170 170 170 170 170 170 170			
GENERATOR'S CERTIFICATION: I here	by certify that	the abov	ve named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	pplicable		
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pa	ackaged	I, and is in prop	er condition for transportation to the Land Disposal Postr	on accordir	ig to applic	able regulations	s; AND, if this		
been treated in accordance with the requi	rements of 40	CFR 26	8 and is no lone	ter a hazardous waste as d	efined by 4	0 CFR 26	1.	waste Has		
MEGAN WOOD					DOT		15 2018	2		
				payall of C	ا تعاما	1	15/2012	J		
p. Generator Authorized Agent Name (Prin	nt)	q. Sig	nature			r. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)										
a. Transporter's Name and Address:										
Ame truckin	5									
20 0 606 53 V	/									
b. Phone: 120 930 72 7	0		1 1				1 2			
MINH BETWO!	Hull .	1	1 11/			10/1	5/18			
The Moon De lotte	0011	19/	1 100			1 11	1110			
c. Driver Name (Print)		ignature			e. Date					
III. DESTINATION (Generat	or complete		and the same of th		- 07					
a. Disposal Facility and Site Address:		(c. US EPA Num	ber d. Discrepancy Indic	ation Spac	e:				
uain a Tower Rri										
/ Commerce Onty, CO (Account	EB DESCRIPE WI	A/1-10	Project:							
b.										
I hereby certify that the above named mat	erial has been	accepte	ed and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	6 61	anati wa		**	- Data					
		gnature			g. Date					
	completes i	va-i ai	nd Operator	complete rvg-i)						
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	dress:	Deni of Health I	S Puete Stu		
8700 E 50th Avenue				4300 Ct	nemy Great	Dr. Sout	1	and seems often		
Commerce City, 03 30022	303-991	1080			00 90248		303-892-310	9		
b. Phone:				d. Phone:		11 2000	VV-0-1992-1671	1004		
e. Special Handling Instructions and Addit	ional Informati	on:								
f. ☐ Friable ☐ Non-Friable ☐ Both	0,	6 Friable		% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the	ne conte	ents of this cons	ignment are fully and accur	ately descr	ibed abov	e by the proper	shinning name		
and are classified, packaged, marked and	labeled/placar	ded. an	d are in all resp	ects in proper condition for	transport a	ccording 1	o applicable inte	ernational and		
national governmental regulations.								and and		
a Operator's Name and Title (Brint)	5.0	ionetur			i Dete					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	ns leases on	ignature	controls or supe	ervises the facility being der	i. Date	renovator	d or the demolit	ion or		
renovation operation or both	, ioasos, up	J. 4100, C	controle, or supe	or visco the racinty being del	nonancu Ol	, CHOVALE	a, or the demonit	1011 UI		



5007455

I. GENERATOR (Generato	or completes i	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page				
d. Generator's Name and Location:	proriation-	***	e. Generator's Mailing Ad	dress:	ont of Tear	summer summ			
North of 170 petagen Columb	and a Filtremeth	Elemente	SEAN E	ion Avenu	PARTIE THE	1957/M KROWNT			
Denver, CO 90216	720.920 M					200,050 4000			
f. Phone:	THU-PHILLIPPING	203	g. Phone:	CO 80216		720-620-4665			
If owner of the generating facility differs from	om the generator	provide:	g. Flione.						
In owner or the generating facility differs in	on the generator	, provide.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Dogwood	o Ashestos Contaminated	Sed					
CATIO ADVENTAGO	72000000000		ou relicand Contamination	2570					
5106 1912496	7/30/2019	RAGS					Yards		
20 0 0 0 0 0 0 0 0			*************************************						
GENERATOR'S CERTIFICATION: I here	by certify that the	ahove named mate	rial is not a hazardous wast	as define	d by 40 C	FR 261 or any ar	nlicable		
state law, has been properly described, cla	assified and pack	aged, and is in prop	er condition for transportation	n accordin	a to applic	able regulations:	AND, if this		
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requir	rements of 40 CF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1.			
MEGAN WOOD		DALAMA D 15	n behalf of c	NT	10	15/2018			
			77.73	1 1 1 1 1 1					
p. Generator Authorized Agent Name (Prin		. Signature		1170	r. Date	- F 5 505			
II. TRANSPORTER (Gener	rator complete	es Ila-b and Trar	sporter completes llc-	e)					
a. Transporter's Name and Address: AMC Trucicing LEBS Benton St Den (C ECTIC									
17.00	16 110	(12,103							
b. Phone:									
	1 /	1/1	20.			6 1			
Sibe I More	Nº	/h . v	Norce		10-1	6-2018	5		
c. Driver Name (Print)	d. Sign	ature		e. Date					
III. DESTINATION (Generate	or complete II	la-c and Destina	tion Site completes III	d-a)			L L		
a. Disposal Facility and Site Address:		c. US EPA Num					0.547, 1922		
The state of the s			a. Discrepancy mais	лион ориос					
centria Lower Rd	To Marine and Alley								
Commerce City, Cla (Account	F SELLZ ID FRA	i- U Propecti							
b.	a dat base bases								
I hereby certify that the above named mate	eriai has been ac	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date	_				
IV. ASBESTOS (Generator of			complete IVa i)	g. Date					
	completes iva	er and Operator							
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	dress:	Sept of Health B	Danie Ste		
5'00 E 80ta Avenue				erry Greek			r samu sang		
Commerce City, CO 60072	3(5) 991-12	100		-					
b. Phone:	2/22/2011 1-14	MAN /	d. Phone:	CO 80246	1000	363-592-3162			
e. Special Handling Instructions and Additi	onal Information:	Marks							
A EL ELLIN E									
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accura	ately descri	bed above	e by the proper s	hipping name		
and are classified, packaged, marked and national governmental regulations.	iaueieu/piacarde	u, and are in all resp	ects in proper condition for	uansport a	ccoraing t	o applicable inter	national and		
Toda de la communicación d				100000000000000000000000000000000000000					
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or supe	ervises the facility being den		renovated	d, or the demolition	n or		
renovation operation or both									



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I. GENERATOR (Generate	or completes i	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of				
d. Generator's Name and Location:			e. Generator's Mailing Ad	ldress:	T YOU	The second second				
Coloredo Liepartment of Tran			LODEN	KS Frebeum		nsportation				
North of 1-70 between Column				46th Avant						
f. Phone:	720-920-4	10.73	g. Phone:	, 00 50216		720-920-4660	1			
If owner of the generating facility differs fi	rom the generator.	provide:	g. 1 1101101							
in some of the generaling tacing and in	om and goneration	, p. 0 1100.								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and	Mo.	tainers	n. Total Quantity	o. Unit			
		Description		NO.	Туре	Quantity	Wt/Vol			
		Render	ed Asbaston Contaminated	i Ros						
5129 1912498	7/30/2018	RACIS					Yeards			
ATTANCE AND CALCADOS.	1130700010	11.00.00000					11900			
							0			
							1			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d bv 40 C	FR 261 or any ar	pplicable			
state law, has been properly described, c	lassified and pack	aged, and is in prop	er condition for transportati	on accordin	g to applic	able regulations:	AND, if this			
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Resti	ictions. I ce	rtify and w	arrant that the w	aste has			
been treated in accordance with the requi						7				
MEGAN WOOD	1.6	mul or	t behalf of	CDOT	10	116 2018				
p. Generator Authorized Agent Name (Pri	int) g	. Signature			r. Date					
			sporter completes lic	-e)	5-15/25-27/2	-11-2				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
	C7 5627	fee.								
- 0 - 0 -										
b. Phone:	(//)									
5.1116116.				T		1, 1,	17			
The second secon	7		The state of the s		10	1///	15			
c. Driver Name (Print)	d. Sign		- Company of the Comp	e. Date /	0/	(0)1	Comp			
III. DESTINATION (General	tor complete II	la-c and Destina	ation Site completes II	ld-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space	e:					
(SUID. & Tower Plai										
Commerce Oity, CO (Appoun	s et landing to the s	1 Channell								
b.	a module rull-bras	is a tableau								
I hereby certify that the above named may	terial has been ac	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.				
					Antigosa s al Gro					
a Name of Authorized Apost (Driet)	f Olema			D-4-						
e. Name of Authorized Agent (Print)	f. Signa		lete 0./- 3	g. Date						
IV. ASBESTOS (Generator	completes Iva	-r and Operator		1000	are a state	1				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	Sant of Linear S	Cartilla Swi			
67(4) E 50th Agenue						Dept of Health &	PUDBO DRY			
h Phone: Commerce City, 00 60022	nites tress an	200		herry Creek		303-692-3100				
b. Priorie.							0			
e. Special Handling Instructions and Addit	tional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				11-11-11-1			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur	rately descr	ibed abov	e by the proper s	hipping name.			
and are classified, packaged, marked and	l labeled/placarded	d, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inter	national and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow			ervises the facility being de		renovated	d, or the demolitic	on or			
renovation operation or both			,							



5011023

I. GENERATOR (Generate	or completes	la-r)							
a. Generator's US EPA ID Number	Only Control of the C	b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:			3 7000		
Uplarado Department et Tran				o Deparens		sponation			
North of 170 between Columb				46th Avenu		the state of miles and the last			
f. Phone:	729-920-4	trata .	g. Phone:	CO 80216		720-920-4666			
If owner of the generating facility differs fr	om the generator	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Shir	ping Name and	m. Con	tainers	n. Total	o. Unit		
J. C. Calle T. Calle J.	II. EAP. Dato	Description	ping Harris and	No.	Туре	Quantity	Wt/Vol		
			ed Asbestos Contaminated	BOIL					
5126 1812496	2/00/2019	RACS					Yards		
							1.7		
GENERATOR'S CERTIFICATION: I here	by certify that the	ahove named mate	rial is not a hazardous wast	e as define	d by 40 C	P 261 or any ar	nlicable		
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	on according	to applic	able regulations:	AND, if this		
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi									
MEGIAN WOOD		mul o	n behalf al	TOOT	1011	112018			
p. Generator Authorized Agent Name (Prin	nt) c	q. Signature	00000000000000000000000000000000000000		r. Date				
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tran	sporter completes lic-	e)	Herri III	0,000 0,000			
a. Transporter's Name and Address:					SH	1189-116-168-			
b. Phone:									
c. Driver Name (Print)	d. Sigr	nature		e. Date					
III. DESTINATION (Generat			tion Site completes III			- www.			
a. Disposal Facility and Site Address:	or complete ii	c. US EPA Num		0/					
1 DWG LANGER		C. US EFA Null	u. Discrepancy muic	ation Space					
Betti & Tower Rd									
Commerce Cay, CO: Account	W 090215 USA/	I-10 Project)							
b. I hereby certify that the above named mate	erial has been ac	cented and to the he	est of my knowledge the for	nacina is tri	io and acc	urato			
Thoroxy dorary that the above harred man	brial flas beer ac	cepted and to the be	st of my knowledge the for	going is tit	e and acc	urate.	-		
	119 /	(10) = P	6 4.1	16	16	14			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na						
E.SA Inc						ept of Headh &	Public Sits		
9749 E 50th Avenue				enry Creak					
b. Phone: Carminerce City, CO 30922	303-991-12	280	d. Phone:	00 80248	1630	393-892-3102			
e. Special Handling Instructions and Additi	onal Information:			200					
f. Friable Non-Friable Both	% F	riable	% Non-Friable			311-51			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accur	ately descri	bed above	by the proper s	hipping name		
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	ects in proper condition for	transport a	cording to	applicable inter	national and		
national governmental regulations.			-, -, -, -, -, -, -, -, -, -, -, -, -, -						
	1.7	ture Mr	41/21 x	15	11	.16			
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			-		
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or supe	ervises the facility being der	nolished or	renovated	, or the demolitio	in or		
renovation operation or both									



I. GENERATOR (Generate	or completes	la-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of		
d. Generator's Name and Location:		1975/1	e. Generator's Mailing Ad	ddress:		2 2 0 0		
Colorado Department of Fran		Sleet.		30 Depurm		reportation		
North of 470 between Columb			The state of the s	3543 E 46th Avenue				
f. Phone: Denver, CO 80216	720.920-	124(29)	g. Phone:	, CO B0216		720-920 460	G .	
If owner of the generating facility differs fr	om the generator	r, provide:				***************************************		
h Ownerda Names								
h. Owner's Name:	Is Fire Date	I Wests Chi	i. Owner's Phone No.:	1 m Co.	401		1 . 11 1	
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
				1,10.	1,500	duantity	******	
		Regula	ied Asbestos Contaminster	d Soil				
5126 1612496	7/30/2019	PACS					Yauds	
				-				
		(A)						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous was	te as define	d by 40 Cl	R 261 or any ar	oplicable	
state law, has been properly described, cl	assified and pack	kaged, and is in pro	per condition for transportati	on accordin	g to applic	able regulations	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted haza	ardous waste subjec	t to the Land Disposal Rest	rictions. I ce	rtify and w	arrant that the w	aste has	
					-			
MEGIAN WOOD	- 4	mull on	behalf of	LOCI	101	16/18		
p. Generator Authorized Agent Name (Prin	nt) c	q. Signature			r. Date			
II. TRANSPORTER (Gene		es Ila-b and Tra	nsporter completes lic	-e)				
a. Transporter's Name and Address:	5A 6	7100 F	CO Ave (on	MR-	CO C.	Ty a	
_						50	1100	
210011250			nsporter completes lic			50	1055	
b. Phone: 3/99/1280								
K+(00)	Eur	5/20		1 10	11	18		
	J. Committee of the com	6		10	10	10		
c. Driver Name (Print)	d. Sigr			e. Date				
III. DESTINATION (Generat	or complete I	lla-c and Destin	ation Site completes II	ld-g)				
a. Disposal Facility and Site Address:		c. US EPA Nui	mber d. Discrepancy Indic	ation Space	e:		1.00	
Beth & Tower Rd								
	an exemple a security at	2 201 Physical						
b. Commerce Offy, CO (Account	in deluzio tida	of Charles						
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and acc	curate.		
		W September 1997						
a Name of Authority of Authority								
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na				N 34	
DBA INC						Dept of Housth &	FURIC SHY	
6700 E 90th Avenue	nenena i	686		herry Creek				
b. Phone: Commerce City, CC 80922	303 901-1	NS.	d. Phone:	, CO 80246	15.)	303-692-3100		
e. Special Handling Instructions and Additi	ional Information:							
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g. Operator's Name and Title (Print)	h. Sign	nature		i. Date				
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d. Generator's Name and Location: In contract the contract of	I. GENERATOR (Generate	or completes la	a-r)					
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Former of the generating facility differs from the generator, provide:	d. Generator's Name and Location:	aretation		e. Generator's Mailing Ad	ldress:	one of You	nerozatakan	
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Description No. Type Quantity WWVel Regulated Astrentos Contaminated Soil 18 RACS Astrentos Contaminat	h. Owner's Name:							
GENERATOR'S CERTIFICATION: Thereby 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 transportation according to applicable regulations; AND, if this been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECHN WOOD P. Generator Authorized Agent Name (Print) Q. Signature Q. Date II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: B. Phone: B. DESTINATION (Generator complete lilla-c and Destination Site completes lild-g) b. Phones of the complete state of the proper state of the state of the proper state of the proper state of the proper st	j. Waste Profile #	k. Exp. Date		ping Name and				
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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 288 and is no longer a hazardous waste as defined by 40 CFR 261. MECHAN WOOD Description Authorized Agent Name (Print) Q. Signature II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: C. Driver Name (Print) DESTINATION (Generator complete lilia-c and Destination Site completes lilid-g) a. Disposal Facility and Site Address: C. US EPA Number D. Hone: C. Driver Name (Print) D. Hone: C. Driver Name (Print) D. Discrepancy Indication Space: C. US EPA Number D. Driver Name (Print) D. Discrepancy Indication Space: C. US EPA Number D. Driver Name (Print) D. Dri	5126 1812498	7/30/201A	FACS				18	Yards
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Deen treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MECH NOCO Q. Signature T. Date II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: c. Driver Name (Print) G. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: data a foreign of CO (Account of Sec216 ESA 1 O Project) b. Dimension of Authorized Agent (Print) f. Signature g. Date V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: d. Ph	state law, has been properly described, cl.	assified and packa	aged, and is in prop	er condition for transportation	on according	g to applie	cable regulations	· AND if this
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e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both				4300 Ot	rarry Craek	Or Boul	Ti .	
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	b. Phone: Commerce City, CC 83027	303-591-12	90	d Phone: Germon,	00 90346	-1630	303-392-310	
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		ional Information:		d. i none.		*************************************		
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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	OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accur	ately descr	ibed above	e by the proper s	hipping name
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	and are classified, packaged, marked and	labeled/placarded	l, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable inte	mational and
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	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	g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
	renovation operation or both	ns, leases, operat	es, controls, or sup	ervises the facility being der	nolished or	renovated	1, or the demolitie	on or



I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of		
d. Generator's Name and Location:	en estatuar		e. Generator's Mailing Address:					
Perdicular Department of Franchiscon Columb		Treesia		48th Aven		HEQUITARIUM		
Denver, CO 80216	720-920-46		Demos	r. CO 6021		720,900,400		
f. Phone: If owner of the generating facility differs from			g. Phone:			CONSTRUCTION STORM	1 202	
n owner of the generating facility differs in	om the generator,	provide.						
h. Owner's Name:			i. Owner's Phone No.:	T 6	1.1.		1. 11. 11	
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol	
						. /		
	The same of the Control		ki Ashasipa Contaminate	d 50f		15		
6126 1812496	7/20/2019	RACS					Tarde	
							1.0	
				4				
GENERATOR'S CERTIFICATION: I here	hy certify that the :	above named mate	rial is not a hazardous was	ste as define	ed by 40 C	FR 261 or any ar	policable	
state law, has been properly described, cl	assified and packa	iged, and is in prop	er condition for transportat	tion according	ng to applic	cable regulations;	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazard	dous waste subject	to the Land Disposal Rest	trictions. I co	ertify and w	varrant that the w	aste has	
Door acated in accordance was the regain	distribution of the orthographic	C 200 and is no long	gor is riazardodo wasto us	dollined by -	10 01 17 20	11. 12.	169	
	1 0 (350 3	0:			1 0	110 150	18	
p. Generator Authorized Agent Name (Pri		Signature	anadan asmalatas III	\	r. Date			
II. TRANSPORTER (General a. Transporter's Name and Address:	rator completes	s lia-b and Tran	isporter completes lic	c-e)	-		_	
PORTON TYIX	Kins /	Blacker	Trucking					
THE TOTAL	10/01	in land	, rocking			,		
b. Phone: (720) >60-	4600		.7 -			/ /	1	
Esteban Barro	n	The !!	Dun		101	116/20	10	
c. Driver Name (Print)	d. Signa	ature		e. Date				
III. DESTINATION (Generat	The second secon		ition Site completes I	lld-g)	-			
a. Disposal Facility and Site Address:		c. US EPA Num	·		e:		212	
peta & Tower Rd								
Commerce City, CO (Account	# 990216 ESA / I	- Su Projecti						
b.			24 - 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
I hereby certify that the above named mat	eriai nas been acc	epted and to the be	est of my knowledge the to	regoing is ti	ue and ac	curate.		
N. C. C. C. C. C. C. C. C. C. C. C. C. C.			- June 100 miles					
e. Name of Authorized Agent (Print)	f. Signat		1 4 10 4 10	g. Date		*		
IV. ASBESTOS (Generator	completes Iva-	f and Operator						
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	ldress: Colorado	Dept of Fleshin &	Public Sft.	
67(f) E 50th Avenue				herry Cres				
b. Phone: Commerce Criv. CC 89022	303-1491-120	80	d. Phone:	r, CO 60248	1-153G	303-692-3102		
e. Special Handling Instructions and Addit	ional Information:		d. i nono,					
f. Friable Non-Friable Both	% Fri		% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ontents of this cons	ignment are fully and accu	rately desc	ribed abov	e by the proper s	hipping name	
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	, and are in all resp	ects in proper condition fo	r transport a	according t	o applicable inter	national and	
				T				
g. Operator's Name and Title (Print)	h. Signa	aturo		i Data				
*Operator refers to the company which ow			ervises the facility being de	i. Date emolished or	renovated	d, or the demolitic	on or	
renovation operation or both		A A	and the same of th			,		



5011053

I. GENERATOR (Generato	or completes la	a-r)				1 1-116		
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of								
d. Generator's Name and Location:	ine & Enzethelli S		36:	idrado Departm 10 E 46th Avent	36			
f. Phone:	720.030.40		g. Phone:	aver, CO 80216		720-920-466	<u> </u>	
If owner of the generating facility differs fro	om the generator,	provide:						
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No oping Name and		ntainers	n. Total	- 11=i4	
j. Waste Frome #	K. Exp. Date	Description	philig Name and	No.	Туре	Quantity	o. Unit Wt/Vol	
5126 1812498	7/90/2019	Regulate RACS	Regulated Astronice Contaminated Soil \				Yards	
			0.0			1		
	08521					1		
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	issified and packa v restricted hazar	aged, and is in prop dous waste subiect	er condition for transpo to the Land Disposal F	ortation accordin	g to applic	able regulations	AND if this	
Also Strategip on balal	1 (1 100	18			161	6 2019		
p. Generator Authorized Agent Name (Prin	t) q.	Signature			r. Date			
II. TRANSPORTER (Gener	ator completes	s Ila-b and Tran	sporter completes	s IIc-e)		4 100		
a. Transporter's Name and Address: b. Phone:	7		1			Alle la		
HORN H	4	110-77	I de		10-	16-2	011	
c. Driver Name (Print)	d. Signa			e. Date			0	
III. DESTINATION (Generate	or complete Illa							
a. Disposal Facility and Site Address:	9967216 ESA / I	c. US EPA Num	ber d. Discrepancy	Indication Space	e:		**	
I hereby certify that the above named mate	rial has been acc	epted and to the be	est of my knowledge the	e foregoing is tru	ue and acc	curate.		
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date				
IV. ASBESTOS (Generator c	ompletes IVa-	f and Operator	complete IVg-i)	W. 8811.082.4				
a. Operator's Name and Address:				y Name and Add SciAP Admin: Q Q Cherry Crack	Joiorado L	ept of Health 5	Public Sity	
b. Phone: Commerce City, CO 80022 303-991-1280 d. Phone: Denver, CO 80246-1530 303-992-3102								
e. Special Handling Instructions and Addition								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I national governmental regulations.	% Frideclare that the complete abelied/placarded,	ontents of this cons	% Non-Friable ignment are fully and a ects in proper condition	accurately descri n for transport a	bed above ccording to	e by the proper so applicable inter	hipping name, national and	
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date				
*Operator refers to the company which own renovation operation or both	s, leases, operate	es, controls, or supe	ervises the facility being	g demolished or	renovated	, or the demolitic	on or	



I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	enoveloisen.		e. Generator's Mailing Add	dress:	We of Tax	nsochation			
Harth of 1.70 between Columb		liests		Post Avenue		editeri stadut s			
f. Phone: Deriver, SQ 80216	720 920 49			CO 80218		720 925 466	16		
If owner of the generating facility differs from	om the generator,	provide:	g. Phone.	i - i					
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Con	ntainers n. Total o. Unit				
		Description		No.	Туре	Quantity	Wt/Vol		
		Requisi	ed Asbastos Contaminated	Boll :		10			
5126 1812498	7/30/2019	PACS				19	Yards		
			water sound	302100					
CENEDATORIO CERTIFICATIONI, LI									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportatio	n according	to applic	able regulation	s; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazar	dous waste subject	to the Land Disposal Restrict	ctions. I cer	tify and w	arrant that the	waste has		
and the state of t	Committee of the commit	1 200 and is no long	ger a nazaruous waste as ut	elified by 40	CFR 20		8		
have Jahrens a chine	6836	2				011612	613		
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. Transporter's Name and Address:	JE 3	CICTY	C CONCINCI	-		00			
303 9911	282								
b. Phone:	200		1 Anna	,	7 (1-15	0		
PENNIS Camp BA	511 De	ws	aug COU	10	7-1	0-18	5		
c. Driver Name (Print)	d. Signa			e. Date					
III. DESTINATION (Generat	or complete III								
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ition Space	:		2		
devi & Fower Rd									
b. Commerce Cay, CO (Account	THUZID LEA	I-10 (rioject)		1					
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fore	going is tru	e and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date					
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)	100000			The second second		
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Add	dress:	Tomas and Libraryton I	Charles Since		
6700 E 500 Avenue				erry Creek		Dept of Health I	is a manual surv		
b. Phone: Commerce Orly, GO 60022	303-991-12	50		00 80246		303-662-316	12		
e. Special Handling Instructions and Additi	ional Information:		d. Priorie.						
f. Friable Non-Friable Both	% Fri	iable	% Non-Friable	-					
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accura	ately descri	bed above	by the proper	shipping name		
and are classified, packaged, marked and national governmental regulations.	aneled/placarded	, and are in all resp	ects in proper condition for t	uansport at	coraing t	o applicable inte	ernational and		
3.500					2 23				
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date	-	TO CANADA	-		
*Operator refers to the company which ow renovation operation or both	ns, leases, operate	es, controls, or supe	ervises the facility being dem	nolished or	renovated	l, or the demolit	ion or		



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I. GENERATOR (Generate	or completes la	a-r)	101							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location:	and the same		e. Generator's Mailing Ad	dress:	nor our Tress	harantaisin				
North of 1-70 between Columb		(FBBTE		66th Avenu			*			
f. Phone: Denver, DO 80216	720-920-46	00	g. Phone:	GO 80216		725-925-4660				
If owner of the generating facility differs from	om the generator,	provide:				3				
h. Owner's Name:		100	i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
		Elgenetine	ed Aspestos Contaminated	linil		1.49				
5126 1912 496	7/30/2019	RAGS					Yarda			
	00/00/									
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any a	pplicable			
state law, has been properly described, cl waste is a treatment residue of a previous	assified and nack:	aged and is in pror	per condition for transportation	on accordin	g to applic	cable regulations	: AND, if this			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	1.				
the Harotonen on botall	d das	AN.			10/	10/2018				
p. Generator Authorized Agent Name (Pri		. Signature			r. Date					
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)										
a. Transporter's Name and Address:	- 0000									
1										
b. Phone:	- 636	-6117								
2.11010.		- 10 Tel - 1				111	110			
c. Driver Name (Print)	d. Sign	ature	due	e. Date	11	7/16	1			
III. DESTINATION (General			ation Site completes II	ld-g)	7	/ /				
a. Disposal Facility and Site Address:		c. US EPA Nur			e:					
dinh & Tower Ra			*							
Commerce City, CO (Accoun-	# 990218 ESA /	4 O Project)								
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date	2000					
IV. ASBESTOS (Generator			complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	Chang or Chaptin &	Combin Dife			
ESA Inc 670 E 50th Avenue				ir Admin. hany Crzei		Decrai Health s	HUDIG SHE			
Demonstration (No. 2012)	303-991-13	787	Comition	CO 802#6		363-692-310	2			
b. Phone: e. Special Handling Instructions and Additional Handling Instruction Ha	and the second second		d. Phone:							
f. Friable Non-Friable Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	contents of this con	signment are fully and accu	rately desc	ribed abov	to applicable into	shipping name			
national governmental regulations.	r labeled/placarde	u, anu are in ali fes	pecis in proper condition to	u an sport	according	to applicable life	madorial allu			
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date						
*Operator refers to the company which over renovation operation or both	vns, leases, opera	ites, controls, or su	pervises the facility being de	molished o	r renovate	d, or the demolit	ion or			



I. GENERATOR (Generato	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location:	an made at the m		e. Generator's Mailing Add	iress:	mar of Teas	-chewatian	
Colorado Department of Tran		Simula .				epertation	
Fronth of 170 between Columb				fölh Avenu		720 920 466	
f. Phone: Denver, 00 80216	720.920./	FEE	g. Phone:	00 80215		120-520-400	,
If owner of the generating facility differs fr	om the generato	r, provide:					
h. Oumaria Nama			i. Owner's Phone No.:				
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste Shir	pping Name and	m. Cor	ntainers	n. Total	o. Unit
J. Waste Flottle #	K. Exp. Date	Description	ping maino ana	No.	Туре	Quantity	Wt/Vol
		Regulat	ed Asbestos Contaminated	SOR			
5126 1812496	7/10/1/2016	RACS					Yants
							,
							18
					:		10
					 	100000000000000000000000000000000000000	
GENERATOR'S CERTIFICATION: I here	by cortify that th	e above named mate	rial is not a hazardous wast	as define	d by 40 C	FR 261 or any a	policable
state law, has been properly described, cl	assified and pac	kaged, and is in prop	er condition for transportation	n accordir	ig to applic	able regulations	; AND, if this
waste is a treatment residue of a previous	sly restricted haz	ardous waste subject	to the Land Disposal Restri	ctions. I ce	ertify and w	arrant that the w	aste has
been treated in accordance with the requi	rements of 40 C	FR 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26		
The Housepan alvel	1 00	44			100	11 /2018	
p. Generator Authorized Agent Name (Pri	nt)	q. Signature			r. Date		
II. TRANSPORTER (Gene			nsporter completes lic-	e)		1930	
a. Transporter's Name and Address:	1.26	Demus	+				
AME HUCKING	775) 121/11/1/2					
16.63	10						
b. Phone: 77 0 480 76	40	1	11				
(n. r. vel botenes	:14	111	11-1		111-1	1-10	
11114001 12610160	V/ 1	01,0	61	- D-4-	0	010	
c. Driver Name (Print)		nature	t' O't	e. Date			-77-11-51-5
III. DESTINATION (Genera	tor complete						
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indica	ation Spac	e:		
feith & Lower Rd							
Calamente City, CO (Accoun	LE BOUZIS ESA	# I-10 Freject)					
b.			and of much languages the four	andre le t	us and as	ouroto.	
I hereby certify that the above named ma	teriai nas been a	iccepted and to the b	est of my knowledge the for	egoing is ti	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Sigi	nature		g. Date			
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:	80,00		c. Responsible Agency Na	me and Ad	dress:		CALLS A TRA
ESA Itto			NESHA	P Admin	प्राधिकार्थ ।	Dect of Health 3	Public Sity
6700 E 60in Avenue	walls field	2000			k Dr. Sout		n -
b. Phone: Commerce Oily, CO 89022	303-991	1260	d. Phone:	CO 8024	5-1630	303-852-310	2
e. Special Handling Instructions and Addi	tional Informatio	n:	**************************************			11/2	
f. ☐ Friable ☐ Non-Friable ☐ Both	0/_	Friable	% Non-Friable				***
OPERATOR'S CERTIFICATION: I hereby	y declare that the	e contents of this con	signment are fully and accur	ately desc	ribed abov	e by the proper	shipping name
and are classified, packaged, marked and	d labeled/placard	led, and are in all res	pects in proper condition for	transport	according t	o applicable inte	rnational and
national governmental regulations.			- Firebay				
g. Operator's Name and Title (Print)	h. Sic	nature		i. Date	-		
*Operator refers to the company which ov	wns, leases, ope	rates, controls, or sup	pervises the facility being der		r renovate	d, or the demolit	on or
renovation operation or both							



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 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	and of the last of the	V	e. Generator's Mailing Ad	ddress:	ant of Tea	ten swattan			
d. Generally strange and Euclation.		24 mario	3643 E 46th Avenue						
Denver, CO 30215	721,026,46			CO 50216		720-920-456	ñ		
f. Phone:			g. Phone:	Life Amin		-27 520 190			
If owner of the generating facility differs for	rom the generator,	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and		ntainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Requist	ed Asbestoe Contaminated	ion		1.0			
5126 1812496	7/30/2010	RACS				18	Yards		
									
							-		
				1					
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	ite as define	d by 40 C	FR 261 or any a	pplicable		
state law, has been properly described, c	lassified and packa	aged, and is in prop	er condition for transportati	ion accordin	g to applic	cable regulations	; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted hazai irements of 40 CFI	rdous waste subject R 268 and is no lon-	to the Land Disposal Rest der a hazardous waste as o	rictions. I ce defined by 4	onity and w	/arrant that the v 1.	vaste nas		
been addied in decordance with the requi	Tomorius or 45 Gr	4	gor a mazaradao madio ao (deliniod by	0.112	01/4/27	10		
THE PROPERTY AND ADDRESS.	01 15107	- Maria	1/ -			1111116	18		
p. Generator Authorized Agent Name (Pri		. Signature			r. Date	11.1			
a. Transporter's Name and Address: AMC Trucking W35 Benlinst Dinier Denie Collins									
a. Transporters Warne and Address.	ponc T	rucki ma	4636 1567	י מכנות	D	17710.	2021		
		The state of the s							
b. Phone:									
Albert Moric	1	Iberl M	1001	111	-10	.7018			
c. Driver Name (Print)	d. Sign	1 10 6 5	301	e. Date		2010	-		
III. DESTINATION (General			ation Site completes I						
a. Disposal Facility and Site Address:	tor complete in	c. US EPA Nun			е.				
CARREL TISUBURY		C. CC El / Trail	d. Discrepancy man	oution opuo	0.				
odin & Tower Rd	A STATE OF THE STA								
b. Commerce Oily, CO (Accoun	I # SHULTO TOA F	In Unitrolegal)							
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the fo	regoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator			complete IVg-i)		- XV - 2	=# 1885 T			
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ldress:				
ESA Inc			NEBRA	F Admin	Coperado I	Deor of Health a	k Public Sity		
8700 6 60th Avenue				herry Creek					
b. Phone: Germeroe City, 60 83022	363-391-19		d. Phone:	,00 8024	- Ibus	303 892 310	ž		
e. Special Handling Instructions and Addi	tional Information:					C. 70°33			
f. 🗆 Friable 🗆 Non-Friable 🗆 Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accu	rately descri	ribed abov	e by the proper	shipping name		
and are classified, packaged, marked and national governmental regulations.	i laneled/biacarde	u, anu are in ali resi	pects in proper condition to	transport a	according 1	o applicable inte	and and		
							S. B. C. S. S. S. S. S. S. S. S. S. S. S. S. S.		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which ov			ervises the facility being de		r renovate	d, or the demolit	ion or		
renovation operation or both									



5011068

 GENERATOR (Generate 	or completes la	a-r)					î.			
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location:	ment read assemble		e. Generator's Mailing Ad	dress:	and the Verse	- mar in printle man				
Gelenitio Department of Fran North of I-70 between Oplumi		Sunaio		46th Avenu		Sperianun				
Leaver, CO 80216	720-939-46		1	00 80216		720-920-4686				
f. Phone:			g. Phone:	ACAD MINISTER		7 4010 417212 1107010				
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit			
		Description		No.	Type	Quantity	Wt/Vol			
		Regulati	ed Asbasios Contaminated	30il		8 477				
5126 1812496	7/30/2018	RACE			4	18	Yansı			
						•				
		į.								
GENERATOR'S CERTIFICATION: I here										
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pack	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restr	on accordin	g to applic	able regulations; arrant that the w	AND, it this			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 261	I.,	acto rido			
The trought spring on his	half of 1	7.7	## L		10	116 1200	1			
p. Generator Authorized Agent Name (Pri	nt) a	. Signature			r. Date	1 1 1 1				
			sporter completes lic	-6)	T. Buto					
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
b. Phone:										
KRIIIS Luchi	7 /-/	E 4 6 . 14 0	10111	100	16,	15				
c. Driver Name (Print)	d. Sign	ature		e. Date	-					
III. DESTINATION (General			ation Site completes II	ld-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	•		e:					
Auto & Tower Rd										
Commercie Oity, CO (Account	# 900016 FRA /	1. 10 Protecti								
b.										
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the for	egoing is tr	ue and acc	curate.	1			
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	ept of Health &				
9700 E Soin Averue				norry Creek			T MAZING AZZEY			
Command Cike (20.2002)	303494-5	860	Pierryan	CO 80240		303 592 3103				
b. Phone: e. Special Handling Instructions and Addit			d. Phone:			- Elements Value				
e. opecial handling mandetons and Addit	nonai miormation.									
	0/ 5		N. N							
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. Sign			i. Date						
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or sup	ervises the facility being de	molished or	renovated	, or the demolition	on or			
renovation operation or both		48001			2227	250 1935 19				



5011067

I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of						1 of	ME
d. Generator's Name and Location:	narmitesfacts		e. Generator's Mai	ling Address:	and the Control		
Mana of 170 persoen Count		Papis		oloroo Departma 543 E 45th Avenu		120 MARTINES	
Denver CO-SIG16	7,30-920-48		<u> </u>	lenvisr (X) 80216		720-823-49	66
f. Phone: If owner of the generating facility differs from	om the generator	provide:	g. Phone:			-	
	on the generator,	provide.					
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Wasta Shin	i. Owner's Phone North	No.: m. Cor	tainere	n. Total	I o I imit
J. Waste Frome #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	o. Unit Wt/Vol
		Paramirus.					
8128 181249B	7/30/2019	The second secon	ad Astrestos Contam	insted hou		13	34777
blen mittae:	12 38 M (C) 120	RACS				1 0	Yards
	10						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardou	ıs waste as define	d by 40 C	FR 261 or any	applicable
state law, has been properly described, cla	assified and packa	ged, and is in prop	er condition for trans	portation according	g to applic	able regulation	s: AND, if this
waste is a treatment residue of a previous been treated in accordance with the requir	ements of 40 CFF	cous waste subject R 268 and is no long	to the Land Disposa ger a hazardous was	te as defined by 4	rtify and w 0 CFR 26	arrant that the	waste has
Ale Margeria as Intel	I at man	3	A.A.		10	116/7	116
p. Generator Authorized Agent Name (Prin	ot) a	Signature			r. Date	11911	643
II. TRANSPORTER (Gener	rator completes	s lla-b and Tran	sporter complete	es llc-e)	10 1		
a. Transporter's Name and Address:	A 67	0066	5 AUN C	omme	co (v F.	C 0
E-	3 G Z	UC C C	110			800)2
b. Phone: 3 99/12 80						000	C. Sien
	1 7						
K two5	12	- HAZ-C		10	-16	-18	
c. Driver Name (Print)	d. Signa			e. Date			-26. W
III. DESTINATION (Generate	or complete Illa						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepanc	y Indication Space):		page 1
Both & Tower Rd			*				
b. Continuence City, CO (Account	# 990218 ESA 1	O Project)					
I hereby certify that the above named mate	erial has been acc	ented and to the be	st of my knowledge	the foregoing is tru	ie and ac	curate	
e. Name of Authorized Agent (Print)	f. Signat	LIFE		g. Date	2		
IV. ASBESTOS (Generator of			complete (Va-i)	y. Date	-		
a. Operator's Name and Address:			c. Responsible Ager	ncy Name and Add	dress:		
ESA Inc		1	1-it	ESHAP AGRIN (Joiorado L		& Public Stly
1700 E 90th Avenue	State of the Control of the Control			300 Cherry Creek			
b. Phone: Clerameroe City, CO 80022	903-99 I-128	9.5	d. Phone:	enver, 00 80248	1630	369-692-310	12
e. Special Handling Instructions and Additi	onal Information:						
f. Friable Non-Friable Both	% Fri		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarded	, and are in all resp	igniment are fully and ects in proper condit	accurately descri	ccordina t	e by the proper applicable into	snipping name ernational and
national governmental regulations.							
						enter -	
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date	7-27-27-2		3.4
*Operator refers to the company which own renovation operation or both	is, leases, operate	es, controls, or supe	ervises the facility bei	ing demolished or	renovated	l, or the demoli	tion or



5011066

I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Ad	idress:			
Colorado Department of Fran						risportation	
North of 170 bathcen Colum				48th Aven			
f. Phone:	7X-930-46	200	g. Phone:	CO 8021		720-920-495	
If owner of the generating facility differs fr	om the generator,	, provide:					
h Own I N							
h. Owner's Name:	Tr. s.	1 1 147 - 1 01 :	i. Owner's Phone No.:	1			T
j. Waste Profile #	k. Exp. Date	Description	pping Name and	M. Cor	ntainers Type	n. Total	o. Unit Wt/Vol
		Description		140.	Туре	Quantity	VVVVOI
		Requie	led Ashesios Contaminated	Sosi	-		
5126 1812498	7/80/2019	RAGE				\8	Yards
	CONTRACTOR OF THE STATE OF THE	2.00.000				10	4 ESF-67
							1
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous was	e as define	d by 40 C	FR 261 or any a	nnlicable
state law, has been properly described, cl	lassified and packa	aged, and is in prop	per condition for transportati	on according	o to applic	able regulations	AND if this
waste is a treatment residue of a previous	sly restricted hazar	rdous waste subjec	t to the Land Disposal Restr	rictions. I ce	ertify and w	arrant that the v	vaste has
been treated in accordance with the requi	rements of 40 CFF	R 268 and is no lon	ger a hazardous waste as o	lefined by 4	0 CFR 26	1.	
The Properties It was displayed	1 11 1117				11	116/50	010
p. Generator Authorized Agent Name (Pri	nt) a	. Signature			r. Date		
II. TRANSPORTER (Gene			papartar completes lle	- 1	1. Date		
a. Transporter's Name and Address:	Tator complete	S lia-D allu IIa			0		
a. Hansportor o Hamo and Address.	25	M (0	700 E 501-	ALLE	5 C.	OMMPRE	E 11.71
							7
503 991	1200					8007	-
b. Phone:	1-00						
strong mo	001	At there	Lagrania		1/200	16-17	
c. Driver Name (Print)	d. Signa	ature		e. Date	10	10 17	***
III. DESTINATION (Generat			ation Site completes II				
a. Disposal Facility and Site Address:	or complete in	c. US EPA Nun					
1 TWENT LOSIGIBLE		C. OS EFA NUI	d. Discrepancy indic	ation Space	э.		
both & Tower Rd							
Commission City, CO (Addount	1# 800216 ESA	L'u Projecti					
b.							1401-1
I hereby certify that the above named mate	enai nas been acc	cepted and to the b	est of my knowledge the for	egoing is tr	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date	10770		
IV. ASBESTOS (Generator of			complete IVa-i)	1.9			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	draga		***********
Laa inc			c. Responsible Agency Na	Admin Ad	oress.	Secret Health &	Public Sho
6700 E 50th Avenue		4		erry Creek			
h Phone: Commence City, CO 80022	303-991-13	50	Cionimi	CO 80248		309-892-310	
b. Phone: e. Special Handling Instructions and Addition			d. Phone:	ON BUILTO	- CANALA	Sec. Contract Sec. Co.	
e. Special Handling Instructions and Additi	onal information:						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	signment are fully and accur	ately descr	ibed above	by the proper s	shipping name
and are classified, packaged, marked and	labeled/placarded	l, and are in all resp	pects in proper condition for	transport a	ccording to	applicable inte	rnational and
national governmental regulations.					was the		
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
*Operator refers to the company which own	ns, leases, operate	es, controls, or sup	ervises the facility being der	nolished or	renovated	, or the demolitic	on or
renovation operation or both						, or and domonth	01



5011065

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number			b. Manifest Docu	ment Number			c. Page	1 of		
d. Generator's Name and Location:				e. Generator's M	lailing Add	dress:				
	noustrone				Calprado	Deparim		nsportation		
highth of 1.70 between Columb						5th Avenu		AND THE PARTY OF T		
f. Phone: Denver, 00 50218	1 (0)	19271-460		g. Phone:	Derayer, i	00 80216		720-920-46		
If owner of the generating facility differs fr	om the ge	nerator, p	rovide:			- Managar				
h Owner's Name										
h. Owner's Name: i. Waste Profile #	le Cur C) ala	I I Manta Chi	i. Owner's Phone	No.:	0	-4-1		1	
j. waste Frome #	k. Exp. C	Jate	Description	pping Name and		No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
	10000					110.	1,750	Quantity	***************************************	
And the second second			Regular	ed Asbastos Conta	uninated	los		1 . a		
5126 1512496	7/90	1/2019	RACS					10	Yards	
	-		+		-16					
					1					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify t	that the al	pove named mate	rial is not a hazardo	ous waste	as define	d by 40 C	FR 261 or any	applicable	
waste is a treatment residue of a previous	Iv restricte	d hazard	ous waste subject	to the Land Dispos	sal Restric	ctions I ce	rtify and w	arrant that the	s; AND, if this	
been treated in accordance with the requir	ements of	40 CFR	268 and is no lon	ger a hazardous wa	aste as de	fined by 4	0 CFR 26	1.	wasto nas	
11.11.12.0							100			
p. Generator Authorized Agent Name (Prin	Signatura	r. Date					VI-12			
							r. Date	- 10		
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
4. Transporter a traine and Address.	140	5000	Truck	"UG						
	Ro	AMP	1100	3						
b. Phone: 303 6 4 4 59 ZA	1	and of	9 6 6	,						
U. I Horie	Comple 1	1/2	12 1	The						
(ust +is to the to	1	MATI	11/11/11	SIA .		10	2 -1	6-18	2	
c. Driver Name (Print)		d. Signati		e. Date						
III. DESTINATION (Generate	or comp	lete Illa-	c and Destina	ition Site compl	letes Illo	d-g)				
a. Disposal Facility and Site Address:			c. US EPA Num	ber d. Discrepan	ncy Indicat	tion Space	e:		117	
odn & Towar Rd										
Commerce City, CC (Account	E GGY71A	SOA/L	D Desirett						- 4	
b.				j						
I hereby certify that the above named mate	erial has be	een acce	pted and to the be	st of my knowledge	e the fore	going is tr	ue and acc	urate.	Name and the second	
e. Name of Authorized Agent (Print)	f	f. Signatu	re			g. Date				
IV. ASBESTOS (Generator of				complete IVa iV		y. Date		-		
a. Operator's Name and Address:	Ompicio	3 1 7 4-1	and Operator							
E SA IIIC				c. Responsible Ag				est of Health	Overtis Silve	
6700 E 50th Avenue							Or South		a r doub dity	
b. Phone: Commerce City, CO 80022	809.5	991-1280	,			C 80246		303-862-310	o l	
e. Special Handling Instructions and Additi				d. Phone:	Page St. C	THE RESIDENCE	TOTAL OF	SOUTH IN	ille.	
o. Special Flationing Histractions and Additi	orial illioiti	nation.								
The state of the s				200				3		
f. Friable Non-Friable Both	Friable Non-Friable Both % Friable % Non-Friable DPERATOR'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	declare the	at the cor	itents of this cons	ignment are fully ar	nd accurat	tely descri	bed above	by the proper	shipping name	
national governmental regulations.	iabeleu/pla	acarueu, a	and are in all resp	ects in proper cond	HUOTI TOF T	ansport a	ccoraing to	applicable into	ernational and	
-0-11						- 115	19.0			
g. Operator's Name and Title (Print)	h least	n. Signatu	ire	AL		i. Date				
*Operator refers to the company which owr renovation operation or both	is, leases,	operates	, controls, or supe	ervises the facility b	eing demo	olished or	renovated	, or the demolit	ion or	
		- 77	-16							



5011064

I. GENERATOR (Generator completes la-r)									
a. Generator's US EPA ID Number		b. Manifest Docun	ocument Number c. Page 1 of						
d. Generator's Name and Location:	the state of the second		e. Generator's Mailing Ad	dress:	mer of Lea	May Santas			
Colorado Department of Francisco North of 170 between Columb		timate	SUPPLIES CONTROL	delh Aveni	na Mil di 1 (4)	neportation			
Transport (2/1 1/216)	720-920-49		Darwar	00 80216		720-920-4868			
f. Phone: If owner of the generating facility differs from			g. Phone:		-				
If owner of the generating facility differs in	on the generator,	provide.							
h. Owner's Name:		1 14/	i. Owner's Phone No.:	Co.	talaara	T-A-1	11-24		
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
			ed Astrestos Contaminated	SOR		10			
5126 1912406	7/30/2019	RACE			6	10	Yaros		
*									
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicab							policable		
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transportation	on accordin	g to applic	cable regulations;	AND, if this		
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restr	ictions. I ce	ertify and w	varrant that the w	aste 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.									
The Chester by beat of the 400 and 400									
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:	ator complete	is lia-b and Tran							
Roman Truck	105 /P	plaeser	Truckin	21					
Darriott 100ch	13/		1100111						
b. Phone: (100) 560 -	4860	17				1	2		
Esteban Barr	00	Vact 1	Azni	1	0/1	6/2019	3		
c. Driver Name (Print)	d. Signa	ature	Gen	e. Date		1 -10			
III. DESTINATION (Generate			ation Site completes III	ld-g)	-				
a. Disposal Facility and Site Address:		c. US EPA Num			в:				
adm & Tower Rd									
Commerce Oity CO (Account	# 990216 ESA /	I-Rit Priciacti							
b.			at af any language the for						
I hereby certify that the above named mate	enai nas been acc	cepted and to the be	est of my knowledge the for	egoing is u	ue anu ac	curate.			
				ļ <u>.</u>		a 1 - 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	1000		
e. Name of Authorized Agent (Print)	f. Signa		complete IV/= 2	g. Date	2000 CHES				
IV. ASBESTOS (Generator o	completes iva	-i and Operator		i A					
a. Operator's Name and Address:			c. Responsible Agency Na	P Admiri	dress: Gulorado i	Dept of Health &	Public Star		
8700 E Sith Avenue				herry Creek					
b. Phone: Cemmerce Only, CO 80022	303-391-12	西6	d. Phone:	CC 80240	i-1630	303-692-310	?		
	e. Special Handling Instructions and Additional Information:								
f. Friable Non-Friable Both	f. Friable Non-Friable Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby	declare that the d	contents of this cons	signment are fully and accur	rately descr	ibed abov	e by the proper s	hipping name		
and are classified, packaged, marked and national governmental regulations.	and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and pational governmental regulations.								
go - commontant regulations							1-1		
a Operator's Name and Title (Driet)	h 0:	atum .		: D-4-		At. 45-444			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa ns, leases, operat	ature tes, controls, or sub-	ervises the facility being de	i. Date molished or	renovate	d, or the demolitic	on or		
renovation operation or both	, aparan	382019	The same of the sa						



5011063

I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	st Document Number c. Page 1 of					
d. Generator's Name and Location:	Dalapinion.		e. Generator's Mailing	Address:	art av Tees	and the same		
hiera of i-70 between Orlung		Fasts		rado Deparam o E. 46th Avenu		ROLL CHESTA		
Tenen COSDIA	720.920.46		Den	ver, QO 80215		720-920-466		
f. Phone: If owner of the generating facility differs fr	om the generator,	provide:	g. Phone:					
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
		Requiate	ed Ashestos Contamina	ried Ball				
5126 1812496	7/30/2019	RACS				18	Yards	
7	***************************************							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous v	vaste as define	d by 40 C	FR 261 or any a	applicable	
state law, has been properly described, cl waste is a treatment residue of a previous	assified and packa	aged, and is in prop	er condition for transpor	rtation accordin	g to applic	able regulation	s; AND, if this	
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	ger a hazardous waste a	estrictions. The as defined by 4	0 CFR 26	arrant that the t	waste nas	
The Lewis to Add	r 1/2				10	161.01		
p. Generator Authorized Agent Name (Pri		. Signature	4		r. Date			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes	llc-e)				
a. Transporter's Name and Address:)							
177	E.	1						
b. Phone:	The Sandalphotocome of the Darkson Delimited	11/	11/					
Trival Home	1	12-27 /16	1		111-	16-	0/1	
c. Driver Name (Print)	d. Signa	ature		e. Date				
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes	s IIId-g)				
a. Disposal Facility and Site Address:	/	c. US EPA Num	ber d. Discrepancy Ir	ndication Space	e:		3.00	
duth & TowerRd	1	4						
b. Continuence City, CO (Account	# DENZIO ESIA!	I-10 Project)						
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the	foregoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency	Name and Ad	dress:	Dept of Health i	Charles (200)	
1770 C SOE Avenue				Charty Creek			oci i sense i serv	
b. Phone: Commerce City, CO 80002	303-991-12	50		rar CO 80246		303-692-910	12	
e. Special Handling Instructions and Addit	ional Information:		4. 7 110110.				46-48-6	
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable		,			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the d	contents of this cons f, and are in all reso	signment are fully and ac sects in proper condition	ccurately descr	nbed above	e by the proper o applicable inte	shipping name, emational and	
national governmental regulations.			The second of th				and and	
g. Operator's Name and Title (Print)	h. Signa			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or sup	ervises the facility being	demolished or	renovated	i, or the demolit	tion or	



5011062

I. GENERATOR (Generat	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number	- "	c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:		1	
Colorado Laspartment di Tran			U0107819	o Deparan		neportagen	
Harth of 1-70 between Colum				46th Avery		AND AND ASSESSMENT	
f. Phone:	720-929-40	396	g. Phone:	00 80216		720.420-46	585
If owner of the generating facility differs for	om the generator,	provide:					
h. Owner's Name:	T. 2	T. 101 . 201	i. Owner's Phone No.:	1 0	4.1.		1
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	M. Cor	ntainers	n. Total Quantity	o. Unit Wt/Vol
		Description		140.	Type	Quantity	VVVVOI
		Regulati	Regulated Ashestos Conteminated Soil (7				
5129 1512406	7/30/2019	RACS	AND AND THE RESERVE OF THE PERSON OF THE PER	DOI:		18	Yinnta
3127 1012 2107	THOUSENIO	Pirthino.				, ,	324413
GENERATOR'S CERTIFICATION: I here	by cortify that the	about named mate	rial is not a hazardaya wast	o define	d b., 40 C	ED 264 on any	annii anhin
state law, has been properly described, c	lassified and pack	above named male	er condition for transportation	e as denne n accordir	ng to annli	able regulation	applicable
waste is a treatment residue of a previous	sly restricted hazar	rdous waste subject	to the Land Disposal Restri	ctions. I ce	ertify and w	arrant that the	waste has
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as de	efined by 4	10 ĆFR 26	1.	
The Markey of my book	11 -1 13/					1/1/12	
- C	-13	01			-	The state of the	
p. Generator Authorized Agent Name (Pri		. Signature			r. Date	-	
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trar			-	100	4-13
a. Transporter's Name and Address:	D C . F	10/14 1	DUE COM	rou c	117	1108	00 5
L-11 (6)					1.57		
2029911	280		-0				
b. Phone: 500	20	\sim	100			. 12	
Desvie C. PR	all Da	2,000	20 may 10 11	1/	5-16-18		
TCDD 13 COMPL	EII IM		ar russ	10	/ /	9 13	
c. Driver Name (Print)	d. Sign			e. Date			
III. DESTINATION (General	tor complete III	a-c and Destina	ation Site completes III	d-g)			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	e:	1,000	
rese & Tower Rd							
Commerce Only, CO (Accoun	- accomplishment of	r RO Pharmany					
b.	ta emine to covi :	t- O PTOJEKA)					
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	aoina is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:		* ****
E.S.A. Inc			NESHA	Admin.	Colomida I	Jant of Histalth	& Public Sity
6700 E 50th Avenue			490.1 Ch	erry Creek	e Dr. Soui	3	
b. Phone: Optimizance City, OO 80022	903 924-12	90	d Phone: Deriver,	CO 60240	1530	303 892 31	12
e. Special Handling Instructions and Addit	ional Information:		d. Phone:				
o. Opedial Flatiditing Institutions and Additi	ionai inionnation.						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	riable	% Non-Friable		200000 0000		
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accura	ately descr	ibed abov	by the proper	shipping name
and are classified, packaged, marked and	labeled/placarded	t, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable int	ernational and
national governmental regulations.				Marie de la compa	0.0		
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date	***		
*Operator refers to the company which ow	ns, leases, operat	tes, controls, or supe	ervises the facility being den		renovated	l, or the demoli	tion or
renovation operation or both				ic.			



5011061

I. GENERATOR (Generator completes la-r)										
a. Generator S LIS EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of \				
d. Generator's Name and Location:	an and a line	L.,	e. Generator's Mailing A	Address:	and all Tank					
Plante of A20 between Columb		(Incurto		ido Departm E 48th Avent		ISPORTEDIOR				
Diesver, 00 80216	720-920-46		Detroe	. 00 80218		720-925-498	6			
f. Phone: If owner of the generating facility differs fr			g. Phone:	4.1201237						
	on the generator,	provide.								
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste Ship	i. Owner's Phone No.: ping Name and	m Cor	ntainers	n. Total	o. Unit			
j. vvaste Profile #	k. Exp. Date	Description	ping Name and	No.	Туре	Quantity	Wt/Vol			
		15-16	FR 4 - 1 - 8 - 1 - 2 - 1	J 4-9						
5105 1810408	7/30/2019	RACS	d Aspestos Contaminare	in par		18	Yests			
V150 1015400	THOU ASTRE	enue.				10	18765			
GENERATOR'S CERTIFICATION: I here										
state law, has been properly described, cl waste is a treatment residue of a previous	assified and packa	aged, and is in propertions waste subject	er condition for transporta to the Land Disposal Res	tion according	g to applic	cable regulations	s; AND, if this			
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	er a hazardous waste as	defined by 4	0 CFR 26	1.	waste nas			
The Smale por 12 MI	1.01 600	2	1		70	11=170	18			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date					
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)										
a. Transporter's Name and Address:	inc									
FINC TIVUT	(1)									
b. Phone: 720 950 97	48		1							
Miguel Berenci	JU/4)	hd h	7		10-1	6-15				
c. Driver Name (Print)	d. Sign			e. Date						
III. DESTINATION (General	or complete III	a-c and Destina	tion Site completes	llid-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indi	ication Space	э:					
689 & Towar Rd										
Commerce City, CO (Account	# 990216 ESA /	i- '0 Project)								
I hereby certify that the above named mat	erial has been acc	cented and to the be	st of my knowledge the fo	oregoing is to	ue and ac	curate				
			at of the financial and the	J. Ogomig io ti	ao ana ao	ouruto.				
e. Name of Authorized Agent (Print)	f. Signa	turo	- 1022 1000 EV	g. Date						
IV. ASBESTOS (Generator			complete IVa-i)	y. Date						
a. Operator's Name and Address:	oompiotoo ira	Turio operator	c. Responsible Agency N	lame and Ad	dress:					
ESA Inc			HESH	AP Admin: 4	Jakarada E	pept of Hautin &	k Prable Sity			
6700 E 20th Avenue	W. W. W. W. W. W. W. W. W. W. W. W. W. W			Sheary Creek						
b. Phone: Goeimeroe Oity, CO 80022	303-2611-12	50	d. Phone:	r, OO 80249	-1030	303-382-310	12			
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% Fr	riable	% Non-Friable		#L	- h Ab	-1			
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	d, and are in all resp	ects in proper condition for	or transport a	ccording t	o applicable inte	ernational and			
maioriai govorimonai rogalailorio.						1000				
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow	ns, leases, operat	tes, controls, or supe	ervises the facility being de		renovated	d, or the demolit	ion or			
renovation operation or both										



5011060

I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location: Name of 1-71 between Column F. Phone:	720-920-46	i66	e. Generator's Mailing Address: Cokorado Department of Transportation 3543 E 48th Avenue Denver, CO 80216 720-920-4666					
If owner of the generating facility differs fr	om the generator,	provide:						
h. Owner's Name:		4000	i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
5128 1817406	7/30/2019	Regulate RACS	ed Asbestos Contaminated	Boli		18	Yanda	
				- W				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa ly restricted hazar	aged, and is in proper dous waste subject	er condition for transportation to the Land Disposal Restrict	n according	g to applicatify and w	able regulation	s: AND if this	
Ale Josephine + Admit	tel (ho	-t/-	<u>,</u>)	018				
p. Generator Authorized Agent Name (Prin	Signature	r. Date						
a. Transporter's Name and Address:	rator complete	s Ila-b and Tran	sporter completes lic-	e)				
b. Phone: 7.77	726	6/1					1 16 2	
c. Driver Name (Print)	d. Signa	aturo	Commence of the second	e. Date	10	////		
III. DESTINATION (Generat			tion Site completes Illo		1			
a. Disposal Facility and Site Address:	•	c. US EPA Num			:			
Orth & Tower Rd								
Commerce City, CO (Account	# 990216 ESA / I	Froject)						
I hereby certify that the above named mate	erial has been acc	epted and to the be	st of my knowledge the fore	going is tru	e and acc	curate.		
e. Name of Authorized Agent (Print)	f. Signat			g. Date				
IV. ASBESTOS (Generator o	completes IVa-							
a. Operator's Name and Address: Lean Inc. 6700 5 60th Avenue	303-991-12		4900 Che	ne and Add Admin L Brity Cheek NO 20248	Dr Sout	Dept of Haalin 302 862-31		
b. Phone: e. Special Handling Instructions and Additi		30.	d. Phone:	TO BUSING	CT DATA	41/30 HOSEN 2-2-1	17.0	
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fri declare that the co labeled/placarded	ontents of this consi	% Non-Friable gnment are fully and accura ects in proper condition for to	itely descri ransport ad	bed above ccording to	by the proper applicable into	shipping name, ternational and	
g. Operator's Name and Title (Print)	h. Signa	ature	-i M- 5	i. Date				
*Operator refers to the company which own renovation operation or both	is, leases, operate	es, controls, or supe	rvises the facility being dem	olished or	renovated	, or the demoli	tion or	



5011059

 GENERATOR (Generate 	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	ment Number		c. Page	1 of	
d. Generator's Name and Location:	sportation		e. Generator's M	ailing Address:	nt of I may	rsportation	
horte of i-70 petween Columb		Strapto		35 IO E 48th Avenu			
f. Phone: Denver, CO 60216	720-820-46		g. Phone:	Deriver, CO 80216		720-920-466	6
If owner of the generating facility differs from	om the generator,	, provide:					
h. Owner's Name:			i. Owner's Phone	No.:			
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
6128 1812408	7/00/2019	Haquiak RACS	ed Asbestos Conta	menated Boll		18	Yeurde
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	er condition for trant to the Land Dispos	nsportation according sal Restrictions. I ce	g to applicatify and w	cable regulations varrant that the v	s; AND, if this
The Continue a boly.	1	44			10	1 11 - 01	9
p. Generator Authorized Agent Name (Pri	6 1 T O	. Signature			r. Date		
II TRANSPORTER (Gene	rator complete	s lla-h and Trai	nsporter comple	etes IIc-e)			
a. Transporter's Name and Address: b. Phone:	MC Truc	kine h	1235 Be	11/2n5- D	と ア. (208 . 02	17
Miscol Morse	DI	and	MOENC	10	-16-	20,8)
c. Driver Name (Print)	d. Sign	ature		e. Date			
III. DESTINATION (Generat	or complete II	la-c and Destina	ation Site comp	letes IIId-g)			
a. Disposal Facility and Site Address:		c. US EPA Nun		ncy Indication Space	Ε;		
essin is Tower Rid							
Genimeros Ony, CO (Account	# 090216 ESA /	I-B Projecti					
b.							
I hereby certify that the above named mat	eriai nas been ac	cepted and to the b	est of my knowledg	e the foregoing is tru	e and ac	curate.	
				Land Land			
e. Name of Authorized Agent (Print)	f. Signa	ature	A	g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i				
a. Operator's Name and Address:	and I		c. Responsible Ag	ency Name and Ad		90.00	
ESA ind				NESHAP Admin. C			Public Sity
6700 E 50th Avenue	man man i			430" Cherry Creek			
b. Phone: Commerce City, 20 80022	303-991-13	28G	d. Phone:	Denver, 00 80245	1030	303 652 5 10	Z.
e. Special Handling Instructions and Addit	ional Information:				*		0
f. 🗆 Friable 🔲 Non-Friable 🗀 Both		riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this cond d, and are in all res	signment are fully a pects in proper con-	nd accurately descr dition for transport a	bed abov ccording f	e by the proper to applicable into	shipping name ernational and
g. Operator's Name and Title (Print)	h, Sign	ature		i. Date		134.0	
*Operator refers to the company which ow			ervises the facility I		renovate	d, or the demolit	tion or
renovation operation or both						ar an annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual	



5011058

I. GENERATOR (Generate	or completes I	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location: Universe treputation of Franchistory of Columb Light of Franchistory (Co. 8/1216)			3543 E	dress: a Departm 45th Aven GO 80216	.9	rsportation: 720-920-466	3
f. Phone: If owner of the generating facility differs from			g. Phone:	G- 30 1000 10		7,500 000 000	
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Cor	ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
5126 1912-166	7/90/2019	Flagulati SAOS	ed Asbastos Contaminated	Soil			Vands
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa ly restricted hazar	aged, and is in prop dous waste subiect	er condition for transportation to the Land Disposal Restri	n accordin	g to applic	able regulations	· AND if this
The France ta loball	of Char	AS.			11	1101201	Λ.
p. Generator Authorized Agent Name (Prir	. Signature	r. Date					
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)							
a. Transporter's Name and Address: b. Phone:	7			-			
Renias tuck		1040	majudin	1	0 ,	16,18	
c. Driver Name (Print)	d. Signa			e. Date			
III. DESTINATION (Generate	or complete III					77.000	
a. Disposal Facility and Site Address: Uoth a Towar Rd Dommarce City, UO (Account	# 900216 ESA /	c. US EPA Num	d. Discrepancy Indica	ation Space	:		
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signal	ture		g. Date	- 1		-
IV. ASBESTOS (Generator o			complete (Va-i)	3			
a. Operator's Name and Address: 6701 E 60th Avenue b. Phone: e. Special Handling Instructions and Addition	303.99 i 12	80	4360 Ch		Dr. South	7601 of Hoarin 6 303-692-010	
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I national governmental regulations.	% Fri declare that the co abeled/placarded	ontents of this cons	% Non-Friable ignment are fully and accura ects in proper condition for the conditio	ately descri transport ac	bed above ccording to	by the proper so applicable inter	hipping name, mational and
g. Operator's Name and Title (Print)	h. Signa	iture		i. Date			
*Operator refers to the company which own renovation operation or both	is, leases, operate	es, controls, or supe	ervises the facility being dem	nolished or	renovated	, or the demolition	on or



5011056

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location:	Charles Company Laboratory		e. Generator's Mailing A	Address:	ant of Tree	nac relation				
Opurade Department of Tran North of 1-70 petween Columb Cenver, OO 80216			g. Phone: Denver, CO a0216 720 GXL 4896							
If owner of the generating facility differs fr	om the generator,	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
5125 1812480	7/90/2019	Ragului RACS	Regulated Ashestos Contaminated Soil 8							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	aged, and is in prop irdous waste subject	er condition for transporta to the Land Disposal Res	ation accordin strictions. I ce	g to applice rtify and w	cable regulations; varrant that the w	AND, if this			
The Howkers on behalf	of aller	AM			10	16 7016	5			
p. Generator Authorized Agent Name (Pri	int) c	ı. Signature		0 10 10						
II. TRANSPORTER (Gene		e lla-h and Trai	nsporter completes II	lc-e)	r. Date					
a. Transporter's Name and Address: E.b. Phone: 3 9911280	SA 67	00 E S	OAVE CA	mm		800				
KH005	1 2	1.122	naa	1	- /	6-18				
c. Driver Name (Print)	d. Sigr		e. Date							
			ination Site completes Illd-g)							
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Ind	tication Spac	e:	2241.00				
deth & Tower Rd										
Commerce City, CO (Accoun	L# 990216 ESA	(1-19 Protect)								
b. I hereby certify that the above named ma	terial has been ac	cented and to the h	est of my knowledge the f	oregoing is to	ne and ac	curate				
Thereby certify that the above fiamed file	Contact has been ac	sopied and to the D	out of my knowledge tile in	orogonig is ti	ao ana ao	Juliu.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date		3333.				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency N	Name and Ad	ldress:	Chart of Disposite D	Delane SA			
BZOO E BOth Avenue				tar admir Cheny Orse		Daoi of Fleath 6 h	Culvina Citia			
Commerces Other FLO #6003	303-991-1	280	Fienville	ar, CC 8024		303-662-310				
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:										
f. Friable Non-Friable Both	% F	riable	% Non-Friable		the state of	a bookle	blasia			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	y declare that the displayed labeled/placarde	contents of this con ed, and are in all res	signment are fully and acc pects in proper condition f	for transport	according	to applicable inte	rnational and			
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date						
*Operator refers to the company which over renovation operation or both	wns, leases, opera	ates, controls, or sup	pervises the facility being of	demolished o	r renovate	d, or the demoliti	on or			



5011057

I. GENERATOR (Generat	or completes	ia-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ument Number			c. Page	1 of			
d. Generator's Name and Location:	onesistica		e. Generator	's Mailing Ad	dress:					
		Personal.			o Departm		eccration			
North of 1-70 between Count					With Assume					
f. Phone: Conver CO 50216	720-976-4	COU	g. Phone:	Denver,	CO 80216		720 920 4656			
If owner of the generating facility differs fr	om the generator	r. provide:	g, t tterio.							
	g	, , , , , , , , , , , , , , , , , , , ,								
h. Owner's Name:			i. Owner's Pl							
j. Waste Profile #	k. Exp. Date		ipping Name an	d		tainers	n. Total	o. Unit		
		Description			No.	Туре	Quantity	Wt/Vol		
		(C)								
			lad Asbestos O	ontaminated	HOL		18			
5126 1812496	7/00/2019	RACS					10	Yorde		
				N						
			T							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mat	erial is not a haz	ardous wast	e as define	d by 40 C	R 261 or any ap	plicable		
state law, has been properly described, cl	assified and pack	caged, and is in pro	per condition for	transportation	n accordin	g to applic	able regulations:	AND if this		
waste is a treatment residue of a previous	ly restricted haza	ardous waste subject	t to the Land Di	sposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has		
been treated in accordance with the requi	rements of 40 Cr	R 268 and is no ior	iger a hazardou	s waste as d	efined by 4	0 CFR 261				
The Interest on bally	4 12 MT	A1730					11112	010		
p. Generator Authorized Agent Name (Pri	nt) c	q. Signature				r. Date	W. I. S. Hard	21.00		
				anlatan IIa	-1	1. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)										
a. Hansporter's Name and Address.	a. Transporter's Name and Address: ### ### ###########################									
	L		100		1	F (-20 m	77		
212 001	= 010						200	C -		
b. Phone: 303 991-	1580									
51-11		John J.				10	16-18			
c. Driver Name (Print)		FANT				10-	16-15			
	d. Sign				e. Date					
III. DESTINATION (Generat	or complete II									
a. Disposal Facility and Site Address:		c. US EPA Nur	mber d. Discre	epancy Indica	ation Space);				
With & Tower Rd										
Commission City, CG (Account	whomas care a	T. W. Camana								
b. Outmission Only, CO propositi	# 680510 LOW	1- Drageou								
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowl	edge the fore	agoing is tru	ie and acc	urate	-		
					3 3					
A control of the cont										
e. Name of Authorized Agent (Print)	f. Signa				g. Date		all'a			
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IV	g-i)						
a. Operator's Name and Address:			c. Responsible	Agency Nar	ne and Add	dress:				
ESA ms				NESHAF	Adama C	olometa D	eot of Health a	Public Sity		
5200 E 60th Avenue					erry Creek					
b. Phone: Commerce City, CO 80022	303-091-13	140	1.00		OC 80246		303-892-3102	i i		
e. Special Handling Instructions and Additi		100000000000000000000000000000000000000	d. Phone:		ar to section the	1000	17 16 16 17 17 16 16 17 17 16 16 17 17 16 16 17 17 17 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17			
o. openial hariding manucions and Additi	onal iniornation.									
<u> </u>										
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				1.4.4.1			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are ful	ly and accura	ately descri	bed above	by the proper sh	nipping name		
and are classified, packaged, marked and	labeled/placarde	d, and are in all res	pects in proper	condition for	transport a	ccording to	applicable intern	national and		
national governmental regulations.					Land Co.		***			
g. Operator's Name and Title (Print)	h Ci	aturo			: D=1-	-				
*Operator refers to the company which ow	h. Sign	tes controls or our	envises the facil	ity hoing do-	i. Date	ropovoted	or the demalists	5.01		
renovation operation or both	no, roados, opera	ico, controls, or sup	ei vises tile idCil	ity being den	iolished of	retiovated	or the demolitio	ii or		



5011025

I. GENERATOR (Generate	or comple	etes la-r	·)						
a. Generator's US EPA ID Number	AND AND AND AND AND AND AND AND AND AND						c. Page	1 of	
d. Generator's Name and Location:	en autoria.			e. Generator's	Mailing Ad	dress:			T
Opporado Department of Trans		Carlotte Process	and in			o Departm		mortagen	
North of 1-70 between Columb						With Avenu			
f. Phone:	1234	820-4860		g. Phone:	Donver,	GO 80218		720-925-188	
If owner of the generating facility differs fr	om the gen	erator, pr	ovide:					***************************************	
h. Owner's Name:			Time con	i. Owner's Pho	ne No.:	J O	Anto		Tarana
j. Waste Profile #	k. Exp. D	ate	Description	pping Name and		No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
			Description			140.	Туре	Quantity	VVU V OI
			Flagulat	ad Asbestos Car	nteminated	light		10	
5125 1812496	7/383/		RACS					1 X	Y syrcles
	75.00		4 9 1 1 1 1					. 0	1 CANCRA
	***************************************				We year				
GENERATOR'S CERTIFICATION: I here	hy certify th	at the ah	ove named mate	rial is not a haza	rdoue waet	e as define	d by 40 Ci	ED 261 or any	applicable
state law, has been properly described, cl.	assified and	d package	ed, and is in property	per condition for t	ransportation	on according	g to applic	able regulation	s AND if this
waste is a treatment residue of a previous	ly restricted	hazardo	us waste subjec	to the Land Disc	oosal Restri	ctions. I ce	rtify and w	arrant that the	waste has
been treated in accordance with the require	rements of	40 CFR 2	68 and is no lon	ger a hazardous	waste as d	efined by 4	0 CFR 26	l	
they provide a small !	Com	-	2				10 11	2012	
p. Generator Authorized Agent Name (Prin	nt)	n Si	ignature				1	HUM	
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address:	Tator con	ipietes i	ia-b and Tra	nsporter comp	pietes lic-	e)			
a. Transporter's Name and Address.	100	SPY	J. Vue	: Il the Cop	-				
P	DO	1100	11	181				Maria Santa	
7/12//////	Bea	10/0		0,					
b. Phone: 303644592	4	-//-	A rt-	41	,	,			
(1811 SAT 10, 105	- /	(11)	11/1	1. Eith		/	0-16	1-18	
c. Driver Name (Print)	0	l. Signatu	re AJ V	MARKE		e. Date	1		
III. DESTINATION (Generate				ation Site com	nletes III		_		
a. Disposal Facility and Site Address:	or compr	oto ma-c	c. US EPA Nur		ancy Indica				
Lower Landin			C. OO LI A NUI	u. Discrep	Jancy Indica	ation Space	7.		
Both & Tower Flor									
Commerce City, CO (Account	# 9902181	ESA / 1- N) Projecti						
b.			A - d d A - 40 - 1						
I hereby certify that the above named mate	eriai nas be	еп ассер	ted and to the b	est of my knowled	dge the fore	egoing is tr	ue and acc	urate.	*****
e. Name of Authorized Agent (Print)	f.	Signature	е			g. Date	10 100		
IV. ASBESTOS (Generator of	completes	s IVa-f	and Operator	complete IVa	-i)				SMARKE
a. Operator's Name and Address:				c. Responsible		me and Ad	drace:	Water Control	
ESA inc				c. responsible /				ect of riesen a	Public Site
8700 E 50th Avenue						erry Oreak			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Parameters Bills (P.O. Strych)	303-9	201-1280				00 80245		303-802-310	9
b. Fliorie.			4	d. Phone:	Se state of	0.000	COLLEGE	STORE MANAGEMENT	MI .
e. Special Handling Instructions and Additional Information:									
f. 🗆 Friable 🔲 Non-Friable 🗀 Both		% Friab	le	% Non-Friable	V 100			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OPERATOR'S CERTIFICATION: I hereby	declare tha	t the cont	tents of this con	signment are fully	and accura	ately descr	bed above	by the proper	shipping name
and are classified, packaged, marked and national governmental regulations.	labeled/pla	carded, a	nd are in all res	pects in proper co	ondition for	transport a	ccording to	applicable inte	ernational and
nauonai governmentai regulations.	To the second	-10-					200000		
g. Operator's Name and Title (Print)	h	. Signatur	re			i. Date			
*Operator refers to the company which own	ns, leases,	operates,	controls, or sup	ervises the facility	y being den	nolished or	renovated	, or the demolit	ion or
renovation operation or both									



5011026

I. GENERATOR (Generato	or comple	etes la-r)							
a. Generator's US EPA ID Number		b.	Manifest Docur	nent Number		c. Page	1 of		
d. Generator's Name and Location:	artirla line			e. Generator's Mailing Ad	dress:	and of the	reportation		
North of 1-79 between Columb Deriver, CO 80215 f. Phone:	ant & Enzy	beth Stres 920-4669	219	3645 E	66th Aven. CC 86215	19	778)-929)-48		
If owner of the generating facility differs from	om the gen	erator, pro	vide:	- South	2				
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Da	ate		ping Name and	m. Con	7.700000	n. Total	o. Unit	
			Description		No.	Туре	Quantity	Wt/Vol	
5126 1812 496	7/30	zana	Raguak RACS	ed Asbestes Contaminated	Ton		18	Yanda	
			A						
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and y restricted	packaged hazardou	d, and is in proper s-waste subject	er condition for transportation to the Land Disposal Restri	n accordin	g to applice tify and w	able regulations	s: AND, if this	
the Greening a world of	(101)		Alba)	er a nazardodo wadio do di	Silited by 4	10	16 7012		
p. Generator Authorized Agent Name (Prin	it)	q. Sig	nature		7	r. Date	75		
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)									
a. Transporter's Name and Address: Bayron Truckin b. Phone: (120) 560	1460	Black	eser 7	rycking		1	1	,	
Estacon Barror		1	But	1m		10/1	6/20	18	
c. Dríver Name (Print)		. Signature			e. Date	- /			
a. Disposal Facility and Site Address:	or comple		-						
a. Disposal Facility and Site Address.	# 9902161		c. US EPA Num	ber d. Discrepancy Indica	ition Space	.:			
b.	aial baa ba		and and to the b						
I hereby certify that the above named mate	mai nas be	en accepte	ed and to the be	st of my knowledge the fore	going is tru	ie and acc	curate.		
o Name of Authorized Asset (Driet)		0:							
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of		Signature	nd Operator	complete IVa iV	g. Date				
a. Operator's Name and Address:	ompletes	o Iva-I al	nd Operator	c. Responsible Agency Nar	ma and Add	draga			
ESA inc 5700 E Sgin Avenue	9001	NA CHANA		NESHAF 4300 Ch	eny Creek	Delerude L Or. South			
b. Phone: Commerce City, CO 80022		181-1280 181-1280		d. Phone:	CO 85246	1930	स्थानको अन्	2	
e. Special Handling Instructions and Addition	onal Inform	ation:							
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare tha labeled/pla	% Friable t the conte carded, an	ents of this cons	% Non-Friable ignment are fully and accura- ects in proper condition for	ately descri transport a	bed above ccording to	by the proper applicable inte	shipping name, ernational and	
g. Operator's Name and Title (Print)	h	Signature			i. Date				
*Operator refers to the company which owr renovation operation or both	is, leases,	operates, o	controls, or supe	ervises the facility being den	nolished or	renovated	, or the demolit	ion or	



5011027

I. GENERATOR (General	or completes	la-r)					
a. Generator's US EPA ID Number	e 1 of						
d. Generator's Name and Location:							
Political habituation of Hab	sportation		e. Generator's Ma	iling Address:	neni of Ter	oppositation .	
horth of 1-70 between Ociumi Denver, CO 80216			3	543 E 49th Ave	IUS	4149/1013/2021	
T. Phone:	720-920-4			Denver, CO 8021		720.920.486	8
If owner of the generating facility differs fr	om the generato	r, provide:	g. r. rione.				
h. Owner's Name:			i. Owner's Phone I	No :			
j. Waste Profile #	k. Exp. Date	I. Waste St	nipping Name and		ontainers	n. Total	T a I limit
		Description		No.	Туре	Quantity	o. Unit Wt/Vol
		Reout	ued Asbestos Contan	tingtori Ind		277)	
5126 1812496	7/30/5919	RACE	The state of the s	WHENCH PURE		1 1 X	
					1000	10	Yards
					1 1	160	
and the Manager of							
							-
GENERATOR'S CERTIFICATION							
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, clawaste is a treatment residue of a previous	by certify that the	above named mat	erial is not a hazardou	s waste as define	ed by 40 CI	R 261 or any ap	plicable
Waste is a treatment residue of a proviously	te manadadada ad la .		ber condition to trails	purtation according	id to applic	able regulations:	AND, if this
# # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ements of 40 CFI	R 268 and is no lor	nger a hazardous wast	e as defined by 4	0 CFR 261	arrant that the wa	aste has
The Property of Market !	(1)	AA			10/1/2	17018	
p. Generator Authorized Agent Name (Prin	t) q.	. Signature			r. Date	771213	
II. TRANSPORTER (General a. Transporter's Name and Address:	ator complete	s lla-b and Tra	nsporter complete	es Ilc-e)			
Transporter's Name and Address;	Serena and a series of					IN HELE	
		1					
b. Phone:	and the same of th	131	1				
Frank H.A	1	27276	/			1346	
c. Driver Name (Print)	d. Signa	10.			-16.	00	
III. DESTINATION (Generato	r complete III	ature	Alon Oit	e. Date			
a. Disposal Facility and Site Address:	Toompiete me	c. US EPA Nun	tion Site complete	es IIId-g)			
dith a Tower Rd		5. 55 El A Null	d. Discrepancy	Indication Space	:		
Commercia Circ. CC (Arennesi 6	GOVERNMENT .	His Champion					
		The same of the sa					
hereby certify that the above named mater	ial has been acco	epted and to the be	est of my knowledge th	e foregoing is tru	e and accu	ırate.	
e. Name of Authorized Agent (Print) V. ASBESTOS (Generator co	f. Signati	ure		g. Date			
V. ASBESTOS (Generator co a. Operator's Name and Address:	impletes IVa-1	f and Operator					
2. Operator's Name and Address:			c. Responsible Agenc	y Name and Add	ress:	70 C C C C C C C C C C C C C C C C C C C	
6700 E 60th Avenue			NE:	SHAP Admin C	Glerade Da	ot of Health & P	ablic Sity
D. Phone: Commercia Oily CO 80022	303-991-129	0	COLUMN TO THE PARTY OF THE PART	ic Charry Creek, wer, QO 80246		nch nomerous	
 Special Handling Instructions and Addition 	nal Information:		d. Phone:	IVOLUCIO CUERC	ug(/	300-697-3167	
☐ Friable ☐ Non-Friable ☐ Both	% Fria	able	% Non-Friable				
PERATOR'S CERTIFICATION: Lhoroby de	alone that the	1 1 1111		Ccurately describ	ed abovo h	w the proper of	
nd are classified, packaged, marked and lat ational governmental regulations.	peled/placarded,	and are in all respond	ects in proper condition	for transport acc	cording to a	applicable interna	tional and
. Operator's Name and Title (Print)	- -						
Operator refers to the company which owns, enovation operation or both	h. Signatu	ure s. controls or supp	niege the feetile.	i. Date			
enovation operation or both	-, -, -, -, -, -, -, -, -, -, -, -, -, -	-, controls, or supe	wises the racility being	aemolished or re	enovated, o	r the demolition of	or



5011028

I. GENERATOR (Generati	or completes	a-r)	The same of the sa					
a. Generator's US EPA ID Number	A	b. Manifest Docur						
d. Generator's Name and Location:	an american		e. Generator's Mailing Address:					
		No.				raportation		
Harth of 1-70 between Column				45th Airent		STRUCKS LANGUAGE		
f. Phone:	720-920-4	thiti	g. Phone:	CC 80210		720-920-4666		
If owner of the generating facility differs fr	rom the generator	, provide:						
h. Owner's Name:	T:		i. Owner's Phone No.:	1 0			1 11 11	
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol	
		Description		NO.	туре	Quartity	VVVV01	
		Requiate	nd Asbestos Confirminated	Soil		10		
5126 1812498	7/30/2018					18	Yards	
0.121/ 10.12.700	17 STR402 140	10,000					1.000%	
	3							
					:			
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							11-11	
state law, has been properly described, c	eby certify that the	above named mate	rial is not a nazardous wast	e as define	a to applic	rable regulations:	AND if this	
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	ste has	
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 26	1.	oto mao	
		10	N.Z.		12/1			
Also Structup in labolitic 11007						D110 17 017		
p. Generator Authorized Agent Name (Pri		ı. Signature			r. Date			
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tran	sporter completes lic-	e)	- 9-5)7		
a. Transporter's Name and Address:	D 50	THAVE	Comeiny	000	SOF	120		
E24 6.100	ا حما حا ، مید							
5011	-							
b. Phone: 303 99/ 13	280		1				_	
Downi3 Campo	all	1	- 0010	10	-1	1-17	>	
	EII TE	much	any tre	10	/	0 10		
c. Driver Name (Print)	d. Sigr	nature		e. Date				
III. DESTINATION (General	tor complete II	la-c and Destina	ation Site completes III	d-g)				
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	9 :			
A DAVIA CALLERSON								
86th & Tower Rd		The second second						
b. Commerce City, CO (Accoun	IN ENDATE COAL	it in tablects						
I hereby certify that the above named mat	erial has been ac	cented and to the he	est of my knowledge the fore	anina is tra	ue and acc	rurate		
Thoropy detaily that the above harried man	CHAI HAO DOON GO	ocpica and to the be	of or my knowledge the fore	July 13 th	ac and act	Jurate.		
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:		T	c. Responsible Agency Na	me and Ad	dress:			
ESA Inc			NESHA	Admin: 1	Doranada (Jeca of Health 6	Public Sity	
67(t) E 50th Avenue			4900 Oh	eny Green	Or South			
Commerce City, CO 80022 303-991-1280 Denver, CC 80246-1590 363-802-3102								
b. Phone: e. Special Handling Instructions and Addit	tional Information:		d. Phone:		- Carrier			
e. Opecial Hariding Matactions and Addit	nonai momation.							
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable	100 m. 200 m.	20 10 100			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accur	ately descr	ibed above	e by the proper sh	nipping name	
and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international				national and				
national governmental regulations.								
g. Operator's Name and Title (Print)	h. Sign	ature	1	i. Date				
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or sup	ervises the facility being den		renovated	l, or the demolition	n or	
renovation operation or both								



5011029

I. GENERATOR (General	or completes	ia-r)					
a. Generator's US EPA ID Number		b. Manifest Docu					
d. Generator's Name and Location:	srunitation.		e. Generator's Mailing Ad	ddress:	nes of Tax	PARTITION AND A	
Plants of 1-70 between Columb		Steware		io Deparent		воспанов	
Denver, CO 80036	720.92(LA			46th Avenu		201 400 400	
f. Phone:	1.00 8001-0	09;	g. Phone:	CO 80218		720 (22) 4530	
If owner of the generating facility differs fr	om the generator	r, provide:					
h. Oursels Name							
h. Owner's Name:	ti Eur Data	L Marta Chi	i. Owner's Phone No.:	T Ca-	Animone		
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
		Description		140.	туре	Quantity	VVU V OI
		Requie	ad Aspestos Contaminated	ร์ ไซรเรี			
6126 1812498	7/30/2019					18	Yards
V 1950 1011 C-0450	1707.000.10	173-1040				10	Tome
				:			
	10.						
						8	
CENEDATORIS CERTIFICATION, I been	h						L
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the	above named mate	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any ap	plicable
waste is a treatment residue of a previous	ly restricted haza	rdous waste subjec	t to the Land Disposal Restr	rictions I ce	rtify and w	acie regulations,	ete hae
been treated in accordance with the requir	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as o	defined by 4	0 CFR 26	1.	1510 1185
All to the series of the later					11.1	117019	1012
· 其是 /4(10)指数 /					101	011018	
CONTROL OF THE PROPERTY OF THE	p. Generator Authorized Agent Name (Print) q. Signature				r. Date		
II. TRANSPORTER (Gener	rator complete	es Ila-b and Tra	nsporter completes lic	-e)		1	
a. Transporter's Name and Address:	1000	Danti. &	£		1	14 4 4	
AMC TIVEKING	4775)	15 17 TVA)	17				
600 60	161	12					
b. Phone: 77 () 760 51	70	and the same of th	1/				
10 5 01 120101	6 1	. 1	10 1	1	16	11 18	
11/1/2011/196/14/16	IV!				10-1	6-10	
c. Driver Name (Print)	d. Sigr			e. Date			
III. DESTINATION (Generate	or complete II	la-c and Destina	ation Site completes II	ld-g)			
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	ation Space	e:		-
ORGE TAMESTA							
adth a Tower Rd	S. CHARLES IN STREET	and the second					
b. Commente Ony, CO (Account	FUNDAME TOWN	1- U Hrojecu					
I hereby certify that the above named mate	erial has been ac	cented and to the b	est of my knowledge the for	egoing is tr	ie and acc	virate	-
The state of the s			or or my knowledge the for	Jones is the	ao ana ao	andlo.	
CANCEL CO.							
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:	- Vilvingue		c. Responsible Agency Na	me and Add	dress:		- 10
ESA inc						ept of Health & f	Public Sity
87.9 E 50th Avenue				erry Creek			
b. Phone: Commerce Oily, 00 80022	303.091-12	397)	Position	CO 80216		303-662-3102	
b. Fione.			d. Phone:	00 40200	PSOCIE	COL GOLLE TO A	
o. Openiar randing instructions and Additi	e. Special Handling Instructions and Additional Information:						
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping nar				ipping name			
and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and					ational and		
national governmental regulations.	ational governmental regulations.						
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			
*Operator refers to the company which own	ns, leases, opera	tes, controls, or sun	ervises the facility being der	molished or	renovated	or the demolition	n or
renovation operation or both	, ., ., .,	,	and the same of th		. 5.10 74104	, or the demontor	. 3.



5011030

I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number	4	b. Manifest Docur	ocument Number c. Page 1 of					
d. Generator's Name and Location:	SECTION AND A		e. Generator's Mailing Ad	dress:	ans of Test	nsportation		
Harm of 1-70 batween Columb		(errodrén,		46in Avent		ISDOHOMA!		
Danyar, 0G 60216	720-905-49		Demier	CG 80218		720-920-466	9	
f. Phone: If owner of the generating facility differs fr	om the generator	provide:	g. Phone:					
	om the generator,	provide.						
h. Owner's Name: i. Waste Profile #	Ir Euro Dete	I Waste Chin	i. Owner's Phone No.: ping Name and	m. Con	toinoro	- Total	T = 1.1m26	
J. Waste Frome #	k. Exp. Date	Description	ping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol	
		m				107		
5126 1512495	7/50/2019	ROAS	so Aspestos Contaminated	DQII		\\\\\\	i de la companya de l	
COSE INTERES	CACKE O LE	10003					Yours	
				-			-	
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any a	pplicable	
state law, has been properly described, cl waste is a treatment residue of a previous	assified and packa	aged, and is in proper	er condition for transportation	on accordin	g to applic	able regulations	; AND, if this	
been treated in accordance with the requir	rements of 40 CFF	R 268 and is no long	jer a hazardous waste as d	efined by 4	O CFR 26	arrant that the w 1.	aste nas	
THE YEAR ON A ME BOOK	14 / 180		W.		101	16 Poil		
p. Generator Authorized Agent Name (Prin	nt) a.	Signature			r. Date	10 110		
II. TRANSPORTER (Gene			sporter completes IIc-	e)	T. Buto			
a. Transporter's Name and Address:	and the same of th			-/				
man a	1	177	and the same of th					
1 5	9 9 1	-1-1						
b. Phone:								
and the state of t	7	growing weight fight model and completely and compl	(The second	11	5/1/	151	
c. Driver Name (Print)	d. Signa			e. Date	10	1101	10	
III. DESTINATION (Generat	or complete III					-		
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	i.			
88th & Towar Rd			Y					
Commerce City, CO (Account	# 990216 ESA / 1	I-10 Project)						
I hereby certify that the above named mate	erial has been acc	epted and to the be	st of my knowledge the fore	egoing is tru	e and acc	curate.	-	
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date				
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)	- Maria - a sa sa sa sa sa sa sa sa sa sa sa sa s				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	dress:			
570) £ 50th Avenue						beot of Health &	Public Sity	
Considering Oil., CO BOSSS	303-991-12	E/Y		erry Creek CO 80246) 303-862-3100		
D. Phone:			d. Phone:	WW GOZAN	1900	000-000 0 100	4	
e. Special Handling Instructions and Additi	onar miormation:	À.						
f	0/ 5-1	abla	0/ 11 - 5-1-11					
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	% Fri	ontents of this consi	% Non-Friable ignment are fully and accura	ately descri	bed above	by the proper s	hipping name	
and are classified, packaged, marked and	labeled/placarded	, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inter	mational and	
national governmental regulations.				10:00				
g. Operator's Name and Title (Print)	h. Signa	iture		i. Date	. 10 1000			
*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or supe	ervises the facility being den	notished or	renovated	, or the demolition	on or	



5011031

I. GENERATOR (Generate	or completes						
a. Generator's US EPA ID Number		b. Manifest Docu	cument Number c. Page 1 of				
d. Generator's Name and Location:	on hetelessy.		e. Generator's Mailing Address:				
Fronth of 470 preimeen Columb		Sinania		48th Aven		nacionalia (i	
Denver CC 80218	720-920-4		Decem	r, CO 80216		720-820-489	gn-
f. Phone: If owner of the generating facility differs fr			g. Phone:				
if owner of the generating facility differs in	om the generator	, provide:					
h. Owner's Name:	r	T. W B.	i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
					1,750		
			ed Aanestos Contaminate	id Holl		10	
5176 1812466	7/30/3018	RAGS				(8)	Yards
				1			
CENEDATOD'S CEDTIFICATIONIA I have	his nortific that the		ufal ta and a bassardana ma	-A	1 40 0	ED 004	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the assified and pack	above named mate (aged, and is in prop	enaris not a nazardous was per condition for transporta	ste as define tion accordir	ed by 40 C	cable regulation	applicable is: AND. if this
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Res	trictions. I ce	ertify and w	varrant that the	waste has
been treated in accordance with the requir	rements of 40 CF	R 268 and is no long	ger a hazardous waste as	defined by 4	100	. /	
Me Hook coup to seport of	1001	1/1/			104	6/70/7	
p. Generator Authorized Agent Name (Prin		ı. Signature			r. Date		
II. TRANSPORTER (Gener	rator complete	es Ila-b and Trar	nsporter completes lic	c-e)			
a. Transporter's Name and Address:	MC-T	ruckym,	4875 B	1/02	5-10	077000	007 7
			Sec. 1	,			
b. Phone:		7					
A: I A/I	111	1010	seemed C	1	A 1	6 10	
c. Driver Name (Print)	d. Sign		and C	e. Date	9- (1	6-18	
III. DESTINATION (Generat			ation Site completes		e		
a. Disposal Facility and Site Address:	or complete ii	c. US EPA Num		0/	۵.		
TOWAR CENTRE		o. oo El Alton	d. Discrepancy man	oation opac	.		
duth a lower Nd	A CANCELLO CON A	1 M. Panagarah					
b. Commerce Ony, CO (Account	W PROFILE CONT.	F-U FTO(eUt)					
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fo	regoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)				11 1100
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	dress:		
DIA inc						Jeor of Fleaith	a Public Str.
6700 is 50th Avenue	Balanta an	ocn.		herry Creek			240
b. Phone: Commerce City, CC 5/022	306-391-12		d. Phone:	r, CO 80240	HOLES	500-892-015	12
e. Special Handling Instructions and Additi	onal Information:						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable	restalu dese	ibod abarr	o bu the sees	chinning
and are classified, packaged, marked and	labeled/placarde	d, and are in all rest	pects in proper condition fo	or transport a	iccording t	e by the proper o applicable int	ernational and
national governmental regulations.				,		, ,	
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		-	
*Operator refers to the company which own	ns, leases, opera	tes, controls, or sup-	ervises the facility being de	emolished or	renovated	d, or the demoli	tion or
renovation operation or both							



5011032

I. GENERATOR (Generato	r completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of		
d. Generator's Name and Location:	madalaa		e. Generator's Mailing Ad	dress:				
Operado Deparament of Trans North of 1-70 between Columb		(length)	Odbrado Department of Transportation 3643 E 48th Avenue					
Demor 20 sapta	720.920 4		Denvise	CO 80216		720-920-48	185	
f. Phone:			g. Phone:	WWW. STATE IN		140,440,000	1002	
If owner of the generating facility differs from	m the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor	tainers	n. Total	o. Unit	
	-	Description		INO.	Туре	Quantity	Wt/Vol	
		Ragulau	ad Asbestos Contaminated	Soil		10		
5128 1812495	2200120119	RACS				18	Yards	
							-	
GENERATOR'S CERTIFICATION: I hereb	y certify that the	above named mater	rial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any	applicable	
state law, has been properly described, cla waste is a treatment residue of a previously	y restricted hazar	dous waste subject	to the Land Disposal Restri	ctions. Lee	rtify and w	arrant that the	is; AND, if this	
been treated in accordance with the require	ements of 40 CFF	R 268 and is no long	er a hazardous waste as d	efined by 4	0 CFR 26	1.	waste nas	
HIS JARRETT PER MERY	21 (12)	-0				011/170		
p. Generator Authorized Agent Name (Prin	t) q.	Signature			r. Date	MIC IC-		
II. TRANSPORTER (General	ator complete:	s lla-b and Tran	sporter completes lic-	e)			Total Property	
a. Transporter's Name and Address:					AL STATE			
b. Phone:								
Ken, as to	CFA	1134	e runter	10	1	1	\$	
c. Driver Name (Print)	d. Signa			e. Date				
III. DESTINATION (Generate	or complete Illa	a-c and Destina	tion Site completes III	d-g)		2.0 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×		
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	:			
both & Tower Rd								
Commerce City, CO (Account)	FORDZIO ESA / I	- Tu Projecti						
b. I hereby certify that the above named mate	rial has been ass	onted and to the he	et of multipourlant at the form					
Thereby deraily that the above harned mate	nai nas been acc	epied and to the be	st of my knowledge the fore	egoing is tru	ie and acc	curate.		
a Name of A. H. C. LA. (1919)		-470000V19						
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator co	f. Signat		1 1 0 1 0	g. Date				
	ompietes iva-							
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Add	Iress:	epit of Health	R. Cracks St.	
6700 E 90th Avenue				erry Creek			ex a dione state	
b. Phone: Commerce City, CO 80022	303-591-129	90	Darrense	CO 81948		303-692-516	12	
e. Special Handling Instructions and Addition	nal Information:		d. Phone:			199		
							Target 1	
f. Friable Non-Friable Both	% Fri	able	9/ Non Erichle		200		a Nies	
OPERATOR'S CERTIFICATION: I hereby of	leclare that the co	ontents of this consi	% Non-Friable gnment are fully and accura	tely descri	hed above	by the proper	shinning name	
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					ernational and			
national governmental regulations.	1						0.52/252	
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	ture		i. Date				
"I Ingrator return to the semenant which are	- 11-							



5011033

 GENERATOR (Generate 	or completes la	i-r)								
a. Generator's US EPA ID Number	a. Generator's US EPA ID Number b. Manifes				Document Number c. Page 1 of					
d. Generator's Name and Location:	aridadi.		e. Generator's Mailing A	\ddress:	and the Trans					
Uniosao Dopartirent di Irana		man in		rio Departme		Spentagen				
North of L70 between Columb Derner, CG 80216 f. Phone:	720-920-45			2 46th Avenu 8, CO 60218		720-920-499	3			
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:	A		i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
5126 1812496	7790/2019	Regulate RACS	ed Astrontos Contaminate	nd Joli		18	Yiands.			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	iged, and is in prop dous waste subject	er condition for transporta to the Land Disposal Res	ation accordin strictions. I ce	g to application of the state o	able regulations arrant that the v	; AND, if this			
The state of the second	C Crops				1	16/2012				
p. Generator Authorized Agent Name (Pri		Signature			r. Date					
II. TRANSPORTER (Gene	rator completes	s lla-b and Tran	sporter completes II	c-e)						
a. Transporter's Name and Address: E. b. Phone: 3 99 12 80	SA 67	00 E 50	Ave com	merce	C	80	550			
K+1005	1/2	5-12-		10	-16	1-18				
c. Driver Name (Print)	d. Signa	ature		e. Date			700000000000000000000000000000000000000			
III. DESTINATION (Generat	or complete Illa	a-c and Destina	ation Site completes	IIId-g)						
a. Disposal Facility and Site Address:		c. US EPA Num			e:					
CAN LEGAN										
b. Bitth & Tower R3 Commence City, GG (Account	# 990216 634 / 1	10 Project)								
I hereby certify that the above named mat	erial has been acc	epted and to the be	est of my knowledge the f	oregoing is tr	ue and ac	curate.	701005			
e. Name of Authorized Agent (Print)	f. Signat			g. Date						
IV. ASBESTOS (Generator	completes IVa-	f and Operator	complete IVg-i)							
a. Operator's Name and Address: LSA Inc 6700 E 60th Avenue D. Bhase: Commerce City, CO 60022	303-961-17		4300 t	Name and Ad (AP Admin) A Cherry Creek y, CO 80248	Calareda i Dr. Saut	0e54 of Health 8 1 303-862-010				
D. Fliotie.		W.V	d. Phone:	e, and annum	1947	AND ASSESSED.	**			
e. Special Handling Instructions and Addit	tional information:									
f. ☐ Friable ☐ Non-Friable ☐ Both			% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the call labeled/placarded	ontents of this cons I, and are in all resp	signment are fully and accordition for the sign of the	curately descr for transport a	ribed abov according t	e by the proper of applicable inte	shipping name, ernational and			
						- UNIV				
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or sup	ervises the facility being o	lemolished or	renovate	d, or the demolit	on or			



5011034

I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	st Document Number c. Page 1 of					
d. Generator's Name and Location:	encacies	W CONTRACTOR PROGRAM	e. Generator's Mailing Ad	ddress:	and after	nentwinting	-	
North of 1-70 between Column		Stroots	Colorida Department of Transportation 3543 E 46th Avenue					
Dienver CO (O210	720.620.49		Diamer	, CO 80216		730-50 466	16	
f. Phone: If owner of the generating facility differs fr			g. Phone:					
If owner of the generating facility differs in	om the generator,	, provide.						
h. Owner's Name:		1 1 141 1 011	i. Owner's Phone No.:	J O	-4-1		1-1-1	
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol	
					177			
			ea Asbasios Contaminata	i Bell		18		
5129 1312496	7.56(20 / 8	RAGS				1 ()	Ymxis	
The second secon								
CENEDATORIO CERTIFICATIONI, I bassa	h		datta aut a bananda	An an define	 	FD 004		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	lassified and pack	aged, and is in prop	er condition for transportati	on accordir	ng to applic	cable regulation	s; AND, if this	
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Rest	rictions. I ce	ertify and w	varrant that the	waste has	
been treated in accordance with the requi		R 268 and is no long	ger a hazardous waste as o	defined by 4			100	
White December to the 19					10	116 1201	6	
p. Generator Authorized Agent Name (Pri	And the second s	. Signature			r. Date			
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tran	nsporter completes lic	-e)				
a. Transporter's Name and Address:		25m	6700 = 5	(2)	1 mg	COMW	142640	
· to						520	250	
b. Phone: 303 991	- 1280					80	000	
		of man	- American	1	1 1	11-18	,	
Steven mac		I downward	7		10=	16-18		
c. Driver Name (Print) III. DESTINATION (General	d. Sign		tion Cito completes II	e. Date			and the second	
a. Disposal Facility and Site Address:	tor complete iii	c. US EPA Num			0,		See See See See See See See See See See	
TOWN TRANSMI		C. OS EFA NUII	u. Discrepancy muk	Jation Spac	С.			
both is Tower Fed	, a restracted to the	42-94						
b. Commerce City, CC (Accoun	FIF SANUE TO LICEA!	H-C F-LOSecti						
I hereby certify that the above named mat	terial has been ac	cepted and to the be	est of my knowledge the for	regoing is to	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator			complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ldress:			
ESA Inc			NESH (A	P Admin	Colorado	Dest of Heath	a Public Sity	
9740 £ 50th Avenue Commerce City, 00 80822	303-861-17	300		harry Cree CO 8024		n (4)3-892-84	19	
D. Phone:			d. Phone:	, una ducer	1-1000	000-000-004	26.	
e. Special Handling Instructions and Addit	tional Information:							
f. Friable Non-Friable Both	% F	riable	% Non-Friable		D			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the declared	contents of this cons	signment are fully and accu	rately desc	ribed abov	e by the proper	shipping name	
national governmental regulations.	pidoui doi	-, -, -, -, -, -, -, -, -, -, -, -, -, -		Janoport		арриосью ин	on another and	
g. Operator's Name and Title (Print)	Operator's Name and Title (Print) h. Signature i. Date							
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or sup-	ervises the facility being de		r renovated	d, or the demolit	tion or	
renovation operation or both								



5011035

 GENERATOR (Generate 	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docui	ument Number c. Page 1 of					
d. Generator's Name and Location:	and spinister on an		e. Generator's Mailing Ad	ldress:	and the Land			
Horin of 1-70 between Columb		Finance	Guidrado Department of Transportation 3543 E 46th Avenue					
Dermet 0.0 20219	720-920-46		Disposit	CO 80216		720-920-469	la	
r. Phone:		(*)	g. Phone:	Sour Over the		E ALON SING UPTONS		
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
		Redulati	ed Astrestos Contaminated	Soil		1 / 4		
5128 1812496	7/20/2019	RACS				18	Yards	
· · · · · · · · · · · · · · · · · · ·						- 1		
7								
				}				
	***************************************	-					-	
GENERATOR'S CERTIFICATION: I hereb	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 C	FR 261 or any	applicable	
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transportation	on accordin	g to applic	able regulation	s: AND, if this	
waste is a treatment residue of a previousl been treated in accordance with the requir	y restricted nazar ements of 40 CFF	dous waste subject R 268 and is no ion	to the Land Disposal Restr der a hazardous waste as d	ictions. I ce lefined by 4	rtify and w 0 CFR 26	arrant that the	waste has	
		fan.	gor a mazardodo madio do a	omiod by 1	/3/		- 111	
- A the shall be a fall of the shall be a fal	17.61	O'- 1			1 24 /	19 13018		
p. Generator Authorized Agent Name (Prin		. Signature		. \	r. Date			
II. TRANSPORTER (Gener a. Transporter's Name and Address:	ator complete	s lia-b and I rar	isporter completes lic	-e)			10	
a. Transporter's Name and Address.	9059	TY461.	1.9					
	ROM	u soft of	0					
b. Phone: 303 6 44 CA7	14	//	11					
(1)	0 1	1,50	11/11/11	Γ,	4	110		
LUVIS / Rule	1 /0/	MAD D	Mul Old	-/	0/1	6-18		
c. Driver Name (Print) III. DESTINATION (Generate	d Signa		Aire Oite essentates II	e. Date				
	or complete ill							
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space	e:			
each & Tower Ro								
Commerce City, CO (Account	# 980216 ESA / I	I- U (Troject)						
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date				
IV. ASBESTOS (Generator of			complete IVa-iV	y. Date				
a. Operator's Name and Address:	ompietes iva-	- and Operator		me and Ad	denna			
LSA Inc			c. Responsible Agency Na	PAdmin 4	lomado (ept of Health	Public 5th	
8700 E 50th Avenue				erry Creek				
b. Phone: Continerce Oily, CO 80092	303-991-12	89	d. Phone: Denver,	CO 20246	1635	303-892-310	12	
e. Special Handling Instructions and Addition	onal Information:		d. Frioric.					
f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accur	rately descr	ibed abov	e by the proper	shipping name	
and are classified, packaged, marked and	l, and are in all resp	ects in proper condition for	transport a	ccording t	o applicable int	ernational and		
national governmental regulations.	· · · · · · · · · · · · · · · · · · ·							
							20000	
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date				
*Operator refers to the company which own renovation operation or both	is, leases, operati	es, controls, or sup	ervises the facility being der	molished or	renovated	i, or the demoli	tion or	



5011036

I. GENERATOR (Generate	or completes	ia-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:	-		-
Colorado Department of Fran	spanation		Colore	de Departm	ant of Tra	neportation	
htorin of I-70 petween Column			1	45th Avenu			
f. Phone: Dativer, GO 80216	720-920-4	1666	a Phone: Denver	CO 50218		720-520-456	8
If owner of the generating facility differs fr	om the generates	r provido:	g. Phone:		EACTOR IN SEC.		-
in owner or the generating facility differs it	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.;				
j. Waste Profile #	k. Exp. Date	I. Waste Shi	pping Name and	_ m. Cor	ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Regula	ted Asbestos Contaminate	d Soll		18	
与128 1612至6	7/80/2016	RACS		1		10	Yards
			DEED TO SANTAGE	-	A	-	
						6	
	3122		111200				
GENERATOR'S CERTIFICATION: I here	by cortify that the	s above pamed met	orial is not a bozordous was	to an define	d by 40 C	FD 064	malia ab la
state law, has been properly described, cl	assified and nach	caned and is in pro	enal is not a nazardous was	ice as cenne	a to applic	rk 201 or any a	pplicable
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	t to the Land Disposal Rest	rictions. I ce	rtify and w	arrant that the w	vaste has
been treated in accordance with the require	rements of 40 CF	R 268 and is no lor	iger a hazardous waste as o	defined by 4	0 CFR 26	1.	14010 1140
Man area has the are main I	1 1 1 1 1 1 1	- 11			1 1 7	11/17/19	,
NOW THE RESIDENCE TO SERVICE	1 (1.0)	102			The S	IN ICCI.	
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date	2-160	
II. TRANSPORTER (General	rator complete	es Ila-b and Tra	nsporter completes lic	:-e)			
a. Transporter's Name and Address:	10	1	imme I o			124534244444	
Tourson Trucky	19/B	InDSD1 -	Trucking				
Denior Hocks	sh/ I	KIEDE	13 CKINI				
b. Phone: (720) 500 - 49	86	· ·	1 10 0		1		
* 41		En 11	19 700	7	1111	1011	
Esteban Barrol	1	my)	1 John	1 6	1110	1.601	
c. Driver Name (Print)	d. Sigr	nature		e. Date	1	1	Samuel Company
III. DESTINATION (Generat	or complete I	lla-c and Destin	ation Site completes II	lld-a)			
a. Disposal Facility and Site Address:		c. US EPA Nur		- 0,			
COWER CARRONS		C. CO LI A INGI	d. Discrepancy maic	ation opace	,.		
doth & Towar Rd							
Commerce Oity, CO (Account	# 990216 ESA	1-10 Project)	1				
b.						-0.	
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the for	regoing is tru	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
			complete IV/s iV	I g. Date			-
	Joinpietes iva	a-i and Operator					1101
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	dress:	Name of Classics II	
6700 E 50th Avenue						Jept of Haalth a	LADIC DUA
	000 004 C	MAN		harry Creek			
b. Phone: Cummerse City, CO 80022	303-991-13	200	d. Phone:	,00 80246	1520	363-592-310	
e. Special Handling Instructions and Additi	ional Information:					7.00	

f. Friable Non-Friable Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accu	rately descri	bed above	by the proper s	shipping name
and are classified, packaged, marked and national governmental regulations.	iabeled/placarde	u, and are in all res	pects in proper condition for	transport a	ccording to	applicable inte	rnational and
	2000 2000 2000						
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			~
*Operator refers to the company which ow	ns, leases, opera	ites, controls, or sup	pervises the facility being de	molished or	renovated	, or the demolitie	on or
renovation operation or both				De			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\overline{\text{MOT}}$ asbestos waste, complete Sections I, II and III

SOLLOST

JO	or the demolition	,betevone	olished or	s the facility being dem	esivie	ontrols, or sup	rates, co	edo 'ses	us' jesa	y which ow	s to the compan	"Operator refer
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CENERATOR'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 presented hazardous waste based each 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 based to the Land Disposal Restrictions. Learning and the waste has been transported with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. 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 proviously restricted hazardous waste based to the Land Disposal Restrictions. Learning and the waste has been received with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. In the propert of the properties of th	a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of							
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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		ional Information:		d. i floric.				
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I. GENERATOR (Generat	or completes i	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location:	en adalan		e. Generator's Mailing Ad	dress:			
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Danier, CO 80216	720-920-46			48th Avenu CO 80218		The new see	
f. Phone:	(all halo halo	KRI	g. Phone:	UU GUZ FU		720 920 466	
If owner of the generating facility differs fr	om the generator,	provide:					
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GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	ial is not a hazardous wast	e as define	d by 40 CI	R 261 or any a	policable
state law, has been properly described, cl	assified and packa	aged, and is in prope	er condition for transportation	on accordin	g to applic	able regulations	: AND, if this
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has
been treated in accordance with the requi	rements of 40 CFI	268 and is no long	er a hazardous waste as de	efined by 4	0 CFR 261		
After Hearthan of Lastroit	d (101)	NO.			10	116 761	7
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes lic-	e)		And I to	
a. Transporter's Name and Address:	M - 10	IV- AF	LOC DONT	tt A 4		*	
	1116	(LIN 5)	4857 0111				
720 CAC	2111		1				
b. Phone: 1 LU 760, 7	110	1	1				
/VICUEL COTION	not de la		11/1		11.1	1.15	
c. Driver Name (Print)	d. Signa	1	//	D. (101	010	
			tion Oite consulator III	e. Date	152333		-11111
	or complete III		The state of the s				
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space):		
Britis & Tower Fla							
Commerce City, CO (Account	# 990216 ESA / I	- O Projecti					
b.	ariat has been see		4 6 1 4 4 4 6				
I hereby certify that the above named mat	enai nas been acc	septed and to the be	st of my knowledge the fore	egoing is tro	Je and acc	urate.	
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	100000000000000000000000000000000000000		
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	dress:		
ESA Inc			NESHAF	Admin: C	diprado D	ept of Health &	Public Sity
67(10 E 50th Avenue				erry Creek.			
b. Phone: Commerce City, GC 60022	303-991-12	80	d. Phone: Denver,	00 50246	1530	303-502-3160	2
e. Special Handling Instructions and Addit	ional Information:						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iahle	% Non-Friable			- Sant -	
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this consi	gnment are fully and accura	ately descri	bed above	by the proper s	hipping name
and are classified, packaged, marked and	labeled/placarded	, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inte	mational and
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	rvises the facility being den	nolished or	renovated	, or the demolitie	on or
renovation operation or both							



5011040

I. GENERATOR (Generate	or completes I	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:	un malakkan		e. Generator's Mailing Ad	dress:	4.0		
Noticidado Department di Francisco del Franc		Sounds		o Decaran		ECONARION	
Denver, CO 20216			1	46th Avers		200 0/0 100	
f. Phone:	720-920-4	J223	g. Phone:	CO 90316		720-930-488	<u> </u>
If owner of the generating facility differs from	om the generator,	, provide:					
h Owneda Name							
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Wasta Chie	i. Owner's Phone No.:	m. Con	tainara	- T-4-1	1 - 11 - 11
J. Waste Frome #	k. ⊏xp. Date	Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
	777.7		184-11-14-14-14-14-14-14-14-14-14-14-14-14		.,,,,,	quantity	774701
		Ragulat	ed Asbastos Contaminated	Boil		18	
6126 1812496	7/80/2019	HACS				10	Yards
				1 1			
2.44							
TYA.		2000					
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 Cl	R 261 or any a	pplicable
state law, has been properly described, clawaste is a treatment residue of a previous	assified and pack	aged, and is in prop	per condition for transportation	n according	g to applic	able regulations	; AND, if this
been treated in accordance with the requir	ements of 40 CFI	R 268 and is no lon	ger a hazardous waste as de	efined by 40	0 CFR 261		aste nas
	-	100			1 1	1 /	
the Marine a till		-30			101	10 10015	
p. Generator Authorized Agent Name (Prin	nt) q	. Signature			r. Date		
II. TRANSPORTER (Gener	rator complete	s Ila-b and Trai	nsporter completes lic-	e)			
II. TRANSPORTER (General a. Transporter's Name and Address:	MI - TOUC	KING L	10.35 Ben/	U79 5 1	Ben 1	10 000	. 7
***		~	70-5	3			
b. Phone:							
Albert Mock	01	Iber 1	Maria	1	12-1	6-2018	×
c. Driver Name (Print)	d. Sign		7005	e. Date	U	0 0 0 0 0	
III. DESTINATION (Generate			tion City completes III.				
a. Disposal Facility and Site Address:	or complete iii					THE	
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	1.		
con a Tower ka							
Commence City, OC (Account	# 950216 ESA	1-10 Phoject;					- 1
b.	riel has been see	and and to the h	- A - 6 1 1 - 4 - 6 - 6				
I hereby certify that the above named mate	enai nas been acc	cepted and to the bi	est of my knowledge the fore	egoing is tru	ie and acc	urate.	
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date			
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:	7		c. Responsible Agency Nar	ne and Add	dress:	1000	
ESA Inc			\$4E3114	Admin: 0	delonado E	less of Health &	Public Sfty
6700 E 50th Avenue				erry Grask			
b. Phone: Commerce City, CO 90022	309-991-12	180	d. Phone: Denvor,	QQ 80246	1539	303-892-3100	1
e. Special Handling Instructions and Additi	onal Information:		d. T Hono.	-			
f □ Erichle □ Non Erichle □ Deth	0/ 5-	table.	0/ 14 5 14				
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	% Fr	contents of this con-	% Non-Friable	atoly doss-	had above	by the areas	hinning name
and are classified, packaged, marked and	labeled/placarded	i, and are in all resr	pects in proper condition for	transport a	cording to	applicable into	mational and
national governmental regulations.			p. sper certainon for				anonar and
				AEN			
a Operator's Name and Title (Drint)	h 01	-time					
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	tes controls or sup-	ervises the facility being don	i. Date	renovated	or the demolish	on or
renovation operation or both	io, icases, operat	ios, controls, or sup	or vises the lacility being defi	ionshed of	Denovated	, or the demolitic	וו סו
		The second secon	1/15-1				-



5011041

I. GENERATOR (Generate	or completes	ia-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:		*	e. Generator's Mailing Ad	dress:	Con Company				
Gelarado Lepenment or Fran				Departme		sportation			
hiorth of 1-70 between Ociumb				18th Avenu					
f. Phone: Denvet, 90 80216	720-920-4	BOW	g. Phone:	00 90519		720 920-400	ii .		
If owner of the generating facility differs fr	om the generato	r. provide:	9			****			
	•								
h. Owner's Name:	r	1	i. Owner's Phone No.:	1					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Con		n. Total Quantity	o. Unit Wt/Vol		
		Description		140.	Туре	Quality	VVU VOI		
		Remiter	ed Asbestes Contaminated	Enl		crV			
5120 1812408	7/5/0/2019					18	Yeards		
20120 11112-400	. UGE EUTE	11/3/20				. 0	1 CHASE		
0									
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	rial is not a hazardous wast	e as define	d by 40 Cl	R 261 or any a	pplicable		
state law, has been properly described, cl	lassified and pac	kaged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations	; AND, if this		
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the v	vaste has		
been treated in accordance with the requi	rements of 40 Ci	-R 268 and is no ion	ger a hazardous waste as d	efined by 4	0 CFR 261				
The Walls of									
p. Generator Authorized Agent Name (Pri	nt)	q. Signature			r. Date				
II. TRANSPORTER (Gene			enorter completes lic	۱۵					
a. Transporter's Name and Address:	rator complet	Co na-b and mai	isporter completes lic-	<u>C/</u>			1		
a. Wallaportor o Namo ana Marioso.		and the same							
-0.2	and the same of th								
b. Phone:	7. 7	L - Lund 1 .	pull.						
b. Priorie.		V - /	And the second s			1 ,	,		
	- management	The same of the sa			10	1///	1/0-		
c. Driver Name (Print)	d. Sig	nature		e. Date	101	101	1 6		
III. DESTINATION (General	tor complete l	Illa-c and Destina	ation-Site completes III	d-g)	1	1			
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indic	ation Space	e:				
LONGII CANONII									
udth & Tower Rd	and the state of								
b. Commerce City, CO (Account	THE BRUZING DOM	THO Project;							
I hereby certify that the above named mat	terial has been a	ccepted and to the b	est of my knowledge the for	egoing is tr	ue and acc	curate.			
N									
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		N. C. S. S.		
LEA inc						eprofiteath a	Funite Sity		
6700 £ 50% Avenue	NAME OF CO.	A.S.		emy Creek			-		
b. Phone: Schmeroe City 00 80022	303-991	280	d. Phone:	00 80540	15.50	303-692-310	t.		
e. Special Handling Instructions and Addit	tional Information	1:							
f. ☐ Friable ☐ Non-Friable ☐ Both	0/, 8	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby				ately descri	bed ahove	by the proper	shipping name		
and are classified, packaged, marked and									
national governmental regulations.									
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date					
*Operator refers to the company which ow	ns. leases, oper	ates, controls, or sun	ervises the facility being der		renovated	or the demoliti	on or		
renovation operation or both	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, c. oup				.,			



REV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011042

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generat	or completes I								
a. Generator's US EPA ID Number		b. Manifest Docu				c. Page		İ	
d. Generator's Name and Location:	and the state of t		e. Generator'	s Mailing Add	dress:	and the Contract		-	
Ucloredo Department et Fran North of 170 petween Colum		Property					nscortate	n	
Demet, CO 80216			3.		46th Avent		78775 (5)	nis i I mores	
f. Phone:	720-929-4	HOGT .	g. Phone:	Lienver,	00 80218	:	3-20,1-45	10-4609	
If owner of the generating facility differs for	rom the generator	, provide:			*				milita s
h Owner's Name:			i Ownede Dh	ana Na i					
h. Owner's Name: j. Waste Profile #	k. Exp. Date	1 Wasta Shir	i. Owner's Phoping Name and		m Cor	tainere	n. Total		o. Unit
j. Waste Floille #	k. Exp. Date	Description							Wt/Vol
							2		
		Raguat	esi Astrestoe Co	ontaminated	Boil		17		
5126 1812496	7/30/2019	RAGS					10		Yaras
								i i	
								- 1	
									N.
			200						124
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a haz	ardous wast	e as define	d by 40 C	FR 261 or	any app	olicable
state law, has been properly described, c waste is a treatment residue of a previous	lassilled and pack slv restricted haza	ageu, ano is in prop irdous waste subject	to the Land Dis	transportatio sposal Restri	ictions I ce	g to applic	able regulariant	itations; i	AND, IT THIS
been treated in accordance with the requi	irements of 40 CF	R 268 and is no lon	ger a hazardous	waste as de	efined by 4	0 CFR 26	1.		oto nao
A TO WAR ALL C CENTY	1 30/1	17			1	10	That	× - 1 5	1501.5
	1.77.13	0: 1					1 1	S. I. I.F.	
p. Generator Authorized Agent Name (Pr		. Signature				r. Date			
II. TRANSPORTER (Gene	rator complete	es lia-b and Trai	nsporter com	ipletes lic-	·e)			000000	
a. Transporter's Name and Address:									
b. Phone:		77			177	- 7 7		p-	7
Ken as foca	, 17	He Zulin			16	16	10		
c. Driver Name (Print)	d. Sign	ature			e. Date				
III. DESTINATION (Genera	tor complete II	la-c and Destina	ation Site co	mpletes III	d-a)	1 7/2	502		
a. Disposal Facility and Site Address:		c. US EPA Num	V/	pancy Indica		91			
CARREN GOT PURICE				,					
Buth & Tower Rd	THE PARTY STREET, STRE	and the second							
b. Commerce City, OO (Accoun	er mendere banke	(- o moject)							
I hereby certify that the above named ma	terial has been ac	cepted and to the be	est of my knowle	edge the fore	egoing is tr	ue and ac	curate		307
a Name of Authority 1.4 (P. C.)									
e. Name of Authorized Agent (Print)	f. Signa			-	g. Date	- T T T T T T T T			-
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IV	g-I)	- 2224.4			75	
a. Operator's Name and Address:			c. Responsible	Agency Nar	me and Ad	dress:		Carrier to 9	6. Ed., 570.
BEAT FORM Assence					P Admin			Mann as y	and aut.
Commerce City CO 80022	303-991-11	ວຸຊຸລ			erry Creek			en oueren	
b. Phone:									
e. Special Handling Instructions and Addi	tional Information:								201012
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable		S. S. S. S. S. S. S. S. S. S. S. S. S. S				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are ful	ly and accura	ately descr	ibed above	e by the p	roper sh	ipping name
and are classified, packaged, marked and	l labeled/placarde	d, and are in all resp	pects in proper of	condition for	transport a	ccording t	o applicat	ole intern	ational and
national governmental regulations.									
g. Operator's Name and Title (Print) h. Signature i. Date									
	h. Sign	ature			i. Date				
*Operator refers to the company which ov renovation operation or both	h. Sign vns, leases, opera	ature tes, controls, or sup	ervises the facil	ity being den	i. Date nolished or	renovated	d, or the d	emolition	n or

GENERATOR RETAIN

RS-F11A



5011043

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of				
d. Generator's Name and Location:	or reminer		e. Generator's Mailing Ad	dress:						
Opiorado Department of Trans North of 170 palvieos Columb		Name of the least		o Departore		SCOREGGE				
Denver OD 80216			3543 £ 46th Avenue							
f. Phone:	720-020-06	1010	g. Phone:	00 80216		720 921-4166				
If owner of the generating facility differs fr	om the generator,	provide:			The same of					
h Oumara Name										
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Masta Shir	i. Owner's Phone No.:	m. Con	tainore	n. Total	a Linia			
j. Waste Profile #	k. Exp. Date	Description	pling Name and	No.	Type	Quantity	o. Unit Wt/Vol			
		Regulate	ed Aubentos Contaminated	sioil		17				
5126 1812426	7/30/2019	RACS				\ ()	Yearas			
		10								
				7						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 CF	R 261 or any ap	plicable			
state law, has been properly described, clawaste is a treatment residue of a previous	lv restricted baza	aged, and is in prop dous waste subject	er condition for transportation the Land Disnosal Restr	on accordin	g to applic	able regulations;	AND, if this			
been treated in accordance with the requir	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 261		aste nas			
The Marie Committee of the Committee of					18	100				
					10	10/1				
p. Generator Authorized Agent Name (Prin		. Signature			r. Date					
II. TRANSPORTER (Gener	rator complete	s Ila-b and Trar	sporter completes lic-	·e)						
a. Transporter's Name and Address:	P511	1070	0 8 50 to F	Hut	(0	N MARIGE	0.14			
	(2 0									
	nes to get	3			P	5500				
b. Phone: 503-991	11280		ann an an an an an an an an an an an an		9.					
C + 5	1	11			. 4	(>			
c. Driver Name (Print)	d. Sign	- many	Samuel Co.	e. Date	14	-16-18				
			tion City completes III							
a. Disposal Facility and Site Address:	or complete iii					- 1/				
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space):		· ·			
âuth à Tower (ki										
Commerce City, CO (Account	# 900216 ESA.J	U Project)								
b.	adat han hann an	- 4-4 44-44-4	4 -6 1 1 - 1 - 1							
I hereby certify that the above named mate	enai nas been acc	septed and to the be	est of my knowledge the for	egoing is tru	Je and acc	urate.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	-56					
IV. ASBESTOS (Generator of	completes IVa-	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:		10-5			
ESA Inc			MESHAL	Admin 0	Iciorado D	est of Health &	Public Sity			
9700 i: 50th Avenue			4900 Ch	erry Creek	Or South		- 17			
b. Phone: Ocennaros Orly, CO 60022	303-891-12	80	d. Phone: Denver	00 80248	1200	303 482 3102				
e. Special Handling Instructions and Additi	ional Information:		d. Friorie,		10 					
4 C Ciable C No. 51-11- C 5	n/ -		0/ 1/ = 1 1 1							
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% Fr	able	% Non-Friable	otoly does !	had ak -:	hu the man t	lanta			
and are classified, packaged, marked and	labeled/placarded	l, and are in all reen	ects in proper condition for	transport a	ccording to	by the proper shapping	ipping name			
national governmental regulations.		., о п. ип тоор	and the proper condition for	an sport at	coording to	applicable littell	ational and			
						-				
a Openstade Name - 1 771 (71 t)										
g. Operator's Name and Title (Print)	h. Signa	ature	puipos the facility being de	i. Date		4b 100				
*Operator refers to the company which own renovation operation or both	ns, leases, operat	es, controls, or supe	ervises the facility being der	nolisned or	renovated	, or the demolition	n or			
			16/3 //	- Constitution of the cons	TT	2,000.00				



5011044

 GENERATOR (Generato 	r completes la	a-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 Frans Planta of L/D between Columbs Janver CO 30218 f. Phone:	ne 8 Ekzabeth S 720 970-ah	66	3543.5	dress: o Deparati 46th Avenu CO 80218	H	nscenation 720-920-486	6		
If owner of the generating facility differs fro	m the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #						n. Total Quantity	o. Unit Wt/Vol		
6136 1812496	7/90/2019	Requisiti RACS	ed Asbemos Contaminated	j joji			Yards		
OFNEDATORIO OFRITINATION									
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, clawaste is a treatment residue of a previously been treated in accordance with the require	ssified and packa restricted hazard	iged, and is in propi dous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to application	cable regulations	: AND. if this		
The Strokenson bours	i (tsu)	EV.			10/	IV TOOP			
p. Generator Authorized Agent Name (Print		Signature			r. Date				
II. TRANSPORTER (General	ator completes	s Ila-b and Tran	sporter completes lic-	e)			and the same of th		
a. Transporter's Name and Address: £3 b. Phone: 3 99 12 86	SA 6	100 2	50 Ave C	0 M N		80	022		
K+1605	R	- 172		/	0-10	5 18			
c. Driver Name (Print)	d. Signa		****	e. Date					
III. DESTINATION (Generato	r complete Illa								
a. Disposal Facility and Site Address:	() # 050216 ESA / I	c. US EPA Num	ber d. Discrepancy Indica	ation Space	e:				
b. I hereby certify that the above named mater	rial has been see	ented and to the he	at of my knowledge the for						
Thereby detaily that the above harned mater	nai nas been acci	epico and to the be	sat of my knowledge the lore	going is th	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signat	ure		g. Date					
IV. ASBESTOS (Generator co	ompletes IVa-	f and Operator	complete IVg-i)						
a. Operator's Name and Address: EDA INC 6700 E Both Avenue b. Phone: Commercia City, CO 80022	303-991-128	30	430 Ch	me and Add Pladmin University Creek CO 80246	Octorado (En Soul)	Dect of Health & 1 303-892-3100			
e. Special Handling Instructions and Addition	nal Information:	16	d. 1 11011c.						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby d and are classified, packaged, marked and la national governmental regulations.	% Fria declare that the co abeled/placarded,	ontents of this cons	% Non-Friable ignment are fully and accurate ects in proper condition for	ately descri transport a	ibed above ccording to	e by the proper so applicable inte	shipping name, rnational and		
X			4						
g. Operator's Name and Title (Print) *Operator refers to the company which ownsrenovation operation or both	h. Signa s, leases, operate	ture es, controls, or supe	ervises the facility being den	i. Date nolished or	renovated	I, or the demolition	on or		
renovation operation or both	The second second						-		



5011045

a. Generator's Name and Location: d. Generator's Name and Location: property of the dependency of the property of the proper	 GENERATOR (Generate 	or completes la	a-r)					
## Control of the Con	a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
## Phone: Denote: CO 89216 ## CO 89216 #	Germado Department of Trans			Cinoral	da Departmi		isportation	7-17-2
If owner's Name: L. Owner's Name and Owner Name (No.) M. Owner's Name and Owner Name (No.) Regulated Astrestics Contaminated (III) Regulated Astrestics Contaminated astrestic Contaminated (III) Regulated Astrestics Contaminated (III) Regulated Astrestics Contaminated (III) Regulated Astrestics Contaminated (III) Regulated Astrestics Contaminated (III)	Denver CO 80216			Demisi			720-920-466	36
L. Waste Profile # L. Waste Shipping Name and m. Contenters n. Total O. Unit Wilvol		om the generator,	provide:	g. Filone.				
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 frequent resolute or previously restricted 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 has been reacted in accordance with the requirements of 40 CFR 261 or any applicable as the following a frequent of the conditions of the conditions of the conditions of the condition of the conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the cond	h. Owner's Name:			i. Owner's Phone No.:				
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 as testinement 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 269 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 lia-b and Transporter completes lic-e) a. Transporter's Name and Address: c. Diiver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy indication Space: b. Direct Visit 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 v. ASBESTIOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: D. Pho	j. Waste Profile #	k. Exp. Date		pping Name and				
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 as testinement 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 269 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 lia-b and Transporter completes lic-e) a. Transporter's Name and Address: c. Diiver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy indication Space: b. Direct Visit 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 v. ASBESTIOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: d. Phone: D. Pho	100		Classified	ad American Cantoniants	4 45-0			
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 288 and is no longer a hazardous waste as defined by 40 CFR 261. p. Generator Authorized Agent Name (Print)	5126 1812 496	7/30/2019		on versame consenions	0.000		18	Yeards
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 288 and is no longer a hazardous waste as defined by 40 CFR 261. p. Generator Authorized Agent Name (Print)	part of the same o							
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 288 and is no longer a hazardous waste as defined by 40 CFR 261. p. Generator Authorized Agent Name (Print)								
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIIc-b a. Transporter's Name and Address:	state law, has been properly described, cla waste is a treatment residue of a previous	assified and packa ly restricted hazard	iged, and is in prop dous waste subject	er condition for transportat to the Land Disposal Rest	tion accordin trictions. I ce	g to applic	able regulation	s; AND, if this
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIIc-b a. Transporter's Name and Address:	Alexander second	4 / Care		À		10	16 /36	18
a. Transporter's Name and Address: Description Descri	p. Generator Authorized Agent Name (Prin	nt) q.	Signature			r. Date		
a. Transporter's Name and Address: Description Descri	II. TRANSPORTER (Gener	ator completes	s lla-b and Trai	nsporter completes lice	c-e)			
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Driver Name of Authorized Agent (Print) C. US EPA Number Driver Number	7.2/1///	Benne	Trus &	ing				
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address:	CultiSI Kelett	- 19	IT THE	helt 199	1	0-16	-18	1930
a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: December 2 December 3 December 2 December 3 De	c. Driver Name (Print)	d. Signa	ature		e. Date			
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: LSA Inc. GTO F 601 Avenue b. Phone: Generator City, CO 60022 303-901-1290 d. Phone: Generator City, Co 60023 303-901-1290 d. Phone: Generator City Cree Dr South d. Phone: Generator Complete IVg-i) d. Phone: Generator City Complete City, CO 60023 303-901-1290 d. Phone: Generator City Complete City Comp	III. DESTINATION (Generate	or complete Illa	a-c and Destina	ation Site completes I	lld-g)			
b. Commerce City. City (Account # 880216 ESA / U Project) 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)	a. Disposal Facility and Site Address:	- Indicated and a second	c. US EPA Nun	nber d. Discrepancy Indi	cation Space	e:		
b. Commerce City. City (Account # 880216 ESA / U Project) 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)	A CAVOL LIMINARII							
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. Give From Avenue b. Phone: c. Responsible Agency Name and Address: NESFAP Admin. Colorado Dept of Feath & Public Sty 4200 Cherry Creek Dr. South d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Whon-Friable Whon-Friable Whon-Friable Whon-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	Commerce Cay, QQ (Account	# 800216 ESA /)	10 Project)					
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: I.S. Inc. I.S		erial has been acc	epted and to the be	est of my knowledge the fo	regoing is tr	ue and acc	curate.	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: NCGI-IAP Admin. Soldrado Dept of (leafts & Public Sty 4300 Cherry Creek Dr. South			#					
a. Operator's Name and Address: SA INS					g. Date			
E. Special Handling Instructions and Additional Information: Accordance Accord	IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)				
b. 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	LSA Inc			NESH	AP Admin: (Dolorado I		5 Public Sity
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	Annual All An scann	200 303 +00	2/1					1/3
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	_b. I florie.		W.F	d. Phone:	, Cru ducino	True!	0330 RB 2-0 R	12
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	e. Special Handling Instructions and Additi	onal Information:						
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	f. Friable Non-Friable Both	% Fri	able			Wednesday	*	11
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	and are classified, packaged, marked and	declare that the collabeled/placarded	ontents of this cons , and are in all resp	signment are fully and accu pects in proper condition fo	urately descr or transport a	ibed above ccording to	e by the proper o applicable int	shipping name, ernational and
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
**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. Signa	ture			77	*	
	*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or sup	ervises the facility being de	emolished or	renovated	l, or the demoli	tion or



I. GENERATOR (Generate	or completes	s la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:	anni aret	_	e. Generator's Mailing Ad	dress:	anl of Tate	- turiou au	
North of 1-70 between Octum		h Straple		u treparen 46th Aveni		risportation	
f. Phone: Denver, CG 83216	720.420			00 80216		720-920-4986	
If owner of the generating facility differs fr	om the general	tor, provide:	g. r none.				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Ragulat	ed Ashesica Contaminated	Soil	100	18	
5126 1812498	7/30/201	19 RAGS				19	Yamb
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pa	ckaged, and is in prop zardous waste subject	er condition for transportation to the Land Disposal Restrict	on accordinations. I ce	g to applic rtify and w	able regulations; arrant that the w	AND, if this
Alle Harrison on shall	6 (blan	41			16	140120	9
p. Generator Authorized Agent Name (Pri	nt)	q. Signature			r. Date		
II. TRANSPORTER (Gene	rator comple	etes Ila-b and Trai	nsporter completes llc-	e)			
a. Transporter's Name and Address: Barron Fucky b. Phone: (740) 560 - 4	1860	beserT	rucking			1, 1	
Esteban Barro	7	mill a	tand		101	16/20	10
c. Driver Name (Print)		gnature		e. Date			****
III. DESTINATION (General	or complete						
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	9 :		
doth & Tower Rid Contention Only OD (Account	a paragram district	Contraction of the contraction					
b.							
I hereby certify that the above named mat	erial has been	accepted and to the b	est of my knowledge the for	egoing is tr	ue and acc	curate.	
		-	A Mark Market				
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator		nature	complete IV/a iV	g. Date			-
a. Operator's Name and Address:	completes in	va-i and Operator	c. Responsible Agency Na	me and Ad	droce:		
EBA Inc 97% E 50th Avenue			NESHA 4300 Of	P Admin: 3 Herry Greek	Soloraun (Er. Sout		
b. Phone: Commerce City, CO 80322	303-991		d. Phone:	00 80248	- 10050	303-392-3102	
e. Special Handling Instructions and Addit	ional Informatio	on:					
f. ☐ Friable ☐ Non-Friable ☐ Both	0.7	Edeble	O/ Non Friehl				- 11/16
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that th	Friable e contents of this consided, and are in all respondent	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ibed above ccording to	e by the proper so applicable inter	hipping name national and
g. Operator's Name and Title (Print)	h. Si	gnature	with the second	i. Date		-	
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	erates, controls, or sup	ervises the facility being der	nolished or	renovated	, or the demolitic	on or



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I. GENERATOR (Generator	completes is	a-r)				100000	1000
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:	4 4		
Colorado Dapariment de Transp			CHORAG	o Liepannie		sponauon	
North of 1-70 between Columbia				16th Averu		A.C. C. 1000	
f. Phone:	720-920-34	tors .	g. Phone:	00 80218		726-920 4666	
If owner of the generating facility differs from	the generator,	provide:	-				
h. Owner's Name:	V	1	i. Owner's Phone No.:				
j. Waste Profile #	. Exp. Date	I. Waste Ship	oping Name and	m. Con		n. Total Quantity	o. Unit Wt/Vol
		Description		No.	Туре	Quantity	VVVVOI
		Receipt	ed Asbeblos Contaminated	Leil			
5126 1812496	7/30/2019	RACE	est of the state of the state of the state of	435,210		10	VI
0150 1015493	\$10567211B	10503				0	Yearsh
			WHEN CHILD		25/11/25	te .	
GENERATOR'S CERTIFICATION: I hereby	certify that the	above named mate	erial is not a hazardous wast	e as define	d by 40 Cl	R 261 or any ap	plicable
state law, has been properly described, class waste is a treatment residue of a previously	sified and packa	aged, and is in prop	per condition for transportation	n according	g to applic	able regulations;	AND, if this
been treated in accordance with the requirer	nents of 40 CEF	cous waste subject 2 268 and is no lon	ner a hazardous waste as d	ctions. I ce	niny and w	arrant that the wa	iste nas
		1 200 0110 10 110 1011	go, a nazarada wada a	omited by 4	0 011120	All the last of th	
	- (HE 1915)					3.4	
p. Generator Authorized Agent Name (Print)	q.	Signature			r. Date		23
II. TRANSPORTER (Genera	tor complete	s Ila-b and Trai	nsporter completes lic-	e)			
a. Transporter's Name and Address:			-17				20
0100			//				
(1/							
b. Phone:			1//				
6 . 11 11	1	111 1128		1	,		
FRAM /fr	7 6	1777		111	-/12	-2014	
c. Driver Name (Print)	d. Signa	ature		e. Date			
III. DESTINATION (Generator			ation Site completes III	d-a)			
a. Disposal Facility and Site Address:	1/	c. US EPA Nun					
FORME CONCRETE	1	O. OO EI A INGII	d. Discrepancy indica	ation opace	•		
eith & Tower Rif							
Communice City, CO (Associant #	DEALERT ENGLANCE	9 Projecti	A				
b.	-111	1 1 1 1 1 1					
I hereby certify that the above named materi	ar nas been acc	epted and to the b	est of my knowledge the fore	going is tru	e and acc	curate.	
				-			
e. Name of Authorized Agent (Print)	f. Signal	ture		g. Date			
IV. ASBESTOS (Generator co			complete IVa-i)	3 4.1			
	inplotoo iva	rana oporator					
a. Operator's Name and Address:			c. Responsible Agency Na	ne and Add	dress:	ent of Health & F	Designation (2.6%)
8700 E FOR Avenue							PROHES CARA
Communica City 24 20299	303-891-129	n Ad		eny Greek			
b. Phone:		23.0	d. Phone:	00 80248	HUUU	900-862-9102	
e. Special Handling Instructions and Addition	al Information:						
f. Friable Non-Friable Both	% Fri	iahle	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby de	clare that the c	ontents of this cons	signment are fully and accur	ately descri	hed above	by the proper sh	inning name
and are classified, packaged, marked and lal	peled/placarded	, and are in all resp	pects in proper condition for	transport a	ccording to	applicable interr	ational and
national governmental regulations.							
a Operator's Name and Title (Driet)	F 61	4					
 g. Operator's Name and Title (Print) *Operator refers to the company which owns 	h. Signa	es controle er e	onings the facility being do	i. Date	rone ista	on the december	
renovation operation or both	, icases, operati	es, controls, or sup	ervises the racility being den	ionsued of	renovated	, or the demolition	ı or



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I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	
d. Generator's Name and Location:	and the subsection of		e. Generator's Mailing Add	dress:	ant of Tax		
Violence Department of Tran		ūracia		distranti Kith Avent		naportation	
Denuer CO 80216	720.970.46		Denver	CO 80216		720-920-409	
f. Phone:			g. Phone:				
If owner of the generating facility differs fr	om the generator,	provide:					
h. Owner's Name:	,		i. Owner's Phone No.:				т.
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol
		Description		140.	1390	Quartity	770 701
		Rapulat	ed Astrantos Contaminated	308		8	
5126 1812496	2/(90/2019	RACS				10	Yards
				. 4			2.10
				136			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 C	FR 261 or any a	applicable
waste is a treatment residue of a previous	sly restricted hazar	dous waste subject	to the Land Disposal Restrict	ctions. I ce	rtify and v	varrant that the	waste has
been treated in accordance with the requi	rements of 40 CFF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1	
The state of the sell	11/1/10					111111	2/12
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	nsporter completes lic-	e) 🥱 🤏		00	
a. Transporter's Name and Address:	3 E 50	olup	OF COM	1	17	200	55
ES 6100						000	
30399/10	00		0 0				
b. Phone: 30377/12		- 1	0.110/10	1 17	17	(0)	
DENDIE COMPBE	511 13	2mm	compaction	110	,- (0-18	
c. Driver Name (Print)	d. Signa			e. Date			
III. DESTINATION (General	tor complete III	and the latest and th		97			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	9:		
édit à Tayar fid							
Ogmmerce City, CO (Account	# 890216 ESA /	1-70 Project)					
I hereby certify that the above named mat	erial has been acc	cented and to the be	est of my knowledge the fore	egoing is tra	ue and ac	curate	
				3			
e. Name of Authorized Agent (Print)	f. Signa	Aura		- Dete			
IV. ASBESTOS (Generator			complete IVa-iV	g. Date			
a. Operator's Name and Address:	completes iva	-i and Operator	c. Responsible Agency Nar	ma and Ad	droppy		
a. Operator's Name and Address.			Nesponsible Agency Nai	Admin'	Morado I	Dept of Heelin	& Public Sity
6700 5 50th Avenue				erny Greek		1	
b. Phone: Commerce Sily, CO 80622	903-991-12	90	d. Phone:	00 80246	4530	303-552-31	12 _
e. Special Handling Instructions and Addit	ional Information:						
1							
f. Friable Non-Friable Both		iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this cons	signment are fully and accura	ately descr	ibed abov	e by the proper	shipping name
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	a, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable int	ernational and
geronina roganiania.	-	**				2000	
Operatoria Name and Title (Date)	- O			1.04			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa		ervises the facility being den	i. Date	renovate	d, or the demoli	tion or
renovation operation or both	, .c.coo, operat	,	and the state of t		. 5,10 + 616	_, 00 domon	



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If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	11-20
d. Generator's Name and Location:	1.6		e. Generator's Mailing A	ddress:			
Coordo Department of Trans		Aberra of a		do Departin		ascortation	
North of L70 petyesen Columb				dött Aven			
f. Phone:	720-920-4	29.00	g. Phone:	00 80216		730-520-486	6
If owner of the generating facility differs fr	om the generato	r, provide:					
h. Owner's Name:	T. E. B.	T 1 14/ OL:	i. Owner's Phone No.:	0	-A-1		T
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
		Description		140.	Туре	Quantity	VVIVOI
		Reducat	ed Asbestos Cantaminates	field to		10	
6126 1812498	7/30/2019		200 100 100 100 100 100 100 100 100 100	200			Variable
	1100000010	141504				1 /	Yarda
				3			
GENERATOR'S CERTIFICATION: I here	by certify that the	a shove named mate	rial is not a hazardaus was	to an define	d by 40 C	ED 264 or env	andianhla
state law, has been properly described, cla	assified and pack	kaged, and is in prop	er condition for transportati	ion accordin	o to applic	cable regulations	S: AND if this
waste is a treatment residue of a previous	ly restricted haza	ardous waste subject	to the Land Disposal Rest	rictions. Lee	ertify and w	arrant that the	waste has
been treated in accordance with the requir	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1.	
I by Consens on bord	Lot with						
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date	-	
II. TRANSPORTER (Gener			nonador comulatos II-		1. Date		
a. Transporter's Name and Address;	ator complete	es lia-b allu Trai	isporter completes in	;-e)			
A MC + HILL	4 110	25/200to	161				
Mile House) 10	771750	11 3				
77/1 041/5	7-14		A				2
b. Phone:	10	- //	// /	-	21		
11/11/12/15/16/16	11/11	AIR .	MAI	1	11-11	1-18	
c. Driver Name (Print)	d. Sigr	nature		e. Date			
III. DESTINATION (Generate			ation Site completes II				
a. Disposal Facility and Site Address:		c. US EPA Num			à.		
CONTROL LABORAT		o. oo zi / (tali	d. Discrepancy maic	ation opaci	٠.		
Jan & Tower Rd							
Commerce City, CC (Account	# 990216 ESA.	i- 'U Project)					
b.	rial has been as	and to the b					
I hereby certify that the above named mate	onal has been ac	copied and to the of	sat of thy knowledge the fol	egoing is th	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		
ESA inc			MESHA	P Admin: (Colorado D	Pept of Health &	Public Sity
EAD) E 60th Aversion				herry Creek			
b. Phone: Commerce Oily, CO 80022	305-991-13	280	Dawa	00 80248		303-692-310	2
e. Special Handling Instructions and Additi			d. Phone:				
, and a strong and Addition	ioimadon.						
						Marin Control of the	
f. Friable Non-Friable Both	% F	riable	% Non-Friable			N I	
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accur	rately descr	ibed above	by the proper	shipping name
and are classified, packaged, marked and national governmental regulations.	iabeled/placarde	d, and are in all resp	ects in proper condition for	transport a	ccording to	o applicable inte	rnational and
				_			
							H.
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			
*Operator refers to the company which owr	ns, leases, opera	ites, controls, or sup-	ervises the facility being de	molished or	renovated	, or the demoliti	on or
renovation operation or both							

GENERATOR RETAIN

RS-F11A



5011021

I. GENERATOR (Generat	or completes I	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	7
d. Generator's Name and Location:		,	e. Generator's Mailing A	ddress:			
Perth of I-20 tyetween Columb		Hannia		10 Wepanim 46th Aveni		nedermation	
Elemen CO 80216	720-821-46			40th Avenue		720-920-466	ta .
f. Phone:	****		g. Phone:	. 50 8021	,	120-001-400	(S
If owner of the generating facility differs fr	rom the generator,	, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Harman	ed Aspastos Contaminated	t licil			
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		1					19
							1
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GENERATOR'S CERTIFICATION: I here	hy certify that the	above named mate	rial is not a hazardous was	te as define	od by 40 C	FR 261 or any a	nnlicable
state law, has been properly described, cl	lassified and packa	aged, and is in prop	er condition for transportati	on according	ng to applic	cable regulations	: AND, if this
waste is a treatment residue of a previous							vaste has
been treated in accordance with the requi					-		
MEGAN WOOD			n betall of	CDOT		6118	
p. Generator Authorized Agent Name (Pri		. Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes lic	:-e)	1. 1.		
a. Transporter's Name and Address:	2510	(0701	E 50 AV	COM	myar	e Cit	/
	osn	Secondary Control				8007	
2-7 001	- 027)					0002	
b. Phone: 303-991-1 54EUPN MODA	ZXV	T .		т —			
Steven moon		LNOT			10-1	618	
c. Driver Name (Print)	d. Signa			e. Date		***	
III. DESTINATION (General	tor complete III	a-c and Destina	ation Site completes I	lld-g)			
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy India	cation Spac	e:		
edit & Towar P.O							
Cantingrou City, CC (Account	# 880218 ESA	LO Project;					
b.	orial has been one	posted and to the h	and of my lenguing a the for				
I hereby certify that the above named mat	enai nas peen acc	cepted and to the bi	sat of my knowledge the fol	egoing is the	ue and ac	curate.	******
							0.000
e. Name of Authorized Agent (Print)	f. Signa			g. Date			10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2
IV. ASBESTOS (Generator	completes IVa	-t and Operator		-			
a. Operator's Name and Address:			c. Responsible Agency Na			Janes of Market	
EDA INC EDIO E Bigh Avenue				e manny Perry Creek		Dept of Health &	CHURC SHE
Commence All SA STATES	303-991-12	sn.	Page tree	QO 2024		363-692-310.	b
b. Phone: e. Special Handling Instructions and Addit		WN:	d. Phone:	WO COST	0.1000	300 (10E-27)	4,
o. Special Handling Instructions and Addit	ionai mormation:						
(5.1)	-						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% Fr	riable	% Non-Friable	rataly dags	ibod ober	o by the proper	shinning
and are classified, packaged, marked and	labeled/placarded	d, and are in all rest	pects in proper condition for	transport	according t	o applicable inte	ernational and
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
*Operator refers to the company which ow			ervises the facility being de	molished or	renovated	d, or the demoliti	on or
renovation operation or both							



I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	an - make u		e. Generator's Mailing Address:						
Volorago Disperiment of Fran North of I-70 between Columb	nna & Flicanaire 9	Union	3643 E 45th Avenue						
Denise CO S0318			Domine	CO 802 In		720.97) 486			
t. Phone:			g. Phone:	ALL ALLE		See of 1			
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cor	tainers	n. Total	o. Unit		
		Description		INU.	Туре	Quantity	Wt/Vol		
		Regulet	ed Ashnatos Contominated	šoti					
5126 1812496	2/30/2019	PACS					Yainde		
			115. · · · · · · · · · · · · · · · · · · ·	· · ·					
	n n								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	oplicable		
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CFF	R 268 and is no lone	to the Land Disposal Restri der a hazardous waste as di	ctions. I ce efined by 4	CFR 26	arrant that the w 1.	aste nas		
I I S I S I S I S I S I S I	Walter M	2.7			175	11	1 4		
	0	0:				1/1 /75			
p. Generator Authorized Agent Name (Pri		. Signature		-\	r. Date	10422 - 20			
a. Transporter's Name and Address:									
a. Transporter a realite and Address.	MC	Truck ICI M	2mm 4m/ 5 3 mm	100	れたいつ	- lex	1. 1, Sec.		
b. Phone:									
Miber Morsi	1/1	The	morus	1.	16	7018			
c. Driver Name (Print)	d. Signa		7770.00	e. Date					
III. DESTINATION (Generat			ation Site completes III						
a. Disposal Facility and Site Address:	or complete iii	c. US EPA Num			a·				
CORDI LIBERRALI		C. GO El A Nall	d. Discrepancy indice	ation opace					
High & Tower Rd	Continue Park	t leverage and							
b. Commerce City, CO (Account	EM SECTION COMP.	F(U Project)							
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	Seekel Line				
IV. ASBESTOS (Generator			complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:				
L.S.A. inc			PIESI IA	Admin !	Colorado I	Jept of Inealth &	Public Sity		
62/A) E 50th Avenue	200 200 200			erry Crask					
b. Phone: Commerce City, CO 80072	303.991-12	51	d. Phone:	CO 80248	1030	303-512-010	Ž.		
e. Special Handling Instructions and Addit	ional Information:								
							0		
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	signment are fully and accura	ately descr	ibed above	by the proper s	hipping name		
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	ı, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inte	mational and		
gerenmental regulations.	T & T		-						
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature	envises the facility heins don	i. Date	renovator	or the demolitic	OF OF		
renovation operation or both	no, icases, operat	os, controls, or sup	or vises the facility being deli	iolianeu Of	Teriovaled	, or the demond) I UI		
			7.00mm 10mm 10mm 10mm 10mm 10mm 10mm 10mm	_		177			



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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 281 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation conditions with the three described and in longer a hazardous waste as defined by 40 CFR 281 or any applicable regulations; AND, If this waste is a transmit residue of a provious residued and packaged, and is in proper condition for transportation according to applicable regulations; AND, If this waste is a transmit residue of a provious residued hazardous waste subject to the Land Disposal Restrictions (certify and warrant that the waste has been trained with the requirements of 40 CFR 283 and is no longer a hazardous waste as defined by 40 CFR 281. GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 281 or any applicable regulations; AND, If this waste is a transmit residue of a proviously restricted hazardous waste waste to the Land Disposal Restrictions (certify and warrant that the waste has been transfer from the requirements of 40 CFR 283 and is no longer a hazardous waste as defined by 40 CFR 281. I TRANSPORTER (Centerator completes like-b and Transporter completes like-b. Denote the state of the	I. GENERATOR (Generate	or completes la	a-r)							
CENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hezardous waste as defined by 40 CFR 251 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 transfer traduct of a previously restricted interactions and the waste has been traded on the waste in a transfer traduct of a previously restricted interactions and the waste has been traded on	a. Generator's US EPA ID Number		b. Manifest Docur	nent Number			c. Page	1 of		
Phone: Charles Charl	d. Generator's Name and Location:	murtoian		e. Generator's Mailing Address:						
If womer of the generating facility differs from the generator, provide: In Owner's Name: J. Wester Profile #			iraeis							
Lower's Name: Lower's Name	f. Phone: Danver, CO 80216	720-920-46	70	a. Phone:	Denver,	CO 80216		720-920-48	39	
Waste Profile # L. Exp. Date L. Waste Shipping Name and D. Cortainers N. Total Quantity Wilvol	If owner of the generating facility differs from	om the generator,	provide:	9						
Description No. Type Quantity Wilvol Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Aspessos Contaminated Soil Respired Contaminated Soil Responsible	h. Owner's Name:			i. Owner's Pho	ne No.:					
Resplace Aspestos Contaministed Soil Part Son Scriptification. 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 requirements of 40 CFR 268 and is no longer 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 requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable to state law, has been properly described classified has a feature of the state of the st	j. Waste Profile #	k. Exp. Date		ping Name and						
GENERATOR'S CERTIFICATION: I hereby cartify 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 applications; AND, if this waste is as terminent 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) II. TRANSPORTER (Generator completes lila-b and Transporter completes lilc-e) a. Transporter Name (Print) J. Signature J. D. J. Sept. J. D. J. Sept. J. J. J. Sept. J. J. J. Sept. J. J. J. Sept. J. Sept. J. Sept. J. J. Sept. J. Sep			Description	-		No.	Type	Quantity	VVVVOI	
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 reacted 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 TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e) a. Transporter's Nime and Address: D. Phone, 30 Page 10			Ragulate	in Asbestos Con	hammated	ioti		10		
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 used Disposal Restrictions. Lertify 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. Properties Prope	5125 1012498	7/30/2019	RACS					10	Yarda	
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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 retarded in accordance with the requirements of 40 CFR 261. p. Generator Authorized Agent Name (Print) p. Generator Authorized Agent Name (Print) a. Transporter (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter Name (Print) b. Phones c. Driver Name (Print) c. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: with 6 Tower Rd commerce City, OC (Account # 058/216 ESA PL) Provadi b. 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: c. Responsible Agency Name and Address: n. Central Proversible Commerce City, OC (Account # 058/216 ESA PL) d. Phone:	GENERATOR'S CERTIFICATION: I heret	by certify that the	above named mater	rial is not a haza	rdous waste	e as defined	by 40 Cl	FR 261 or any	applicable	
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: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. Name of Authorized Agent (Print) f. Signature g. Date V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name a	waste is a treatment residue of a previously	y restricted hazar	dous waste subject	to the Land Disp	osal Restri	ctions. I cer	tify and w	arrant that the	waste has	
p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: C. Driver Name (Print) DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: C. US EPA Number DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: C. US EPA Number D. Discrepancy Indication Space: D. Date D. Da			R 268 and is no long	jer a hazardous	waste as de	efined by 40	CFR 26	l		
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Fransporter's Name and Address: C. Diver Name (Print) b. Phones: DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-d) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: orim 6 Tower Pad Commerce City, CO (Account # 998/218 ESA /1- U Proact) 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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Destination of State	The state of the s		112	343				, #11.77	11.7	
a. Transporter's Name and Address: Description of the Commerce of the Commerc					lata - II-		r. Date			
b. Phones c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number d. Discrepancy Indication Space: c. US EPA Number g. Date V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: D. Date V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: D. Date C. Responsible Agency Name and Address: NECHAP Admin. Colorato Dept of Health & Public Sity Address Addres	a Transporter's Name and Address:									
ESA TO / 7 POLY WARNE (Print) c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: 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: C. Responsible Agency Name and Address: NESPAF Admin. Colorado Dapt of Health & Public Sity 4300 Chemy Creek Dr. South Denver, Colorado Dapt of Health & Public Sity 4300 Chemy Creek Dr. South Denver, Colorado Dapt of Health & Public Sity 4300 Chemy Colorado Dap	ESA 6700 E S									
e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address:	Commerce City CO	8002	2							
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address:	b. Phone: 31 791 12	80	- 1	4-9						
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address:	ESATO17 telous	un te	to Wein	^		10-1	8-1	8		
a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: Other Account if 99/3218 ESA / 1 U Protect 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: NEGRAP Admin: Udicrado Dept of Health & Public Sity 4800 Cherry Creat Dr. South b. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-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										
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: NEST AGENT AGENT CORRESO DEPT of Health & Public Sity 4300 Cherry Creek Dr. South b. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-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		or complete Illa								
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: NEGRAP Admin. Colorado Dept of Health & Public Sity 4300 Cherry Creek Dr. South b. 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	a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrep	ancy Indica	ation 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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Date of Authorized Agent (Print) ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Add/OU Cherry Creek Dr. South d. Phone: Date of Health & Public Sity 4300 Cherry Creek Dr. South d. Phone: Phone: G. Phone: Date of Authorized Agent (Print) Address: Add/OU Cherry Creek Dr. South d. Phone: Date of Authorized Agent (Print) Address: Add/OU Cherry Creek Dr. South d. Phone: Date of Authorized Agent (Print) Address: Add/OU Cherry Creek Dr. South d. Phone: Date of Authorized Agent (Print) Address: Add/OU Cherry Creek Dr. South d. Phone: Date of Authorized Agent (Print) Address: Add/OU Cherry Creek Dr. South Add/OU Cherry Creek Dr. South d. Phone: Date of Authorized Agent (Print) Address: Add/OU Cherry Creek Dr. South Add/OU Che		y Cartain and Cartain St.								
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: NEGRAP Admin: Udicrado Dept of Health & Public Situ 4300 Cherry Creek Dr. South Dather, CO 303-692-3102 b. Phone: G. Responsible Agency Name and Address: NEGRAP Admin: Udicrado Dept of Health & Public Situ 4300 Cherry Creek Dr. South Dather, CO 302-48-1530 303-692-3102 d. Phone: G. P	b. Commerce City, CC (Account	# 993210 ESA / 1	-10 Project)							
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: NEGRAP Admin: Cocrado Dept of Health & Public Sity 4300 Cherry Creak Dr. South 430	I hereby certify that the above named mate	erial has been acc	epted and to the be	st of my knowled	ge the fore	going is tru	e and acc	curate.		
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: NEGRAP Admin: Cocrado Dept of Health & Public Sity 4300 Cherry Creak Dr. South 430										
a. Operator's Name and Address: C. Responsible Agency Name and Address: NESHAP Admin Colorado Dept of Health & Public Sity 4300 Cherry Creak Dr. South Demor, CO 30248-1536 303-582-3102 d. Phone: 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) A. 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						g. Date				
B. Phone: Commerce City, OC 80022 303-491-1260 d. Phone: Danver, CO 800246-1630 303-692-3102 e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-		completes IVa-								
b. Phone: Converse City OC 80022 303-891-1280 d. Phone: Dativer, CO 80248-1630 303-692-3102			U.S. S.	c. Responsible A	Agency Nar	ne and Add	ress:	ter of Mantin :	Uninter Con	
b. 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									at a matter could.	
e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	b. Phone: Commerce City, CC 60022	303-691-126	30	d Phone:					2	
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		onal Information:		d. 1 110110.			******			
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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	national governmental regulations.		, с. т. т. т. т. т. т. т. т. т. т. т. т. т.				- Containing to	- applicable (fitt	Jiriational and	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or					a Pi				THE THE	
**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	g. Operator's Name and Title (Print)	h. Signa	ture		11 20	i. Date				
	*Operator refers to the company which own renovation operation or both	s, leases, operate	es, controls, or supe	rvises the facility	being dem	nolished or r	enovated	, or the demolit	ion or	



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I. GENERATOR (Generate	or complete	s la-r)							
a. Generator's US EPA ID Number	1	b. Manifest D	ocumen	t Number			c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Address:						
Deferace Legeranent of Tran					COLORED	o Deparm		nsportation	
North of FPS tretween Octom						46th Avenu			
f. Phone: Denver, CG 80216	720-920	14995	0	. Phone:	Dehver,	00 80216		720-920-466	ő
If owner of the generating facility differs fr	om the genera	tor, provide:	9.	T HOHO.		- 12	-	· ·	
	and general								
h. Owner's Name:				Owner's Phone	e No.:				
j. Waste Profile #	k. Exp. Date			g Name and			ntainers	n. Total	o. Unit
		Descripti	on			No.	Туре	Quantity	Wt/Vol
		10 (20)	datari A	Asbeeige Cont	asinarad	Soil		1 - 7	
5126 1812496	7/30/20	The second secon		THE COURT OF THE	mi u ne e energ	a.Gir		15	Yants
2014 pt 144 152 mg/21	1 1 1 1 1 1 1 1 1	150%	45.0					D. A. V.	(-04/62)
		i i							
GENERATOR'S CERTIFICATION: I here	hy certify that t	he above named r	naterial	is not a hazard	lous wast	e as define	d by 40 C	FR 261 or any a	nnlicable
state law, has been properly described, cl	lassified and pa	ackaged, and is in	oroper c	condition for tra	nsportatio	on accordin	g to applic	able regulations	; AND, if this
waste is a treatment residue of a previous									vaste has
been treated in accordance with the requi	rements of 40	CFR 268 and is no	longer	a hazardous w	aste as d	efined by 4	0 CFR 26	1.	
a ston king or better o	1 CLOT							16 117	311/
p. Generator Authorized Agent Name (Pri	nt)	q. Signature					r. Date	W	2011 - 20
II. TRANSPORTER (Gene			ranen	orter comple	etes lic-	۵۱	11. Date		
a. Transporter's Name and Address:	rator compr	stes lia-b and	тапър	orter compr	cies iic-	6)			
a. Transporter o Marino and Madrood.									
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		and the same of th			- 400				77/
2.7-200	5	A PROPERTY OF THE PROPERTY OF	> 1	_			11	2//95/	1
c. Driver Name (Print)	d. S	ignature				e. Date		1 1	
III. DESTINATION (General	tor complete	Illa-c and Des	tinatio	n Site comp	letes III	d-a)			
a. Disposal Facility and Site Address:		c. US EPA					e:		
CANCEL FOR EXPERIENCE					,				
Sith & Tower Put									
b. Commerce City, CO (Accoun	t# 890216 ES	A / I- O Project							
I hereby certify that the above named mat	erial has been	accepted and to the	e hest	of my knowlede	e the fore	agoing is tr	ue and ac	nurata	
Thoropy contry that the above harned man	CHAI HAD DOCH	accepted and to ti	C DOSE C	or my knowledg	e the fore	Sgorily 13 ti	uc and ac	burate.	-
		- V			-				
e. Name of Authorized Agent (Print)		nature				g. Date	-		
IV. ASBESTOS (Generator	completes l'	Va-f and Opera	tor co	mplete IVg-i)				
a. Operator's Name and Address:			C.	Responsible Ag	ency Na	me and Ad	dress:		
ESA inc					NESHA	Admin:	Oberado I	Japt of Health b	Public Sity
5700 E 50th Avenue					4300 füh	learly Cress	Or South		
b. Phone: Constatroe City, OC 80022	303-991	-1260	d	Phone:	Benver,	00 80246	1530	303 692 310	2
e. Special Handling Instructions and Addit	tional Information	on:	, u.	i iloilo.			_		
				1					
f. Friable Non-Friable Both		Friable	%	Non-Friable	m al = -	nhali: d	ا ما ما	- h 4k	-1-1
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	laheled/placer	ded and are in all	CONSIGNI respect	ment are fully a	dition for	ately descr	roed abov	e by the proper	snipping name
national governmental regulations.	labeleu/placal	uou, anu are m all	respect	a iii biobei con	anion lor	u ansport a	iccording t	o applicable inte	manorial and
			_						
					100 1000	<u> </u>		1.7	
g. Operator's Name and Title (Print)	h. S	gnature				i. Date			
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	erates, controls, or	supervi	ses the facility	being den	nolished or	renovated	i, or the demoliti	on or
Torrovation operation or both									



I. GENERATOR (Generate	or completes	ia-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number			c. Page	1 of \	
d. Generator's Name and Location:	and and constitution of		e. Generator's	Mailing Add	dress:	and in Time		
Colorado Department of Tran		Discount Control of the Control of t					1500Ration	
Florin of t-70 between Column					16th Avenu		200 000 1000	
f. Phone: Derwor, CO 80216	720-920-4	000	g. Phone:	Denver,	00 89216		729.620-1666	
If owner of the generating facility differs for	om the generator	, provide:			911111			
h. Owner's Name:			i. Owner's Pho	one No :				
i. Waste Profile #	k. Exp. Date	I Waste Shi	pping Name and	orie ivo	m. Cor	ntainers	n. Total	o. Unit
j. vvaste i folite #	K. Exp. Date	Description	pping Hame and		No.	Туре	Quantity	Wt/Vol
								i
	200000-00000000		led Asbestos Co	ntaminated	SOI		18	
5128 1812498	7/00/2019	RACS					10	Yanda
			- Wes	- 2 - 2 - V				
							0	
						:		
GENERATOR'S CERTIFICATION: I here	by certify that the	a above named mate	arial is not a haza	ardoue waete	as define	d by 40 C	EP 261 or any an	nlicable
state law, has been properly described, c	lassified and pack	aged, and is in pro	per condition for	transportatio	n accordir	ig to applic	able regulations;	AND, if this
waste is a treatment residue of a previous	sly restricted haza	irdous waste subjec	t to the Land Dis	posal Restri	ctions. I ce	ertify and w	arrant that the wa	aste has
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lor	ger a hazardous	waste as de	efined by 4	0 CFR 26	1.	
The state of the	A TOTAL					10	TITLE BOLD	<i>(</i>
p. Generator Authorized Agent Name (Pri	nt)	. Signature				r. Date		
II. TRANSPORTER (Gene			nsporter com	pletes lic-	e) a	T.	72	
a. Transporter's Name and Address:	man F 5	50/47	101-	(0)	in C	114	0	3.3
ESN 6/0				100			200	7.00
	67						0	
b. Phone. 303 -771 12	80			() . 00				
	ON TO	Da (and	20 Up	17)	0-1	9
40001300		econo i					0 1	.)
c. Driver Name (Print)	d. Sigr		0		e. Date	AND AND SA		
III. DESTINATION (General	tor complete I							
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discre	pancy Indica	ation Spac	e:		
Birth & Tower Rd								
Committee City, CO (Accoun	1# 590216 ESA .	1-70 Protect)						
b.			-1-611	J - 1 - 1 - 1			4	
I hereby certify that the above named man	teriai nas been ac	cepted and to the b	est of my knowle	eage the fore	egoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Sign	ature			g. Date			
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IV	g-i)				
a. Operator's Name and Address:			c. Responsible	Agency Nar	ne and Ad	dress:		
ESA inc							Dept of Hearth &	Public Site
6700 E 60th Avenue						Dr. Sout		
b. Phone: Commerce City, CG a0022	303-991-1	ZBU -	d. Phone:	Denver.	CO 802/4	F-1050	303-692-3102	
e. Special Handling Instructions and Addit	tional Information							
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable					-/
OPERATOR'S CERTIFICATION: I hereby				v and accura	ately descr	ribed abov	e by the proper sl	nipping name
and are classified, packaged, marked and								
national governmental regulations.		I STATE OF THE STA	tolles					
g. Operator's Name and Title (Print)	h, Sigr	nature		-	i. Date	oli .		
*Operator refers to the company which ow			ervises the facili	ty being den		renovated	d, or the demolition	n or
renovation operation or both					7 (1)	Disco		



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I. GENERATOR (Generate	or completes	ia-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Address: Colorado Declariment of Transportation						
			Cotoradi	o Liebanma		ecchalien			
Nonn of 1-70 between Columb			3543 E 40th Avenue						
f. Phone: Denver, CC 30210	720-920-4	ene .	g. Phone:	CO 80218		720-020-4686			
If owner of the generating facility differs fr	om the generator	r. provide:	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
The owner of the generating racing amore in	om the gonerate.	., p							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol		
		Description		INO.	Type	Quantity	7707001		
		Requisi	ed Asberrios Contaminated	tion		.0			
5126 1812496	7/30/2019		THE PERSON NAMED IN THE PARTY OF THE PARTY O	Truli.		13	Yards		
0120 1212500	THERE ES TO	Uldry)					1 (19/0/2		
GENERATOR'S CERTIFICATION: I here	by cortify that the	a above named mate	rial ie not a hazardoue waet	e ac define	d by 40 Ci	EP 261 or any ar	nlicable		
state law, has been properly described, cl	assified and pack	kaged and is in prop	er condition for transportation	on accordin	a to applic	able regulations:	AND. if this		
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of 40 CF	FR 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 26	i			
The second second	187	476				117/21	150		
	VIV.	01 1			. Data				
p. Generator Authorized Agent Name (Pri		q. Signature			r. Date				
II. TRANSPORTER (Gene	rator complet	es Ila-b and Trar	nsporter completes lic	-e)					
a. Transporter's Name and Address:	nor -1/11	rrini L	1176 140,4	AA	4				
/ \ \	116 110	(KIII)	100) N.I.	Air 3					
-00 QUIN 1	7 014		1						
b. Phone: 100 180	74 10		1						
NIC 191 10 +VN(1)	111 1	al the	//	1 /	1-18	· 1K			
c. Driver Name (Print)	d. Sign	nature	1	e. Date	1-10	-10	2021000		
			tion City completes II	1		ar-sacar			
III. DESTINATION (General	tor complete i								
a. Disposal Facility and Site Address:		c. US EPA Num	nber d. Discrepancy Indic	ation Space	9:				
John & Tower Rd									
Commerce City, CO (Account	EN DOMESTICAL	21. Shi Pensanti							
b.									
I hereby certify that the above named mat	teriat has been a	ccepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.			
a Name of Authorized Asset (Brint)	f Ci	aturo		g. Date					
e. Name of Authorized Agent (Print)	f. Sign		complete N/= N	y. Date		100 000 miles			
IV. ASBESTOS (Generator	completes IV	a-r and Operator				Yes Y			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	lance will be able of	Company of		
ESA Inc						Jeon of Health &	MADIG SIG		
67XX E 60th Avenue				nerry Creek					
b. Phone: Commerce City, CC 60022	306-991-1	(280)	d. Phone:	00 80248	-ibal	E43-802-3102			
e. Special Handling Instructions and Addi	tional Information	1:							
f D Esiable D Non Estable D Dath	D/ 1	Erioblo	% Non Frieble						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		Friable	% Non-Friable	rately descr	ihed show	e by the proper s	hinning name		
and are classified, packaged, marked and	labeled/placard	ed, and are in all resi	pects in proper condition for	transport	according t	o applicable inte	national and		
national governmental regulations.		, 610 11 611 100							
			11 No 4 V				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		100							
g. Operator's Name and Title (Print)	h. Sig	nature	andara Na farith to the	i. Date		d andba damater			
*Operator refers to the company which ov renovation operation or both	vns, leases, oper	ates, controls, or sup	ervises the facility being de	molished of	renovate	a, or the demolitie	on or		
Torrovation operation of both						and the same			



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a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of								
	c. Page 1 of							
A Congretor's Name and Leasting.								
d. Generator's Name and Location: e. Generator's Mailing Address: USCrass Department of Transportation								
North of 1-70 between Solumbine & Etizabeth Streets 3643 E 46th Avenue								
Denver, CC 80216 720-920-4666 g. Phone:								
If owner of the generating facility differs from the generator, provide:								
h. Owner's Name: i. Owner's Phone No.:	i. Owner's Phone No.:							
1. Tradio i folio ii	Unit t/Vol							
Description No. Type Quantity W	7001							
Regulated Ashestos Contaminated Still								
5125 1812499 7/30/2019 RACS	arde							
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applications.	hle							
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; ANI	, 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 been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.	nas							
	65							
10 Sunt Le 11 (10) (10) (10) (10) (10) (10)	O.							
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:								
95A 6700 & 504 AV								
a. Transporter's Name and Address: ESA 6700 E 50th A valored Commerce City 53 800 22-								
b. Phone: 31 991 - 12 30								
ESA TO17 Pateworn Toto Wenn 10-18-18								
c. Driver Name (Print) d. Signature e. Date								
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g)								
a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space:								
dair, a Fower Rd								
Completoe City, CO (Account # 880376 ESA / I=f0 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.								
Thereby certify that the above harried material has been accepted and to the best of thy knowledge the loregoing is true and accurate.								
O Name of Authorized Accest (Print)								
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:								
Esh inc Stream Colorada Dept of Hearth & Puni	o Say							
9700 E 50th Avenue 4300 Cherry Creek Dr. South								
b. Phone: Commerciae City, CO 80002 303-991-1280 d. Phone: Denver, CO 80246-1630 303-892-9102								
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 shippi and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable internation								
national governmental regulations.	, ar arra							
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								



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I. GENERATOR (Generat	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:	an addition		e. Generator's Mailing Ac	ldress:	nast call and	terforethann.	
Uplando Depertment of Tran list rib of 1-70 between Columb		O Lumina Ser		o Departme Agin Avenu		IDANG MATURI	
Deriver, CO 80215	720-920-H			CO 80216		720-920-468	ur .
f. Phone:			g. Phone:	OU OUL III		3 20102111900	
If owner of the generating facility differs for	rom the generator	, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Requisi	ed Asbeston Contaminated	Linit		nate:	
5126 1B12406	7/90/2019	No. 100	our mountain out man trade of			15	Yards
Charles in 17 and	11672167161	EMERGE-12				47	A CATHERY
					11 40 0		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby certify that the	e above named mate	erial is not a hazardous was	te as define	ed by 40 C	FR 261 or any a	applicable
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	t to the Land Disposal Resti	rictions. I ce	ertify and v	varrant that the	waste has
been treated in accordance with the requi	irements of 40 CF	R 268 and is no lon	ger a hazardous waste as o	defined by 4	0 CFR 26	1.	
A STANDARD REST LET	4.4.10				1		
p. Generator Authorized Agent Name (Pri	int) c	q. Signature			r. Date		
II. TRANSPORTER (Gene			nsporter completes lic	-e)	150.00		
a. Transporter's Name and Address:	1006	- TV116	K. W.				
L	LUTTO	unett	7				
777111600		anti	0				
b. Phone 3 64459	47 1	1	11				
1-11/1/2 A1/	11/11/11	1911 111	En Vall	/	1)-1	18.10	
c. Driver Name (Print)	d. Sigr	active /	rogree	e. Date	Same "	0 10	
III. DESTINATION (General			ation Site completes II		**************************************		
a. Disposal Facility and Site Address:	itor complete ii	c. US EPA Nur			0.		
a. Disposar I acinty and Site Address.		C. OO LI A NUI	d. Discrepancy maic	ation opaci	0.		
ikith a Tower Ro			9.0				
b. Commerce City, CO (Accoun	it#95/1216 ESA /	1-10 Project)					
I hereby certify that the above named ma	terial has been ac	ccepted and to the b	est of my knowledge the for	regoing is tr	ue and ac	curate.	
a Name of Authorized Apont (Drint)		-4		- Data			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signa		complete IVa iV	g. Date			
	completes iva	a-i and Operator		1 4 1			
a. Operator's Name and Address:			c. Responsible Agency Na	Actoria	iaress:	Dept of Hearn	a Premie arti
8700 E 80ar Avanue				herry Creek			Andrew Server
Commence Oil . Or overs	303-891-11	280	Dunuar	00 80246		303-592-316	12
b. Phone: e. Special Handling Instructions and Addi		The same of the	d. Phone:				
e. Opecial Hariding Hatidottons and Addi	itional information	•					
(D.S.)			0/ N/ - 5 : 13				
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable	rately doca	rihed abov	e by the proper	chinning name
and are classified, packaged, marked and	d labeled/placarde	ed, and are in all res	pects in proper condition for	r transport a	accordina	to applicable int	ernational and
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date			T
*Operator refers to the company which ov			pervises the facility being de		r renovate	d, or the demoli	tion or
renovation operation or both							



5011117

I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		1 2 0-5			
BUIL			c. Page 1 of					
d. Generator's Name and Location:	enorieino		e. Generator's Mailing Address:					
hierth of 1-70 petween Columb	une & Elizabeth Ai	roets	CORD	made Departn	ions of the	nscortagen		
f. Phone: Dancer, 00 30215	720-920-460	70 m		E #8th Aven ver CO 8021		There's the sale of the sale o		
If owner of the generating facility differs from			g. Phone:	MATE OU BUILD	2	720-920-48	18G	
	om the generator, p	provide:						
h. Owner's Name: j. Waste Profile #			i. Owner's Phone No.:					
j. waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
		Request	ed Asbestos Contaminar	tool tail		7 - 19 to 14		
5125 1812496	7/30/2019	RACS	- Consequent Southwest Wil	ums ison				
		12100					Yours	
GENERATOR'S CERTIFICATION: I hereb	v cartify that the ab							
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously	ssified and package	ed, and is in prope	lal is not a hazardous wa	aste as define	d by 40 Cl	R 261 or any a	applicable	
Wasie is a freatment recidue of a provious	a manufact of the		מוטקטווטוו וטו נומווסטטונט	auon accoroin	o to annic	able regulation	s; AND, if this	
been treated in accordance with the require	ements of 40 CFR 2	268 and is no long	er a hazardous waste as	defined by 4	O CFR 261	arrant that the v	waste has	
The state of the same of the	I MIT					1		
p. Generator Authorized Agent Name (Print) q. S	Signature				1017/21	I.M.	
II. TRANSPORTER (General	ator completes	lla-b and Trans	Chortor complete - II		r. Date			
a. Transporter's Name and Address:	101	na b and man	sporter completes il	c-e)				
POLLOW LANCKA	19 / 156	2050V	Trirkin	C				
1710/10 10	NO TH		1100ker					
b. Phone: (TV) 5(0-46)	α	10	1		1	1	-	
100) Hor- 426	7 3	11/		1 10	7/1	-	101/	
c. Driver Name (Print)	25	000	no .	10	///	410	0195	
	d. Signatu	re		e. Date	,	11	-0	
III. DESTINATION (Generator a. Disposal Facility and Site Address:	complete illa-c	c and Destinat	on Site completes I	llld-g)				
PUREZEL COST LOST !!		c. US EPA Numb	er d. Discrepancy Indi	cation Space:				
deth & Tower Rd								
b. Commerce City, CO (Account #	890218 ESA / 1-10	J Project)						
I hereby certify that the above named materi	al has been accent	ted and to the hear						
	annua scorr accept	ted and to the bes	or my knowledge the fo	regoing is true	and accu	rate.		
e. Name of Authorized Agent (Print)								
	f. Signature			g. Date	-			
	mpletes IVa-f a	and Operator co	omplete IVg-i)					
a. Operator's Name and Address:		C	Responsible Agency Na	ame and Addr	ess:			
67(3) E 50th Avenue			NESHA	iP Admin: Co	iorado De	pt of Health &	Carett Sfr.	
D. Phone: Commerce Oily, CO 50022	303-991-1260	4	4500 0	herry Greek C	r South			
		d.	Phone: Denver	CO 80246-1	530	303-002-0102		
e. Special Handling Instructions and Addition	al Information:							
Friable Non-Friable Both	% Friable	e %	Non-Friable					
DPERATOR'S CERTIFICATION: I hereby de und are classified, packaged, marked and lab	clare that the conte			rately describe	ed above h	v the proper of	inning ===	
and are classified, packaged, marked and lab ational governmental regulations.	reieu/piacarded, an	d are in all respec	s in proper condition for	transport acc	ording to a	pplicable interr	national and	
			611	r				
Operator's Name and Title (2)								
Operator's Name and Title (Print)	h. Signature		THE PARTY OF THE P	i. Date				
Operator refers to the company which owns, enovation operation or both	reases, operates, o	controls, or supervi	ses the facility being der	molished or re	novated, o	r the demolition	1 or	
	~						3	



I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location:	annalation.		e. Generator's Mailing Ad	ldress:	meri et Tee	nsportation	5217.025
North of 1-70 between Calant		ironta		46th Avenu		INDUR WEBSIT	
Derver, GO 80216	720-925-46		Figur-769	CD 80216		720-520-469	ig e
f. Phone:			g. Phone:		V 1971 - 1970		
If owner of the generating facility differs fr	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				· · · · · · · · · · · · · · · · · · ·
j. Waste Profile #	k. Exp. Date		ping Name and	m. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol
		Description	- whose	INU.	туре	Quartity	VVVVOI
		Regulati	ed Ashesios Contaminated	i Soil		18	
5125 1812495	7/50/2019	RACS				10	Yanta
				+			-
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 C	FR 261 or any a	pplicable
state law, has been properly described, cl	lassified and packa	aged, and is in prop	er condition for transportati	on accordin	g to applic	cable regulations	; AND, if this
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted hazar	dous waste subject	to the Land Disposal Restr	rictions. I ce	rtify and v	varrant that the v	vaste has
been treated in accordance with the requi	Tements of 40 CFF	200 and is no long	jer a nazaruous waste as c	lelified by 4	O CFR 20	11-15	(10
The start and th	C Johnson	-19)-	20.2			1 100	
p. Generator Authorized Agent Name (Pri		Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trar	sporter completes lic	-e)			
a. Transporter's Name and Address:	0.11						
CHAC	DNS						
b. Phone:		11 1 0	1		16	10/10	
MEGVEL A. CHACO) U	MACI	1		101	10 10	
c. Driver Name (Print)	d. Signa			e. Date			
III. DESTINATION (General	tor complete III	a-c and Destina	ation Site completes II	ld-g)			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space	e:		
With 5, Tower Rd							
Commerce Crey, CO (Accoun	t#BEDDIE FEAT	LPO Projects					
b.					7722		
I hereby certify that the above named mat	terial has been acc	epted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date			
IV. ASBESTOS (Generator	completes IVa-	f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		
ESA inc						Dept of Health 8	Public Sity
6700 E 90th Avanue	non one an	A-0		harry Cred			0
b. Phone: Commerce City, CO 80022	303-091-12	DA.	d. Phone:	CO 80246	1-1000	303.692.310	<u> </u>
e. Special Handling Instructions and Addit	tional Information:						
							1
f. Triable Non-Friable Both			% Non-Friable		Transfer .		
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accu	rately desci	ribed abov	e by the proper	shipping name
and are classified, packaged, marked and national governmental regulations.	l labeled/placarded	l, and are in all resp	ects in proper condition for	transport a	according	to applicable inte	rnational and
Transfer governmental regulations.		************			i sala		
			ne an ann ann			-	
g. Operator's Name and Title (Print)	h. Signa		onione the facility being do	i. Date	r ronevot-	d or the demetit	on or
*Operator refers to the company which ow renovation operation or both	viis, ieases, operat	es, controis, or sup	ervises trie facility being de	monsnea of	renovate	u, or the demolit	OIT OI



I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	annumber of the		e. Generator's Mailing Address:						
Odorado Deparenshi of Tran Iverin er 1-70 between Golum		1/Dello		48th Aven		HOLDINGOV!			
Denver CO 80216			Fierrye	CO 8021		720-920-486			
f. Phone:			g. Phone:		800 HIVE				
If owner of the generating facility differs fr	rom the generator,	provide:							
h. Owner's Name:	T-1-1-1	TO THE RESERVE OF THE PARTY.	i. Owner's Phone No.:				-T		
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	M. Col	Type	n. Total Quantity	o. Unit Wt/Vol		
					1,750	. 7	110 101		
			exi Asbestos Conteminate	d Still		1 1 X			
5126 1812496	7/00/2010	RACS				1	Y8109		
		***		Veri			200		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	erial is not a hazardous was	ite as define	ed by 40 C	FR 261 or any a	applicable		
waste is a treatment residue of a previous	sly restricted hazar	dous waste subject	to the Land Disposal Rest	rictions. I ce	ertify and v	varrant that the	waste has		
been treated in accordance with the requi	irements of 40 CFF	R 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1.			
the last of the last	I to a to	41				0/10/0			
p. Generator Authorized Agent Name (Pri	int) q.	Signature		#_#W-15-mee.ii	r. Date	1.0. 1. 2 1.710.7100			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes lic	:-е)	2	1 77 (9)(6	10,01		
a. Transporter's Name and Address:	RSA								
	621.								
303-991-	1780								
b. Phone: 303-991- Steven moon	160	James to		T	11.	1012			
Dieren moon		1-prof	ppered		//	19.10			
c. Driver Name (Print)	d. Signa		815	e. Date					
III. DESTINATION (General	tor complete III								
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indi	cation Spac	e:				
Beth & Tower Rd									
Contimerce City, QC (Account	1# 990216 ESA /	I-10 Project;							
b. I hereby certify that the above named mat	terial has been acc	ented and to the b	est of my knowledge the fo	regoing is to	ue and ac	curate			
Thereby detaily that the above hamed that	ional nao baon ao	optod and to the b	oot of my knowledge the to	Togoling to the	do dila de	ouruto.			
a Name of Authorized Asset (Driet)	6.0					1000			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signa		complete IVa iV	g. Date					
	completes tva-	-i and Operator		ama and Aa	Iduana				
a. Operator's Name and Address:			c. Responsible Agency N	AP Admin	Celorado	Dept of Health	Packs Sta		
6100 E 50th Avenue			4300 C	herry Crec	k Dr. Soul	ħ			
b. Phone: Commerce City, CC 60022	303.991.43	80	d. Phone:	,00 8024	5-1590	303-602-011	12		
e. Special Handling Instructions and Addit	tional Information:						et		
f. Friable Non-Friable Both			% Non-Friable	100					
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	signment are fully and accu	rately desc	ribed abov	e by the proper	shipping name		
and are classified, packaged, marked and national governmental regulations.	i labeled/placarded	i, and are in all resp	pects in proper condition fo	r transport a	according	to applicable int	ernational and		
3				T					
Occupants Name of Title (Delay)	. 0			1.5.					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa		ervises the facility being de	i. Date	r renovate	d, or the demoli	tion or		
renovation operation or both	,	, oo, a oio, oi aup			·······································	_, or allo deliloll			
					-				



5011125

 GENERATOR (Generate 	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docui	ment Number		c. Page	1 of			
d. Generator's Name and Location:	eran makestronen	iolani, i i i i i i i i i i i i i i i i i i	e. Generator's Mailing A	Generator's Mailing Address:					
Uplorado Department di Trans Promi el 170 pelween Courad		Atrante		do Deparent : 46th Avanu		15K/OFFRUDA			
Denver CD 80216	720.920.4		Denue	r. CO 80218		720-920-4996			
f. Phone:			g. Phone:	,		THE CASE OF STREET			
If owner of the generating facility differs fr	om the generato	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:			100			
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
		Description		140.	Туре	Quantity	770 701		
		Regulate	ed Asbestos Contaminate	ci ijoil		10			
5126 1812496	7/30/2019	RACS				10	Yords		
	1								
				i E					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl									
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	to the Land Disposal Res	trictions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of 40 Ci	FR 268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1.			
the surtained he	1 6 1 CFX	7	<u> </u>		12	17 DE1	2		
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date				
II. TRANSPORTER (Gene	rator complet	es lla-b and Trai	nsporter completes like	c-e)					
a. Transporter's Name and Address:	111								
CLAR	DN'	5							
	010	and the same of th							
b. Phone:		4	Λ	_					
MEGSEL N. Cibi	600	M.A.C	_1/4		101	18/16			
c. Driver Name (Print)	d. Sig	nature		e. Date					
III. DESTINATION (Generat	or complete	Illa-c and Destina	ation Site completes	llld-g)					
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indi	cation Space	e:		U100-18		
tean & Tower Rd									
Commerce City, CO (Adopunt	# 990218 ESA	/ L O Projecti							
b. I hereby certify that the above named mat			act of my knowledge the fo	rozolna io tr	uo and ac	ouroto.			
Thereby certify that the above harned mate	eriai rias peeri a	ccepted and to the bi	est of my knowledge the it	reguing is in	ue anu au	curate.			
e. Name of Authorized Agent (Print)	f. Sign		1.4.104.10	g. Date					
IV. ASBESTOS (Generator	completes iva	a-t and Operator	. 0 /						
a. Operator's Name and Address:			c. Responsible Agency N	lame and Ad	dress: Laureada (ect of Health &	Préside Sitio		
6700 E 50th Avenue				herry Creek			t many sects		
b. Phone: Commerce City, CO 90022	303-991-1	380		r, 00 80248		303-802-3102			
e. Special Handling Instructions and Addit	ional Information	1:	d. Priorie.						
f. Friable Non-Friable Both	9/, 1	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby			signment are fully and acci	urately descr	ibed abov	e by the proper s	hipping name,		
and are classified, packaged, marked and	labeled/placarde	ed, and are in all resp	pects in proper condition for	or transport a	ccording t	o applicable inter	mational and		
national governmental regulations.				1					
g. Operator's Name and Title (Print)		nature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being de	emolished or	renovated	a, or the demolitic	วก 01		



5011126

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docui			c. Page	1 of			
d. Generator's Name and Location:	enamakan		e. Generator's Mailing Address:						
North of 1-79 between Colum		Simula	3543 E 46th Avenue						
Desver CC 80216	720.920-10		Demor	00 80216		720-920-466	8		
f. Phone:	Ab	and de	g. Phone:						
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:				- year - career		
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
		Description		INO.	Туре	Quantity	777701		
		Requisi	ad Asbestos Contaminated	Soil		1.0			
5126 1912495	7/00/2019	RACS				18	Yords		
				1					
A A									
							-		
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	policable		
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations	s; AND, if this		
waste is a treatment residue of a previous							waste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no ion	ger a nazardous waste as d	elined by 4	U CFR 20				
AFRICA IN A SILVERY	m Ling I					0 1 1 1 12	新 化 图		
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes lic-	-e)					
a. Transporter's Name and Address:	- T / B	V00601	TXXXIII						
DOTTON TOCK	11/1/1	HELL	pervy						
(7101510 -A	1/1/5	/	1 3			1	1		
b. Phone:	rou		1 66 -		-	10	6-110		
1-Gletten Murich		mal/	1 An		16	1185	10017		
c. Driver Name (Print)	d. Sign	áture		e. Date		1 1	· Kul		
III. DESTINATION (General	tor complete II	la-c and Destina	ation Site completes III	ld-a)	A		·		
a. Disposal Facility and Site Address:		c. US EPA Nun			e:				
La ver Farian									
Billin & Yower Rd Commerce City, OG (Accoun	A SOVER DOG A	3 W. Charlesoft							
b.	THE COURTS IN LOCAL	I- U FTURAU							
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	nture		g. Date					
IV. ASBESTOS (Generator	2000		complete IVa-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress.				
ESA MG			NESHA	P Admin.	Colorado I	Dept of Health 8	Frabile Sity		
67045 buth Avesus				erry Greet					
b. Phone: Commerce Oily, 00 30022	303-901-13	360	d. Phone:	00 80248	1530	303-692-310	2		
e. Special Handling Instructions and Addit	tional Information:					331.00			
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con-	signment are fully and accur	ately descr	ibed abov	e by the proper	shipping name		
and are classified, packaged, marked and	l labeled/placarde	d, and are in all res	pects in proper condition for	transport a	ccording 1	o applicable inte	ernational and		
national governmental regulations.				L					
g. Operator's Name and Title (Print)	h. Sign	ature	Some and the second	i. Date		~~~			
*Operator refers to the company which ow	vns, leases, opera	tes, controls, or sup	ervises the facility being der	molished or	renovate	d, or the demolit	ion or		
renovation operation or both		20 LESS							



5011127

I. GENERATOR (Generate	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docui	ment Number		c. Page	1 of		
d. Generator's Name and Location:	enamatics		e. Generator's Mailing Ad	dress:	at of Tono	ALIDA SERVICE DE		
Velorado Deparament of Treta Neath of 170 petricen Columb		iposele.		46th Avenu		(MACH MINNEY)		
Danier CD 80016	726-929-48		Denver	CO 80216		720-920-460		
f. Phone:	CONTRACTOR OF THE	· · · · · · · · · · · · · · · · · · ·	g. Phone:					
If owner of the generating facility differs fr	om the generator,	provide:						
h. Owner's Name:		1	i. Owner's Phone No.:	J O	Anlmann	n. Total	1 - 1 - 1	
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	m. Cor	Type	n. Lotal Quantity	o. Unit Wt/Vol	
		Requisi	10					
5128 1812498	7/30/2010	RACS				10	Yourds	
GENERATOR'S CERTIFICATION: I here	by cortify that the	above named mate	erial is not a hazardous was	te as define	d by 40 Cl	ER 261 or any a	annlicable	
state law, has been properly described, cl	lassified and packa	aged, and is in prop	per condition for transportation	ion accordin	g to applic	able regulation:	s; AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted hazar	rdous waste subject	t to the Land Disposal Rest	rictions. I ce	rtify and w	arrant that the	waste has	
	Ternerits of 40 CF	R 200 and is no lon	ger a riazardous waste as t	Jellilea by 4	U CFR 20		11.5	
I W WELL AND CAME IN MACE.	C 1120	734		1.6	1 1 1 1 9	4.5		
p. Generator Authorized Agent Name (Pri		. Signature			r. Date			
II. TRANSPORTER (Gene	, ,		nsporter completes lic	(e)	200	22		
a. Transporter's Name and Address:	.501h	AUE !	O muce 1 19			A. T. Lines of St.		
2.3.001.5	~ =							
b. Phone: 303-99/12	80		00				-	
Dennis ComB	011	h (20, 4 BU	1	T -	10	X	
c. Driver Name (Print)	d. Sign	ature	eco gr sa	e. Date				
III. DESTINATION (General			ation Site completes I	-				
a. Disposal Facility and Site Address:		c. US EPA Nun			e:	100-0		
den å Tower Ro								
Commerce City, CO (Account	E GGOOTE FIGA	L. (f) Denture)						
b.								
I hereby certify that the above named mat	terial has been acc	cepted and to the b	est of my knowledge the fo	regoing is tr	ue and acc	curate.		
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	dress:	bent of Health	C Diversion status	
2700 E 62th Avenue				herry Creek			K I SURV SHIX	
manufacture and the processing	309-991-12	280	Develop	00 80248		303 492-310	12	
b. Phone: e. Special Handling Instructions and Additional Control of the Control		AND THE RESERVE OF THE PARTY OF	d. Phone:	, , , , , , , , , , , , , , , , , , , ,				
f. Friable Non-Friable Both	% F:	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	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								
national governmental regulations.	7			T	THE PARTY			
		and the second of the second			1			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign		envises the facility hains do	i. Date	renovator	or the demoli	tion or	
renovation operation or both	viis, icases, upera	tea, controls, or sup	bei vises the lacility being de	anionalieu Ol	Teriovalet	a, or the demon	LIGHT OF	
					and the second liverage and the second			



5011128

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number			Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:				e. Generator's Mailing Add	iress:	all as the				
Wolchado Department of Francisco			70	Colorado) Liepanmi		istonation			
Front of F70 between Columb			315		löth Avenu		750 000 4000			
f. Phone: (Defruey, CO \$0216)	730-93	20-4666		g. Phone:	CC 80218		720-920-4666			
If owner of the generating facility differs from	om the gener	rator, pro	vide:							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Dat	е	I. Waste Ship	ping Name and	m. Con		n. Total	o. Unit		
P			Description		No.	Туре	Quantity	Wt/Vol		
£126 1612496	77009	019	Raquists RAGS	ed Asbesios Contaminated	20 And 20		13	Yants		
							, in the second second			
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.										
Car Control	15.		17 12:	1 -3						
p. Generator Authorized Agent Name (Pr	gnature			r. Date		AV				
			N. C. C. C. C. C. C. C. C. C. C. C. C. C.	ceporter completes lle	۵)	1. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)										
b. Phone: 770 950	a. Transporter's Name and Address: (1835 Bonton St. 1835 Bonton									
Migrel Henry	wal	/	ml							
c. Driver Name (Print)	d.	. Signatu	re	, ,	e. Date	274	200200			
III. DESTINATION (General	tor comple	ete Illa-	c and Destina	ation Site completes III	ld-g)					
a. Disposal Facility and Site Address:			c. US EPA Nun			e:				
Both & Tower RG										
Commerce City, CO (Account	nt # 960216 E	58A/I-0	0 Project)							
b. I hereby certify that the above named ma	terial has he	en accen	ted and to the h	est of my knowledge the for	egoing is tr	ue and ac	curate.			
Thoroby cormy that the above hamed he		J., 4000p			3					
					D. D. L.					
e. Name of Authorized Agent (Print)		Signatur		annual to NA "	g. Date		12-0-			
IV. ASBESTOS (Generator	completes	s IVa-1	and Operator							
a. Operator's Name and Address:					P.Admin:	Colorado	Deot of Health &	Public aity		
8700 E 50th Avenue	202.6	NO. 1 1000			herry Cree		n 303-892-316,	3		
b. Phone: d. Phone:										
e. Special Handling Instructions and Add	itional Inform	ation:								
f. ☐ Friable ☐ Non-Friable ☐ Both										
OPERATOR'S CERTIFICATION: I hereband are classified, packaged, marked an national governmental regulations.	v declare tha	at the con	tents of this con	signment are fully and accur pects in proper condition for	rately desc transport	ribed abov according	e by the proper s to applicable inte	shipping name rnational and		
g. Operator's Name and Title (Print)	h	. Signatu	ire		i. Date	di 100				
*Operator refers to the company which o renovation operation or both	wns, leases,	operates	, controls, or sup	pervises the facility being de	molished o	r renovate	d, or the demoliti	on or		



5011129

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number c. Page 1 of							
d. Generator's Name and Location:	enadalian	,	e. Generator's Mailing Ac	idress: lo Deparime	ent of Test	resurtation				
Harth of 470 between Columb		plants		45th Avenu		105/01 marks				
f. Phone:	720-920-46			00 80219		720-920-4666				
If owner of the generating facility differs fr	om the generator,	provide:								
h. Owner's Name:	,	1	i. Owner's Phone No.:	T 0			. 11-24			
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cor No.	Type	n. Total Quantity	o. Unit Wt/Vol			
					- 7, -					
5128 1812498	7/3/5/30 19	Ragillak RACS	ed Asbestos Contaminated	i koil		18	Yanta			
+										
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.										
Who Jerroup or Lahal		1/10		····	1.7	11-11-2	1.2			
p. Generator Authorized Agent Name (Pri		. Signature	r. De							
II. TRANSPORTER (Gene			nsporter completes lic	:-e)		100				
a. Transporter's Name and Address:	rator complete	o na b ana man	ioportor completes no	, , , , ,			D 12 - 12 - 1			
b. Phone:	31-6	1 (mg)				,	1 ,			
3000 70		Commercia	-		10	2/13/	1/3			
c. Driver Name (Print)	d. Sign			e. Date		/				
III. DESTINATION (General	tor complete II	la-c and Destina								
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy India	cation Space	э:					
contr & Tower Rd Comprete Sity, CO (Accoun	t#990210 ESA/	(-10 Project)								
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the fo	regoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:				IP Admin	Scierado I	Deprof Health &	Public Sity			
Communication (CC) 200 200 200 200 200 200 200 200 200 20										
b. Phone: e. Special Handling Instructions and Additional Information:										
f. Friable Non-Friable Both	f. Friable Non-Friable South Friable Non-Friable Non-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.									
operator's Certification: I hereby and are classified, packaged, marked and national governmental regulations.	y declare that the	contents of this cond d, and are in all res	signment are fully and accu pects in proper condition fo	r transport	according	to applicable inter	rnational and			
		* II- II-18			100					
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date		4 - 4 4 4				
*Operator refers to the company which over renovation operation or both	wns, leases, opera	ites, controls, or sup	pervises the facility being de	emolished of	renovate	a, or the demolitic	on or			



5011130

I. GENERATOR (Generato	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of				
d. Generator's Name and Location:	enuria ion		e. Generator's Mailing Ad	dress:	est of Fron	nervorian on				
Piorito of 1-70 between Columb Denver, CO 20218			Goldrado Department of Transportation 3643 E. 48th Avenue Denver, CO 30216 720-4666							
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and	m. Conf		n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
5156 1812496	7/90/2019	Regulati RACS	d 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.										
10 17 10 18										
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Gene		s lla-b and Tran	sporter completes lic	:-e)						
a Transporter's Name and Address: 5016 Aug COMMisce God (2580022 b. Phone: 379991125										
EJA - 1017 Retiu	Piu /Ce	wure	en	10	10	, 0				
c. Driver Name (Print) III. DESTINATION (General	d. Signa		tion Cita completes II	e. Date						
III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete III	c. US EPA Num								
TOWER CONTRIL		C. OS LEA NUIT	d. Discrepancy mak	cation opace						
Bath & Tower Rd Commerce City, CO (Accoun	t /r 990216 ESA /	I-70 Project)								
b. I hereby certify that the above named materials in the control of the control	terial has been acc	cented and to the be	est of my knowledge the for	regoing is tru	e and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date						
IV. ASBESTOS (Generator			complete IVg-i)							
a. Operator's Name and Address:				ame and Add	Coeroia	Dept of Health S	Fubic Sfly			
Comments City CO ACCO	303-891-17	X90	Dierozas	CO 80246		303-892-310	2			
b. Phone: e. Special Handling Instructions and Additional Information: d. Phone:										
f. Friable Non-Friable Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	y declare that the of labeled/placarded	contents of this cons d, and are in all resp	signment are fully and accu pects in proper condition for	r transport a	bed abov ccording t	e by the proper sto applicable inte	shipping name rnational and			
g. Operator's Name and Title (Print)	h. Sign			i. Date		1 . 11 . 1				
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	tes, controls, or sup	ervises the facility being de	emolished or	renovate	d, or the demoliti	on or			



5011131

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:						
Vicionalo Deperment di Fran			Liciorad	a Lienarime		sportation				
Harte of 1.70 between Columb			3	48th Avenu						
f. Phone:	720-92(-4	506	g. Phone:	CO 80216		720420-4666				
If owner of the generating facility differs fr	om the generator	, provide:								
h. Owner's Name: i. Waste Profile #	Is From Data	I Masta Chi	i. Owner's Phone No.:	m. Con	toinoro	n Tatal	1 1 1 1 1 1 1			
j. waste Profile #	k. Exp. Date	Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol			
William William Co.		20001170011		110.	.,,,,,	Quantity	110001			
		Recutat	ed Asbastos Contaminariad	tail		17				
5128 1612496	7/30/2019	RACS				10	Yards			
							14000			
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous wast	e as define	d by 40 CF	R 261 or any ap	plicable			
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pack	kaged, and is in prop	per condition for transportation	on accordin	g to applic	able regulations;	AND, if this			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	der a hazardous waste as d	efined by 4	O CFR 261	arrant that the wa	aste nas			
	- f 75 - 9	(6/2)	go. a mesar code marte de c	oimod by 1	O OI IT ZOI	1 1 1 2				
the Hantonop or Lakelle	Lin				6 1 7 1 3	Ct "				
p. Generator Authorized Agent Name (Pri	q. Signature			r. Date						
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)										
a. Transporter's Name and Address:										
	C 3									
703 001	1200									
b. Phone: 303 · 491	1280					6				
Steven man		X+	graph, manual and a second	/	1-1	8-18				
c. Driver Name (Print)	d. Sign	12 /200		e. Date	0	<u> </u>				
			otion City completes III		-					
	or complete ii									
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space):					
lists & Tower Ro							3			
Commerce City, CO (Account	# 990218 ESA/	I-10 Project								
b.										
I hereby certify that the above named mat	eriai nas been ac	cepted and to the b	est of my knowledge the fore	egoing is tri	ie and acc	urate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator			complete IVa-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	drace.					
ESA Inc			MESHAI	² Agam. C	Jolonado D	ept of Health &	Paties Bity			
6300 E 50th Avenue			#300 Ch	erry Creek	Dr. South					
b. Phone: Consideros Ciry, CO 30022 303-991-1280 d. Phone: Deriver, CO 50246-1520 303-692-3102										
e. Special Handling Instructions and Additional Information:										
, g men de la maria de la maria										
				41.2						
f. Friable Non-Friable Both	% F	riable	% Non-Friable	-A-b- 1		1 41				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarde	contents of this cons	signment are fully and accur	ately descri	bed above	by the proper shapping	nipping name			
national governmental regulations.	.asolou/piacaide	a, and are in all 185	socia in proper condition for	u anspuri a	coording to	applicable INtell	iauoriai ano			
					- 100	a.				
67										
g. Operator's Name and Title (Print)	h. Sign	ature	anda a Ab a 8- 1914 1 1	i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being der	nolished or	renovated	, or the demolitio	n or			



I. GENERATOR (Generate	or completes la	-r)				*-	
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	1
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:	1 7		
Horn of I-70 between Columb		Million I in				reportation	
Dernet, CO 50215				16th Avera		Sales of the little	
f. Phone:	720-920-400	<i>7</i> G	g. Phone:	CO 80216		7/20-920-468	73
If owner of the generating facility differs from	om the generator, p	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
i. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Cor	ntainers	ainers n. Total	
		Description		No.	Туре	Quantity	o. Unit Wt/Vol
		72	A A A A A A A A A A A A A A A A A A A	4 31			
200 1010 100			ed Asbeeios Contaminated	501		T.D	
5128 1812496	7/30/2019	BAGS				1.00	Yeards
							4
							11.6
P							
GENERATOR'S CERTIFICATION: I here	by certify that the a	above named mate	rial is not a hazardous waste	as define	d by 40 C	FR 261 or any a	applicable
state law, has been properly described, cla	assified and packa	ged, and is in prop	er condition for transportation	n accordin	ng to applic	able regulations	s; AND, if this
waste is a treatment residue of a previous been treated in accordance with the require	restricted nazard	268 and is no long	to the Land Disposal Restri	ctions. I ce	ertify and w	arrant that the v	waste has
	Chit	4AA-7	or a nazardous waste as de	silited by 4	0 01 17 20	1 1 79	210
100 Steenland a poball	CI CIVOI	The				0 11114	017
p. Generator Authorized Agent Name (Prin		Signature			r. Date		
II. TRANSPORTER (Gener	rator completes	s Ila-b and Tran	sporter completes llc-	e)		pt.	10000
a. Transporter's Name and Address:	DULK.		San Control				
703.9	111	557					
b. Phone:					1	10 1	-
tod lar	"Carried Contraction of the Cont	- The State of the last of the			10	12-10	
c. Driver Name (Print)	d. Signa	ture		e. Date		The same of the sa	
III. DESTINATION (Generat			tion Site completes III	d-a)			
a. Disposal Facility and Site Address:		c. US EPA Num			e:	*	
LOWER LOWER THE							N. C.
detti & Tower Rd	A CONTRACTOR A 1	W.S. (Physical Science)					
b. Commerce City, CO (Account	H 1800210 1138 1	U Proise)					
I hereby certify that the above named mate	erial has been acce	epted and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.	
						1 1 5	828
e. Name of Authorized Agent (Print)	f. Signati	UFA		g. Date	iritas.		
IV. ASBESTOS (Generator			complete IVa iV	g. Date			
	completes Iva-	and Operator					
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ad	dress:	Dept of Health i	E Princip Res
07(3) E 50th Avenue				eny Creek			1
Commerce City, 00 80022	303.991.12	\$0	Denver	00 80248		303-092-310	1,7
b. Phone: e. Special Handling Instructions and Additional Information:							
c. opecial handling manucions and Addit	ional iniormation.						
						-970	
f. Friable Non-Friable Both	% Fria	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarded	ontents of this cons	ignment are fully and accurated in proper condition for	transport of	noed above	by the proper	shipping name
national governmental regulations.	iabelea/placardeu,	and are in an resp	roots in proper condition for	uansport 8	according to	o applicable inte	and and
		2.5-1-1000					
a Openstavia Nama and Title (D.)	1 0						
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signat	ture	anvises the facility being do-	i. Date	ranavata	or the dematts	ion or
renovation operation or both	, iouses, operate	o, controls, or supe	or vises the facility being dem	ionalied of	removate(, or the demont	OH UI

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				and are classified, packaged, marre-
sport according to applicable international and	cts in proper condition for trans	, and are in all respe	eby deciale unar are or and labeled/placarded	OPERATOR'S CERTIFICATION: I he
y described above by the proper shipping name sport according to applicable international and	Inment are fully and accurately	able consignations of this consignation	oth delete that the co	f. Friable Non-Friable E
	% Non-Friable			
H. C. C. C. C. C. C. C. C. C. C. C. C. C.			:noitsmoint Isnoitibb.	b. Phone: e. Special Handling Instructions and A
	. Phone:	P	S 300-991-129	CONTRIBING CITY, CO 6095
80548 (E3) 303-965-3405	FOO WAVEG	1/1/		entent una Politi
Cheek Dr. gongy	BALL JURISTAL	7		a. Operator's Name and Address:
Ale around a riverstille ised obstation in min	Responsible Agency Name an	o lamindo pur	Or completes iva-	e. Name of Authorized Agent (Print) IV. ASBESTOS (Generati
	(i-gVI ətəlqmo	and Oberator co	utangis 1	e. Name of Authorized Agent (Print)
əts	G . B	631	integral 3	
		3	and introduction	I hereby certify that the above righted i
g is true and accurate.	of my knowledge the foregoing	pted and to the best	9006 need and Initerior	b. I hereby certify that the above named r
With		120 014 8	ALL AGE BESTIES A SAU	COLUMN 1273 VAR LESSEN AND AND AND AND AND AND AND AND AND AN
				A Activa T. A. Hear
	C. Dicordonale (C. C.	C. US EPA MUINO		a. Disposal Facility and Site Address:
Space:	n Site completes IIId-g) d. Discrepancy Indication S	c and Desunation	stor complete Illa-	III. DESTINATION (Gener
		elite discrite di la contraction	d. Signatu	c. Driver Name (Print)
ate	6. DS	D Day	11	FALDON TSUMO
8102/+1/0/	- Cont	1 100	000	p. Phone: (7x0) 5x00 - 4
111	, 0	11 -	200	J-WIS (VIL)
	()	17011 1	/Bluese	Farlon Trucking
	(10)	1014	150 101	a. Transporter's Name and Address:
	orter completes lic-e)	a-b and Transpo	erator completes li	Map) GRIGOROMAGT
r. Date		gnature	gis .p (trin	p. Generator Authorized Agent Name (P
			70(F) H 110	Noor in course in the course i
312 (51) (Dazardous waste as defined o	s and is no longer a	irements of 40 CFR 26	state law, has been propent costs a previous waste is a treatment residue of a previous been treated in accordance with the requirements.
rding to applicable regulations; AND, if this	notition for transportation accor	el isnətsm bəmsn əv	eby certify that the abor	GENERATOR'S CERTIFICATION: 1 her
fined by 40 CFR 261 or any applicable	tab as atsent autobacead a tam			
	di binai			
		T		
				200 7 Ft 1/3 F
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	5-51	Description		I STORES A COURT A
Type Quantity WtVol	.oN No.	I. Waste Shipping A	k' Exb. Date	h. Owner's Name: j. Waste Profile #
o. Unit	vner's Phone No.:	1.00		
		ge:	m the generator, provi	f. Phone: If owner of the generating facility differs fro
	Joue:			Epone.
	FSCH OO JEWING		PROFICE CONTRACTOR SE	CHERROD RESIDENCE OF LIST CHERRY
ans	SEAS E ASIN AVAIN	1	Congress	d. Generator's Name and Location:
ADDEROGAÇES I ÎN MART	snerator's Mailing Address:	e. Ge		
			D. IVI	3. Generator's US EPA ID Number
c. Page 1 of	ımber	anifest Document Nu	completes is-r)	GENERATOR (Generator

REPUBLIC SERVICES 5011096

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

I. GENERATOR (Generate	or completes la	-							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	sportation.		e. Generator's Mailing Add	ress:	ant film	nsponstan			
North of 1-70 between Columb		Truels		lôth Avent		Statistical districts			
f. Phone:	720-920-46		g. Phone: Denver, CO 80216 720-920-4666						
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol		
		Regulati	ed Asbestos Contaminated	Soil		10			
54795 4012496	7/30/2019	RACS				10	Yards		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa ly restricted hazar	iged, and is in prop dous waste subiect	er condition for transportation to the Land Disposal Restrict	n accordin	g to applic	able regulations;	AND, if this		
	1.0								
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (General a. Transporter's Name and Address:	rator completes	s Ila-b and Trar	sporter completes lic-	e)					
Barron Trucki b. Phone: (720) 560 - 48	20/B	asel	Trucking		· 3) /	1 /10	,		
c. Driver Name (Print)	d. Signa	Trul	1 m	- D-4-	011	7/10	2		
III. DESTINATION (Generate			ition Site completes Illo	e. Date					
a. Disposal Facility and Site Address: Demonstrate Page 1 (Account to the Account # 000216 ESA / !	c. US EPA Num	ber d. Discrepancy Indica	tion Space		curate.				
N. C. C. C. C. C. C. C. C. C. C. C. C. C.									
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of	f. Signat		complete IVa-iV	g. Date					
a. Operator's Name and Address:	completes iva-	and Operator	c. Responsible Agency Nam	ne and Add	iree.				
ESA tho			NESE/AF	'Admin. (Jointage L	Applicat Health &	Public Sity		
6700 E 60th Avenue Commerce Oily, CO 80022	303 991-126	10		env Creek		303-693-9102			
b. Phone: d. Phone: d. Phone: d. Phone:									
or openior realising manachons and Addin	onai momadon.								
f. Friable Non-Friable Both	% Fri	able	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the collabeled/placarded,	ontents of this cons , and are in all resp	ignment are fully and accura ects in proper condition for to	tely descri ransport a	bed above ccording to	by the proper si applicable inter	nipping name, national and		
			•						
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	ture	anyises the facility hains dom	i. Date	ronovoted	or the demolisie	D 05		
renovation operation or both	.s, louded, operate	o, coming, or supe	A videa the racility being dem	Olisited Of	i el fovareo	, or the demoidle	11 01		



I. GENERATOR (Generate	or completes la	n-r)	-							
a. Generator's US EPA ID Number		b. Manifest Docur			c. Page					
d. Generator's Name and Location:	encetalism	- Carrier	e. Generator's Mailing Address: Contrado Department of Transcortation							
Gorass Department of Trans North of 1-70 between Golumb		rante	3543 E 48th Avenue							
Denier CG 80716	720-920-49			Denver, CO 80216		720-920-468	36			
f. Phone: If owner of the generating facility differs fr	om the generator	nrovide:	g. Phone:							
	on are generator,	provide.								
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone I	No.: m. Con	tainers	n. Total	o. Unit			
j. Waste i Tollie ii	K. Exp. Date	Description	ping ramo and	No.	Туре	Quantity	Wt/Vol			
		Conservation of the Conser	od čakoskim člantom	ain and I mil		1-				
6176 1812498	7/30/2019	RACE	ed Asbestos Contan	INTEREST AND		IX	Yarda			
2100 1012-001	3.4300.000.00	1 ACCOUNTS				10	1.543(0)			
		2-4	A							
GENERATOR'S CERTIFICATION: I here										
state law, has been properly described, cl waste is a treatment residue of a previous	ly restricted hazard	dous waste subject	to the Land Disposa	al Restrictions, I ce	rtify and w	arrant that the	waste has			
been treated in accordance with the requi	rements of 40 CFR	268 and is no long	ger a hazardous was	te as defined by 4	0 CFR 26	1.				
MEGAN WOOD	mul or	heball o	nebalf of CDC7 10/11/2018							
p. Generator Authorized Agent Name (Pri		Signature	2001-2002-2		r. Date					
II. TRANSPORTER (Gene	rator completes	s Ila-b and Tran	nsporter complet	es IIc-e)						
a. Transporter's Name and Address:	(4/43	5 BONTO	751							
Mine Floor) 10)									
b. Phone: 770 480 S	2-16	-	. /							
Micuel Bather	01111 /	1 1	11	/	1-17	-6				
c. Driver Name (Print)	d. Signa	iture	(''''''''''''''''''''''''''''''''''''	e. Date	l' ''	70				
III. DESTINATION (General	or complete Illa	a-c and Destina	ation Site comple	etes IIId-g)						
a. Disposal Facility and Site Address:	***************************************	c. US EPA Num	ber d. Discrepand	y Indication Space):					
dith & Tower Ra										
Commerce City, CO (Account	# 960216 ESA / I	- O Projecti								
 I hereby certify that the above named mat 			est of my knowledge	the foregoing is to	ie and acc	nurata				
Thereby deraily that the above hamed that	erial filas been acc	epted and to the be	sst of thy knowledge	the loregoing is the	ie and acc	Jui atc.				
a Name of Authorized Agent (Drint)	f Cianat		7	- Data	- i i	×				
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signat		complete IVa-i)	g. Date						
a. Operator's Name and Address:	completes iva-	and Operator	c. Responsible Age	ncy Name and Ad	dree:					
ESA Mo			c. Responsible Age	IESHAP Admin: C	decrado (Dept of Health	& Public Sity			
6700 E 60th Avanue				300 Cherry Creek						
b. Phone: Commerce City, CO 80022	303-991-128	1 3	d. Phone:	onver, CO 80246	1630	303-692-31	92			
e. Special Handling Instructions and Addit	ional Information:			### X						
f. Friable Non-Friable Both	% Fri		% Non-Friable	d annuately t		h. Al-				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and										
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa			i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, operate	es, controls, or sup	ervises the facility be	eing demolished or	renovated	, or the demoli	tion or			



I. GENERATOR (Generator	r completes la	-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of				
d. Generator's Name and Location: October Department of Impage (15.70 between Columbia f. Phone:			e. Generator's Mailing Address: Colorado Department of Transportation 3643 E 46th Avenue g. Phone: 720-920-4066							
If owner of the generating facility differs from	m the generator, p	orovide:		12000						
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
5126 181246	7/30/3049	Regulate RACE	ed Ambesios Conteminates	d Bod		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 AMOUNT ON behalf of ODOT 10/16/2018										
p. Generator Authorized Agent Name (Print		Signature			r. Date		-10			
II. TRANSPORTER (General	tor completes	lla-b and Tran	sporter completes lic	-e)	0	2 - 2 -	-			
b. Phone: 303 79/ (280)										
Daw & Couple c. Driver Name (Print)	80 E	2-3	aught	1	0 -	17-	8			
III. DESTINATION (Generator	d. Signat		tion City completes III	e. Date	-	11 - 12				
a. Disposal Facility and Site Address:	Complete ma	c. US EPA Numl								
- ONG LONGER		o. Go El / Nami	d. Discrepancy indic	auon Space	•					
Seth & Tower Rd Commerce City, CO (Account #	090216 EBA / I-	(0 Project)								
I hereby certify that the above named mater	ial has been acce	pted and to the be	st of my knowledge the for	egoing is tru	e and acc	urate				
(a)				30310	o and doc	di di di				
e. Name of Authorized Agent (Print)	f. Signatu	re		g. Date						
IV. ASBESTOS (Generator co			complete IVg-i)	3						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	aloredo E	ent of Health 8	Public Sity			
b. Phone: e. Special Handling Instructions and Addition	al Information:	3		CO 80246		303 892 310	2			
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby de and are classified, packaged, marked and la national governmental regulations.	% Frial eclare that the cor beled/placarded, a	ntents of this consid	% Non-Friable gnment are fully and accur ects in proper condition for	ately descrit transport ac	ped above cording to	by the proper so applicable inte	shipping name, rnational and			
			J.		1112/10/4-9					
g. Operator's Name and Title (Print)	h. Signatu	ire	C. C.	i. Date						
*Operator refers to the company which owns renovation operation or both	, leases, operates	, controls, or super	vises the facility being den	nolished or I	renovated	, or the demoliti	on or			



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.	I. GENERATOR (Generator completes la-r)										
CENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a heavedous waste as defined by 40 CFR 261 or any applicable safet law, has been properly described, classified and participant in relations with the requirements of 40 CFR 283 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable safet law, has been properly described, classified and participant and accurate that the waste has been treated in accordance with the requirements of 40 CFR 283 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable safet law, has been properly described, classified and participant assets as a setting to 40 CFR 261 or any applicable safet law, has been properly described, classified and participant assets as a setting to 40 CFR 261 or any applicable safet law, has been properly described, classified and participant assets as setting to 40 CFR 261 or any applicable regulations. AND, if this waste is a technical recibility of a proviously restriction hazardous waste as before to by 40 CFR 261 or any applicable safet law, has been properly described, classified and participant assets as setting to applicable regulations. AND, if this waste is a technical recibility of applicable regulations, AND, if this waste is a setting to applicable regulations, AND, if this waste is a setting to applicable regulations, and accordance with the requirements of 40 CFR 283 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable regulations. AND, if this waste has been received and approximate from the waste has been received and approximate from the waste has been received and approximate from the waste has been received and provided provided and accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261 or any applicable regulations. AND, if this waste has been received and provided and accordance with the waste has been received and applicable regulations. AND, if the waste has been received and applicable	a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
## Profile of I/O between Countine & Exceedith Streets Phone:	d. Generator's Name and Location:	in and a contract	**	e. Generator's Mailing Ad	dress:						
f. Phone: Denot CO 60216			BATTERS.				reportation				
Phone: q. Phon							TABLE MAN ARMA				
If owner's Name:	f. Phone:	/ AU-UE-	4000	g. Phone:	CO BUZTO		1,57-5501-4000				
Liveste Profile # Liveste Stepping Name and No. Type Quentity WilVol	If owner of the generating facility differs fro	m the generate	or, provide:	*1							
Liveste Profile # Liveste Stepping Name and No. Type Quentity WilVol	1 0 1 1										
Description No. Type Quantity Wil/Vol Paguidad Asbestos Contaminatat Soil No. Type Quantity Wil/Vol		to Eve Date	L Manta Ohi		T Com	toloon	- Tabel	11.0			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 251 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 as training to applicable regulations; AND, if this uses is a streament residue of a previously restricted hexardous 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 289 and is no larger a hazardous waste as defined by 40 CFR 251. ME CLA NOCOT ME CLA NOCOT P. Generator Authorized Agent Name (Print) Q. Signature Q. Signature Q. Signature Q. Signature Q. Disposal Facility and Site Address: C. Diver Name (Print) DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: C. Disposal Facility and Site Address: C. US EPA Number D. Discrepancy Indication Space: Other Assessing of Authorized Agent (Print) DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g) E. Non-Friable D. Assessing (Generator completes IVa-f and Operator complete IVg-f) C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Respon	J. Waste Profile #	k. Exp. Date		pping Name and							
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 251 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 as the termination of the proper of the		***	200011711011		110.	1750	Quality	*******			
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 263 and is no inprier a hazardous waste as defined by 40 CFR 261. MECHAN WORD WASTER (Generator Completes lab and Transporter completes library of the Land Country of			Regula	ieri Astresios Contaminates	i Soil		10				
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 263 and is no inprair a hazardous waste as defined by 40 CFR 261. MECHAN WORD	\$126 1812 436	7/30/2019	RACS				10	Yanta			
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. **MECHAN WOOD*** **Properties** And Common Com				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				33.00			
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. **MECHAN WOOD*** **Properties** And Common Com							9				
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. **MECHAN WOOD*** **Properties** And Common Com											
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. **MECHAN WOOD*** **Properties** And Common Com					1 1						
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. **MECHAN WOOD*** **Properties** And Common Com											
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 Reactions. 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. **MECHANNOTH PROPERTY OF THE PROPERTY O											
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. **MECHAN WOOD*** **Properties** And Common Com							A PART OF THE				
waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Locatify 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. ALC IN NOTE OF 261. AL	GENERATOR'S CERTIFICATION: I hereb	y certify that th	e above named mate	erial is not a hazardous wast	e as define	d by 40 Cl	R 261 or any app	olicable			
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 II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: b. Phone: C. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: b. Commerce Cive CO Recount & 880216 ESA 1 O Project b. 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) a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: D. Phone: D. Phon	state law, has been properly described, cla	ssified and pac	kaged, and is in proj	per condition for transportation	on accordin	g to applic	able regulations;	AND, if this			
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: b. Phone: 303-991/1280 c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete lila-c and Destination Site completes lild-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: dots a Tower Pd commerce City CO (Account & \$80216 ESAT) to Project b. Thereby 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. Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: b. Phone: d. Phone: Only Forest Agency Name and Address: d. Phone: Only Forest Agency Name and Addres	been treated in accordance with the require	ements of 40 C	FR 268 and is no lon	nt to the Land Disposal Restr Inter a hazardous waste as d	efined by 4	nily and w	arrant that the wa	iste nas			
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address:								14 2142			
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: b. Phone: 3 0 3 - 991 / 280 c. Driver Name (Print)				on meral of	CDZSS	(67.1	1612010				
a. Transporter's Name and Address: b. Phone: 3 0 3 - 491 / 280 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:						r. Date					
b. Phone: 3 0 3 - 491 / 280 c. Driver Name (Print)	II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)										
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Destination Space: Completes Illd-g	a. Transporter's Name and Address:	251	9								
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Destination Space: Completes Illd-g		62,									
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Destination Space: Completes Illd-g	2 221	1									
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Destination Space: Completes Illd-g	b. Phone: 303-491	1280	75								
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Destination Space: Completes Illd-g	Strick		1	and the second s		11	17.18				
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Commerce City, CO (Account # \$40216 ESA 11-10 Project) b. Thereby 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: BASHAR Admiss Coornada Dept of Health & Public Stry 400 Cherry Crest Its South 6. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Won-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.						11					
a. Disposal Facility and Site Address: a. Disposal Facility and Site Address: b. Commerce City, CO (Account & 800216 ESA 1-1 O 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: SA FAR Admits. Colorado Deot of Health & Public Sity 400 Cherry Cress Or. South Denver, CO 80248 1599 d. Phone: e. Special Handling Instructions and Additional Information: f. Priable 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.				0 1							
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)		or complete									
b. Commerce City, CO Account & Secret Estat O Projecti 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:	a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	ation Space):					
b. Commerce City, CO Account & Secret Estat O Projecti 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:	usith it Cower Rd										
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: DESHAP Admin. Colorado Deot of Health & Public Sity 400 Cherry Creep Or South Dental Additional Information: 6. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Whon-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 SOUTH FEA	11-20 Protecti								
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: E.S.A. No. 6.00 E. Foth Avenue b. Phone: Commerce City, 00 80022 303-891-1280 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.	b.										
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: NESHAP Admin. Colorado Deot or Health & Public Sity 400 Cherry Crest Or. South Denver, CO 80248-1599 d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Won-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.	I hereby certify that the above named mate	rial has been a	ccepted and to the b	est of my knowledge the for	egoing is tru	ue and acc	curate.				
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: NESHAP Admin. Colorado Deot or Health & Public Sity 400 Cherry Crest Or. South Denver, CO 80248-1599 d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Won-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.											
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Low tac	e. Name of Authorized Agent (Print)	f. Siar	nature		g. Date						
a. Operator's Name and Address: C. Responsible Agency Name and Address: NESHAP Admin Colorada Dect of Health & Public Sity 4300 Cherry Creek Or. South Dectary Creek Or. South 4300 Cherry Creek Or. South Dectary Cree				complete (Va-i)							
b. Phone: Course City, CO 80022 303-991-1200 d. Phone: Conver, CO 80248-1539 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.					mo and Ad	droce:	15-20 W-18-11	-			
b. Phone: Commerce City, CO 80022 300-991 1200 d. Phone: CO 80248 4530 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.	The state of the s			c. Inesputisible Agency Na	Admin	Jokamas (eot of Heath & I	Punke Shy			
b. Phone: Converted City, CO 80022 303-991-1280 d. Phone: Converted 80248-1539 303-692-3102 e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-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.											
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.	Commerce City CO 90002 903-001 1000 Commer NY 902-18 4500 905-003-0400										
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.	b. Phone:										
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.	o. Opecial Handling Instructions and Addition	mai iniorriiatior	l.								
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.											
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.		%	Friable	% Non-Friable	37 B 1 C 41						
national governmental regulations.	OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accur	ately descri	bed above	by the proper sh	ipping name			
	and are classified, packaged, marked and I	abeled/placard	ed, and are in all res	pects in proper condition for	transport a	ccording to	applicable interr	national and			
	Transfer governmental regulations.										
g. Operator's Name and Title (Print) h. Signature i. Date	g. Operator's Name and Title (Print)				i. Date		100.00				
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or repovation or peration or both	*Operator refers to the company which own renovation operation or both	s, leases, oper	ates, controls, or sup	ervises the facility being der	nolished or	renovated	, or the demolition	or or			



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I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location:	sportation		e. Generator's Mailing A	Address:	ent of Tra	nsourration	
North of I-70 between Columb Detver, CO 85216	ne 8. Elizabeth S 720-920-46		3643 E	6 46th Avenu 8, CO 60218	4	720-520-466	
f. Phone: If owner of the generating facility differs from the generating facility d	om the generator,	provide:	g. Phone:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
5108 1812499	7/00/5/5/19	Regulate FACS	id Asbestos Contaminate	ed toil		18	Yarda
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requirement.	assified and packary by restricted hazary ements of 40 CFF	aged, and is in prope dous waste subject R 268 and is no long	er condition for transporta to the Land Disposal Res per a hazardous waste as	tion accordin trictions. I ce defined by 4	g to applic rtify and w 0 CFR 26	able regulations	· AND if this
MEGAN WOOD	The second secon	Mul or	n behalf of	CDOT	101	16/2018	
p. Generator Authorized Agent Name (Prin	Signature			r. Date			
II. TRANSPORTER (General Address:	ator completes	s lla-b and fran	sporter completes lic	c-e)			
b. Phone:		11	1/				
FRAN Itas	150	11/1/1	re	/	0-1	7-20.	5
c. Driver Name (Print) III. DESTINATION (Generate	d. Signa		tion Cita completes	e. Date			
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate	# 990248 ENA / I	c. US EPA Num	ber d. Discrepancy Indi	cation Space		curate.	
e. Name of Authorized Agent (Print)	f. Signat			g. Date			
IV. ASBESTOS (Generator o	completes IVa-						
a. Operator's Name and Address: ESA Inc 57(3) E 50th Avenue b. Phone: e. Special Handling Instructions and Additional Control of the Cont	303-991-126 onal Information:	sn.	4300 Q		Described L Or South	Papt of Health & 303-662-3162	
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fria declare that the co abeled/placarded,	ontents of this consi	% Non-Friable gnment are fully and accu ects in proper condition fo	rately descri	bed above ccording to	e by the proper so applicable inter	hipping name, national and
a Operator's Nove and Title (D.)							
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa ns, leases, operate	ture es, controls, or supe	rvises the facility being de	i. Date emolished or	renovated	, or the demolitic	on or



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I. GENERATOR (Generat	or completes l	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Ma	ailing Address:			
Voicrado Department of Tran North of 1-70 between Colum		Street And Co.		Colorado Departm 3543 E 46th Aven		nepottellori	
Daniel OC 900 G	720-93: 4			Deriver, CO 80218		720-920-468	5G
f. Phone: If owner of the generating facility differs fi			g. Phone:			120 025 102	~
	om the generator,	provide.					195
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Wasto Shir	i. Owner's Phone oping Name and		ntainers	n Total	1 - 11-24
J. Waste Florine #	k. Exp. Date	Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
		Onedas	and delimentary of annual	2.7		1.0	
5126 1512496	7/80/2019	RAC9	ad Asbestos Conta	MICHELECT ISON		18	Vanis
0.120.10.12.000	-2500/200 FH	TV1VIO				10	Yards
	-						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardo	us waste as define	d by 40 CI	R 261 or any a	applicable
state law, has been properly described, cl waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Dispos.	al Restrictions, Lce	rtify and w	arrant that the	s; AND, if this
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no lon	ger a hazardous wa	ste as defined by 4	0 CFR 26	l.	
MEGAN WOOD		mul on	behalf of	IDOT	101	116/2018	3
p. Generator Authorized Agent Name (Pri		. Signature			r. Date		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complete	s lla-b and Trai	nsporter comple	tes lic-e)			
a. Transporter's Name and Address.							
72000	1 11	1/2					
b. Phone: 720 - 95)	L 5'		The second second				,
Jez sein Ja	12 -	Same in	de-		10	1171	17
c. Driver Name (Print)	d. Signa			e. Date	/ /		7
III. DESTINATION (Generat	or complete III			9/			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepan	cy Indication Space	e:		
district Tower First							
b. Communate City, CO (Account	# 950216 ESA /	1-10 Project;					
I hereby certify that the above named mat	erial has been acc	epted and to the be	est of my knowledge	the foregoing is tri	ue and acc	urate.	
						-2	
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date			
IV. ASBESTOS (Generator of			complete IVg-i)	1.3			
a. Operator's Name and Address:			c. Responsible Age	ency Name and Ad	dress:		
LGA INC			t	WESHAP Admin	Josanado L		Liferna Stry
6700 E 50th Averus Commerce City, CD 80022	303-901-12	En		1300 Cherry Groek Denver, CO 80246			
b. Phone: e. Special Handling Instructions and Addition		eu.	d. Phone:		-1000	303-862-310	2
e. Special Handling Instructions and Additi	onal information;						
f Fright	0.00						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% Fri	able ontents of this cons	% Non-Friable	d accurately descri	hed above	by the proper	shipping some
and are classified, packaged, marked and	labeled/placarded	, and are in all resp	ects in proper condi	ition for transport a	ccording to	applicable inte	rnational and
national governmental regulations.			-				
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date			
*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or supe	ervises the facility be	eing demolished or	renovated	or the demoliti	on or



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I. GENERATOR (Generate	or comp	letes la-	r)						
a. Generator's US EPA ID Number			b. Manifest Docu	ment Number	W. 1		c. Page	1 of	
d. Generator's Name and Location:	arrantalina			e. Generator's	s Mailing Ad	dress:	ani ni Tan	and the same	
Horin of 1.70 between Columb			oeta	2		Hith Avenu		REDOTTATION	
f. Phone: Detiver, 00 80216	720	-920-4666		g. Phone:		00 80216		720-820-4600	,
If owner of the generating facility differs fr	om the ge	nerator, pr	rovide:	g. Phone.	ales.	*			
h. Owner's Name:				i. Owner's Ph	one No ·				
j. Waste Profile #	k. Exp. [Date		pping Name and			ntainers	n. Total	o. Unit
			Description			No.	Туре	Quantity	Wt/Vol
			Regula	ed Asbestos Go	ntaminaled	Soil		10	
5126 1812408	7/3	31000	13405					18	Yards
					20081				
GENERATOR'S CERTIFICATION: I here	by certify t	that the ab	ove named mate	erial is not a haz	ardous wast	e as define	d by 40 C	FR 261 or any a	oplicable
state law, has been properly described, cl waste is a treatment residue of a previous	ly restricte	ed hazardo	ous waste subject	t to the Land Dis	posal Restri	ctions. I ce	rtify and w	arrant that the w	; AND, if this
been treated in accordance with the requi	réments of	f 40 CFR 2	268 and is no lor	ger a hazardous	waste as de	efined by 4	0 CFR 26	1.	
MEGAN WOOD		M	ruel or	1 behal	t of t	'Dat	10	16/2018	
p. Generator Authorized Agent Name (Pri	nt)	q. S	Signature				r. Date		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator cor	npletes	lia-b and Tra	nsporter com	pletes lic-	e)	-		. /
d. Transporter's Name and Address.	24	(0 6	100 €	50 AU	e (O	161000	2 6	- (7	- у
b. Phone: 3 - 9911280								800	022
K+1065		1/1	- Lar.	2			10-1	7-18	
c. Driver Name (Print)		d. Signatu		111111111111111111111111111111111111111		e. Date			
III. DESTINATION (Generat	or comp	lete Illa-							
a. Disposal Facility and Site Address:			c. US EPA Nur	nber d. Discre	pancy Indica	ation Space	9 :		
esn a Towar Rd	OF PERSONS AND		1						
b. Dominarse Oity, DO (Account		- 22.5							
I hereby certify that the above named mate	erial has b	een accep	oted and to the b	est of my knowle	edge the fore	egoing is tr	ue and acc	curate.	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of		f. Signatur		complete IV	- !\	g. Date			
a. Operator's Name and Address:	complete	25 IVA-1 8	and Operator	c. Responsible	-	ma and Ad	droon		
ESA Inc				C. Responsible	NESHAF	Admin.	Gress. Dolorado D	apt of Health &	Public Bity
5750 E 50th Avenue	440					erry Creek			
b. Phone: Commerce City, CO 80022		\$91-1280		d. Phone:	Denver	CO 80248	1900	303469-3100	
e. Special Handling Instructions and Additi	onal Infor	nation:					1		
f. Friable Non-Friable Both	4 4	% Friab	ole	% Non-Friable		The state of the			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare th	at the con acarded, a	and are in all res	signment are full pects in proper o	y and accura condition for	ately descr transport a	ibed above ccording to	by the proper s applicable inter	hipping name, national and
							THE		
g. Operator's Name and Title (Print)		h. Signatu	re			i. Date			
*Operator refers to the company which ow	ns, leases	, operates,	, controls, or sup	ervises the facili	ty being dem	nolished or	renovated	, or the demolitic	on or



I. GENERATOR (Generate	or completes	ia-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number			c. Page	1 of	
d. Generator's Name and Location:	and the state of t	·	e. Generator's N	Mailing Add	iress:		. 2022 1230 25	
Uniorado Department of Fran							naportation	
North of 1.70 between Column					18th Avenu		TIME CAN LINE	
f. Phone: Danver, CO 80219	720.920.4	WANT .	g. Phone:	Denver,	00 80218		720-920-4666	
If owner of the generating facility differs fr	om the generator	r, provide:	T.	- 100				
h Committee Name								
h. Owner's Name: i. Waste Profile #	1. E D	1 Marta Chi	i. Owner's Phon	e No.:	l m Cor	ntainers	- T-4-1	I - 11-2
j. waste Profile #	k. Exp. Date	Description	pping Name and		No.	Type	n. Total Quantity	o. Unit Wt/Vol
	THE REPORT OF THE PERSON NAMED IN COLUMN 1				1	.,,,,,		7.4.0.
		Regulat	ed Aspestos Cont	iaminuted	Bail		l X	
5128 1812498	7/80/2019	PACS					10	Yantis
	a likewa an							
							V-	
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	rial is not a hazard	dous waste	as define	d by 40 Cl	R 261 or any ap	plicable
state law, has been properly described, cl waste is a treatment residue of a previous	lassified and pack	kaged, and is in prop	er condition for tra	ansportatio	n accordin	g to applic	able regulations;	AND, if this
been treated in accordance with the requi	rements of 40 CF	FR 268 and is no lon	der a hazardous w	aste as de	efined by 4	0 CFR 26	arrant mat me wa L	iste nas
MEGAN WOOD	The Control of the Co	anned on					11/2018	
	the second secon		be val	or C	-3 C F		1012010	
p. Generator Authorized Agent Name (Pri		q. Signature				r. Date		
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter compl	etes IIc-	e)			
a. Transporter's Name and Address:								
b. Phone: 720 238	1600							
Renie 5 to 6	K	11.00					7/18	
c. Driver Name (Print)	d. Sigr				e. Date	-	1 1 1	
			tion City comm	olotoo III				- 4
	tor complete i							
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepa	ancy Indica	ition Space	9:		
siem & Tower Rd								
Guinmarce City, GO (Account	# 990218 ESA	1-70 Projecti						
b.	-,,,-							
I hereby certify that the above named mat	eriai nas been ac	ccepted and to the b	est of my knowled	ge the fore	going is th	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signa	ature			g. Date			
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-	i)			100 9. 8	
a. Operator's Name and Address:	-		c. Responsible A	-	ne and Ad	dress:		
ESA Inc				NESHAF	Admin 1	Colorado E	ept of Hasith 8	Public Site
5700 E 50th Avenue				4300 Ch	erry Greek	Or Sout		
b. Phone: Curnmerce City, CO 80022	303 924.4	260	d. Phone:	Denver,	00 60246		303 892 0 102	
e. Special Handling Instructions and Addit	ional Information:	:	u. Friorie.					
(Deally DM								
f. Friable Non-Friable Both	% F	riable	% Non-Friable		Anhada a	1	1 41 1	
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarde	ed, and are in all res	signment are fully a sects in proper cor	and accura	ransport a	ccording to	e by the proper shappened applicable interest	national and
national governmental regulations.	pidodi do	-, and and in an 100	Joseph Proper Col	icidon for t	anoport a	oooranig ti	- applicable litteri	icsional and
		10 10 to 10		/0	14/10	***************************************	HILLER TO THE PARTY OF THE PART	
				-2/1	No.			
g. Operator's Name and Title (Print)	h. Sigr	nature	onvious the feetile	hoire de	i. Date	**************************************	on the state of the	
*Operator refers to the company which ow renovation operation or both	ns, icases, opera	ates, controls, or sup	or vises the facility	neing gem	iolisned or	removated	, or trie demolition	I Of



I. GENERATOR (Generato	or complete	s la-r)						
a. Generator's US EPA ID Number		b	. Manifest Docum	nent Number			c. Page	1 of	
d. Generator's Name and Location:				e. Generator's	Mailing Add	dress:	11.00	and the first	
								econtation	
North of 1-70 between Columb				= 1 0		6th Avenu			
f. Phone: Desiver, QQ 60216	74.457	3-4000		g. Phone:	Deriver,	CO 80216		720 920 4668	
If owner of the generating facility differs from	om the gener	ator pro	ovide:	g. i none.		-			
If Owner of the generating facility differs to	om the gener	ator, pre	OVIGE.						
h. Owner's Name:				i. Owner's Pho	one No.:				
j. Waste Profile #	k. Exp. Date	1		ping Name and		m. Con		n. Total	o. Unit
			Description			No.	Туре	Quantity	Wt/Vol
			40.00	Wall District	1				
				ed Autoslos Co	nteminated	SOR		V	
6126 1912498	7/30/20	10	PACS .					10	Vands
			10100007		WC 11010				
GENERATOR'S CERTIFICATION: I here	by certify that	the abo	ove named mate	rial is not a haz	ardous waste	as define	d by 40 Cl	R 261 or any a	plicable
state law, has been properly described, cl	assified and p	ackage	ed, and is in prop	er condition for	transportatio	n accordin	g to applic	able regulations	AND, if this
waste is a treatment residue of a previous	ly restricted h	azardo	us waste subject	to the Land Dis	posal Restri	ctions. I ce	rtify and w	arrant that the w	aste has
been treated in accordance with the requi	rements of 40	CFR 2	268 and is no long	ger a hazardous	waste as de	efined by 4	0 CFR 26		
MEGAN WOOD		OA.	mul o	a bolial	al A	TACT	1.6	16/2018	
p. Generator Authorized Agent Name (Pri	m4\			AL PACATOR	C/I C	CONT. PRICE E	r. Date	and the same of the	
		_	ignature				1. Date		
II. TRANSPORTER (Gene	rator comp	letes I	lla-b and I rar	sporter com	pletes lic-	e)			
a. Transporter's Name and Address:									
B/Ares	a des								
7/1		1							
b. Phone: 3/644.573	2/	1 1							
b. Phone: 3/644598		France	with.			10	19-0	5018	
							17-0	1010	
c. Driver Name (Print)		Signatu	-			e. Date			
III. DESTINATION (General	or complet	e Illa-			npletes Ille	d-g)			
a. Disposal Facility and Site Address:			c. US EPA Num	ber d. Discre	pancy Indica	ation Space	: :		
LOWER CALCULA									
alith & Tower Ho	CONTRACTOR OF THE REAL PROPERTY.								
b. Caritmente City, CO (Account	(A FIFT	U Project)						
I hereby certify that the above named mat	erial has been	accen	ted and to the be	est of my knowle	edge the fore	egoing is to	ue and acc	curate.	
Thoropy colary that the above hallow that	Orial riad book	писсор	to and to the be	or or my tanoun	Jugo IIIO IOI				
				- Very service	we outer) 			
e. Name of Authorized Agent (Print)	f. S	ignatur	е			g. Date			
IV. ASBESTOS (Generator	completes	IVa-f	and Operator	complete IV	g-i)				
a. Operator's Name and Address:				c. Responsible		me and Ad	dress:	0.000	
ESA Inc				o. reopendible	NESHAR	Aamm (Lotorado I	Dept of Heath &	Planta Sity
APRILE SOLE AVAIDE						erry Greek			
2	303-89	tu1980				CO BURNO		303-692-9103	9
D. FIIORE.				d. Phone:	en and a series	oo con to	1000		
e. Special Handling Instructions and Addit	ionai intorma	ion:							
f. Friable Non-Friable Both		% Friab	ole	% Non-Friable		-			
OPERATOR'S CERTIFICATION: I hereby						ately descr	ibed abov	e by the proper s	shipping name
and are classified, packaged, marked and									
national governmental regulations.			ve-						
g. Operator's Name and Title (Print)		Signatu		ondoor the feet	hy beine de-	i. Date	ropovoto	d or the demalia	on or
*Operator refers to the company which ow renovation operation or both	nis, leases, o	erates,	, controls, or sup	ervises the facil	ity being den	nonsned of	removated	, or the demoliti	OIT OF
Tonoradon oporadion of both						120120			



I. GENERATOR (Generation	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location:		-	e. Generator's Mailing Ad	dress:					
Colorado Department of Tran Horlin or 1-70 between Colomi		Henote	Goldrado Department or Transportation 3543 E 46th Avenue						
Deguer, CO 80216	720-920-48		Denver	CO 80216		720-925-4586			
f. Phone:			g. Phone:			ALL STATE COLUMN			
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:		1	i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
			-		.,,,,,	1-1			
		The same of the sa	ed Ashestoe Contaminated	Self		18			
5179 1812490	7/30/2019	RACS				10)	Tombs		
		VASATA — HAIRCOINESS					1		
					1				
GENERATOR'S CERTIFICATION: I here	by certify that the	ahove named mate	rial is not a hazardous wast	on define	d by 40 Cl	EB 261 or any an	plicoble		
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted hazar	dous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has		
MEGIN WOOD			n behalf of C						
p. Generator Authorized Agent Name (Pri		. Signature			r. Date		-		
II. TRANSPORTER (Gene			sporter completes lic-	e)	11.00.00				
a. Transporter's Name and Address:	-h-or					****			
DICIOC									
b. Phone: 3,03	101-58	39							
David Marci	6 4	The state of the s	and discovered the section of the se		10.	17-18			
c. Driver Name (Print)	d. Signa	~		e. Date					
III. DESTINATION (Generat	or complete III								
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	9:				
dati a Tower Ra									
b. Commerce City, CO (Account	# 989216 ESA	l-fo Project)							
I hereby certify that the above named mat	erial has been acc	epted and to the be	est of my knowledge the fore	egoing is tra	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date					
IV. ASBESTOS (Generator			complete (Va-i)	g. Date					
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ad	dress:				
ESA inc			NESHA	Admin: (Ociorado L	Jack of Health &	Public Sity		
6700 E 50th Avenua	ESC DE LA	0.0		erry Oreek					
b. Phone: Commerce Oily, OO 80022	303-991-12	60	d. Phone:	CO 80246	- Maju	303-302-0102			
e. Special Handling Instructions and Additi	ional Information:								
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable	-Anh	ib a al -l	h45			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/placarded	i, and are in all resp	ignment are fully and accura ects in proper condition for	ately descri transport a	ccording to	e by the proper slop applicable inter	nipping name national and		
national governmental regulations.									
The second secon							2		
g. Operator's Name and Title (Print)	h. Signa	ature	1 - Al - 6 - 100 - 1	i. Date		- 24/05	9 91 2		
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	es, controls, or supe	ervises the facility being dem	nolished or	renovated	, or the demolitio	n or		



5011005

I. GENERATOR (Generate	or completes i	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur								
d. Generator's Name and Location:	TA		e. Generator's Mailing Address:							
Molarido Expansioni di Frant		water and				BUCHBUCH				
tvortin of 1-70 petween Columb				6th Avenu						
f. Phone:	729-920-36	200	g. Phone:	OG 80216		720-920-498	9			
If owner of the generating facility differs fr	om the generator	provide:								
If owner of the generating racinty differs in	om the generator,	, provido.								
h. Owner's Name:	#		i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and	-	tainers	n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
		Ozonalnia	nd Ashestos Conteminated	trail		4				
Cros to to the	Tribo mouse		IL PROPERTY CONTRACTOR	PUR!		18				
5128 1812489	7/30/2019	SACS				10	Yants			
						K F				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous waste	e as define	ed by 40 Cl	-R 261 or any a	ipplicable			
waste is a treatment residue of a previous	sly restricted haza	ageu, and is in prop rdous waste subject	to the Land Disposal Restri	ctions. I ce	ertify and w	arrant that the	waste has			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1.				
MEGAN WOOD	6	munda	in heball of	(DOT	1011	6/2018				
p. Generator Authorized Agent Name (Pri		. Signature			r. Date					
II. TRANSPORTER (Gene			sporter completes IIc-	e)		Castin Cast				
a. Transporter's Name and Address:	Tator complete	o ila b aria Trai	isporter completes no	<u> </u>						
Barron Trucky	9/B/G	eser 7	rockny							
b. Phone: (720) 560 -	-4460	///			1	1,				
Esterial Parva	1 /	heart 1	Rur	1	0/10	0/14				
c. Driver Name (Print)	d. Sign	ature /		e. Date		6.7				
III. DESTINATION (General	tor complete II	la-c and Destina	ation Site completes III	d-a)			227-3//2			
a. Disposal Facility and Site Address:		c. US EPA Num			e:					
1 OWST LARGER					-					
dem & Tower Ha										
Commerce City, CO (Appoun	I # ISAUZ18 ESA	1- (0 Project)								
b. I hereby certify that the above named mat	torial has been so	contact and to the hi	act of my knowledge the fore	agoing is tr	ue and ac	ourata				
Thereby certify that the above harried man	enarnas Deen ac	cepted and to the Di	sacorniy knowledge the lore	July 15 (I	ue anu del	Jurate.	-			
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date			And the second			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
ESA Inc			NESHAI	Admin i	Downedo i	Dept of Health (PUDHO STEV			
6700 E 67th Avenue			4300 Ch	erry Credi	Dr. Soult					
b Phone: Odminerou Ody, CO 80022	303-994-12	180	Damer.	CO 80248	-1530	353 862 340	2			
b. Phone: e. Special Handling Instructions and Addit	tional Information:		d. Phone:							
C. Opecial Handling Instructions and Addit	aonai miomation.									
f. 🗆 Friable 🗆 Non-Friable 🗀 Both	% F	riable	% Non-Friable				700			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur	ately desci	ibed abov	e by the proper	shipping name			
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	pects in proper condition for	transport a	according t	o applicable inte	ernational and			
national governmental regulations.					-	The same of the	7/2			
		3								
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow			ervises the facility being den		renovated	, or the demolit	ion or			
renovation operation or both		71	M.A.							



I. GENERATOR (Generator	completes la	ı-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location:	- 1000000		e. Generator's Mailing Add	dress:			
North of 170 between Columbins		(zamowilan				reportation	
Denver, 30 80216	720-020-04			All Avenu		1950, 000, 100	
t. Phone:			g. Phone:	00 86216		720.020.466	
If owner of the generating facility differs from	the generator,	provide:				1930	
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile # k.	. Exp. Date		ping Name and	m. Con		n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Requiete	d Asbestos Contaminated	Soil		10	
8120 1812496	7/30/2019	RACS				10	Yards
							1 1 1 1 1 1 1
						2	
GENERATOR'S CERTIFICATION: I hereby	certify that the a	above named mater	ial is not a hazardous waste	as define	bv 40 CI	R 261 or any a	pplicable
state law, has been properly described, class	sified and package	ged, and is in prope	er condition for transportation	n according	to applic	able regulations	AND if this
waste is a treatment residue of a previously r been treated in accordance with the requirem	estricted hazard	lous waste subject	to the Land Disposal Restric er a hazardous waste as de	ctions. I ce	tify and w	arrant that the v	vaste has
MECHN WOOD		mul or		ADOT		110/200	8
p. Generator Authorized Agent Name (Print)	q.	Signature			r. Date	- 1000-00	
II. TRANSPORTER (Generate			sporter completes lic-e	e) _ /		0-	
a. Transporter's Name and Address:	F GA	14 AUE	Comm	CI	M	200	> 1
ESA 6/00	L . JU				/	800	
b. Phone: 303 99/10	081						
	A To	. 1/0	a after	16	11	7-1	0
DENHIS COUNT DE	11 100		emple	10	-/		5
c. Driver Name (Print)	d. Signa		1	e. Date			
III. DESTINATION (Generator	complete Illa						
a. Disposal Facility and Site Address:		c. US EPA Numi	per d. Discrepancy Indica	tion Space	:		
OSTA & LONGT HUS							
Gammeroe City, CO (Appount # 9	956216 ESA / F	(O Project)					
I hereby certify that the above named materia	l has been acce	ented and to the he	st of my knowledge the fore	anina ie ta	e and acc	rurate	
The state of the s	2001 4000		at all my knowledge the lore	going is tit	o and act	arate.	
e. Name of Authorized Agent (Print)	6.01						
IV. ASBESTOS (Generator cor	f. Signatu		nommiate IV/a iV	g. Date			
a. Operator's Name and Address:	ilbietes iva-i						
a. Operator's Name and Address.			c. Responsible Agency Nam	ne and Add	ress:	ect of Health s	Dumle Sfly
9700 E 508: Avenus				erry Greek			
b. Phone: Gorametoe Oily, CO 30022	305-991-128	8		00 80248		800 662-310	2
e. Special Handling Instructions and Additiona	al Information:		u. Phone.		W	-	
f. Friable Non-Friable Both	% Fria	able	% Non-Friable	400	- 1	- 4.	
OPERATOR'S CERTIFICATION: I hereby dec	clare that the co	ntents of this consi	onment are fully and accura	tely descri	ped above	by the proper	shipping name
and are classified, packaged, marked and lab	eled/placarded,	and are in all respe	ects in proper condition for to	ransport ad	cording to	applicable inte	rnational and
national governmental regulations.				14.5	52 114		
g. Operator's Name and Title (Print)	h. Signat	ure		i. Date			
*Operator refers to the company which owns, renovation operation or both	reases, operate	s, controls, or supe	rvises the facility being dem	olished or	renovated	, or the demoliti	on or



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I. GENERATOR (Generate	or completes i	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:			
Lightered Department of Hans			e. Generator's Mailing Add	Departme	int of I hav	SOCIEDADO	
horth of I-70 petween Columb	ine & Elizabeth S	Sinceip	3643 E 4	Eth Avenu	13		
Deriver, 30 20219	720 920-4	100	Denger,	CO 80216		720-920-186	6
f. Phone:	and the second second		g. Phone:				
If owner of the generating facility differs fr	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
i. Waste Profile #	k. Exp. Date	I. Waste Shir	pping Name and	m. Con	tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Regulati	ed Asbætide Confaminated	loi		10	
5126 1812486	7/30/2018	RACS				1 /	Yands
						1	_
	TOX. COMMITTEE CO.						
							9
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	as define	d by 40 CF	R 261 or any	annlicable
state law, has been properly described, cl	assified and pack	caged, and is in prop	er condition for transportation	n accordin	g to applic	able regulation	s: AND, if this
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restrict	ctions. I ce	rtify and w	arrant that the	waste has
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 261	l	
the sea varie on be	112-4-10	TOT A	The state of the s			1011	2018
			White gard and property of		D.I.	1611	20156
p. Generator Authorized Agent Name (Pri		q. Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	es IIa-b and Trai	nsporter completes lic-	e)			
a. Transporter's Name and Address:	rest of Co	Ca was	*)			1= 1	et 2
	6						
Kan -		21 /6	2 f				
b. Phone:	160 -	15 61	0 1				
He de la la la la la la la la la la la la la	£ .	3 /		1	151	7 15	
McC11 at 1 & C	-111	11- 5/max	13.1	1	C I	1 1 3	
c. Driver Name (Print)	d. Sign			e. Date			
III. DESTINATION (Generat	or complete II	lla-c and Destina	ation Site completes Ille	d-g)			
a. Disposal Facility and Site Address:		c. US EPA Num	nber d. Discrepancy Indica	tion Space	:		2000
Cook Calani	Store we						
south a Tower Rod	Commercial Commercial	Acres as					
b. Communa Gity, CO (Account	SERVICE FRANCE	(-II) Habietti					
I hereby certify that the above named mat	erial has been ac	cented and to the he	est of my knowledge the fore	anina ie tr	e and acc	urato	
The trib above flamed flat	J. Idi Has Deell ac	copied and to the Di	set of my knowledge the lore	yoniy is iit	and act	MIGIO.	
£							
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			1505 300
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)	H. 11.231		10.25	
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Add	tress.	Similar Sanda	
ESA inc			MESHAF	Admin C	Colorada II	ent of Health I	Public Star
6733 E 50th Avenue				arry Orsek			
Transpagn Pile, AA 65558	303-391-13	280	Princer !	30 80246		303-692-310	10
D. I HOHE.			d. Phone:	man Million	CAPACIA!	and thought to	
e. Special Handling Instructions and Addit	ional information:						
							53
f. Friable Non-Friable Both	% F	riable	% Non-Friable	**************************************		1	
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accura	ately descri	bed above	by the proper	shipping name
and are classified, packaged, marked and	labeled/placarde	d, and are in all resp	ects in proper condition for t	ransport a	ccording to	applicable into	ernational and
national governmental regulations.							
Operator's Name and Title (Print)	h Cian	aturo		i Dete			
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Sign	idiure	anyione the facility boing do-	i. Date	renoveted	or the demett	ion or
renovation operation or both	eio, icases, opera	icos, controls, or sup	ervises the racility being defi	ionstied of	renovated	, or the demoin	JULI OI



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I. GENERATOR (Generate	or completes la	-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	1 of			
d. Generator's Name and Location: October 170 perween Column f. Phone:			3543 E	dress: 0 Departmo 4881 Avenu CO 80216	9	neportation 720-920-4066	
If owner of the generating facility differs fr	om the generator, p	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
5128 1812496	7/30/2019	Regulate PACE	ed Asbestos Contaminated	ioil		18	Yanas
•							
						1-	I
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and package bly restricted hazard	ged, and is in prope lous waste subject	er condition for transportation to the Land Disposal Restr	on accordin	g to applic	cable regulations;	AND, if this
Ma James populatell	dao	4			00	119 701	+
p. Generator Authorized Agent Name (Pri	nt) q.	Signature			r. Date		
II. TRANSPORTER (Gene	rator completes	la-b and Tran	sporter completes lic-	-e)			
a. Transporter's Name and Address: b. Phone:	tr. 5839	9				1-2 150	-
c. Driver Name (Print)	d. Signat	turo		e. Date	10-1	18-18	
III. DESTINATION (General			tion Site completes III				
a. Disposal Facility and Site Address: Output A Tower NA b. I hereby certify that the above named mate	# 990216 ESA / I-	c. US EPA Num	ber d. Discrepancy Indic	ation Space		curate	
Thorself and the above families make	Sildi ilas been deed	spice and to the be	St of my knowledge the for	egoing is the	ac and ac	burato.	
e. Name of Authorized Agent (Print)	f. Signatu	ure		g. Date		11	
IV. ASBESTOS (Generator	completes IVa-1	f and Operator	complete IVg-i)				(9.1
a. Operator's Name and Address: ESA (no. 6770 E 5071 Avenue b. Phone: Commerce Oily, OO 30022	303-991-128	i)	c. Responsible Agency Na	me and Ad P Admin. Creak CO 80246	Joigraso (Dr. South	Dept of Hostin & 1 303-992-3102	
e. Special Handling Instructions and Addit						-	
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fria declare that the co labeled/placarded,	ontents of this cons	% Non-Friable ignment are fully and accur ects in proper condition for	ately descr transport a	ibed above ccording t	e by the proper s o applicable inter	hipping name national and
			¥				
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date	w e		
*Operator refers to the company which ow renovation operation or both	ns, leases, operate	es, controls, or supe	ervises the facility being der	nolished or	renovated	d, or the demolitic	on or



I. GENERATOR (Generator	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page	1	
d. Generator's Name and Location:	and the state of t	2000	e. Generator's Mailing Ad	dress:		and the second second	
history of a 12 person on 1 miles	Sporteriori	Same				RECORDENCE	
Morar of 1-70 petween Columb				With Avenu		TAR AND LOS	
f. Phone:	770-920-4	REEL	g. Phone:	00 80218		720-920-466	9
If owner of the generating facility differs from	om the generator	r, provide:			- A		
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con		n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
5126 1612498	7/30/2019		ed Aspestos Contaminalad	Boll		18	Yords
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, clawaste is a treatment residue of a previousl been treated in accordance with the require	assified and pack y restricted haza	kaged, and is in prop ardous waste subjec	per condition for transportation to the Land Disposal Restri	on according	g to application the state of t	able regulations	: AND, if this
We broken pool of	(7.67	MOD.			101	12/2/18	
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date	2.0	
II. TRANSPORTER (Gener	ator complete	es Ila-b and Tra	nsporter completes lic-	e)			
b. Phone: 303 644592	Bran	ust f	Mula	/	0-1	8-18	
c. Driver Name (Print)	d. Sigr		1/4/17	e. Date			
III. DESTINATION (Generate	or complete I	lla-c and Destin					
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indica	ation Space	:		
85th & Tower Rd							
Commerce City, CO (Account b.	# 090210 ESA.	(I-10 Phoject)					
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	e and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:				me and Add	Dularada I	Dept of Health &	Puon Sity
Communica Clar CO A0022	303-091-1	250	Detailer	CO 80248		303-692-3100	3
b. Phone:			d. Phone:			****	
e. Special Handling Instructions and Addition	onal Information:					336	
f. Friable Non-Friable Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this cone d, and are in all res	signment are fully and accura pects in proper condition for	ately descri transport a	bed above ccording to	e by the proper so o applicable inter	hipping name mational and
						7	
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date		1	
*Operator refers to the company which owr renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being den	nolished or	renovated	, or the demolition	on or



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I. GENERATOR (Generato	r completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location:	nestation		e. Generator's Mailing Ad	dress:	ent of Tea	nancidalian	
home of L20 petween Columbi		Inatris		doth Avenu		and our service	
Denver CO 80216	720-920-49			CO 80216		720-920-408	ê
f. Phone: If owner of the generating facility differs fro	om the generator,	provide:	g. Phone.				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Con		n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Requiate	id Asbestus Conteminated	Soil		10	
5126 1612496	7/30/5019	PARCE				10	Yards
GENERATOR'S CERTIFICATION: I hereb	ou contife that the	above named mate	riol is not a bazardous was	e as define	d by 40 C	EP 261 or any s	nnlicable
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transportation	on accordin	g to applie	cable regulations	s; AND, if this
waste is a treatment residue of a previous!	v restricted hazar	dous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and v	varrant that the	waste has
been treated in accordance with the require	1 1	268 and is no long	ger a nazardous waste as d	енней бу 4	O CFR 20	10/0/1	24
p. Generator Authorized Agent Name (Prin		. Signature			r. Date	-1-61	
II. TRANSPORTER (Gener			sporter completes lic	-e)	1. Date		
a. Transporter's Name and Address;	1 0	S IIU-D UITU TTUI	isporter completed no	0)		6	
Barron Truckya	1 Blace	SPE / YUS	King				
15101 510	1))				
b. Phone: (7/0) >00- 4	860	5/1	12-		1 600	1.2/	7011
Estetan Barro	1 1	Trift	Men		10	1181	2018
c. Driver Name (Print)	d. Signa			e. Date		/	
III. DESTINATION (Generate	or complete III				6686		
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space	e:		
Bish & Tower Rd							
b. Gommerce City, CO (Account	# 99/216 ESA /	I- Diriolacti					1520
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date			
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	Idress:	Dept of Herain	E theree with
ESA INC 6700 E 80th Avenue				r monan. harry Creat			Ser Belle vitty
Organization City CO 80000	303-991-12	186	Danier	00 80246		303-692-3H	10
b. Phone: e. Special Handling Instructions and Additi			d. Phone:			11287-225	
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f. 🗆 Friable 🔲 Non-Friable 🔲 Both	% Fr	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the o	contents of this cons	signment are fully and accu	rately desci	ribed abov	e by the proper	shipping name,
and are classified, packaged, marked and national governmental regulations.	iabeled/placarded	u, and are in all resp	bects in proper condition fol	transport a	according	to applicable int	emational and
		· ·	***		0.1100.01		
g. Operator's Name and Title (Print)	h. Sign	ature	/ TOWN O.	i. Date			
*Operator refers to the company which own	ns, leases, opera	tes, controls, or sup	ervises the facility being de		r renovate	d, or the demoli	tion or



 GENERATOR (Generate 	or completes la	a-r)					
a. Generator's US EPA ID Number b. Manifest Docum			nent Number c. Page 1 of				
d. Generator's Name and Location:	an artein .		e. Generator's Mailing Add	iress:	-19		
Colorado Department es Frantes en Celum		- Colorado Department of Fransportation					
Fiorth of I-70 between Columbine & Elizabeth Streets Evenyor, CO 80215 720-920-4668			3543 E 46th Avenue				
f. Phone:			g. Phone:				
If owner of the generating facility differs for	rom the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #			pping Name and m. Co			o. Unit	
	Description		**	INU.	ype Quantity	Wt/Vol	
		forgulat.	Required Asbestos Contaminated		1/2		
5129 1812498	7/90/2010	RACS	RACS		10	Yeards	
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Maria Maria							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous waste	as defined by	40 CFR 261 or any a	pplicable	
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 requi	sly restricted nazard irements of 40 CFR	dous waste subject 2 268 and is no lone	to the Land Disposal Restriction to the Land Disposal Restriction.	ctions. I certify	and warrant that the v	waste has	
A New Charles France and an in-	nki pot apy	1	or a ridual adds waste as ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10112 3	1710	
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p. Generator Authorized Agent Name (Print) q. Signature r. Date TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)							
	rator completes	s lia-b and I ran	isporter completes lic-	e) (7(10)		
a. Transporter's Name and Address: OE. 50 NAVE CONTROL OF							
2239911280							
b. Phone: 3037711280							
DOLMIE CO. DROIL D							
a Deiver Name (Paint)							
c. Driver Name (Print) d. Signature e. Date							
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a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space:							
Bidth & Tower Rd							
Commerce City, CO (Account # 990216 ESA / 1- 10 Project)							
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.							
+	10000 1000 1000 1000 1000 1000 1000 10			P1 - 14 - 14 14 15 15 15 15 15 15			
e. Name of Authorized Agent (Print)	f. Signat	ure		g. Date	7/11/27 7/22		
			complete IVa-i)	g. Date			
ESA Inc HEST AP Admin: Galerade Dept of Health & Public Sfry							
8700 E 50th Avenue	4300 Cherry Creek Dr. South						
b. Phone: Commerce City, CO 89022	d. Phone: Denver, CO 80246 1530 303-862-3102						
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							
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	, and are in all resp	ects in proper condition for t	ransport acco	rding to applicable inte	ernational and	
							
		100	- Linearin	and f			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ture	priese the facility being de-	i. Date	ovated or the demolish	ion or	
renovation operation or both	ma, icases, uperate	oo, condois, or supe	a vises the lacility being dem	ionaried of tell	ovated, or the demolit	IOH OI	



I. GENERATOR (Generate	or completes i	a-r)					1.2			
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d. Generator's Name and Location:	nin enderlene		e. Generator's Mailing Ad	dress:			7			
Colonion Department of France						BEOTHERGE				
North of 1-70 between Columb			3643 E 46th Avenue							
f. Phone:	720-920-46	200	g. Phone: Denver, CO 80216 720-820-4865							
If owner of the generating facility differs fr	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
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GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl										
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	t to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the wa	aste has			
been treated in accordance with the requi	rements of 40 CF	R 268 and is no ion	ger a hazardous waste as d	efined by 4	0 CFR 26	1.	2/2/1			
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E THE SERVED OF WILL CO. W. F.	11.00				10.3	11,1100				
p. Generator Authorized Agent Name (Prin		. Signature			r. Date					
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tra	nsporter completes lic	-e)						
a. Transporter's Name and Address:	Mr +111	CHING U	535 Benton 9	1						
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	F but I									
b. Phone: 720 960 52	46	1 2	•	1.						
Miguel Betancou	1	1 134		1/1	14-	18				
	n	1 11		10	10	0				
c. Driver Name (Print)	d. Sign	500		e. Date						
III. DESTINATION (Generat	or complete III	la-c and Destina								
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indic	ation Space	e:	1000).				
TOWER LEGISTIC										
Bith & Yower Rd	A special parties of	· Markey C								
b. Commerce City, CO (Account	# SHUZID ESIA	in Unitigace								
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and acc	curate.				
							LEGISLA COLOR			
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	 f and Operator 	complete IVg-i)							
a. Operator's Name and Address:	Sould a store sould we		c. Responsible Agency Na	me and Ad	dress:		"			
EsiA Inc			NESHA	P Admin. 4	Joierado !	ant of Health &	Purplic diffy			
8700 & 50th Avenue			45-10 101	terry Oresie	Dr. South					
b. Phone: Commerce City, OG 80922 303-991-1283 d. Phone: Denver, CO 80246-1530 303-992-3102										
e. Special Handling Instructions and Addit	ional Information:	H-100	d. Phone:							
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f. Friable Non-Friable Both	% Fi	riable	% Non-Friable		-					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and accur	ately descr	ibed above	by the proper sl	nipping name			
and are classified, packaged, marked and national governmental regulations.	iabeled/placarded	a, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inter	national and			
Tradional governmental regulations.										
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow	ns, leases, opera	tes, controls, or sup	ervises the facility being der		renovated	l, or the demolitio	n or			
renovation operation or both										



I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	cument Number c. Page 1 of							
d. Generator's Name and Location:		L.,	e. Generator's Mailing Address:							
Norman Department of Error Norm of 1-70 between Column		iranic	Collinado Department of Transportation 3643 E 46th Avenue							
Danver, GG 89218	720-920-46		Denver CO 80218 720-930 4696							
f. Phone: If owner of the generating facility differs fr			g. Phone:							
in owner or the generating facility differs in	on the generator,	provide:								
h. Owner's Name:	r 	1.111	i. Owner's Phone No.:		-t T					
j. Waste Profile #	k. Exp. Date	Description	ping Name and	m. Cont	Type	n. Total Quantity	o. Unit Wt/Vol			
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5126 1812496	7/30/2019	RACS				.10	Tands			
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GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous waste	as defined	hv 40 CF	R 261 or any ar	nlicable			
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportatio	n according	to applica	able regulations;	AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted hazar rements of 40 CFF	dous waste subject R 268 and is no lone	to the Land Disposal Restricter a hazardous waste as de	ctions. I cer efined by 40	tify and wa CFR 261	arrant that the w	aste has			
THE SHEET OF STREET	11 11 11/7	A	A.			DITTE	112			
p. Generator Authorized Agent Name (Pri	nt) g.	Signature			r. Date					
II. TRANSPORTER (Gene			sporter completes lic-	e)						
a. Transporter's Name and Address:	Lapsey	Truck	ing				44.00			
Be.	un ptt	00								
b. Phone 303644597	9	2 11	11-							
Cintis A Hules	1 /1	TO A	halt	/	0-1	8-18				
c. Driver Name (Print)	d. Signa	ature		e. Date						
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes IIId	d-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	tion Space						
Bist & Tower Rd										
Continence City: CO (Account	# DEUZ 18 EBA	I-70 Project)					- S - 1 T			
b. I hereby certify that the above named mat	orial has been ees	ported and to the he	not of my knowledge the fore	soins in tru	o and ass	unata				
Thoroby being mat me above named mat	enarnas been acc	septed and to the be	sac or my knowledge trie fore	going is tru	e and acci	urale.				
A Name of Authorized A A (Driet)	6.00									
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signat		complete IVa iV	g. Date		-				
a. Operator's Name and Address:	completes iva-	-i and Operator		no and Add						
tisa ing			c. Responsible Agency Nan	Admin. C	ress: Morado D	ent of Hearth &	Public Sity			
9700 E 50th Avenue				erry Creek						
b. Phone: Commerce City, CO 60022	803-891-12	30	d. Phone:	00 80248	1630	363-892-3102				
e. Special Handling Instructions and Addit	ional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr		% Non-Friable	Walder of the Control						
and are classified, packaged, marked and	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.										
24										
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	ervises the facility being dem	nolished or i	renovated,	or the demolitic	on or			



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I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	ument Number c. Page 1 of							
d. Generator's Name and Location:	N. Carrier		e. Generator's Mailing Address:							
Colorado Decament di Italy			Udistrado	LACOBITATIO		eboriason				
North of F70 batween Columb			The state of the s	8th Avenu						
f. Phone: Derver, CC 80216.	720-920-46	ring.	g. Phone:	00 80216		729-920-460	ä			
If owner of the generating facility differs fr	om the generator	provide:	g. i none.			******				
The state generating radiity amore in	on the gonerator,	provide.								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con	W. C. C. C. C. C. C. C. C. C. C. C. C. C.	n. Total	o. Unit			
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GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous waste	as define	d by 40 CF	R 261 or any a	pplicable			
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportatio	n according	g to applic	able regulations	; AND, if this			
waste is a treatment residue of a previous							vaste has			
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	ger a nazardous waste as de	erined by 40	0 CFR 261	1				
The Jupet on the Con Miller	1 1167				110	117 175	1-02			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date					
II. TRANSPORTER (Gene			sporter completes lic-	e)			- Control of the Cont			
a. Transporter's Name and Address.	£	o na b ana mar	ioportor completes no	<u> </u>						
1) M Du	C ()									
		and the same								
b. Phone: 303. 761	585	Cof .								
5.11010.		and the same of th		· ·	10	16- 151	/			
1)ald ore					10-	18-18				
c. Driver Name (Print)	d. Sign			e. Date						
III. DESTINATION (Generat	or complete III	la-c and Destina	ition Site completes Ille	d-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	tion Space):					
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Commerce City, CO (Account	ACCUPATION DESCRIPTION	(W. Charmeir								
b.	IT STORE TO LLOTT	a stalent								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	going is tru	ue and acc	curate.	2//255			
e. Name of Authorized Agent (Print)	f. Signa	ture		a Data						
			complete IV/z iV	g. Date						
	completes iva	-i and Operator								
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Add	dress:	eor of Health 5	Digital St.			
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Commission City, CO 20000	303-891-12	90	Panesan I	CO 80249		303-652-316	3			
b. Filone.		en)	d. Phone:	AR CANTIES	:000	200 100 10.				
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both	% Fr	riable	% Non-Friable			Total Control	2010			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accura	ately descri	bed above	by the proper s	shipping name			
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	ects in proper condition for t	transport a	ccording to	o applicable inte	rnational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which ow			ervises the facility being dem		renovated	, or the demoliti	on or			
renovation operation or both										



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	ument Number c. Page 1 of					
d. Generator's Name and Location:	and into Livery		e. Generator's Mailing Add	ress:		and the state of t		
North of 1-70 between Columb						COLUMN SOLICITA		
Danver, CO 60216	724.925.46		3543 E 46th Avenus Denver, CO 80216 720-926-4668					
f. Phone:	FZD,FWZD-RD	TOPO	g. Phone:	CO GOSTG		7.20-020-000	e e	
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I Waste Shin	ping Name and	m. Cont	ainers	n. Total	o. Unit	
j. vradio i romo n	K. Exp. Buto	Description	pg	No.	Туре	Quantity	Wt/Vol	
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GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	as defined	l by 40 Cl	FR 261 or any a	pplicable	
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportation	n according	to applic	able regulations	; AND, if this	
waste is a treatment residue of a previous							vaste has	
been treated in accordance with the require	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as de	etined by 40) CFR 26		***************************************	
	4 1401							
p. Generator Authorized Agent Name (Prin	nt) q	. Signature	TO CASE TO AND ADDRESS OF THE CASE OF THE		r. Date			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes Ilc-	e) ()	_ /	10		
a. Transporter's Name and Address.	OE.S	014991	IE OW	me	77		22	
ESH 61						200	ひ	
24200/10	00					<u> </u>		
b. Phone: 303 79/12	80		25 1	_	- 1	011	~	
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District (District	<i>y</i>	STORY WAS		D-1-			~	
c. Driver Name (Print)	d. Sign		diam Oita annualataa III.	e. Date		-22-03		
III. DESTINATION (Generat	or complete III							
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ition Space				
69th & Tower Rd								
Commerce City, CO (Account	1# 991218 ESA /	1-10 Project						
b.			A of any law and a day the force	and a second				
I hereby certify that the above named mat	enai nas been acc	cepted and to the be	est of my knowledge the fore	going is tru	e and acc	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Add	iress:			
LSA mo						Dept of Heath 3	s Miblio Sity	
4 6700 E 67th Avenue	with the con-	LANG.		erry Creek				
b. Phone: Commerce City, CO 30622	303-991-13	CU	d. Phone:	00 80245	1030	303-862-310	ž.	
e. Special Handling Instructions and Addit	ional Information:	***						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accura	ately descri	bed above	e 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.								
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g. Operator's Name and Title (Print)	h. Signa	ature	# Table	i. Date				
*Operator refers to the company which ow	ns, leases, operat	tes, controls, or sup-	ervises the facility being den	nolished or	renovated	, or the demolit	ion or	
renovation operation or both			30,500	Charles The Control of the Control				

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I. GENERATOR (General	or completes i	ia-i)		100			0.00		
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:		American Company	e. Generator's Mailing Address:						
Columndo Department of Lieux			Calorado Department of Transportation						
Itterin of I-70 between Octunst				16th Avenu					
f. Phone: Denver, CO 60216	720-920-4	506	g. Phone:	CO 80319		720-920-488	5		
If owner of the generating facility differs fr	om the generator	provide:	g. 1 Hone.	440					
The owner of the generating tability different	om are generator	, provido.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and	m. Cor		n. Total	o. Unit		
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GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	erial is not a hazardous waste	e as define	d by 40 Cl	-R 261 or any a	ipplicable		
waste is a treatment residue of a previous	lv restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the	waste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26				
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	L COL				1 - 1	1 1 1 1 1	100		
p. Generator Authorized Agent Name (Pri		. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic-	e)			1400 10		
a. Transporter's Name and Address:	12h	eal Tre	ockins						
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17101 010	1210		1			1	3		
b. Phone: (700) 560	4800	- market from y	1 /2/ -			/ . / -	11		
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c. Driver Name (Print)	d. ⁶ Sigr		11 011 111	e. Date					
III. DESTINATION (General	for complete if	manufacture of the second seco							
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	e:				
eath a Tower Rid									
Commerce City, CO (Account	E SOUTH FRA	L (1 Propert)							
b.	KITCH SCHOOL STOP AND SCHOOL ST	a real release							
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f Cien	aturo		a Deta					
	f. Signa		complete IV/s IV	g. Date					
IV. ASBESTOS (Generator	completes iva	and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Charles San		
Law mo						and of Health	s I TANK SITY		
6700 E 50th Avenue	and the second of the second	Parity		erry Creek			25.		
b. Phone: Gurmeros City, GO 80022	303-961-10	200	d. Phone:	CO 80246	- 10.50	303-692-310	K.		
e. Special Handling Instructions and Addit	ional Information:								
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f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable	ately decor	ihed above	hy the proper	chinning name		
and are classified, packaged, marked and									
national governmental regulations.		_,							
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date					
*Operator refers to the company which ow renovation operation or both	rns, leases, opera	ites, controls, or sup	ervises the facility being den	nolished or	renovated	i, or the demoli	ion or		



5011141 If waste is asbest f waste is NOT a

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		nent Number	c. Page 1 of						
d. Generator's Name and Location:	vicinal distriction on		e. Generator's Mailing Address:						
Learned Debarration of Franchischer Schung		investor.	Colorado Department of Transportation 3543 E 46th Avenue						
Denes, CO 80216	720-923-43		Derwor CCI 80216 720.920JA86						
f. Phone:		- 4	g. Phone:	, wo bokin		2.6377436377755439	· · ·		
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Requiete	id Asbestos Contaminated	d Soil		. ()			
5139 1812408	7/30/2018	RACS				18	Yarde		
	8								
		0							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	ste as define	d by 40 Cl	FR 261 or any a	applicable		
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportat	ion accordin	g to applic	able regulations	s; AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	restricted nazar	dous waste subject R 268 and is no lone	to the Land Disposal Rest ier a hazardous waste as (rictions. I ce defined by 4	o CFR 26	arrant that the \ 1.	waste nas		
Ma La le casa contra	I by year	24				1121	3-10		
p. Generator Authorized Agent Name (Pri	at) a	. Signature			r. Date	THE PERSON NAMED IN COLUMN 1	COLL. L.E.		
II. TRANSPORTER (Gene			eporter completes lic	2-01	1. Date				
a. Transporter's Name and Address:	lator complete	O C C	Sporter completes in	,)					
AME TIVER	19 48	35 1500	101,51						
	10								
b. Phone: 770 760 56	70		2 .						
/ 1/6VP/ FretW	1 (Durt /	1 / 13	51	111	7-18-	18			
c. Driver Name (Print)	d. Signa	ature	7	e. Date	1/		-		
III. DESTINATION (Generat			tion Site completes I						
a. Disposal Facility and Site Address:	o. complete in	c. US EPA Num			9:				
Civel Caranii									
Eigh & Tower Rd Commerce City, CO (Account	A DOMESTIC LINE /	(O Discouni)							
b.	W SHUZ IN LOW !	in o mulanti							
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fo	regoing is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ture	*	g. Date					
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	dress:	(1-))			
ESA Inc						ent of Health &	s Puesto Siny		
#700 E Both Avenue	HER BOLL IN	No.		herry Creek			_		
b. Phone: Commerce City, CO 80022	503-891-12	80	d. Phone:	00 80246	1539	303-692-310	L.		
e. Special Handling Instructions and Addit	ional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the c	contents of this cons	ignment are fully and accurate in proper condition to	rately descr	ibed above	by the proper	shipping name		
national governmental regulations.	iabeleu/placaluet	, and are in air resp	cota in proper condition to	i ilanspuit a	coording to	o applicable lille	anauonai anu		
							11-11-11-11		
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date					
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	ervises the facility being de		renovated	I, or the demolit	ion or		
renovation operation or both									



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 (Generato	or completes								
a. Generator's US EPA ID Number		b. Manifest Docur	ment Nu	ımber		c. Page	1 of \		
d. Generator's Name and Location:			e, Ge	enerator's Mailing Add	ress:				
COLUMN PROPERTY OF THE			e. Generator's Mailing Address: Colorado Department of Transpondition 3643 E 46th Avenue						
From of 1-79 between Columb									
Deriver, CO 80219	720-920-1	860	g. Phone: Denver, CO 80218 720-920-4666						
f. Phone: If owner of the generating facility differs from the generating facility d	om the generator	r provide:	g. Fii	one.					
if owner of the generating facility differs in	om me generator	i, provide.							
h. Owner's Name:			i. Ow	ner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Na	ame and		ntainers	n. Total	o. Unit Wt/Vol	
		Description		1	No.	Type	Quantity	VVUVOI	
		Denutei	art a situ	eause Contaminated	Smil.		10		
Name Andrews	22005250020		and investory	MARKE WALLEST THE STATE OF THE			18	Yarda	
B126 1812498	7/(90/2019	PARKAG						1 (917.49)	
							ri I		
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	erial is r	not a hazardous waste	as defin	ed by 40 C	FR 261 or any	applicable	
state law has been properly described of	assified and pac	kaged, and is in prot	oer cond	dition for transportatio	n accordi	ng to applic	cable regulation	is; and, it this	
waste is a treatment residue of a previous	ly restricted haz	ardous waste subiec	t to the	Land Disposal Restric	ctions. I c	ertify and v	arrant that the	waste has	
been treated in accordance with the requi	rements of 40 Ci	FR 268 and is no lon	iger a h	azardous waste as de	efined by	40 CFR 26	1.		
Alle Hardware on her of	THE FEE					101	1 8 1 5	15	
p. Generator Authorized Agent Name (Pri	int)	q. Signature				r. Date			
			neport	ter completes lic-	٥١		W-1		
	rator complet	es lia-b allu Tra	HSPOH	ter completes no-	<u>c)</u>				
a. Transporter's Name and Address:	05 M								
b. Phone: 303-991 Steven word	1280								
b. Phone:	1 0 0	20					2 752		
Stevenmoon		Lenn	70		1	10-18	-18		
c. Driver Name (Print)		nature	~		e. Date				
III. DESTINATION (Genera			ation !	Site completes III	d-a)			7	
	tor complete	c. US EPA Nur		d. Discrepancy Indica		~o·			
a. Disposal Facility and Site Address:		C. OS EFA ING	TIDE!	a. Discrepancy maior	ation opa				
extin & Tower Flo									
Commerce City, CO (Accoun	ith sports esa	71-10 Project)							
b.	tardal bas bassa a	tool and to the b		my knowledge the force	agoing is:	true and ac	curate		
I hereby certify that the above named ma	teriai rias peen a	ccepted and to the t	Dest Of L	ily killowieuge tile iore	gonig is	and and ac	odiate.		
e. Name of Authorized Agent (Print)	f. Sigi	nature			g. Date		- Control of the Cont		
IV. ASBESTOS (Generator			r com	olete IVg-i)					
a. Operator's Name and Address:				enoneible Agency Na	me and A	ddress:	-1:1		
a. Operator a Maine and Address.		5	3. 110	NESITA	AGNERI.	CHARACT	Dent of Health	a Public Sai	
8700 E 50th Avenue				4300 Ch	erry Cres	ak Dr. Sou			
Commerce City, CO 80022	303 991	1260	d. Ph	Denver,	CO 8024	6-1530	303-692-3	(2	
b. Phone: e. Special Handling Instructions and Add	itional Informatio	n·	d. Pil	one.					
e. Special Handling instructions and Add	itional Illionnatio	111.							
f. Friable Non-Friable Bott	1 %	Friable	% No	on-Friable		14.	the state of	a chine in a	
OPERATOR'S CERTIFICATION: I hereb	y declare that the	e contents of this cor	nsignme	ent are fully and accur	ately des	cribed abov	e by the prope	r snipping 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.									
riadoriai governinentai regulations.					r				
g. Operator's Name and Title (Print)	h. Sig	gnature			i. Date				
*Operator refers to the company which o	wns, leases, ope	rates, controls, or su	pervise	s the facility being der	nolished	or renovate	d, or the demo	lition or	
renovation operation or both	1000000								

RS-F11A



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I. GENERATOR (Generato	or completes la	a-r)	The second secon	10.4024					
a. Generator's US EPA ID Number		b. Manifest Docur	ument Number c. Page 1 of						
d. Generator's Name and Location:	er entration		e. Generator's Mailing Ad	dress:	nar - I Teas	SERVICE STATES			
Norm of 1-70 between Columb Deriver, CO 80216			3643 E	49th Avenu CO 80216	e	720-920-4 56	6		
If owner of the generating facility differs from	om the generator,	provide:			•				
h. Owner's Name:	near Hawking and		i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	M. Cor	Type	n. Total Quantity	o. Unit Wt/Vol		
5125 1812 436	7/(0/2019	Regulati RAGS	ad Asbeatos Contaminated	tiol		18	Yards		
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requir	assified and packa ly restricted hazar	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restr	on accordirictions. I ce	ng to applice	cable regulations varrant that the v	; AND, if this		
Who Starteng on Lowell	100	400.			" T		7		
p. Generator Authorized Agent Name (Prin		. Signature			r. Date	(4)			
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:									
b. Phone: 3 - 9911250			7700			800	22		
KHOUS	1	the The		/	0-1	8-18			
c. Driver Name (Print)	d. Sign	***************************************		e. Date					
III. DESTINATION (Generate	or complete III								
a. Disposal Facility and Site Address:	# 0902 (6 LBA /	c. US EPA Nun	nber d. Discrepancy Indic	ation Spac	e:				
I hereby certify that the above named materials	erial has been acc	cented and to the bo	est of my knowledge the for	egoing is tr	ue and ac	curate.			
						- F			
e. Name of Authorized Agent (Print)	f. Signa	ture	100-000	g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address: E3A Inc E3A In									
b. Phone: e. Special Handling Instructions and Additional Additional Control of the Con	ional Information:		d. Phone:						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the								
g. Operator's Name and Title (Print)	h. Sign			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being de	molished o	r renovated	d, or the demolit	ion or		



5011138

I. GENERATOR (Generate	or completes I	a-r)		-				
a. Generator's US EPA ID Number	. 4	b. Manifest Docum	ument Number c. Page 1 of					
d. Generator's Name and Location:	an admina	4	e. Generator's Mailing Address:					
Perth of 1-70 behaven Column		Cinamin				SOSTAIN SECURIT		
Denver CO 80216	720-920-4		3543 E 46th Avenue Denver, CO 80216 720-521-4666					
f. Phone:	120/19/20/19/		g. Phone:	THE STATE OF THE S		- KOTHELPINA		
If owner of the generating facility differs fr	om the generator	, provide:	A SULT A SULTA SUL	1				
h. Owner's Name:			i. Owner's Phone No.:					
i. Waste Profile #	k. Exp. Date	I Waste Shir	Shipping Name and m. Containers n. Total o. Uni					
j. vvasto i romo n	R. Exp. Dato	Description		No.			Wt/Vol	
			the Market of the Control of the Con	9 11			1	
National Case and the			ed Asbenios Contaminated	Soil		1/	- 1	
5128 1812488	7/30/2019	RACS					Yards	
			H - 24. Jr - 200					
						8		
GENERATOR'S CERTIFICATION: I here	hy certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	applicable	
state law, has been properly described, cl	lassified and pack	caged, and is in prop	er condition for transportation	on accordin	g to applic	cable regulation	s; AND, if this	
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the	waste has	
been treated in accordance with the requi	rements of 40 CF	R 268 and is no ion	ger a hazardous waste as d	etined by 4	0 CFR 26	1.		
	C. C. C.	/						
p. Generator Authorized Agent Name (Pri	int) (q. Signature			r. Date			
II. TRANSPORTER (Gene			nsporter completes lic	-e)		-2		
a. Transporter's Name and Address:	C3-61 1	1.19-					100	
25H 6700 2.	50- 5	5 2 cos						
Commerce ente	1 (0) 5	5000						
b. Phone. 3) 991 /	385							
SCA TO/3 Tele/	Nacus PE	thill lar	M	10	-18	- 5		
2-11	1000		70-	D.1	-	7 Sand		
c. Driver Name (Print)	d. Sigr		. 11	e. Date				
III. DESTINATION (General	tor complete I					S		
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy Indic	ation Space	Ð:			
auth & Tower Rd								
Commerce City, CO (Accoun	K# 990216 ESA	14 O Projecti						
b.								
I hereby certify that the above named ma	teriai nas been ac	ccepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:			
EXA Inc			NESH4	P Admin.	Colorado	Dapt of Health	& Public Stry	
8700 E Both Avenue				WHITY CISE				
b. Phone: Commerce City, CO 60022	303-991-1	290	d. Phone:	CO 80240	1633	309-692-31	32	
e. Special Handling Instructions and Addi	tional Information	:				CONT. CALL		
f. ☐ Friable ☐ Non-Friable ☐ Both	0/ 5	Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby				rately descr	ibed abov	e by the proper	shipping name	
and are classified, packaged, marked and								
national governmental regulations.								
(6)								
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date				
*Operator refers to the company which ov			pervises the facility being de		renovate	d, or the demoli	tion or	
renovation operation or both								



I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	1			
d. Generator's Name and Location:	F. Constitution		e. Generator's Mailing Address:							
North of 1-70 pertween Columb	sirso & Figuresian, 9	Light in	3643 E 46th Avenue							
Deriver 00 80216 V	720 920 48		Denver CO 80216 720-920-936							
f. Phone: If owner of the generating facility differs from	om the generator	provide:	g. Phone:							
If owner or the generating facility differs in	om trie generator,	, provide.								
h. Owner's Name:		1.00	i. Owner's Phone No.: Waste Shipping Name and m. Containers n. Total o. Unit							
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol			
			ed Asbestos Contaminates							
6						10				
6108 (812498	7/80/2019	RAGS				4	Yards			
				A .						
<u></u>										
GENERATOR'S CERTIFICATION: I here	by sortify that the	above named mate	orial is not a hazardous was	to as define	d by 40 C	ED 261 or any a	pplicable			
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportat	ion accordin	g to applic	able regulations	s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted haza	rdous waste subject	t to the Land Disposal Rest	rictions. I ce	rtify and w	varrant that the	waste has			
MEGAN WOOD			behalf of	COCI		1012010	2			
p. Generator Authorized Agent Name (Prin		. Signature		\	r. Date					
II. TRANSPORTER (General a. Transporter's Name and Address:	rator complete	es lia-d and Trai	nsporter completes lic	:-e)						
d. Wallsporter S Name and Address.	1-0-	,								
70- 021		1-								
b. Phone: 725 936	and the state of	7								
Jers-10 100	617	Management and the second	-6.		11	5/1-	117			
c. Driver Name (Print)	d. Sign	ature	and the second	e. Date	/ 60	1 1 1	- Louisian			
III. DESTINATION (Generat			ation Site completes I	lld-g)	18 I		CENTER OF THE			
a. Disposal Facility and Site Address:		c. US EPA Nur			e :					
edih & Tower Ro										
Commerce City, CO (Account	# S9U216 EBA /	1 Geromali								
b.				aanatan ta Au						
I hereby certify that the above named mat	enai nas been ac	cepted and to the b	est of my knowledge the to	regoing is ir	ue and ac	curate.	* # #			

e. Name of Authorized Agent (Print)	f. Signa		annulate IV/e: N	g. Date			Wi74 1			
IV. ASBESTOS (Generator	completes Iva	i-r and Operator		1.4.1						
a. Operator's Name and Address:		April .	c. Responsible Agency N	ame and Ad	aress: Dalamada L	Dept of Hisarm 8	Frunce Sm.			
6700 a 50th Avenue				herry Creek						
b. Phone: Commerce Only, CO 80032	\$03-994-17	380	d. Phone:	CO 80245	1630	303-682-31				
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby										
and are classified, packaged, marked and national governmental regulations.	iabeled/placarde	a, and are in all res	pects in proper condition fo	r transport a	ccording l	o applicable into	ernational and			
3				T		34.1				
a Operator's Name and Title (Brint)	h Ci	anturo.		i Doto		5100 - 200 - 200 - 20				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign ns, leases, opera	tes, controls, or sur	pervises the facility being de	i. Date emolished or	renovate	d, or the demoli	tion or			
renovation operation or both			, ,							



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I. GENERATOR (Generate	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number c. Page 1 of						
d. Generator's Name and Location:	poorteilon		e. Generator's Mailing Address: Colorade Department of Transportation						
North of I-70 between Columb		Vienana.	The state of the s	45th Avenue		NAME AND DESCRIPTION OF THE PERSON OF THE PE			
f. Phone: Denver, CO 60249	770,920.4			CO 80216		72) 920 466	3		
If owner of the generating facility differs fr	om the generator,	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and	m. Cont		n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
5125 1812486	7720/2016	Ragular RACS	ed Astenios Contaminaled	Soil		18	Viente		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack by restricted haza	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restrict	on according ictions. I cert	to applicatify and wa	ble regulations rrant that the w	; AND, if this		
MEGITN WOOD			n behalf of c			16/2018			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature		750 750	r. Date	1			
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic-	-e)	# 1	1			
a. Transporter's Name and Address: b. Phone:	901.55	7839					1		
and the second		And a second property of the contract of the c		1	10-1	1-18	1		
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (General	tor complete II			- 0/					
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space:					
sisth & Tower Rd									
Commercer City, CO (Assount	t# 980216 ESA/	!- TO Project)							
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tru	e and accu	ırate.			
		- 4							
e. Name of Authorized Agent (Print)	f. Signa	ature	The same of the sa	g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)	4					
a. Operator's Name and Address:				PAdmin: O	allerado De	eof of Hiseum 6	Public Sity		
Commonte City, CD 80022 303-091, 1080 Deciver, OC 80046, 1630 300492,0102							2		
b. Phone: e. Special Handling Instructions and Additional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the declared that	contents of this cons d, and are in all res	signment are fully and accur pects in proper condition for	ately descrit transport ac	cording to	by the proper s applicable inte	shipping name, rnational and		
		1000							
g. Operator's Name and Title (Print)	h. Sign			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being der	molished or i	renovated,	or the demoliti	on or		



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a. Generator's Name and Location: d. Generator's Name and Location: in the Control of the generating facility differs from the generator, provide: if owner of the generating facility differs from the generator, provide: if owner of the generating facility differs from the generator, provide: if owner's Phone: j. Wesse Profile # Wesse Profile #	I. GENERATOR (Generat	or completes la-	r) [
CENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 251 or any applicable state law, has been properly described, desaifed and packaged, and is in proper confilion for transportation according to applicable regulations, AND, if this waste is a transmit residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Lentify and accordance with the requirements of 40 CFR 258 and is no longer a hazardous waste as defined by 40 CFR 251 or any applicable state law, has been properly described, desaifed and packaged, and is in proper confilion for transportation according to applicable regulations, AND, if this waste is a transmit residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Lentify and warrant the waste has been transporter Name and Address: C. Driven Name (Print) Q. Signature C. Date	a. Generator's US EPA ID Number		o. Manifest Docu	ment Number		c. Page	1 of	
home of API patheses Countries & Encapsh Steres [I. Phone: Phon	d. Generator's Name and Location:	100 OWNERS		e. Generator's Mailing	Address:	ani ve Tea	namariastica	
Phone: Q. Phone: Q. Phone: Q. Phone: Q. Phone: Phone No. Q. Phone: Phone No. Q. Phone: Phone No. Q. Phone: Phone No. Phone Phone No. Phone No. Phone No. Phone Phone Phone No. Phone Phone Phone Phone No. Phone Pho			ette				History (CADLA)	
It owner's Name:	1 Enver. CG 80218			Dany			720-020-466H	
Waste Profile # L. Waste Shipping Name and M. Collainers N. Total O. Unit Wilvol		rom the generator, pr	ovide:	g. 1 Hone.	1			
Waste Profile # L. Waste Shipping Name and M. Collainers N. Total O. Unit Wilvol	h Owner's Name:			i. Owner's Phone No.:				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 281 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. Lertify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 281 and is no longer a hazardous waste as defined by 40 CFR 281. ME C PAT	The same of the sa	k. Exp. Date						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 251 or any applicable state law, has been properly described, dassified and packaged, and is in proper condition for transportation and variant 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. ME C PAT NEOD P. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes lila-b and Transporter completes lilc-e) a. Transporter Same agd Address: B. Phone: D. Phone: D.		- Albania	Description		No.	Туре	Quantity	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. Lerdify 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 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously as a defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment regulation waste has been recorded and is in proper condition for transporters as defined by 40 CFR 261 or any applicable international and additional information: II. TRANSPORTER (Generator completes IIII-a) D. Phone: III. DESTINATION (Generator completes IIII-a) D. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: US ASSESTOS (Generator dependent and material has been accepted and to the best of my knowledge the foregoing is true and accurate. III. Trable Non-Friable Debt. Signature q. Date D			Regulat	ed Asbasios Contamina	ved Soil		K	
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. Leartify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 288 and is no jonger a hazardous waste as defined by 40 CFR 261. MEDITION (Separator Authorized Agent Name (Print))	5126 1612495	2/30/2019	RACS				. 0	Yards
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. Leartify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 288 and is no jonger a hazardous waste as defined by 40 CFR 261. MEDITION (Separator Authorized Agent Name (Print))			-			1 3		
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. Leartify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 288 and is no jonger a hazardous waste as defined by 40 CFR 261. MEDITION (Separator Authorized Agent Name (Print))								1
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. Leartify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 288 and is no jonger a hazardous waste as defined by 40 CFR 261. MEDITION (Separator Authorized Agent Name (Print))	F .							1
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. Leartify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 288 and is no jonger a hazardous waste as defined by 40 CFR 261. MEDITION (Separator Authorized Agent Name (Print))	1							
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. Leartify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 288 and is no jonger a hazardous waste as defined by 40 CFR 261. MEDITION (Separator Authorized Agent Name (Print))					- 10			1
waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Lertify and warrant that the waste has been retarded in accordance with the requirements of 40 CFR 268 and is no Jonger a hazardous waste as defined by 40 CFR 261. ME PAT Detection Quantification Quantific	GENERATOR'S CERTIFICATION: I here	eby certify that the ab	ove named mate	rial is not a hazardous w	aste as define	d by 40 C	FR 261 or any ap	plicable
Deen treated in accordance with the requirements of 40 CFR 288 and is no longer a hazardous waste as defined by 40 CFR 261. MEAN MANAPORTER (Generator completes lia-b and Transporter completes lic-e) I. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)	state law, has been properly described, of waste is a treatment residue of a previous	lassified and packag sly restricted hazardo	ed, and is in prop ous waste subject	er condition for transport t to the Land Disposal Re	ation accordir strictions. I ce	ng to applice	cable regulations; varrant that the w	AND, if this aste has
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e) a. Transporter's Name and Address: D. Phone: D. Phone: D. Phone: D. Phone: D. Disposal Facility and Site Address: D. Disposal Facility and	been treated in accordance with the requ	irements of 40 CFR	268 and is no lon	ger a hazardous waste a	s defined by 4	0 CFR 26	1.	
a. Transporter's Name and Address: b. Phone: DESTINATION (Generator complete Illa-c and Destination Site completes Illd-d) a. Disposal Facility and Site Address: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-d) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: iiii. A Lover No. Lihereby 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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Denver CO 302 16 1530 303 902 3102 d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Seriable 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. p. Operator's Name and Title (Print) h. Signature voperator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	MEGHN WOOD	9	Mul	on helall e	of CDCT	10	116/2018	
a. Transporter's Name agd Address: Description Descript						r. Date		
b. Phone: (Pint) d. Signature e. Date III. DE\$TINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: III. DE\$TINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Inhereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. III. Des\$TINATION (Generator Completes IV Project) b. Discrepancy Indication Space: III. Des\$TINATION (Generator Completes IV Project) c. US EPA Number d. Discrepancy Indication Space: III. Des\$TINATION (Generator Completes IV Project) c. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IV a-f and Operator complete IVg-i) a. Operator's Name and Address: III. Des\$TINATION: Operator Completes IV a-f and Operator Complete IVg-i) a. Operator's Name and Address: III. Des\$TINATION: Operator Completes IV a-f and Operator Complete IVg-i) a. Operator Complete IV a-f and Operator Complete IVg-i) a. Operator Settle Address: III. Des\$TINATION: Operator Completes IV a-f and Operator Complete IVg-i) a. Operator Complete IV a-f and Operator Complete IVg-i) a. Operator Settle Complete IV a-f and Operator Complete IVg-i) a. Operator Settle Destructions and Additional Information: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operator Complete IVg-i ASSESTED Address: III. Des\$TINATION: Operato		10.	1		llc-e)		/ .	
b. Phone: (720) 5(0 - 4360) c. Driver Name (Print)		1Blaesa	PYTYUCK	ing				
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: 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: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: Deriver Creek Pr. South Deriver Creek Pr. South Deriver Creek Pr. South Deriver CO 30236-1530 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. i. Date "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	2001510	1210		19			,	
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Bith & Fower RG Commerce City, CO [Account & 940216 ESA / F V 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: C. Responsible Agency Name and Address: ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL ADDRESS	b. Phone: (TOO)) (4000	10 1	1 19			1.1	-17
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: Bith & Fower RG Commerce City, CO [Account & 940216 ESA / F V 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: C. Responsible Agency Name and Address: ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL Address ACSIMAL ADDRESS	Estelon Farro	n	Low	Bu		10	116/4	95
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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: 5703 50th Avenue b. Phone: c. Responsible Agency Name and Address: N. STAP Admin. Colorado Dept of Health & Pubec Sifty 4300 Cherry Creek Or. South d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Whon-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's Name and Title (Print) h. Signature i. Date		tor complete Illa-						
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: C. Responsible Agency Name and Address: ASSINAL Admin. Colorado Deot of Health & Public Sity 4300 Chemy Creek Dr. South Derver, CO 302-16-1630 Derver, CO 302-16-1630 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	a. Disposal Facility and Site Address:	- 1 %	c. US EPA Nun	nber d. Discrepancy In	dication Spac	e:		
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: Denver, Co. 302 I6 1530 Denve		CHARACTER PART 11	even.					
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: Deriver, CO 302 46 1630 Deriver, CO 302		ICH SEUZID DEA / I-	TU PYOROU					
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: ACSIVAP Admin. Colorado Dept of Health & Puber Sity 4300 Charry Cresk Or. South Deriver, CO 302 46-1530 303-092-3 102 d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-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	I hereby certify that the above named ma	terial has been acce	pted and to the b	est of my knowledge the	foregoing is to	ue and ac	curate.	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: ACSIVAP Admin. Colorado Dept of Health & Puber Sity 4300 Charry Cresk Or. South Deriver, CO 302 46-1530 303-092-3 102 d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-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								
a. Operator's Name and Address: C. Responsible Agency Name and Address: ACCITATE Admin. Colorado Dept of Health & Public Sity 4300 Cherry Cresk Dr. South Denver, CO 30246-1630 303-692-3102 d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-Friable Mon-				A	g. Date			
b. 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		completes IVa-f	and Operator					
b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-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				c. Responsible Agency	Name and Ad	idress:	Dept of Health &	Public Stay
e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Won-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	6700 E 50th Avenue			4300	Charry Cres	k Or. Sout	h	
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	b. Phone: Curreneros Cay, CO 60022	303-901-128		d. Phone:	er, CO 802 k	3-1630	303-692-1102	
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	e. Special Handling Instructions and Add	tional Information:		***	7		3	
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		-						
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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	and are classified, packaged, marked and	d labeled/placarded,	and are in all res	pects in proper condition	for transport	according t	to applicable inter	national and
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	go o managarana							
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	g. Operator's Name and Title (Print)	h Signati	ire		i Date			
	*Operator refers to the company which ov			ervises the facility being		r renovate	d, or the demolitic	on or



5011109

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number	b. Manifest Docur	ment Number		c. Page	1 of				
d. Generator's Name and Location:	erani ne a fulladi sistem		e. Generator's Mailing Address:						
Mortage Department of Hand		lange	Goldrado Department or i minspertation 3543 S 46th Avenue						
f. Phone:	720-930-46			er, CO 80216		720-920 4056			
If owner of the generating facility differs fr	om the generator,	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	Type	n. Total Quantity	o. Unit Wt/Vol			
512R 1812406	7/30/2019	Regulati PAC3	ed Asbestos Contaminat	ed Poli		17	Yards		
J.									
	1								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	aged, and is in prop rdous waste subject	per condition for transport to the Land Disposal Re	ation accordinestrictions. I ce	ig to application	cable regulations; varrant that the w	AND, if this		
the starting on white	(E07)	11		*****	16	17/3018			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)									
a. Transporter's Name and Address: E	30	AUE	Commen	400	30	-/-	1/4		
Demis Camps	ed D	enge	anglo	1 10	01/2	8/18			
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (General	tor complete II								
a. Disposal Facility and Site Address:	4 /	c. US EPA Nun	nber d. Discrepancy Inc	dication Spac	e:				
acci a Tower Ro	3.7								
h Commerce City, CO (Account	t# \$00218 ESA /	I- 10 Project)							
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the	foregoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency	Name and Ad	ldress:				
EBA inc						Dent of Health &	Public Stry		
6700 E 60th #venue	303-991-10	20/1		Cherry Crest er. CO 80249		903-692-3102			
b. Phone: Constitution Oily, 00 30022		The state of the s	d. Phone:	a. Vy nuch	1-161.0	3007085C-0 105			
e. Special Handling Instructions and Addit	tional Information:								
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con d, and are in all res	signment are fully and ac pects in proper condition	curately description for transport a	ribed abov according	e by the proper s to applicable inter	hipping name mational and		
		V-11-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1							
g. Operator's Name and Title (Print)	h. Sign	nature	- 10 <u>- 10 - 10 - 10 - 10 - 10 - 10 - 10</u>	i. Date			0 E W		
*Operator refers to the company which ow			pervises the facility being		r renovate	d, or the demolition	on or		
renovation operation or both									



5011001

I. GENERATOR (Generato	r completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	ment Number c. Page 1 of							
d. Generator's Name and Location:	medalion *		e. Generator's Mailing Address:							
North or 1-70 between Columb		Tenna	Goldrado Department of Transportation 3543 E 46th Avenue							
Commer CO 20048	720-990-40		Denvey CO 80216 726 920-9888							
f. Phone:			g. Phone:	ALL O K. 43E 1		1440 1440				
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.: ste Shipping Name and							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	M. Coi	Type	n. Total Quantity	o. Unit Wt/Vol			
			t and		77					
			o Asherios Contaminat	led lich		112				
5128 1812498	7/36/2019	RACS				()	Yarris			
OFNEDATORIO CERTIFICATIONI, I bessel		shave named mate	dal is not a harranda va ve	acto ao define	d by 40 C	ED 261 or any a	policoble			
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla	by certify that the assified and pack	above named mate aged, and is in prop	er condition for transport	aste as define ation accordin	ng to appli	cable regulations	s; AND, if this			
waste is a treatment residue of a previous	y restricted hazar	dous waste subject	to the Land Disposal Re	estrictions. I ce	ertify and v	varrant that the v	vaste has			
been treated in accordance with the requir										
MEGIAN MOOD	CURT CONTROL VI		1 behalf of	PIDOT	-	161,501.5				
p. Generator Authorized Agent Name (Prin		. Signature			r. Date					
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
a. Transporter's Name and Address.										
(1100	1/2 Plast									
b. Phone:										
k	Azza	WA A	/11	16	110	1,0	100			
c. Driver Name (Print)	d. Sign	ature W/-/	-CIL	e. Date	10	1//				
III. DESTINATION (Generate			ation Site completes							
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num			e:					
oun & Tower Rd										
Commerce City, CO (Account	a 900218 FSA	L.10) (Personal)								
b.										
I hereby certify that the above named mate	eriai has been ac	cepted and to the be	est of my knowledge the	roregoing is to	rue and ac	ccurate.				
		6 5	<u> </u>							
e. Name of Authorized Agent (Print)	f. Signa		1 4 10 4 10	g. Date	-					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency	Name and Ad	dress:	Dept of Health 8	Public Shy			
6700 E 50th Avenue				Cherry Cree						
b. Phone: Commerce City, 00 50022	303-991-12	60		er, 00 8024		309-682-310	2			
e. Special Handling Instructions and Additi	ional Information:		d. Pilotie.				-			
f. Friable Non-Friable Both	% F	riable	% Non-Friable			*				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and ac	curately desc	ribed abov	e by the proper	shipping name			
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	d, and are in all resp	pects in proper condition	for transport	according	to applicable inte	ernational and			
Transfer governmental regulations.										
			- 10							
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign		ervises the facility heing	i. Date	r renovate	d, or the demolit	ion or			
renovation operation or both	, rouses, opera	, comicio, or sup	ooo are racinty being	Comononeu U	. 101107010	e, or the deficient				



I. GENERATOR (Generate	or completes is	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:					
Ucionado Liepariment of i ran		Samuel				naportation			
Moral of 1-70 batween Columb Denver, CO 80218			3640 E 46th Avenue Denver, CO 80211) 720-920-4686						
f. Phone:	720-920-49	200	g. Phone:	IND POST		720-92(-4080			
If owner of the generating facility differs from	om the generator,	provide:		5///2	7				
h Owner's Name			i O I Bhaan Na						
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Wasta Ship	i. Owner's Phone No.: ping Name and	m. Con	tainere	n. Total	o. Unit		
J. Waste Frome #	k. Exp. Date	Description	ping realite and	No.	Type	Quantity	Wt/Vol		
and an an an an an an an an an an an an an						75			
		Ragulate	ed Asbestoe Conteminated	Soil					
E128-4812-496	7/39/2019	RACS					Yards		
A STATE OF THE STA									
F									
							-		
The same of the sa									
The state of the s									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any ap	plicable		
waste is a treatment residue of a previous	assilled and packa ly restricted hazar	aged, and is in propi dous waste subject	to the Land Disposal Restri	ctions I ce	g to applic rtify and w	able regulations;	AND, If this		
been treated in accordance with the require	ements of 40 CFF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1.	aoto nao		
Mis Malu Blue to Tart	STATE OF STATE				1(1)	TT 124 10*			
Consisten Authorized Agent Name (Driv	- N C C	0'					4		
p. Generator Authorized Agent Name (Prin		Signature		,	r. Date				
II. TRANSPORTER (Generator completes Ila-b, and Transporter completes Ilc-e)									
a. Transporter's Name and Address:	Marze	Truce	111111111						
77/11/11	- 150g	11991	~)				1		
203644197	9	///	011						
b. Phone:	m II	1-1-1-	1/1/20	/ 0	, -	m			
Jul-13/1 1/2/2	CA LA	A STA	rolle	10	-18	18			
c. Driver Name (Print)	d. Signa	ature		e. Date	- 32				
III. DESTINATION (Generat			tion Site completes Ille						
a. Disposal Facility and Site Address:		c. US EPA Num			,				
LINEAR PRESIDER		o. oo Er // Ham	d. Discrepancy make	allon opacc					
Bitch & Tower Ro			William K. T.						
b. Commerca City, CO (Accusing	证别是是18世纪人	i-70 Projecti							
I hereby certify that the above named mate	erial has been acc	cented and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.	-		
				959					
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator of	completes IVa-	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	dress:				
ESA INC						bear of Health &	Fublic Sity		
6700 E 50th Avenue	000 AD4 38	00		erry Orner					
b. Phone: Commerce City, CO 80022	303-991-12	CV-1	d. Phone:	00 80248	- locu ,	303-892-3102			
e. Special Handling Instructions and Additi	onal Information:		T = 0				-		
f. 🗆 Friable 🗆 Non-Friable 🗆 Both	f. 🗌 Friable 🗎 Non-Friable 🗆 Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accura	ately descri	bed above	by the proper sl	nipping name		
and are classified, packaged, marked and	labeled/placarded	l, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inter	national and		
national governmental regulations.									
		1					8		
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date					
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	ervises the facility being den		renovated	, or the demolitio	n or		
renovation operation or both		2							



5011111

I. GENERATOR (Generato	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location:	ะกาศสมาก		e. Generator's Mailing Address:							
North at 1-70 setween Columb		Stroute	25 to E. 48th Avenue							
f. Phone:	720-820-48		The second secon	00 80218		720-920-466	Ni.			
If owner of the generating facility differs from	om the generator	, provide:	g. Frione.							
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and	m. Cor	ntainers	n. Total	o. Unit			
		Description		Туре	Quantity	Wt/Vol				
		Regulate	xi Asbestos Contaminated	Sor		107				
5126 1812496	7/36/2015	RACS				10	Teach			
							X .			
	Acres 600	-30								
			V.N							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 C	FR 261 or any a	applicable			
state law, has been properly described, cla	assified and pack	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations	s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requir	ly restricted nazal rements of 40 CF	rdous waste subject R 268 and is no lond	to the Land Disposal Restri	ctions. I ce efined by 4	ortify and w	varrant that the v	waste has			
The other case or and all the	16.7	FAL			=0 3	17/2/	(15)			
p. Generator Authorized Agent Name (Prin	nt) a	. Signature			r. Date	Lo				
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)										
a. Transporter's Name and Address:										
	No.									
/	50. 2	12-61	17							
b. Phone:	1-	The same of the sa	Markon		- 1	1	1- ,			
12 / Stee 1 1 - 7	4135		an _ Case _		10	1171	/ /			
c. Driver Name (Print) III. DESTINATION (Generation)	d. Sign		Aina Cita namalatan III	e. Date	-		and the same of th			
a. Disposal Facility and Site Address:	or complete ill	c. US EPA Num		-,	2.					
CARL FSUGIR		C. OS LI A NUM	u. Discrepancy indica	ation Space						
aun & Tower Rd	Li navana za enerali il	1 K1 Page 10								
b. Ournmered City, CO (Account										
I hereby certify that the above named mate	eriai has been acc	cepted and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator of	completes IVa	-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ad	dress:	Dept of Health 2	V Plantet Sites			
6700 E 50th Alexage				erry Creek			e I design settly			
b. Phone: Commerce City, 00 60022	303-101-12	190		00 80246		303-852-510	7			
e. Special Handling Instructions and Additi	ional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fi	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the d	contents of this cons	ignment are fully and accurate the proper condition for	ately descr	ibed above	e by the proper	shipping name,			
national governmental regulations.		,					und			
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa	ature		i. Date						



I. GENERATOR (Generate	or completes la	a-r)		-					
a. Generator's US EPA ID Number		b. Manifest Docur	ument Number c. Page 1 of						
d. Generator's Name and Location:	an advisor		e. Generator's Mailing Address:						
Gelerade Department ef Franc Rientn of i-76 between Columb		Chroniculus	3543 E 45th Avenue						
Deriver, CO 80216	720-929-46		Deaver CO 80216 720 920 4696						
f. Phone:		18	g. Phone:	AND MAKE TO		164360			
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	n. Total	o. Unit				
		Description		No.	Туре	Quantity	Wt/Vol		
		(Zaouisi	ed Asbestos Contaminated	in.					
6126-1812496	7/90/2019	BACK	nd Carried Old Character and Contract	2011		l IX	Yanda		
DIED HITCHEN	ENGRESHE	CANON				(0	1 SHARE		
1 11 10 10 11					45				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 C	FR 261 or any a	pplicable		
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the	vaste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26	1.			
Allo Developed to Entri	0, 00		ADD .			0 11 12	019		
	nt) a	Signature	4.65		r. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:									
AMC +IVC	K1115 -	1877/56	notion st				Y		
	62	1							
b. Phone: 760, 980	54-18	1	7 /						
(VICAM) Letcolan	+ 1 1	10 10	7	1/	Jun 18 -	10			
1. Hoper Be discon	1 /6	12 111	1	10	10	10			
c. Driver Name (Print)	d. Sign	the state of the s	0 1.4	e. Date					
III. DESTINATION (Generat	or complete II								
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	9:				
Belon & Towar Rd									
Commerce City (CO (Accoun	1# 990218 ESA /	I-Tu Project)							
I hereby certify that the above named mat	arial has been ac	cented and to the h	est of my knowledge the fore	agoing is tr	ue and ac	curate			
Thoroby certify that the above hamed mat	onal has been ac	oopted and to the b	sor or my knowledge tile lolt	Jyoniy ia ti	as and do	ou, ato.			
						1302200			
e. Name of Authorized Agent (Print)	f. Signa		1 1 1 1 1	g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	Dept of Health (Charles Sife		
ESA INC . 5700 E 50th Avenua				enty Cate			a r sagno carry		
Companies City CC 90000	303-991-13	280	Donum	GO 80246		303-892-310	12		
D. Phone:			d. Phone:			TAKE THE PARTY OF			
e. Special Handling Instructions and Addit	ional 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								
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and									
national governmental regulations.		a, and are in all 105	Joseph Margarian	a an aport a	.oooranig t	o applicable life	a.onarana		
a Operator's Name and Title (Daint)	h 0:	oturo		i Dete					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign	tes, controls or sun	ervises the facility being der	i. Date	renovate	d, or the demolit	ion or		
renovation operation or both	, iouoos, opeia		c and tability boning doi		. 011070101	-, 51 110 001110111			
					110007-120-110				



I. GENERATOR (Generate	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	continue		e. Generator's Mailing Ad	dress:	ant of Tan	and and the last last last last last			
North of 1-70 hetween Columb		Simore	Goorado Department of Transportation 35/3 E 46th Avenue						
Erenier, CO 60216	720-9234		50.	QO 80210		720-920-466	12		
f. Phone:			g. Phone:	WO GOZIE		: X12-47Q1-9Q10	93 		
If owner of the generating facility differs fr	om the generato	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Cor	tainers n. Total o. Unit				
	400	Description		No.	Туре	Quantity	Wt/Vol		
5126 1512458	7/36/2019		ed Asbestos Contaminated	Sail		18	Yente		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pac ly restricted haza	kaged, and is in prop ardous waste subiec	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to applic	able regulations	: AND, if this		
A J- Continue on a bell	d OBST		- VALLEY			1 1 1	2017		
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date	West Consultation			
			anortar completes lle	0)	1. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:									
Commerce city	disconstant	w 2 Z							
SSA TOIT Peters	PIN /	eto Wei	ar .	10-	18.	-18			
c. Driver Name (Print)	d. Sig			e. Date	. 0				
III. DESTINATION (Generat	or complete I	Illa-c and Destina	ation Site completes III	d-a)					
a. Disposal Facility and Site Address:		c. US EPA Nun			9;		1		
Beth & Tower Rd									
Commence Ony, CO (Account	# 960216 ESA	/ I-F0 Project)							
I hereby certify that the above named mate	erial has been ad	ccepted and to the b	est of my knowledge the fore	egoing is tru	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date	-				
IV. ASBESTOS (Generator of	100000000000000000000000000000000000000		complete IVa-i)	3					
a. Operator's Name and Address:	.,,	a rana operator	c. Responsible Agency Nar	me and Add	droce:				
ESA Inc 6700 E 6081 Avenue			NESHAI 4900 Ch	PAdmin (lerry Cress	Joierade (Dr. Souit	lept of Heath &	Public Stry		
b. Phone: Commerce City, 50 55022	303-891-1	280	d. Phone:	CO 80248	-1630	303-892-910	2.		
e. Special Handling Instructions and Additi	ional Information	:	at thories.	-	121				
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable		1	The state of the s			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this consed, and are in all resp	signment are fully and accura pects in proper condition for	ately descri transport a	bed above ccording to	by the proper so applicable inte	shipping name rnational and		
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date					
*Operator refers to the company which ow	ns, leases, opera	ates, controls, or sup	ervises the facility being den	notished or	renovated	, or the demoliti	on or		
renovation operation or both		1							



5011113

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	To Ville			
d. Generator's Name and Location:	nortation		e. Generator's Mailing A	ddress:	est of Tran	isponstion				
North of 1-70 between Columb		treats		46th Avenu		Sp. at rought				
f. Phone: Denver, CO 80216	720-920-46	99	g. Phone:	r, CO 80210		720-820-468	96			
If owner of the generating facility differs fr	om the generator,	provide:			18					
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
					Туре	Quantity	***************************************			
	*************		ed Asbestos Contaminate	d soil		18				
5126 1612496	7/90/2019	RACS				179	Yalarda			
4 70 30										
F							+			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportat	tion according	g to applic	able regulation	s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted hazar	dous waste subject	to the Land Disposal Rest	trictions. I cei	rtify and w	arrant that the	waste has			
Mrs. 12 Page 50 St Kall	et (Vest	Mari	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**************************************	(A) - (S) (A)			
p. Generator Authorized Agent Name (Pri	nt) a.	Signature			r. Date					
II. TRANSPORTER (Gene			sporter completes lic	c-e)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
a. Transporter's Name and Address:	2510									
4	521									
b. Phone:		4								
Steven moo	N /	1-	-	1	0-1	7-18				
c. Driver Name (Print)	d. Signa	ature		e. Date						
III. DESTINATION (Generat	or complete III									
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indi	cation Space):		100-1215-1110 1000			
adin & Tower Rd										
b. Commerce City, CO (Account	# 390216 ESA / I	I-10 Project)								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fo	regoing is tru	ue and acc	curate.	1000			
e. Name of Authorized Agent (Print)	f. Signa			g. Date	1-11-2-U.					
IV. ASBESTOS (Generator	completes IVa-	-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency N	ame and Add	dress:	Dept of Health	Public Stay			
6700 E 50th Avenue				herry Creek		1				
b. Phone: Commercia City, 00 60022	303-991-12	80	d. Phone:	,00 80248	1530	303-892-310	12			
e. Special Handling Instructions and Addit	ional Information:	Y-								
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and			ignment are fully and accu							
national governmental regulations.				T						
Occupied Name - LTM - (D.)		- h		1.5.						
g. Operator's Name and Title (Print)*Operator refers to the company which ow	h. Signa ns, leases, operat		ervises the facility being de	i. Date emolished or	renovated	d, or the demoli	tion or			
renovation operation or both			, 3							

RS-F11



I. GENERATOR (Generate	or comp	letes la	a-r)							
a. Generator's US EPA ID Number b. Manifest Document Number						c. Page	1 of			
d. Generator's Name and Location:	a marida di su		- 3,59//A Stock	e. Generator's Mailing Address:						
Colorado Department of Tran Fiorth of 1-70 between Delumi			trex.hp			a wawarun 46ih Aven		nsoundson		
Derwer CO 80216		1920 46				CO 80218		726-920-48	an	
f. Phone:				g. Phone	CAMILLON,	CIC MILL	ν 	* 3.07 10 (E.S. 1914)		
If owner of the generating facility differs fr	om the ge	nerator,	provide:							
h. Owner's Name:					s Phone No.:					
j. Waste Profile #	k. Exp. [Date		pping Name				ntainers n. Total o. Uni		
			Description			No.	Туре	Quantity	Wt/Vol	
			Regula	lad Asbesk	e Contaminated	Soil		10		
5129 1812499	70	0/2010	RACS					1 \ 0	Yanda	
		W-10			- E					
	44-20-	1						r r		
GENERATOR'S CERTIFICATION: I here	by certify	that the	above named mat	erial is not a	hazardous wast	e as define	d by 40 C	FR 261 or any	applicable	
state law, has been properly described, cl waste is a treatment residue of a previous	assified at	nd packa	aged, and is in pro	per conditio	n for transportatio	on according	ng to applic	cable regulation	s; AND, if this	
been treated in accordance with the requi	rements of	f 40 CFF	R 268 and is no lo	iger a hazai	dous waste as d	efined by 4	10 CFR 26	varrant mat me 1.	waste nas	
								11-11	31/2	
p. Generator Authorized Agent Name (Pri	m#\	-	Cianatura			- 20	r. Date			
II. TRANSPORTER (Gene			. Signature	nonortor	nompletes lle	۵)	r. Date			
a. Transporter's Name and Address	Tator Co	mpiete	s lia-b and Tra	risporter	completes lic-	e)	10 11			
DA M	che	2								
3 3 1	201 -	Us !	201							
b. Phone:	70 -	0 -								
David More	of steel		The second second				10-1	5-18		
c. Driver Name (Print)		d. Signa	ature			e. Date				
III. DESTINATION (Generat				ation Site	completes III					
a. Disposal Facility and Site Address:		, , , , , , , , , , , , , , , , , , ,	c. US EPA Nu		iscrepancy Indica	- 0,	e:			
ean & Tower Ed					,					
Commerce City, CO (Account	ERFECTIVE ENA	e annue e e	Tr. Constant							
b.	ier wordz ii.	J. Carri	M. O. L. FORDER							
I hereby certify that the above named mat	erial has t	peen acc	cepted and to the b	est of my k	nowledge the fore	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)		f. Signat	ture			g. Date				
IV. ASBESTOS (Generator	complete	es IVa-	-f and Operato	complete	∍ IVg-i)					
a. Operator's Name and Address:				c. Respor	sible Agency Na	me and Ad	ldress:			
LOA TIO								Dept of Fleath	a Public Sity	
6700 E 50th Avenue	-taran	3.091-12				erry Creek CO 80246		n 303-892-31	10.00	
b. Phone: Commerce Oily, OO 86022		100	90	d. Phone:	Genver,	GO RUZA	5-1000	2023-0300 0 11	140	
e. Special Handling Instructions and Addit	ional Infor	mation:								
f. Friable Non-Friable Both		% Fr		% Non-Fr	iable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	labeled/pl	lacarded	contents of this cor I, and are in all res	signment ai pects in pro	e fully and accur per condition for	ately desci transport a	nccording	e by the proper to applicable int	snipping name ternational and	
national governmental regulations.				-			1 2 1			
					HAVA		~ "	- M		
g. Operator's Name and Title (Print)		h. Signa	ature	************		i. Date		inposition		
*Operator refers to the company which ow renovation operation or both	ns, leases	s, operat	es, controls, or su	pervises the	facility being den	nolished or	r renovate	d, or the demoli	tion or	
								State of the state		



5011150

 GENERATOR (Generate 	or completes i	la-r)						
a. Generator's US EPA ID Number	Generator's US EPA ID Number b. Manifest Do				nent Number c. Page 1 of			
d. Generator's Name and Location:	oine & Elizabeth		e. Generator's Mailing Address: Colorado Department of Transportation 3543 S 45th Averus					
f. Phone:	720-929-4	666	g. Phone:	r. CO-80218	3	720-920-486	KI.	
If owner of the generating facility differs fr	om the generator	, provide:		.*				
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
			ed Ashesice Contaminate	d Soli		18		
5120 1812490	7/30/2019	RACIS				10	Yands	
450								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack bly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportat to the Land Disposal Rest	ion accordin	ng to applice	cable regulations	s; AND, if this	
Little Virtal CACT TO BELLE	1 (TYY)	-8.1				6/12/	2717	
p. Generator Authorized Agent Name (Pri	nt) c	q. Signature			r. Date			
II. TRANSPORTER (Gene		direction of the last of the l	sporter completes llo	c-e)				
a. Transporter's Name and Address: b. Phone: 303-991-/2	esk	}						
Struth moon		topres			10	18-18		
c. Driver Name (Print)	d. Sigr			e. Date		V		
III. DESTINATION (Generat	tor complete II	lla-c and Destina						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indi	cation Space	e:			
Biltin & Towar Rd								
b. Commerce City CO (Account	1# 090218 ESA	HO Proposi						
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fo	regoing is tr	ue and ac	curate.		
			1					
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			5.1	
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			4300 C	AP Admin: Harry Crest	Gulorado Ir Dr. Saul			
b. Phone: Commerce Oily, OO 80063	303-991-1		d. Phone:	r, 00 80246	5-1630	303-352-310	III.	
e. Special Handling Instructions and Addit	ional Information:							
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this cons d, and are in all resp	ignment are fully and accu ects in proper condition fo	rately desci r transport a	ribed abov according t	e by the proper to applicable into	shipping name ernational and	
g. Operator's Name and Title (Print)	h. Sign			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being de	emolished or	renovate	d, or the demolit	ion or	



5011149

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location:			e. Generator's Mailing Address:							
Delorado Department of Trans		Samuela.	Courado Department of Trunsportation 3543 E 48th Avenue							
Morth of I-70 between Columb Denver, CO 80216	ne a chiadan a 730-920-46			e 200 80216		72)-820-468	227			
t. Phone:			g. Phone:	IE, WAS DWEIG		- EU-GEO-HA	791.			
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit			
		Description	WWW.TVL PARKET	No.	Туре	Quantity	Wt/Vol			
		Reculate	ed Asbeatos Contaminate	ed Boil		16				
5126 1812496	7/30/2018	RAGS				18	Yards			
0.000 10.000		1,000								
				L.						
							. 1			
										
per Maria III										
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wa	aste as define	d bv 40 C	FR 261 or any	applicable			
state law, has been properly described, cla	assified and pack	aged, and is in prop	er condition for transporta	ation accordin	g to applic	cable regulation	s; AND, if this			
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted haza	rdous waste subject R 268 and is no lon	to the Land Disposal Res	strictions. I ce	rtify and v	varrant that the	waste has			
Deer treated in accordance with the requi	ements of 40 Or	I 200 and is no ion	ger a riazardodo wasto as	dollined by 4	0 011120	Fra La				
The States of the Manual I	7 LACE		<u> </u>			1				
p. Generator Authorized Agent Name (Prin		. Signature			r. Date					
II. TRANSPORTER (General	rator complete	es Ila-b and Irai	nsporter completes II	lc-e)	- 13		100 1			
a. Transporter's Name and Address:	>4 6	100 8	SO Ave C	-0V11	Mr.	65 C	TY			
						CD.	9022			
b. Phone: 3 - 99//2 & O						00	9022			
Etleas		2 637	· married	10	216	-18				
	1.01-				10	- 10				
c. Driver Name (Print)	d. Sign		ation Site completes	e. Date			-			
a. Disposal Facility and Site Address:	or complete ii	c. US EPA Nun								
a. Disposal Facility and Site Address:		C. US EFA NUII	iber d. Discrepancy inc	lication Space	3.					
aith a Lower Ro										
Commerce City: CO (Account	# 990215 ESA /	(- "O Project)								
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the f	oregoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator			complete IVa-i)	I g. Duto		- 17.45×				
a. Operator's Name and Address:	oompiotoo ira	Tana operate.	c. Responsible Agency I	Name and Ad	dress:					
ESA inc			NESH	AF Admin:	Selorado	Deer of Heath	& Public Shy			
5700 E 50th Avenus				Otterry Creek						
b. Phone: Commerce City, CO 80022	303-994-13	380	d. Phone:	er, CO 80210	1539	303 965 31	02			
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both	% F	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	signment are fully and acc							
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	d, and are in all res	pects in proper condition f	for transport a	ccording	to applicable in	ternational and			
induction governmental regulations.		17-4								
					-					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign		envises the facility being	i. Date	renovete	d or the domai	ition or			
renovation operation or both	nis, icases, opera	ites, controls, or sup	ervises the lacinty being t	actionstied O	removate	a, or the defilor	ILIOIT OF			



5011148

I. GENERATOR (Generat	or completes la	a-r)					
a. Generator's US EPA ID Number	19	b. Manifest Docu	ment Number		c. Page	e 1 of	
d. Generator's Name and Location:	en nei min e		e. Generator's Mailing	Address:			
North of 1-70 between Column	one & Elizabeth 9	Gesatu	e. Generator's Mailing	rado Deparim	ani of Ta	maparlation	
f. Phone: Denser, GC 80216	729-920-46	(je	1	E 45th Avert		America and transfer	
If owner of the generating facility differs from	om the generator	provido	g. Phone:	ver, 00 ang 16		720-820-46	196
h. Owner's Name:	om the generator,	provide.					
j. Waste Profile #	k. Exp. Date	1 14/2-4- 01:	i. Owner's Phone No.:				
	K. LAP. Date	Description	ping Name and	m. Cor No.	tainers	n. Total	o. Unit
			7		Туре	Quantity	Wt/Vol
5126 1812486	7/30/9019		od Asbestos Contamina	fed Bali		10	
	775000000000	RACS				10	Yard
							-
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla	y certify that the al	bove named mater	al is not a bazarda				
state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the	ssified and packag	ged, and is in prope	r condition for transporta	iste as defined	by 40 CF	R 261 or any a	pplicable
waste is a treatment residue of a previously been treated in accordance with the require	ments of 40 CFR	ous waste subject	o the Land Disposal Res	strictions. I cert	ify and w	arrant that the	s; AND, if t vaste has
the physicians or have	A L CAS	200 and is no long	er a nazardous waste as	defined by 40	CFR 261		
o. Generator Authorized Agent Name (Print						IOH E / 3	618
I. TRANSPORTER (General	tor complete	Signature			r. Date		
II. TRANSPORTER (General Address: 1	itor completes	lia-b and I rans	sporter completes II	c-e)			
C_{1}	ACDI	10)					
-11	11 COK	3					
D. Phone:							
MAGUAL / CHARCOL	b	MITCH		110	110	100	
. Driver Name (Print)	d. Signatu	Iro		10	110	118	
II. DESTINATION (Generator Disposal Facility and Site Address:	complete Illa-	c and Destinati	on Cito complete a	e. Date			
. Disposal Facility and Site Address:	The state of the s	c. US EPA Numb	on Site completes i	lld-g)			
teath & Yower Rd			d. Discrepancy Indi	cation Space:			
Commerce City, CO (Account #	990216 584 / 118	n Projecti					
nereby certify that the above named materia	al has been accep	ted and to the best	of my knowledge the for	regoing is true	and accu	rate.	
Name of Authorized Agent (Print) ASBESTOS (Generator con	f. Signature	9		g. Date	-		
	mpletes IVa-f a	and Operator co	mplete IVg-i)	13.			
Operator's Name and Address:			Responsible Agency Na	me and Addre	SS:		
8700 E 50th Avenue			NESTIA	P'Admin. Col	Brads De	pt of Health & I	Public Sity
Phone: Sommerce City, CO 80022	303-921-1760		Figure 1 and 1	lerry Greek Di			
Special Handling Instructions and Additions	al Information:	d.	Phone:	CO 80246-15	GU.	303-692-3102	
					7.0		
☐ Friable ☐ Non-Friable ☐ Both	% Erichle						
ERATOR'S CERTIFICATION: L borney	% Friable	- 70	Non-Friable	-A-1 1			
ERATOR'S CERTIFICATION: L borney	1. 11 1 11	- 70	Non-Friable ment are fully and accur s in proper condition for	ately described	d above b	y the proper sh	ipping nam
ERATOR'S CERTIFICATION: I beretund	1. 11 1 11	- 70	Non-Friable ment are fully and accur s in proper condition for	ately described transport acco	d above b	y the proper sh pplicable intern	ipping nam ational and
ERATOR'S CERTIFICATION: I hereby dec d are classified, packaged, marked and lab- ional governmental regulations.	clare that the conte eled/placarded, an	ents of this consign nd are in all respect	Non-Friable ment are fully and accur s in proper condition for	ately described transport acco	d above b rding to a	y the proper sh pplicable intern	ipping nam ational and
Friable Non-Friable Both PERATOR'S CERTIFICATION: I hereby ded are classified, packaged, marked and label ional governmental regulations. Operator's Name and Title (Print) Perator refers to the company which owns, lovation operation or both	clare that the conte	ents of this consign and are in all respect		a anoport acco		pplicable intern	ational and



5011146

I. GENERATOR (Generate	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Address:						
		Characte	Colorado Department of Transportation 3643 E 46th Avenue						
Historial I. 70 between Columb									
f. Phone:	720-920-	91,30,702	g. Phone:	UC BUZTE		720-920-466			
If owner of the generating facility differs fr	om the generato	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Shi	pping Name and	n. Total	o. Unit				
		Description		No.	Туре	Quantity	Wt/Vol		
		Dinaire	lad delegates Cantaining to	Salt.					
TARE SOUNDERS	2500,000,000		lad Asbertos Contaminatec	DON			300		
5125 1812496	7/5/0/2019	RACS					Yana		
				1					
						8			
GENERATOR'S CERTIFICATION: I here	by sortify that th	a should named mat	orial is not a hazardaya wasi	o oo dofina	d by 40 C	ED 261 or any a	policoblo		
state law, has been properly described, cl	lassified and pac	kaged and is in pro	per condition for transportation	e as denne on accordin	id by 40 C	cable regulations	: AND, if this		
waste is a treatment residue of a previous	sly restricted haz	ardous waste subject	t to the Land Disposal Restr	ictions. I ce	ertify and v	varrant that the w	aste has		
been treated in accordance with the requi	rements of 40 C	FR 268 and is no lor	nger a hazardous waste as d	efined by 4	0 CFR 26	1.			
THE THE PERSON OF THE PERSON O	I CONT					112	17610		
p. Generator Authorized Agent Name (Pri	nt)	q. Signature			r. Date				
				-\	1. Date				
II. TRANSPORTER (Gene	rator complet	es lia-b and i ra	nsporter completes lic	-e)					
a. Transporter's Name and Address:									
and the same of th	-	a annual of	-,17						
	197	256 6	my & / James			1			
b. Phone:		The second secon	The second secon		7 /0	1/10)	1		
2001 E.		de :			10	11 31	1		
c. Driver Name (Print)	d. Sig	nature		e. Date					
III. DESTINATION (General	tor complete	Illa-c and Destin	ation Site completes II	ld-a)					
a. Disposal Facility and Site Address:		c. US EPA Nu			e:				
CONCI CONCIN				орио					
Shin & Tower Rd	· · · · · · · · · · · · · · · · · · ·	and the second							
Dommerce City: CO (Account	LE SOUZITE LISA	Al-10 Projecti							
I hereby certify that the above named mat	terial has been a	ccented and to the b	est of my knowledge the for	eanina is tr	ue and ac	curate	1311-2		
		200		303					
		-							
e. Name of Authorized Agent (Print)	f. Sigr			g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operator	r complete IVg-i)	1					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ac	ldress:	ryome may rocate to	Physican Policy		
priory if form Assessment			MEDITAL CONTRACTOR			Crapt of Health S	E-DENC SHEY		
8700 E 193h Avenue	500-502			nerry Crael			7		
b. Phone: Commerce City, CO 80022	303-301-	, Total	d. Phone:	00 80348	F1600	303-692-310.	6		
e. Special Handling Instructions and Addit	tional Information	1:							
f. ☐ Friable ☐ Non-Friable ☐ Both	0/ (Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby				ately descr	ibed abov	e by the proper s	shipping name		
and are classified, packaged, marked and	labeled/placard	ed, and are in all res	pects in proper condition for	transport a	ccording	to applicable inte	rnational and		
national governmental regulations.									
					200000				
g. Operator's Name and Title (Print)	h Sie	nature		i. Date	-				
*Operator refers to the company which ow			pervises the facility being de		renovate	d, or the demoliti	on or		
renovation operation or both	,, opor		are taking boning do			-, 5: 4:0 40:110110			

if waste is asbestos waste, complete Sections I, II, III and IV If waste is $\overline{\text{MOT}}$ asbestos waste, complete Sections I, II and III

JO	or the demoition	enovated,	to benerior	ner lacility being den	enviedne iu	י בחנונוסופי	ear pharata	ופי ופשפו	*Operator refers to the company which own renovation operation or both			
		potential	i. Date	sop sajed railies? edt 20	osiraoans 20		h. Signatu	3201 30	g. Operator's Name and Title (Print) *Operator refers to the company which own			
									national governmental regulations.			
bine landi	applicable interna	scording to	transport ac	in proper condition for	all respects	and are in	placarded,	labeled/	and are classified, packaged, marked and			
omen pajan	hy the proper shi	evode bed	ingach ylete	Jon-Friable			sin4 %	declare	f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby			
							:noitemic	onal Info	e. Special Handling Instructions and Additi			
	3010-789-506	0691	-9#208 OO	hone: Denver,	d .b	(921-166-6	E	b. Phone: Commerce Cib., Cd 80022			
			अवस्थि द्वाउदार						6700 E 90th Avenue			
AUS DIIGN	a b miset to ice				VI :0				ani ASS			
		.556.	opy pue ou	esponsible Agency Nar		alla Obe	I-DAI COM	alduloc	IV. ASBESTOS (Generator of Operator's Name and Address:			
			g. Date	(i p)(l otolac	200 10101		If. Signatu	Jamos	e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of IV.			
							75-1-10 7		(tai-d) trans berinding to emply a			
	urate.	oo sug acc	าม รเ อินเดอิส	LILY KNOWIEDGE UPE TOLE	o isan aut o	n nue naid	enne Haar	פווקו ווקפ	I hereby certify that the above named mate			
FE				,,,,		21 4			D.			
						Boolant U	-1 / ASC 31	2063 #	Committee Oily, CO (Account			
									DECIONO / STUDE			
		- :		d. Discrepancy Indica			nu esed	1100 10	a. Disposal Facility and Site Address:			
			e. Date	Site completes III			tsngi2 .b	טג כטע	c. Driver Name (Print) III. DESTINATION (Generat			
	01/	1 1	0,50	0 1	2	0311	tenni2 b		fring ameliane (Print)			
1-2	01-6	-	//	(1) Jun	a) A			大人	TOTAL STATE OF THE			
				TO U		0	28E	2/	199 EDE 309			
55	OOX							at Phys	10 107			
	(19)	111	7 m	VO. 7	5007		19		a. Transporter's Name and Address:			
120000			(a-	orter completes lic-	Transpo		the second secon		II. TRANSPORTER (Gener			
2001111	111	r. Date			umail l	Signature	3 .p	(tr	p. Generator Authorized Agent Name (Prin			
10	120/11	7			1111-	\$65	71 1	Hodo	and the same with			
ste has	arrant that the was .	CER 261	efined by 40	i hazardous waste as d	subject to tr	si bns 882	of 40 CFR	restriction (1)	waste is a treatment residue of a previous been treated in accordance with the requir			
sirt this	able regulations; A	g to applic	on according	ondition for transportation	in proper co	si bns ,bet	and packag	patified	state law, has been properly described, cla			
olicable	age vine to 182 A-	9 PV 40 CF	e as define	sew suobsezed a fon a	d material is	pove name	s edt tist v	by certif	GENERATOR'S CERTIFICATION: 1 here			
	34											
				******	*****							
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			-						La Carlo R			
Manay					804	8	BEOLOG	12	96721919219			
	0/		HOS.	batenimalnoO entende	ny pereinte	A						
IoVIW	Quantity	Type	.oN		uondi	Descu		2 78				
tinU .o	n. Total	tainers		Name and	gniqqid2 ət		etsQ .	k. Exp	# əlflor # .i			
				Owner's Phone No.:).i				h. Owner's Name:			
-	If owner of the generating facility differs from the generator, provide:											
	5991 029 021		CO 99518	Phone: Denvist,	-6	E.S.	997 Sept 02	9	f. Phone:			
		Ð	JITEVA HISI	3643E					dinuted megaled (%-) to anoth			
	notionodes	net I to ins	quesa:	Generator's Mailing Ad	.9				erator's Name and Location:			
	10 f	c. Page		Number	t Document				PPAID Number			
						(1-	pletes la	moo 10	ATOR (Generate			

ALIT-2A



I. GENERATOR (Generate	or completes	la-r)						
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page			
d. Generator's Name and Location:	pages on Indian diam in .		e. Generator's Mailing A	Address:	T-			
hiomin of 6-70 between Columb		Storme	197316 37.53 E	euc Departin E 461h Averu	erik di Fran	NACCHAREN		
Cerner, 00 80216	729-920-4			r, CO 80218		723-920-430	ia	
f. Phone:			g. Phone:	ST. PART SERVING		: 29-102,1-1630	M.	
If owner of the generating facility differs from	om the generator	r, provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Cor	tainers	n. Total	o. Unit	
	-	Description		No.	Туре	Quantity	Wt/Vol	
		Plaquia	ulated Asheetos Contaminated Boil					
5126 1812496	7/90/2019					18	Yards	
				-			1.539.562	
	1 1,000							
OFNEDATORIO GERTIFICA I TICAL				100				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the	e above named mate	rial is not a hazardous wa	ste as define	d by 40 Cl	FR 261 or any a	ipplicable	
waste is a treatment residue of a previous	ly restricted haza	ardous waste subject	to the Land Disposal Res	trictions. I ce	rtify and w	arrant that the	waste has	
been treated in accordance with the requir	ements of 40 CF	R 268 and is no lon	ger a hazardous waste as	defined by 4	0 ĆFR 26			
the beatern a bouil	T LEGT				+ 6	6/17/10019		
p. Generator Authorized Agent Name (Prin	nt) (g. Signature			r. Date			
II. TRANSPORTER (Gener			conorter completes lle	2 0)	1. Date			
a. Transporter's Name and Address:	ator complete	1 and that	isporter completes in	U-E)	2011			
25H 6700 ES	SOL X	from 3						
Commercia	CO 80	220						
b. Phone: 31 991 4	180	. 3						
SCA TO I Dot 11	Jan 1 2	(0)0.		10-	101-1	10		
23. 101111640	उसाय पर	, To was	~	-	/	0		
c. Driver Name (Print)	d. Sigr		011	e. Date				
III. DESTINATION (Generate	or complete i							
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Discrepancy Indi	ication Space	91			
aden & Tower Rd								
Commerce City, CO (Account	# 990216 ESA.	1- O Project)						
I hereby certify that the above named mate	arial has been as	contact and to the h	act of my knowledge the fa	rosolna lo ta	in and acc			
. Horosy cortiny triat the above framed friate	onal has been ac	copied and to the be	sar or my knowledge me ic	negoing is th	ne and acc	urate.		
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator						
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	dress:	Venne of Discourse	Diame 20	
6701 - 60th Avenue				nr Aussin. 1 Cheny Creek		eps of Health 8	X MADIO SILV	
Commerce Ody, SC, 80000	363-991-1	290	Treserve	r, 00 80246		303/492-310	3	
b. Prione:			d. Phone:	TO SERVICE CONTRACTOR	1 1100013	ASSAC SEED IN	To the same of the	
e. Special Handling Instructions and Additi	onal information:							
f. Friable Non-Friable Both	% F	riable	% Non-Friable			7		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	contents of this cons	signment are fully and accu	urately descri	bed above	by the proper	shipping name	
national governmental regulations.	.abcicu/piacaide	u, and are in all 195	ocea in brober condition to	" "ansport a	ccording (applicable lifts	mauonar and	
		A A A A A A A A A A A A A A A A A A A		I				
a Operatoria Nama and Title (D.).	1.0	33376		1		-		
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Sign	ites controls or sup-	anvises the facility hoins do	i. Date	renovated	or the demolish	on or	
renovation operation or both	is, icases, upera	ices, controls, or sup	ervises the facility being de	anonsneu or	renovated	, or the demoliti	UII OF	



5011135

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location:	epartagon,		e. Generator's Mailing Ad	dress:	ent of Tran	eportebon				
North of 1-70 traterees Columb		troese		18th Avenu		Toyour Concession				
f. Phone: Deriver, 00 80216	720-920-46	995		CO 80216		720-920-468	9			
If owner of the generating facility differs fr	om the generator,	, provide:								
h. Owner's Name:	a		i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		ping Name and	m. Cor	ntainers	n. Total	o. Unit			
		Description		Туре	Quantity	Wt/Vol				
6126 1812490	7/30/2019	Regulate RACS	xi Aabestoa 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.										
The presidence had the topics of the state o										
p. Generator Authorized Agent Name (Prin	nt) q	. Signature			r. Date					
II. TRANSPORTER (General	rator complete	s lla-b and Trar	sporter completes Ilc-	e)						
a. Transporter's Name and Address: Ac	246 1 1	KING OF	635 680 M	151	//					
c. Driver Name (Print)	d. Signa	ature	•	e. Date	V	- in				
III. DESTINATION (Generat			tion Site completes III	the state of the s						
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num			a:		-			
Soun & Tower Rai										
Ushimerce City, CO (Account b.	# 990218 ESA /	(-10 Project)								
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	urate.	-			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date						
IV. ASBESTOS (Generator of			complete IVg-i)			(2-3-X				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress: Joierado D	ent of Health 8	Public Sity			
8700 E 60th Avenue				erry Creek						
b. Phone: Commerce City, CC 80022	505 991-12	80	d. Phone:	CO 60248	-1530	300-692-310	2			
e. Special Handling Instructions and Additi	ional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable			1				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the c	contents of this cons	ignment are fully and accura	ately descri transport a	ibed above ccording to	by the proper applicable inte	shipping name, ernational and			
		4								
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa		anylege the facility hains don	i. Date	ronovated	or the demolit	ion or			
renovation operation or both	no, icases, uperal	es, controls, or supe	a vises the lacility being den	ionstieu or	renovated	, or the demolit	IOIT OF			



5011136

I. GENERATOR (Generate	or completes	la-r)					11-12		
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number			c. Page	1 of		
d. Generator's Name and Location:	per period in the		e. Generator	's Mailing Ad	dress:	and of these			
Hosts of 1-70 between Columb		Language					isponation		
Denver, CO 60216	720-923				16th Avenu		TOTAL POWER STORY		
f. Phone:	(FACUPOIGN)	4000	g. Phone:	Derver,	00 80218		720-910-4686		
If owner of the generating facility differs from	om the generate	or, provide:						,	
h. Owner's Name:				Marie Marie					
j. Waste Profile #	k. Exp. Date	I Wasta Shi	i. Owner's Pl pping Name an		m. Con	tainore	n. Total	o. Unit	
J. Waste Florile #	k. Exp. Date	Description	pping Name an	u	No.	Type	Quantity	Wt/Vol	
							1.0		
		Regula	ted Asbestos C	ontaminated	\$GH		18		
5129 1812496	7/00/28:15	RACS					. 0	Ywrds	
	etc.								
Total Control of the									
								10	
GENERATOR'S CERTIFICATION: I herel	by certify that th	e above named mate	erial is not a ha:	zardous wast	e as define	d by 40 CF	R 261 or any ap	plicable	
state law, has been properly described, clawaste is a treatment residue of a previous	assified and pad	kaged, and is in pro-	per condition for	r transportatio	n accordin	g to applic	able regulations;	AND, if this	
been treated in accordance with the requir	rements of 40 C	FR 268 and is no lor	ider a hazardou	s waste as de	efined by 4	0 CFR 261		aste nas	
Alle Marie Library For textin	WELL OF	- 4	×			17	1-11-1		
	11 4 10 10	4.	->						
p. Generator Authorized Agent Name (Prin		q. Signature	r. Date						
II. TRANSPORTER (Gener	rator complet	tes Ila-b and Tra	nsporter con	npletes lic-	e)				
a. Transporter's Name and Address:									
16									
(Mar mas									
b. Phone:		1)			1			
COSP .		11	211		/	0/1	9/1	1	
c. Driver Name (Print)	d Sin	naturé			e. Date	1 /			
			otion Cito oo	manlataa III					
a. Disposal Facility and Site Address:	or complete								
a. Disposal Facility and Site Address:		c. US EPA Nur	nber a. Discr	epancy Indica	ation Space);			
sisti & Towar Rd									
Commerce Oity, GO (Account	# 900216 ESA	71-70 Project)							
b.	-1-11							22.22	
I hereby certify that the above named mate	enai nas been a	ccepted and to the b	est of my know	leage the fore	going is tru	ue and acc	urate.		
e. Name of Authorized Agent (Print)	f. Sigr	nature			g. Date		fuels		
IV. ASBESTOS (Generator of	completes IV	a-f and Operator	complete IV	/g-i)			E-HIL		
a. Operator's Name and Address:			c. Responsible		ne and Add	dress:			
ESA Inc				NESHA	Admin (Jovernaca D	lept of Health &	Public Sity	
6700 E 50th Avenue					erry Creek				
b. Phone: Commerce City, CO 30022	303-991-	280	d. Phone:	Denver,	QQ 80246	1530	300-592-3162		
e. Special Handling Instructions and Additi	onal Information	1:	d. T Hone.	Market Co.					
☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby			% Non-Friable	lly and accur	ataly doseri	had about	bu the maner of		
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	ed, and are in all res	pects in proper	condition for	transport a	ccording to	applicable inter	national and	
			-						
a Operator's Name and Title (Paint)	F 0:	natura.							
g. Operator's Name and Title (Print)*Operator refers to the company which own	h. Sig		envises the faci	lity being don	i. Date	renovated	or the demolities	D.OF.	
renovation operation or both	no, reases, uper	atos, controis, or sup	orvises tile (aci	ary being defi	IONSTIEG OF	removated	, or the demolitio	11 01	



5011137

I. GENERATOR (Generato	r completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number			c. Page	1 of			
d. Generator's Name and Location:		iranie.	e. Generator's	Colorado	dress: Departm 15th Avanu		socitation			
f. Phone: Deriver, CO 80216	720-920-40	66	g. Phone:		OD 80216		720-925-4850			
If owner of the generating facility differs fro	m the generator,	provide:	i Owneda Phan	a a Na						
h. Owner's Name:		L I Marata Oblia	i. Owner's Pho	ne No.:	T m Cor	tainers	n. Total	o. Unit		
j. Waste Profile #	k. Exp. Date	Description	pping Name and		No.	Type	Quantity	Wt/Vol		
5126 1812 486	7/30/2019	Request. FACS	ed Aspestos Con	18	Yanda					
(A)					2					
GENERATOR'S CERTIFICATION: I herebestate law, has been properly described, clawaste is a treatment residue of a previously been treated in accordance with the require	ssified and packa y restricted hazar	aged, and is in prop dous waste subject	er condition for tr to the Land Disp	ansportation	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this		
Nie Jlaktrop in Lake	I of the	AU				10	12 2015	A		
p. Generator Authorized Agent Name (Prin	t) q.	Signature				r. Date				
II. TRANSPORTER (Gener	ator complete	s lla-b and Tran	nsporter comp	letes Ilc-	e)			1		
a. Transporter's Name and Address:										
	(10)	936-	(1/1	lea e			,			
b. Phone:		and the same of th	- 2			11	7/19/	10		
c. Driver Name (Print)	d. Signa	ature			e. Date		1-1-1			
III. DESTINATION (Generate		10.00	ation Site com	pletes III	d-a)					
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num		ancy Indica		9.				
TOWNS CONTROL		0. 00 Li 71 Haii	d. Dioorop	andy maior	ation opuo	٠.				
Binn & Tower Rd		1.2								
Commerce City, CO (Accode)	# 920248 ESA A	I-10 Project)								
b. I hereby certify that the above named mater	erial has been acc	cented and to the bi	est of my knowled	dge the fore	egoing is tr	ue and ac	curate.			
The start of the s			- In the state of	3				41		
		Ta color Color				an essent				
e. Name of Authorized Agent (Print)	f. Signa	Contract the second			g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg	-i)			12.72			
a. Operator's Name and Address:			c. Responsible	Agency Na	me and Ad	dress:	and the sile of			
CBA INC							Jept of Health &	PURCETTY		
6700 E 50th Avenue	not the se	ion.			eny Creek					
b. Phone: Commerce City OO 80022	303-991-12	5-1	d. Phone:	Uarver,	CO 60248	1000	A0462-0162			
e. Special Handling Instructions and Addition	onal Information:					y V				
f. Friable Non-Friable Both	. ☐ Friable ☐ Non-Friable ☐ Both									
OPERATOR'S CERTIFICATION: I hereby				and accur	ately descr	ibed abov	e by the proper s	hipping name		
and are classified, packaged, marked and national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa				i. Date					
*Operator refers to the company which own renovation operation or both	ns, leases, operat	tes, controls, or sup	ervises the facilit	y being der	nolished o	renovate	d, or the demolitic	n or		



5011157

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	c. Page 1 of							
d. Generator's Name and Location:	ie valodina		e. Generator's Mailing Add	dress:	2.9					
Uplorado Department et Trans		la na ar		Departme		REPORTED OF				
North of 1-70 between Columb Elenium, CO 80216				6th Avenu		203 003 2030				
f. Phone:	120-850-46	100	g. Phone:	00 80216		720-920-4886				
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
i. Waste Profile #	k. Exp. Date	I Waste Shir	pping Name and	m. Con	tainers	n. Total	o. Unit			
j. Waste Frome #	K. Exp. Dato	Description	ping Hamo and	No.	Туре	Quantity	Wt/Vol			
		Regulati	Repulated Ashestos Conferminated Soli							
5126 1812496	7/80/2019	RACS				10	Yards			

V		-								
GENERATOR'S CERTIFICATION: I here	by cortify that the	above named mate	rial is not a hazardous waste	as define	1 by 40 C	ED 261 or any an	policoblo			
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transportation	n according	to applic	able regulations:	AND, if this			
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restric	ctions. I cer	tify and w	arrant that the wa	aste has			
been treated in accordance with the requir	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as de	efined by 40	CFR 261	1				
In the property which of Ch	10 7	Chil.			10	11303				
p. Generator Authorized Agent Name (Prin	nt) g	. Signature			r. Date	13				
II. TRANSPORTER (Gener			sporter completes IIc-	9)	/	11 5				
a. Transporter's Name and Address:	001/	\	ioportor completed no			1				
	8 > r	,			,	1				
					-					
b. Phone: 303 - 95	1- 178	30				M.				
		7 1				0 1 5				
STPUPN MOON		Lower			111-1	7-10	16 4			
c. Driver Name (Print)	d. Signa			e. Date						
III. DESTINATION (Generate	or complete III						1			
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ition Space	:		14.			
65th & Tower Pict							A D			
Communación, OC/(Account	# 990218 ESA / .	- 10 Projecti					4			
b.										
I hereby certify that the above named mate	eriai nas been acc	cepted and to the be	est of my knowledge the fore	going is tru	e and acc	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ture	100000	g. Date						
IV. ASBESTOS (Generator of	completes IVa-	-f and Operator	complete IVg-i)	5400 - 5-57						
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ado	iress:					
ESA Inc			NESHAF	Admin: 0	charado D	leot of Health &	Public Sity			
6700 E 50th Avenue				erry Creek						
b. Phone: Commerce Oily, CO 80022	363-891-12	30 1	d. Phone:	00 B)246	1939	303-492-3 102				
e. Special Handling Instructions and Additi	ional Information:			-						
f. Friable Non-Friable Both	% Fr	iable	% Non Erichle							
OPERATOR'S CERTIFICATION: I hereby			% Non-Friable	tely descri	hed above	by the proper s	hinning name			
and are classified, packaged, marked and	labeled/placarded	I, and are in all resp	ects in proper condition for	ransport a	cording to	applicable inter	national and			
national governmental regulations.										
		essential territorial	3				1			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which own			ervises the facility being dem		renovated	, or the demolition	n or			
renovation operation or both		,, cap	, 2011.8 4011			,				



REV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of				
d. Generator's Name and Location:	SPUTE STATE		e. Generator's Mailing Ad	dress:	and of Day					
North of L70 between Columb	oine & Elizabeth S	Eranja		46th Avent		nsportation				
Danuar CO 60216	720-926-46		Donesia	CO 60216		720-920-469	n.			
f. Phone: If owner of the generating facility differs fr	om the generator	provide:	g. Phone:	-						
	om the generator,	provide.								
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Wasta Shin	i. Owner's Phone No.:	m. Cor	toinore	n. Total	I = 11=3			
j. Waste Florid #	K. Exp. Date	Description	ping Name and	No.	Type	Quantity	o. Unit Wt/Vol			
5126 1812496	7/50/2019	Rogidate RACS	ed Asbestos Contaminated	Soil		18	Yards			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa lv restricted hazar	aged, and is in prope dous waste subiect	er condition for transportation to the Land Disposal Restri	on according	g to applic	able regulations	· AND if this			
	hy-		A)			10 119	2:18			
p. Generator Authorized Agent Name (Prin	nt) a	Signature			r. Date					
II. TRANSPORTER (Gener			sporter completes lic-	(م	1. Date					
a. Transporter's Name and Address:		- 114 - 5 4114 1141	ioportor completes no	0/		-				
b. Phone: CHACOW	<i>/</i> **					Lalusa				
JORGS CABRAR	11 6	1		/	1 1	9.18				
c. Driver Name (Print)	d Signa	iture		e. Date	-n					
III. DESTINATION (Generate	or complete III	a-c and Destina	tion Site completes III	d-g)						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space	:					
anti & Tower Rd Continenta City, CO (Addount	# 990216 ESA / (-70 Projecti								
b. I hereby certify that the above named mate	erial has been acc	epted and to the be	st of my knowledge the fore	egoing is tru	ie and acc	curate				
				303.0.00						
e. Name of Authorized Agent (Print)	f. Signat	ure	1024_F41	g. Date	_					
IV. ASBESTOS (Generator of			complete IVa-i)	y. Date						
a. Operator's Name and Address:			c. Responsible Agency Name NESHAF	- Admin (eny Greek	Jolorado L Dr. Souti					
b. Phone: Commerce City, CO 80022	303-551-120	BQ.	d. Phone:	00 80246	1530	303-692-3100				
e. Special Handling Instructions and Addition	onal Information:	3-23	W-041							
f. Friable Non-Friable Both	% Fri	able	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co labeled/placarded	ontents of this consi , and are in all resp	gnment are fully and accura ects in proper condition for	ately descri transport ac	bed above coording to	by the proper so applicable inter	hipping name, national and			
							,			
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date						
*Operator refers to the company which owr renovation operation or both	ns, leases, operate	es, controls, or supe	rvises the facility being den	nolished or	renovated	, or the demolitic	n or			
							ECHI CONTRACTOR			

GENERATOR RETAIN

RS-F11A



5011159

I. GENERATOR (Generate	or completes la	ı-r)									
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of					
d. Generator's Name and Location:	grandation		e. Generator's Mailing Add	dress:	Tone	an water bliss					
Fight of 1-70 between Columb		marile.		6th Avenu		sportation					
Denusi CD 20216	720-020-49		Denver	00 50218		720-920-4866	3				
f. Phone: If owner of the generating facility differs fr	om the generator	provido:	g. Phone:	TIES TOTAL							
in owner of the generating facility differs in	om the generator,	provide:									
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol				
		D GGG, PAGE		110.	Турс	Quantity	770 701				
		Regulate	d Asbestos Contaminated	iail		1/2					
5126 1812496	273672019	RACE					Varda				
	10000										
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, cl	by certify that the a assified and nacka	above named mater	ial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any a	pplicable				
waste is a treatment residue of a previous	ly restricted hazard	lous waste subject	to the Land Disposal Restric	ctions. I cer	rtify and w	arrant that the w	aste has				
been treated in accordance with the require	rements of 40 CFR	268 and is no long	er a hazardous waste as de	fined by 4	0 CFR 26	1.					
Me Herrichy - brille	1 (000	110				10/19/20	100				
p. Generator Authorized Agent Name (Prin	nt) q.	Signature		W-016	r. Date						
II. TRANSPORTER (Gener	rator completes	lla-b and Tran	sporter completes lic-	e)	avan za A						
a. Transporter's Name and Address:	A 67	00 9 5	0 ALC 100	umo	110	C = 1	X				
Proposition was		The same of the sa									
b. Phone: 3 - 9911280						8002	Z				
K+1005	90	- 130	-		7-1	9-18					
c. Driver Name (Print)	d. Signa			e. Date		2 6					
III. DESTINATION (Generat	or complete Illa										
a. Disposal Facility and Site Address:		c. US EPA Numi	ber d. Discrepancy Indica	tion Space							
buin & Tower Ro			3								
b. Commerce Ony, CO (Assount	# 990216 ESA / I-	U Project;									
I hereby certify that the above named mate	erial has been acce	epted and to the be	st of my knowledge the fore	going is tru	e and acc	curate					
				3.0.00							
e. Name of Authorized Agent (Print)	f. Signatu	Ire		g. Date							
IV. ASBESTOS (Generator of			complete IVa-i)	y. Date							
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Ada	irece.						
ESA Ing			NESHAP	Admin: 0	olorado E	ept of t-leath &	Plublic Say				
6700 E 60th Avenue				erry Creen							
b. Phone: Commerce City, CC 80022	303-991-138	0	d. Phone: Denver, (00 80245	1630	300-692-3102					
e. Special Handling Instructions and Additi	onal Information:			20.00		************					
f. Friable Non-Friable Both	% Fria	able	% Non-Friable	Total Aver		To the second					
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ntents of this consi	gnment are fully and accura	tely descri	bed above	by the proper s	hipping name				
and are classified, packaged, marked and national governmental regulations.	iabeled/placarded,	and are in all respe	ects in proper condition for t	ransport a	ccording to	applicable inter	mational and				
					1000/1000						
a Operator's Name and Title (Print)	F 0:			: D-:							
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signat	ure s. controls, or supe	rvises the facility being dem	i. Date	renovated	or the demolitic	on or				
renovation operation or both		_,	Journal of the state of th	-1101100 01	. 5. 15 valeu	, or the demontic	J., OI				



I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	sportation		e. Generator's Mailing Ad	dress:	ant or Tes	nanciationa				
Month of I-70 between Column		ireets	2643 E 46th Avenue							
Denise CO 8/046	720-929.44		Changer	CO 50218		720-920-400	A			
f. Phone:		- 4	g. Phone:	ACT OFF		- EA 480 100	1000			
If owner of the generating facility differs fr	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con	tainers Type	n. Total	o. Unit			
		Description	Description			Quantity	Wt/Vol			
5126 1812496	7/30/2019	Ragulati RAGS	ed Asbestos Contaminalisc	Soli		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 thi 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.										
The Strategy or behalf of Oper 100 10 10 10 10 10 10 10 10 10 10 10 10										
p. Generator Authorized Agent Name (Prin		Signature	100000000000000000000000000000000000000		r. Date					
II. TRANSPORTER (General	rator completes	s Ila-b and Tran	nsporter completes lic-	e)						
a. Transporter's Name and Address: Bob. Phone: 30364459 b. Phone: 304459	Brunet Lg	West &	The last	10	7-/0	7-18	DEF			
c. Driver Name (Print)	d. Signa	iture	1	e. Date		160				
III. DESTINATION (Generate	or complete Illa	a-c and Destina	ation Site completes Ille	d-g)						
a. Disposal Facility and Site Address:	1000	c. US EPA Num	ber d. Discrepancy Indica	ation Space	r.					
bith & Tower Rd		- Patri								
Commerce City, CC (Account	# 890216 ESA / 1	- 10 Project)								
b.										
I hereby certify that the above named mate	enai nas been acci	epted and to the be	est of my knowledge the fore	egoing is tru	ie and acc	curate.				
					2-12-					
e. Name of Authorized Agent (Print)	f. Signate			g. Date						
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)							
a. Operator's Name and Address:				ne and Add Admin (Creak, serry Creak,	Joiennede !	Pept of Health &	Public Sfty			
Commerce (364, 073,93933)	303 901-129	30		CG 80248		303 092-310	-			
b. Phone:e. Special Handling Instructions and Additi			d. Phone:	000000	.040	VOU DOM'S IN	-			
e. Special Handling Instructions and Additi	onal information:						-			
4 C F C										
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% Fria	able	% Non-Friable	atoly docer	had charre	by the mana	hinning			
and are classified, packaged, marked and national governmental regulations.	labeled/placarded,	, and are in all resp	ects in proper condition for t	transport a	ccording to	a by the properson applicable inte	rnational and			
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date						
*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or supe	ervises the facility being dem	nolished or	renovated	, or the demolition	on or			
				111111						



5011161

I. GENERATUR (Generate	or completes								
a. Generator's US EPA ID Number		b. Manifest Docu	iment Number			c. Page	1 of		
d. Generator's Name and Location:			e. Generator	's Mailing Ad	dress:		2.5		
Uclerado Department of Trans							Isportation		
North of I-To between Columb					46th Avenu				
f. Phone:	720-930-	4956	g. Phone:	Denver,	00 80216		720-920-4656		
If owner of the generating facility differs fr	om the generate	or provide:	9. 1 110110.						
I switch of the generating identity directors	om the general	n, provide.							
h. Owner's Name:			i. Owner's P	hone No.:		1000 - 1000			
j. Waste Profile #	k. Exp. Date		pping Name an	d		tainers	n. Total	o. Unit	
		Description	TANGEL VEC		No.	Туре	Quantity	Wt/Vol	
		Treat account of	and a land of the land		1		-		
			ted Asbestos O	ontaminated	Hot		1 X		
5128 1812496	7/36/2018	RACE					10	Yanta	
100000000000000000000000000000000000000					1				
							11		
GENERATOR'S CERTIFICATION: I here	by certify that th	e above named mat	erial is not a ha:	zardous waste	e as define	d by 40 Cl	R 261 or any ap	plicable	
state law, has been properly described, cl	assified and pac	kaged, and is in pro	per condition for	r transportation	n accordin	g to applic	able regulations;	AND, if this	
waste is a treatment residue of a previous	ly restricted haz	ardous waste subject	t to the Land Di	sposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has	
been treated in accordance with the requi	rements of 40 C	FR 268 and is no lor	iger a hazardou	s waste as de	efined by 4	0 CFR 26	l. ,		
THE VIOLATIAND OF ENTERLY	1 0001	415				16	18 Dar		
p. Generator Authorized Agent Name (Pri	nt)	q. Signature				r. Date	The same		
II. TRANSPORTER (Gene			nonortor cor	anletee IIe	0)	i. Dato			
a. Transporter's-Name and Address:	rator complet	les lia-b and Tra	risporter cor	ripietes lic-	e)				
a. Transporter s warte and address.	Wir Kr.	7)					1111111111	2	
		1							
-7 -32	101.5	529							
b. Phone:	- Cor J	0 2 1							
Davd Horer					1	1-1	4-18		
c. Driver Name (Print)	E 2011	nature			- D-1-	Lawre .	1 . 0		
			11 011	1 4 111	e. Date	10077			
III. DESTINATION (Generat	or complete								
a. Disposal Facility and Site Address:		c. US EPA Nui	mber d. Discr	epancy Indica	ation Space):		34.5V	
ätth à Fower Rd									
Confinence City, CO (Account	# Uponte liga	AT PC Charges							
b.	ar delization com	F (F (D) C(C)							
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my know	ledge the fore	egoing is tru	ue and acc	curate.		
e. Name of Authorized Agent (Print)	f. Sigr	·			g. Date				
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IV	/g-i)					
a. Operator's Name and Address:			c. Responsibl	e Agency Nai	me and Ad	dress:			
ESA Inc				MESITAF	Admin. C	Joierado D	lent of Health & I	Public Sits	
6700 E 50th Avenue				4300 Ch	any Creek	Dr. South			
b. Phone: Commerce Oily, CO 80022	303-991-1	280	d. Phone:	Denver,	00 80246	1530	363-692-9102		
e. Special Handling Instructions and Addit	ional Information	1'	d. Friorie.						
f. Friable Non-Friable Both	%	Friable	% Non-Friable	Э		14-331			
OPERATOR'S CERTIFICATION: I hereby	PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name dare classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and								
and are classified, packaged, marked and national governmental regulations.	iabeled/placard	ea, and are in all res	pects in proper	condition for	transport a	ccording to	o applicable interr	national and	
national governmental regulations.			**						
g. Operator's Name and Title (Print)	h. Sia	nature			i. Date		-		
*Operator refers to the company which ow	ns, leases, oper	ates, controls, or sur	pervises the faci	lity being den		renovated	, or the demolition	n or	
renovation operation or both			44		16. 1	als.			



I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of \	
d. Generator's Name and Location:	en entertiere	109311-0	e. Generator's Mailing A	ddress:	1000		
North of 1-70 between Columb Lienver, CO 80216 f. Phone:	time & Elizabeth S 720-920-46		3643 E	do Departr 46th Aven r, 00 8021	US	nsportation 720-820-4	566
If owner of the generating facility differs fr	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
5106 1612496	7/30/33/10	Regulate RACS	sd Asbestos Contaminate	d Soil		18	Yards
		37					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa Iv restricted hazar	aged, and is in prope dous waste subject	er condition for transportati to the Land Disposal Rest	ion accordir	ng to applic	able regulation	ns. AND if this
Ma State (1 1) on book	The second secon	1 200 and to no long	Wale as t	defined by 4	O CI IV 20	0/17/	2013
p. Generator Authorized Agent Name (Prin	The state of the s	Signature			r. Date		
II. TRANSPORTER (Gener	rator completes	s Ila-b and Tran	sporter completes lic	;-e)			
a. Transporter's Name and Address:	1260	asere /	rucking			1	1
b. Phone: (700) 9(0)	4 Dec	51.5	1 Bar.		10	119 1-	AI d
c. Driver Name (Print)	d. Signa	atura		e. Date	10/	1/10	D
III. DESTINATION (Generate			tion Site completes II				
a. Disposal Facility and Site Address:		c. US EPA Numl			e:		
Bath & Tower Rd							
b. Commerce Oily, CO (Account	# 990216 ESA / I	- Project)					
I hereby certify that the above named mate	erial has been acco	epted and to the be	st of my knowledge the for	regoing is tr	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signat			g. Date			
IV. ASBESTOS (Generator of	completes IVa-	f and Operator of	complete IVg-i)				
a. Operator's Name and Address: Edwing 6700 E 50th Avenue Commerce City, CO 80022	303-991-126	ag	4300 Ci		Colorado E Or Sout		& Public Say
e. Special Handling Instructions and Addition	onal Information:	7	d. Phone:				
f. Friable Non-Friable Both	% Fria	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co labeled/placarded,	ontents of this consignation and are in all respe	gnment are fully and accur ects in proper condition for	rately descr transport a	ibed above ccording to	by the prope applicable in	r shipping name ternational and
		(
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signat	ture es, controls, or supe	rvises the facility being de	i. Date molished or	renovated	, or the demoi	ition or
renovation operation or both							



5011163

I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	entrior an		e. Generator's Mailing Add	dress:	and the Towns	NA PROPERTY AND A SECOND SECON			
Horto of 1-20 petween Columb		Courie		idh Avenu		raportation			
Carrier CC a024s	720.920.46		Danwar	00 80218		720-923-4666			
f. Phone:			g. Phone:	0.0 4011		74.5 (2.5 (41))			
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:	Γ		i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol		
		Bosonpaon							
		Requists	ed Aspestos Contaminated	tell		18			
5120 1812498	7/39/2019	RACS				1.0	Yards		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any ap	plicable		
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restric	ctions. I ce	rtify and w	arrant that the wa	aste has		
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1.			
The I sentence or ball	Hot MO	41	(2)			1011712	(17		
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	s lla-b and Tran	nsporter completes lic-	e) n		- 2- >			
a. Transporter's Name and Address:	FSO	MANG	COMMC172	10	28	0050	_		
ESA 6/00	C . J C .								
203 90112 8	0								
b. Phone: 303 99/ 128	11		7			10	17		
Denvis Camp Be	11 1	aund (Deny (0)	(17-1	3		
c. Driver Name (Print)	d. Sign	ature	7	e. Date			3,70		
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes Ille	d-g)					
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indica	ation Space):				
isin & Tower Rd									
Commerce City, CO (Account	# 950218 ESA /	i- 10 Projecti							
b. I hereby certify that the above named mat	erial has been acc	cented and to the he	ast of my knowledge the fore	anina in tr	io and acc	ourata.			
Thereby certify that the above harried mat	enarnas been acc	cepted and to the be	sst of my knowledge the fore	going is at	e and acc	Surate.			
a Name of Authorized A 1 (7)			12.02						
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	f. Signa	The American Control of the Control	complete IV/r iV	g. Date					
	completes iva	-i and Operator							
a. Operator's Name and Address:			c. Responsible Agency Nar			Dept of Haaith &	Ordain Stell		
6700 E 50th Evenus				erry Creek			AND AND AND AND AND AND AND AND AND AND		
b. Phone: Commerce City, CO 20022	303-991-12	80		CO 80246		303-692-3102			
e. Special Handling Instructions and Addit	ional Information:		u. Filone.						
f. ☐ Friable ☐ Non-Friable ☐ Both									
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this cons	signment are fully and accura	ately descri	bed above	by the proper sl	nipping name		
and are classified, packaged, marked and	d 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.	national governmental regulations.								
			15						
g. Operator's Name and Title (Print)	h. Signa	ature	ended the facility balance	i. Date		aa Ab = d = 1'''			
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	tes, controls, or sup	ervises the facility being den	iolished or	renovated	i, or the demolitio	n or		



 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of \			
	Colorado Department of Fransportation Colorado Department of Fransportation								
f. Phone:	720-920-4		g. Phone:	3543 E 46th Avenu Dem/er, CO 80216		7230-9210-48	66		
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	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
5126 te12496	7/10/2019	Ragulati RACS	sminated Boil		18	Yards			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack by restricted haza	aged, and is in prop rdous waste subject	er condition for tra to the Land Dispo	nsportation accordin sal Restrictions. I ce	g to applice	able regulation arrant that the	s; AND, if this		
the hardony as lackely	c1 (40)	- 4			10	110 3	111		
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	s lla-b and Tran	sporter comple	etes IIc-e)					
a, Transporter's Name and Address:	5000	Soro 5					1115		
b. Phone: 3) 497	on to	6 Wen	m	10	-19-	-18			
c. Driver Name (Print)	d. Sign	ature		e. Date		V 110			
III. DESTINATION (General	The second secon		tion Site comp						
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num		ncy Indication Space	0.				
CARGO LANGUAN		C. OS LI A NUII	d. Discrepa	ncy malcadon opac	.				
Bitth & Tower Rd Opinmerca City; 60 (Account)	# 160218 ESA /	!- 70 Project)							
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledg	e the foregoing is tr	ue and acc	curate.			
Name of Authorized Apach (Driet)	4.01	A		- Data					
e. Name of Authorized Agent (Print)	f. Signa		1 (1) ()	g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator							
a. Operator's Name and Address: ESA Inc 6709 & 50th Average b. Phone: Commerce Ody, OO 60022 303,931-1290 c. Responsible Agency Name and Address: NESHAP Admin: Ocionada Dept of Health & Public Sity 4300 Cherry Creek Ch. South Denver, CO 60246-1530 303-652-5102									
e. Special Handling Instructions and Additional Information:									
f. 🗆 Friable 🔲 Non-Friable 🗆 Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the declare that the declare that the declared that t	contents of this cons d, and are in all resp	signment are fully a pects in proper con	ind accurately descr dition for transport a	ribed above according to	by the proper applicable int	shipping name ernational and		
g. Operator's Name and Title (Print)	h. Sign			i. Date					
*Operator refers to the company which ow 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								



REV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011165

if waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la			6164				
a. Generator's US EPA ID Number		b. Manifest Docu	cument Number c. Page 1 of					
d. Generator's Name and Location:	to the AS affiliate to the AS		e. Generator's N	Mailing Add	ress:			
North of 179 between Columb		Livering					reportation	
Denver OD 80218	nio o calebrate. A 750 oceana			3543 E 46			With commission	
f. Phone:			g. Phone:	Danver, C	ALFOURTE	*	720-920-4666	
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phon	a Na i				
i. Waste Profile #						ntainers	n. Total	o. Unit
	K. Exp. Dato	Description	pping ramo and		No.	Туре	Quantity	Wt/Vol
		Regulat	ed Asbestos Cont	aminated l	oil		17	
5126 1812498	7/30/2019	RACS					LA	Yeards
	V					140		-
								1
				-				-
CENEDATORIS CERTIFICATION III	115 11 1 11							
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla	by certify that the assified and nacka	above named mate	erial is not a hazard	dous waste	as define	ed by 40 Cl	R 261 or any ap	plicable
waste is a treatment residue of a previous	ly restricted hazar	dous waste subjec	t to the Land Dispo	sal Restrict	tions, I ce	ertify and w	arrant that the wa	aste has
been treated in accordance with the requir	ements of 40 CFF	R 268 and is no lon	ger a hazardous w	aste as def	ined by 4	0 CFR 26	l	
the market a bottle of W	TOT IS	AND.				10 11	10.00	
p. Generator Authorized Agent Name (Prir	N .	Signature				r. Date	15013	
				ataa IIa a	`	r. Date		
II. TRANSPORTER (Gener a. Transporter's Name and Address:	ator complete	s lia-b and Tra	nsporter compi	etes lic-e)			
a. Transporters Name and Address.	Min 4	19251	20 NTIN	(1				The state of
The HACK	1101	1001	71 10.1	2			1	
770 640 57	14							
b. Phone: / 2 9 9 7 7 2	70	111	P				, .	
MANY RELEVENCON	117 1	4 / 1/2	1		1	1)-16-	10	
c. Driver Name (Print)	d. Signa	ature			e. Date	VII		
III. DESTINATION (Generate	or complete Illa	a-c and Destina	ation Site comp					
a. Disposal Facility and Site Address:		c. US EPA Nur		and the same of the same of the		D.		
Marer Condition		0.000	u. Diedi opa	oy indiodi	юп орас	٠.		
Sistri & Tower Rd		1 2						
b. Commerce City, CO (Account	# 190218 ESA / 1	"0 Project)						
I hereby certify that the above named mate	erial has been acc	epted and to the b	est of my knowledg	ne the foreo	ning is tr	ue and acc	urate	
					and in the			
a Name of Authorized Ascat (Paint)								
e. Name of Authorized Agent (Print)	f. Signat				g. Date			
IV. ASBESTOS (Generator o	completes IVa-	and Operator						
a. Operator's Name and Address:		-	c. Responsible Ag	gency Name	e and Ad	dress:	DULL LYTTE HE IN	245
8700 E 50th Avenue							ect of Hearth &	MUDIE SILV
Programme All the Addition	200 001 100	NA.		4300 Cher				
b. Phone: Gomestoe City, QO 80022	303-501-12	562	d. Phone:	Danver, C	CJ BULLING	(35.50)	379-602-5102	
e. Special Handling Instructions and Addition	onal Information:							
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	able	% Non-Friable			-		
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ontents of this cons	signment are fully a	and accurat	ely descr	ibed above	by the proper st	nipping name
and are classified, packaged, marked and	labeled/placarded	, and are in all res	ects in proper con	dition for tra	ansport a	ccording to	applicable inter	national and
national governmental regulations.			-					
g. Operator's Name and Title (Print)	h. Signa	iture			. Date	-		
*Operator refers to the company which own	ns, leases, operate	es, controls, or sun	ervises the facility	beina demo	lished or	renovated	or the demolition	n or
renovation operation or both						. CO Taled	, or and demonate	3
							-6/6	- Mar
EV 01/14		GENERAT	OR RETAIN				1	RS-F11A



5011166

I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number	DS EPA ID Number b. Manifest Document Number c. Page 1 of						
d. Generator's Name and Location:	onnelation		e. Generator's Mailing Add	dress:	cont of Ton		
hiora of I-70 between Columb	orio A Filazioni	drage		föth Avenu		reportation .	
Employe CO ACO16	720-904		Danuar	20 80218		720-921-4666	
f. Phone: If owner of the generating facility differs fr			g. Phone:			TAIN SILVERS	
	on the generator,	provide.	"				
h. Owner's Name: i. Waste Profile #	I. For Data	I Waste Chi-	i. Owner's Phone No.:	T 0	4-1	T =	T
j. waste Profile #	k. Exp. Date	Description	ping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
		-				17	
FARM ANAPARA	Telephone Inc.		ed Asbestos Contaminated	Soil		15	
6126 1812 496	7/30/2019	RACS	*			. 10	Yards
	747						
		•					
GENERATOR'S CERTIFICATION: I here	by certify that the	ahove named mate	rial is not a hazardous waste	as define	d by 40 C	ED 261 or any an	oliophlo
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transportation	n accordin	g to applic	able regulations:	AND if this
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazar	dous waste subject	to the Land Disposal Restric	ctions. I ce	rtify and w	arrant that the wa	iste has
Destributed in accordance with the requi	Cincilia of 40 of 1	1 200 and is no fond	jei a nazardous waste as de	illieu by 4	0 CFR 20	110 120	t fa
D. Concretor Authorized Agent Name (Drie	C C - LANGI	Ot-	<u> </u>		1	Dir year	18
p. Generator Authorized Agent Name (Printle II. TRANSPORTER (Generator Authorized Agent Name (Printle II. TRANSPORTER (Generator Authorized Agent Name (Printle III.)		Signature	opertor completes lls		r. Date		
TRANSPORTER (General a. Transporter's Name and Address:	ator complete	s lia-b and tran	isporter completes lic-	e)			
The state of the s	153					array a	
720-	//	1//					
b. Phone:		100/1				,	1 -
15750100	7.		e		10	7/19/	17.
c. Driver Name (Print)	d. Signa	ature		e. Date		1 11	
III. DESTINATION (Generate	or complete III	a-c and Destina	tion Site completes Illo	d-g)			
a. Disposal Facility and Site Address:		c. US EPA Num);	NAME OF THE PARTY	
sidh & Tower Ra							
Commente Offiz, CO (Account	# 990218 ESA /	-10 Project)					
b.			-				
I hereby certify that the above named mate	onal has been acc	ehren aun in iue pe	st of my knowledge the fore	going is tru	ie and acc	curate.	
o Name of Authorized A - 4 (D.1.4)							
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of	f. Signat		agrandata IV (n. iV	g. Date			
	completes iva-	-				73/18/2	
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Add	dress: Dolgrado (ept of Health & I	Public 8th
5700 E 50th Avenue				erry Creek			
b. Phone: Commerce City, CO 80022 303-991-1230 d. Phone: Dem/er, CO 80248-1530 303-692-3102							
e. Special Handling Instructions and Addition	onal Information:		d. I Hono.				
f. Friable Non-Friable Both	% Fri	able	% Non-Friable				**
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ontents of this consi	gnment are fully and accura	tely descri	bed above	by the proper sh	ipping name
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	, and are in all resp	ects in proper condition for to	ransport a	ccording to	applicable intern	ational and
							-
g. Operator's Name and Title (Print)	h Ciara	turo		1 D-1			
*Operator refers to the company which owr	h. Signa ns, leases, operate	es, controls, or supe	rvises the facility being dem	i. Date or	renovated	, or the demolition	or
renovation operation or both			, , , , , , , , , , , , , , , , , , , ,				



5011167

I. GENERATOR (Generate	or completes la	a-r)									
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of					
d. Generator's Name and Location:	uranto atta		e. Generator's Maili	ing Address:	nd of Tran	secodanico.					
North of 1-70 petween Columb		Streets		43 E 46th Avenu		I MONTH TO STATE OF THE STATE O					
f. Phone: Deriver, CO 80216	720-929-49			anver, CO 80218		720-520-4666					
If owner of the generating facility differs fr	om the generator,	, provide:									
h. Owner's Name:			i. Owner's Phone N								
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol				
Carrie Allerena	The second second second		d Aspestos Contami	mated light			Name of the last				
5128 1012498	7/50/2019	RACS					Tants				
			- 00 mm								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous	s waste as define	by 40 Cl	R 261 or any ap	plicable				
state law, has been properly described, cl waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal	Restrictions. I cer	tify and w	arrant that the wa	aste has				
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous wast	e as defined by 46) CFR 26	l.					
The Decell that for it	A WIT	AL.	At .			16 17	2113				
p. Generator Authorized Agent Name (Pri		ı. Signature			r. Date						
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)											
a. Transporter's Name and Address:	05 V	Λ									
	6 7.										
b. Phone: 303 96	71-128	20									
Styren mad	1	P +			0-1	0-18					
c. Driver Name (Print)	d. Sign	ature		e. Date		7, 7, 0					
III. DESTINATION (General	tor complete II	la-c and Destina	ition Site complet	tes IIId-g)							
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy	Indication Space	:						
upin & Tower Rd											
Commerce City, CO (Account	# 990216 ESA /	I- '0 Project)									
I hereby certify that the above named mat	terial has been ac	cepted and to the be	est of my knowledge t	the foregoing is tru	ue and acc	curate.					
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date							
IV. ASBESTOS (Generator			complete IVg-i)	100							
a. Operator's Name and Address:			c. Responsible Agen	ncy Name and Ade	dress:		100000000000000000000000000000000000000				
ESA IRC				ESHAP Admin: C			PUDIO SIL				
6700 E 50th Avenue 4300 Cherry Creek Dr. South b Phone: Commerce City, CC 80022 303-991-1280 d Phone: Denver, CC 80246-1500 303-692-9102											
b. Phone: e. Special Handling Instructions and Additional Information:											
f. Friable Non-Friable Both		riable	% Non-Friable	l nonumately desert	had char	a bu the access	hipping				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.											
4											
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date			41-7-7-1				
*Operator refers to the company which ow renovation operation or both	vns, leases, opera	ites, controls, or sup-	ervises the facility bei	ing demolished or	renovated	d, or the demolitic	on or				
TOTIO TARIOTI OPOLIGIOTI OI DORT											



5011168

I. GENERATOR (Generate	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Document Number c. Page 1 of								
d. Generator's Name and Location:	an exist as		e. Generator's Mailing Ad	dress:						
biath of I-70 between Columb		Thermal 4 or				nsportation				
Deriver, CO 80216	720.975.af			Alth Avenu		72131 217023 - 600				
f. Phone:	1.70% pt/23-46	DG .	g. Phone:	CO 80216		720-520-466	10			
If owner of the generating facility differs fr	om the generator,	provide:		1700						
h. Owner's Name:			Owner to Diversity							
i. Waste Profile #	k. Exp. Date	I Wasta Shir	i. Owner's Phone No.:	m. Con	tainore	n. Total	o. Unit			
J. Waste Frome #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Vol			
					7		111111			
		Regulat	ed Asbestos Contempated	Soil		10				
5129 1812496	7/30/2019	RACS				10	Yards			
						100 100				
•										
				-			-			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 Cl	FR 261 or any a	pplicable			
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restri	ctions I ce	g to applic rtify and w	able regulations	s; AND, if this			
been treated in accordance with the require	rements of 40 CFF	R 268 and is no long	ger a hazardous waste as d	efined by 4	0 CFR 26	1.	radio nad			
	A H		100			11110				
D. Concretor Authorized Arent Name (Dri	-4)	0:		_		13 14 10	1.1			
p. Generator Authorized Agent Name (Pri	Marian and the same of the sam	Signature			r. Date					
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)										
a. Transporter's Name and Address:										
(hucon	-									
						, ,	r			
b. Phone:			2			1100 1	16			
SOSPSANC.		1	The same of the sa	1	0/	19 11	7			
c. Driver Name (Print)	d. Signa	ature		e. Date	/					
III. DESTINATION (Generate	or complete III	a-c and Destina	tion Site completes III	d-q)	-					
a. Disposal Facility and Site Address:		c. US EPA Num);					
Control Laurent Flat										
den a loser Rd	and the state of t	PO (20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								
b. Commerce City, CO (Account	A SAUL TO LOW C	I-IU PTOICE)								
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.				
						25,0107 20-0-				
e. Name of Authorized Agent (Print)	1.0	h								
	f. Signat			g. Date						
IV. ASBESTOS (Generator o	completes iva-	and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:	Land of Lands	M. Art. and			
6700 E Arah Avenue						Japt of Health 8	X LANDING DUEN			
Demonson Alle CO 2000	2020001 19	an		erry Creek						
b. Phone: Commerce City, CO 80222 303-991-1280 d. Phone: Trenver, CO 80246-1690 303-692-3102										
e. Special Handling Instructions and Additi	onal Information:									
f. Friable Non-Friable Both	% Fri	able	% Non-Friable				***			
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this cons	ignment are fully and accura	ately descri	bed above	by the proper	shipping name			
and are classified, packaged, marked and	labeled/placarded	, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inte	rnational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date		270.32	-			
*Operator refers to the company which own	ns, leases, operate	es, controls, or supe	ervises the facility being den	nolished or	renovated	, or the demoliti	on or			
renovation operation or both	~ is	28.00								



5011169

I. GENERATOR (Generate	or completes i	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	and the same		e. Generator's Mailing Ad	dress:	and make		-		
Uolotado Department of Trans				O Departme		SCOREEDA			
Biorin of 4-70 between Columb				46th Avenu					
f. Phone: 0enver 00 80216	720-979-45	566	g. Phone: Denver, CO 80216 7			720 4020-1666			
If owner of the generating facility differs fr	om the generator	provide:	g. i tione.		NUMBER OF STREET		The state of the s		
in owner or the generating identity directs in	om the generator,	, provide.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con	tainers	n. Total	o. Unit		
		Description		No.	Type	Quantity	Wt/Vol		
		Photo de de la							
			xi Asbestoe Contaminated	POR					
5128 1812498	3/00/2019	RAGS					Yards		
	(4)								
					10000				
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 Cl	R 261 or any ap	plicable		
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	on according	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CE	rdous waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the wa	aste has		
peen treated in accordance with the requi	Terrierius di 40 CF	K 200 and is no long	jei a nazaruous wasie as u	elified by 4	U CFR 20	1	w		
The Prophetical and Posterior	(1),"7	177			IL	1171217			
p. Generator Authorized Agent Name (Prin	nt) a	. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	s lla-h and Tran	sporter completes lic-	ام.					
a. Transporter's Name and Address:	SA (TO CO	isporter completes no	(10.10.0		/ .	ZV		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	21 0	100 2	20 HOO	60 10 11	1-1	Control			
Authory									
b. Phone: 3 - 9911280						800	22		
b. I Hollo.		d 25 1	and the second s						
K+1065	A STATE OF THE PARTY OF THE PAR	for 172		10	= 19	-18			
c. Driver Name (Print)	d. Sign	ature		e. Date	3 10				
III. DESTINATION (Generat			tion Site completes III		-				
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num							
a. Disposal Facility and Site Address.		C. US EFA NUII	d. Discrepancy muici	ation Space	1.				
outile Tower Rd									
/ Continues City, CO (Account	# 890216 ESA /	1-10 Projecti							
b.									
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date					
IV. ASBESTOS (Generator			complete IVa-i)	9. 50.0					
	completes iva	-i and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na			Court for Librarity II	Citation 200s		
5/30 E 50th Avenue						ept of Headh &	Lating Sittle		
	202.004.40	10/0		erry Orsek					
b. Phone: Commerciae City, CC 30922 303-981-1280 d. Phone: Denver, CC 30246-1880 303-652-3 102									
e. Special Handling Instructions and Additional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% F:	riable	% Non-Friable			7			
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and accur	ately descri	bed above	by the proper si	nipping name		
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inter	national and		
national governmental regulations.				22700					
					17				
a Operatoria National District									
g. Operator's Name and Title (Print)	h. Signa	ature	ondoon the facility being de-	i. Date		andha dasaalii			
*Operator refers to the company which ow renovation operation or both	iis, ieases, operai	les, controls, or supe	ervises the facility being der	nonsnea or	renovated	, or the demolitio	n or		
Tanon -peranon or bout									



5011178

I. GENERATOR (Generato	or completes I	a-r)								
a. Generator's US EPA ID Number	IP.	b. Manifest Docur	b. Manifest Document Number c. Page 1 of							
d. Generator's Name and Location:	2 Surjection		e. Generator's Mailing A	ddress:						
Votorado Department of Trans North of N70 between Columb		Siranta	The state of the s	48th Aven		insportation				
Danier OC 20215	720-920-4		Daniel	CO 80216		720-920-4886				
f. Phone: If owner of the generating facility differs from	om the generator	provide:	g. Phone:							
'e	on the generator	, provido.								
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Waste Shin	i. Owner's Phone No.: ping Name and							
J. Waste Florie #	k. Exp. Date	Description			Туре	Quantity	Wt/Vol			
Y-		Dinami	ed Asbeetos Contaminais	4 2-5						
5126 1812 496	3/30/2019	FUACS	an uerasea overteurionio	а рем		18	Yards			
01700 TV-76-7607	> CSERVATOR	- FONGO				10	1.98(3)			
						*				
				+						
GENERATOR'S CERTIFICATION: I herek	y certify that the	above named mate	rial is not a hazardous was	te as define	ed by 40 C	FR 261 or any ap	plicable			
state law, has been properly described, cla waste is a treatment residue of a previousl	v restricted hazar	rdous waste subject	to the Land Disposal Rest	rictions. I ce	ertify and v	varrant that the w	AND, if this aste has			
been treated in accordance with the requir	ements of 40 CF	R 268 and is no long	ger a hazardous waste as	defined by 4	0 CFR 26	1.				
the Herhouse on labelt	d WOT	40	3 -			10/17/2	612			
p. Generator Authorized Agent Name (Prin	it) q	. Signature			r. Date					
II. TRANSPORTER (Gener	ator complete	es Ila-b and Tran	sporter completes lic	:-e)						
a. Transporter's Name and Address:										
-	- 15		la.							
b. Phone:	Co T	Jan 6/1	17			1	,			
1221 1					16	1101	1			
c. Driver Name (Print)	d. Sign	ature		e. Date	11	11//	-			
III. DESTINATION (Generate			tion Site completes I			Same				
a. Disposal Facility and Site Address:		c. US EPA Num			e:					
data & Tower Rd				•						
Commerce City, CC (Account	# 990216 EBA /	L-70 Protect)								
b.										
I hereby certify that the above named mate	rrai nas been acc	cepted and to the be	st of my knowledge the fol	regoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator o	ompletes iva	-r and Operator	TO DESCRIPTION OF THE PARTY OF							
a. Operator's Name and Address:			c. Responsible Agency Na			Dept of Health &	Public Sfa			
8700 E 60th Avenue				nemy Greek			1 4010 17.17			
b. Phone: Oriminates City, CO 80022 303 991-1280 d. Phone: Denver CO 60246-1530 303 692 3102										
e. Special Handling Instructions and Additional Information:										
f. ☐ Friable ☐ Non-Friable ☐ Both		iable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I	declare that the canal	contents of this cons	ignment are fully and accu	rately descr	ibed abov	e by the proper sl	nipping name			
national governmental regulations.	abalau/placaldet	, and are in an resp	ecra in brober condition to	u ansport a	iccording t	o applicable inter	national and			
g. Operator's Name and Title (Print)	h. Signa	ature	· · · · · · · · · · · · · · · · · · ·	i. Date			W212 F42			
*Operator refers to the company which own renovation operation or both	s, leases, operat	es, controls, or supe	ervises the facility being de	molished or	renovated	d, or the demolitio	n or			



5011179

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location:	the same and the same are		e. Generator's Mailing Ad	dress:						
Vicinado Department or Fran Vicina of EAV between Columb		Sivereste		lo Departm		isponation				
Denver CO 80215	720 920 46			46th Avenu CO 80216		720 820 480	ac ac			
f. Phone:			g. Phone:	NATIONAL TO		- 120 40,C12+4020	NG.			
If owner of the generating facility differs fr	om the generator	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date		pping Name and	n. Total	o. Unit					
		Description		No.	Туре	Quantity	Wt/Vol			
		Remodel	ad Asbeaton Contaminated	Itali		10				
5128 1812490	2/30/2019	FACS	na commenter and tentholisticing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Version			
0.100 (0.01 May)	**************************************	DV3646				- A II	Yards			
	27									
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 Cl	R 261 or any a	applicable			
state law, has been properly described, clawaste is a treatment residue of a previous	ly restricted haza	ageo, and is in prop rdous waste subiect	to the Land Disposal Restr	on accordin ictions. Lee	g to applic	able regulations	s; AND, if this			
been treated in accordance with the require	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	I.	waste nas			
No Harrison wo hall of	17/17)	V				16/10	12018			
p. Generator Authorized Agent Name (Prin	nt) a	. Signature	7	12010						
					r. Date					
a. Transporter's Name and Address:	rator complete	s lia-b and Trai	isporter completes lic	-e)						
a. Transporter 3 Name and Address.	05 KI									
200 00	-000									
b. Phone: 303-991	- 128V	21								
231 0841 121 000		Xtony	-	1 /	17-1	7-18-				
		and the second								
c. Driver Name (Print)	d. Sign			e. Date	-					
III. DESTINATION (Generate	or complete III	Contract of the Contract of th		0,						
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indic	ation Space):					
auth & Tower Rd										
Commerce City, CO (Account	# 990216 ESA /	i-70 Projecti								
b.										
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tru	ue and acc	urate.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	Bu v					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:					
ESA INC			NESHA	P Admin. (Dolonado E	ept of Hestin a	Public Silv			
5700 E 50th Avenue	# =			erry Creak						
b. Phone: Openineros City, CD 20022 303-991-1290 d. Phone: Denver, CO 80246-1530 303-892-3-192										
e. Special Handling Instructions and Additional Information:										
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this cons	ignment are fully and accur	ately descri	bed above	by the proper	shipping name			
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	ects in proper condition for	transport a	ccording to	applicable inte	ernational and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which own	ns, leases, operat	es, controls, or sup	ervises the facility being der	nolished or	renovated	, or the demoliti	ion or			
renovation operation or both										



EV 01/14

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5011170

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number	c. Page 1 of					
d. Generator's Name and Location:	on familiar		e. Generator's Mailing A	Address:					
Figure 61-70 petween Columb Denver, CO 80216			Colorado Department of Transportation 3543 E 46th Avenue Denver, CO 80218 720-4366						
f. Phone: If owner of the generating facility differs from		735	g. Phone:	e, all some		- 200 Haur Tolu			
	on the generator	, provide.							
h. Owner's Name: j. Waste Profile #	k Eur Data	I Mosts Chi	i. Owner's Phone No.:	- C	. A				
j. vvaste Prome #	k. Exp. Date	Description	pping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol		
5129 1817 496	7/30/2018		Regulated Ashestos Contaminated RACS				Yerds		
1									
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the require	issified and pack v restricted haza	aged, and is in prop rdous waste subjec	per condition for transportate to the Land Disposal Res	tion accordin	g to applic	able regulations	· AND if this		
Marie and the second	C COL				151	7/7618			
p. Generator Authorized Agent Name (Prin	t) q	. Signature			r. Date				
II. TRANSPORTER (General a. Transporter's Name and Address:	ator complete	es Ila-b and Tra	nsporter completes lie	c-e)					
b. Phones CHIKON'S	TRA	25	>			7 10			
C/ULAZ	9			11	11 19 18				
c. Driver Name (Print) III. DESTINATION (Generator	d. Sign	the same of the sa	tion City something	e. Date					
III. DESTINATION (Generato a. Disposal Facility and Site Address:	or complete iii	c. US EPA Nun							
b. I hereby certify that the above named mater		1-70 Project							
The state of the s	Tidi Tido been de	copied and to the bi	est of my knowledge the lo	regoing is the	ie and acc	urate.			
e. Name of Authorized Agent (Print)	f. Signa	ture		a Data					
IV. ASBESTOS (Generator co			complete IVa-i)	g. Date					
a. Operator's Name and Address:	omprotoo i va	Tuna Operator	c. Responsible Agency N	ame and Add	lrees.				
ESA inc 5/00 E 50th Avenue Commerce City, CO 80022	903 991-12	an .	MESHV 4300 C	AP Admin: Chery Orbek	Notaredo II Dr. South				
D. FRUNE.		[3]	d. Phone:	, 00 80248	1530	303-692-310			
e. Special Handling Instructions and Additio									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby d and are classified, packaged, marked and la national governmental regulations.	% From the capeled/placarded	ontents of this cons	% Non-Friable ignment are fully and accu ects in proper condition for	rately descri r transport ac	bed above ccording to	by the proper so applicable inter	hipping name national and		
						55,001			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date					
Operator refers to the company which owns enovation operation or both	s, leases, operat	es, controls, or supe	ervises the facility being de	molished or	renovated	, or the demolitic	on or		

GENERATOR RETAIN

RS-F11A