

Gross 89700

38760

Re certify the profile on Wm solutions-co.

Please print or type
Form designed for use on file (2-atten typewritten)

**NON-HAZARDOUS
WASTE MANIFEST**



1258268

1. Generator's Mailing Address & Phone <i>10000 E. 1st Avenue, Suite 100, Denver, CO 80231</i>		Generator's Project Address	
2. Bill to:		2a. Account #	
3. Transporter: Company Name <i>E 3 Solutions</i>		3a. Transporter's Phone <i>970 424 5374</i>	
4. Transporter: Company Name		4a. Transporter's Phone	
5. Designated Management Facility Name and Site Address		5a. Facility's Phone	

6. Waste Code/Profile #	Waste Description	Quantity	Units
<i>Pace Degentert</i>		<i>25.37 TONS</i>	

NON-FRIABLE ASBESTOS WASTE ONLY (Friable may not be shipped on this manifest)

Waste Code/Profile #	Waste Description	Quantity	Units or Drums
	Non-Friable Asbestos		

7. Regulatory Agency:
 Colorado Department of Public Health and Environment
 4300 Cherry Creek Drive South
 Denver, CO 80246

24 HOUR EMERGENCY PHONE NUMBER

(_ _ _) _ _ - _ _ _

8. Contractor/Generator Certification:
 I hereby certify that the above described waste is not hazardous waste as defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials. This waste has been accurately classified, described, packaged, marked and labeled and is in proper condition for transportation according to applicable international and governmental regulations.

8a. Contractor/Generator

Printed/Typed Full Name <i>Jet Greens</i>	Signature (Full Name) <i>Jet Greens</i>	Month Day Year <i>11 17 13</i>
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9. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Full Name <i>Jeff Smith</i>	Signature (Full Name) <i>Jeff Smith</i>	Month Day Year <i>11 17 13</i>
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10. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Full Name	Signature (Full Name)	Month Day Year . . .
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11. Discrepancy indication Space

Initials of Person noting discrepancy _____ Date _____

12. Ticket #

13. Management Method/Location Solidification Monofill Landfill Bio-Beds

Grid Location (if applicable): _____

14. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 11.

Printed/Typed Full Name

Signature (Full Name)

Month Day Year
. . .

CONTRACTOR'S COPY