

Gross 89700

38960

Re certify the profile
on WMSolutions.comPlease print or type
Form designed for use on file (22-0101) (Revised)NON-HAZARDOUS
WASTE MANIFEST

1258268

1. Generator's Mailing Address & Phone

Generator's Project Address

2. Bill to:

2a. Account #

3. Transporter: Company Name

3a. Transporter's Phone

E 3 Solutions - not manifest CO

910 924 5374

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

Pace Degenthart

25.37 TONS

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

Signature (Full Name)

Month Day Year

Jet Greens

jet greens

11/17/13

9. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Full Name

Signature (Full Name)

Month Day Year

Jeff Samel

Jeff Samel

11/19/13

10. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Full Name

Signature (Full Name)

Month Day Year

11. Discrepancy indication Space

12. Ticket #

Initials of Person noting discrepancy _____ Date _____

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