



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911707

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: TUF Operating County Line Road Longmont, CO 80504			e. Generator's Mailing Address: TUF Operating County Line Road Longmont, CO 80504		
f. Phone: 303-727-8016			g. Phone: 303-727-8016		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
5128 1010512		8/14/2021	Crude / Petroleum Hydrocarbon Impacted Soil Non Hazardous		n. Total Quantity
					o. Unit Wt/Vol
					1066 Tons
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) TUF Spaceth			q. Signature TUF Spaceth		r. Date 9/30/18

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

a. Transporter's Name and Address: J&T Trucking		
b. Phone: 303-727-8016		
c. Driver Name (Print) JOSIAH SANCHEZ	d. Signature J Sanchez	e. Date 8/30/18

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

a. Disposal Facility and Site Address: TUF Operating 40th & Tower Rd Commerce City, CO Account # 34219 TUF Operating		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) TUF Spaceth	f. Signature TUF Spaceth	g. Date 9/30/18	

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		i. Date	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911708

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 100 Operating County Line Road Longmont, CO 80504 303-737-0915			e. Generator's Mailing Address: 100 Operating County Line Road Longmont, CO 80504 303-737-0915		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
6176 1013512	8/14/2018	Crude / Petroleum Hydrocarbon Impacted Soil Non Hazardous		12.67	Tons
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature	r. Date		

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

a. Transporter's Name and Address: Coke Ridge		
b. Phone:		8/30/18
c. Driver Name (Print)	d. Signature	e. Date

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

a. Disposal Facility and Site Address: US & Tower Rd Commerce City, CO 80022 (CHS Refining)	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911709

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: TOP Operating County Line Road Longmont, CO 80504			e. Generator's Mailing Address: TOP Operating County Line Road Longmont, CO 80504		
f. Phone: 303-727-8816			g. Phone: 303-727-8816		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers
					No. Type
8126 1813512		8/14/21	Crude / Petroleum H. Carbon Impacted Soil Non-Hazardous		8.9K
					Tons
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Troy Smith			q. Signature Troy Smith		r. Date 3/30/18

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

a. Transporter's Name and Address: JL Trucks		
b. Phone:		
c. Driver Name (Print) Josiah Sanchez	d. Signature Sanchez	e. Date 8/30/18

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

a. Disposal Facility and Site Address: John & Thayer Rd Commerce City, CO (Account # 060210 TOP Operating)		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:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911710

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

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: TCL Operating County Line Road Longmont, CO 80504 303-727-8816			e. Generator's Mailing Address: TCL Operating County Line Road Longmont, CO 80504 303-727-8816			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	
6128 1813512		3/14/2021	Crude / Petroleum Hydrocarbon Impacted Soil Non Hazardous		9.51 Tons	

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

p. Generator Authorized Agent Name (Print) Drew Speth		q. Signature <i>[Signature]</i>		r. Date 3/30/18
--	--	------------------------------------	--	--------------------

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

a. Transporter's Name and Address:		
b. Phone: (720)600-8784		
c. Driver Name (Print) Jesse	d. Signature <i>[Signature]</i>	e. Date 3/30/18

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

a. Disposal Facility and Site Address: Site 6 Tower Rd Commerce City, CO (Account # 000218 TCL Operating)		b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print)		f. Signature		g. Date

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911711

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: TOP Operating County Line Road Laurie, CO 80604 303-737-8815			e. Generator's Mailing Address: TOP Operating County Line Road Laurie, CO 80604 303-737-8815			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
	8/14/2021	Crude / Petroleum Hydrocarbon Impacted Soil Non Hazardous			16.71	Tons
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Trevor Smith		q. Signature Trevor Smith		r. Date 8/30/2018		

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

a. Transporter's Name and Address: Winters #92 5160 Laurie, CO 80604		
b. Phone: 702 90 0228 #Fruit 524		
c. Driver Name (Print) Trevor Smith	d. Signature Trevor Smith	e. Date 8/30/18

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

a. Disposal Facility and Site Address: Winters #92 5160 Laurie, CO 80604	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Trevor Smith	f. Signature Trevor Smith	g. Date 8/30/18	

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911712

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 100 Operating County Line Road Longmont, CO 80504 303-727-6615			e. Generator's Mailing Address: 100 Operating County Line Road Longmont, CO 80504 303-727-6615			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
5126 1813512		8/14/2021	Crude / Petroleum Hydrocarbon Impaired Soil Non Hazardous		9.66	Tons

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

p. Generator Authorized Agent Name (Print) Treas Spoth		q. Signature <i>[Signature]</i>	r. Date 8/30/20
---	--	------------------------------------	--------------------

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

a. Transporter's Name and Address: De Trucking #20		
b. Phone: (320)600-5384		
c. Driver Name (Print) JA-20	d. Signature <i>[Signature]</i>	e. Date 8/30/20

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

a. Disposal Facility and Site Address: 10th & Tower Rd Commerce City, CO (Account # 680216 100 Operating)		b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print) JA		f. Signature <i>[Signature]</i>	g. Date 8/30/20	

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911713

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: TOP Operating County Line Road Longmont, CO 80504 303-737-9015			e. Generator's Mailing Address: TOP Operating County Line Road Longmont, CO 80504 303-737-9015		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
9128 1013512	8/14/2021	Crude / Petroleum Hydrocarbon Impacted Soil Non Hazardous		8.35	Tons
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

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

a. Transporter's Name and Address: JLT Trucking		
b. Phone: 83018		
c. Driver Name (Print) Jordan Sanchez	d. Signature J Sanchez	e. Date 8/30/18

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

a. Disposal Facility and Site Address: 801 S Tower Rd Sumner, CO 80082	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4911714

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

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: County Line Road Longmont, CO 80501 303-737-6916			e. Generator's Mailing Address: County Line Road Longmont, CO 80501 303-737-6916			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
704 1313512	6/14/98	Crude Petroleum Hydrocarbon Impacted Soil Non Hazardous			18.66	Tons
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Kear Spoth		q. Signature Kear Spoth		r. Date 3/29/98		

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

a. Transporter's Name and Address: Flores Trucking LLC		
b. Phone: 512-911-8		
c. Driver Name (Print) Kear Spoth	d. Signature Kear Spoth	e. Date 3/29/98

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

a. Disposal Facility and Site Address: Waste Transfer and Waste Management, Inc. Account # 100218 10P Operating		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) Kear Spoth	f. Signature Kear Spoth	g. Date 3/29/98	

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
h. Signature		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			