



June 9, 2021

Attn: Deion Fraire
El Paso County Health
1675 W. Garden of the Gods Road 2nd Floor
Colorado Springs, CO 80907

Project: So17-A21
 El Paso County Department of Health
 6436 S. Hwy 85/87
 Colorado Springs, CO 80911

Manifest #8502077

Dear Ms. Fraire,

Attached is the generator copy of the final waste disposal manifest related to the asbestos containing materials handled by Colorado Hazard Control, LLC. This document is associated with the completed asbestos abatement project referenced above. We recommend you keep this document for the building records.

Thank you for the opportunity to provide this service!! If you require any additional information, please contact me at 719-547-2785.

Sincerely,

A handwritten signature in black ink that reads "Jeannie Grimmus". The signature is fluid and cursive, with the first name "Jeannie" being more prominent than the last name "Grimmus".

Jeannie Grimmus
Quality Control
Colorado Hazard Control



ASBESTOS NESHAP WASTE SHIPMENT RECORD

1450877

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <small>Page</small>	
3. Generator's Mailing Address: 80 N FABRICATION DR PUEBLO WEST CO 81007		Generator's Site Address (If different than mailing): Colorado Dept. of Public Health and Environment 4300 Cherry Creek Drive South Denver, CO 80222-1530		A. Manifest Number WMNA		8502077	
4. Generator's Phone <small>Generator's Phone</small>		5. Transporter 1 Company Name CHC		6. US EPA ID Number <small>US EPA ID Number</small>		B. State Generator's ID <small>State Generator's ID</small>	
7. Transporter 2 Company Name COGENT		8. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter's ID</small>		D. Transporter's Phone 719-542-785	
9. Designated Facility Name and Site Address COLORADO SPRINGS LANDFILL 1010 BLANEY RD COLORADO SPRINGS CO 80929		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter's ID</small>		F. Transporter's Phone <small>Transporter's Phone</small>	
				G. State Facility ID <small>State Facility ID</small>		H. State Facility Phone 719-683-2600	
11. Description of Waste Materials		12. Containers		13. Total Quantity		14. Unit Wt./Vol.	
a. RQ, NA 2212, ASBESTOS, 9, PG III		No. Type		Quantity		I. Misc. Comments	
WM Profile # 105201CO		No. Type		3 gal		Comments	
b. Waste Name		No. Type		Total Qty		Wt./Vol.	
WM Profile # WM Profile Number		No. Type		Total Qty		Wt./Vol.	
c. Waste Name		No. Type		Total Qty		Wt./Vol.	
WM Profile # WM Profile Number		No. Type		Total Qty		Wt./Vol.	
REGULATORY AGENCY: Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, CO 80222-1530		No. Type		Total Qty		Wt./Vol.	
J. CUSTOMER ACCOUNT 251-5977 CUSTOMER NAME: COLORADO HAZARD CONTROL, LLC		K. Disposal Location		Cell		Level	
Additional Description				Grid			
15. Special Handling Instructions and Additional Information SOIL ORIGINATING FROM THE ABOVE SITE SHALL NOT BE USED AS DAILY COVER OR SOLD AS CLEAN FILL.							
Purchase Order # <small>Purchase Order Number</small>				EMERGENCY CONTACT / PHONE NO.: 1-800-424-9300 24HR TOLL FREE			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name		Signature "On behalf of"				Month	Day
							Year
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name Adomi Ortega				Signature Adomi Ortega	
						Month	Day
						3	22
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name FRANK POWELL				Signature Frank Powell	
						Month	Day
						5	20
19. Certificate of Final Treatment/Disposal		I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Printed Name Lorna Rodriguez				Signature Lorna Rodriguez	
						Month	Day
						5	20

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY