

**REPUBLIC  
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6310412

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 6310412		c. Page 1 of 1		
d. Generator's Name and Location: PACCO LLC 34 065245 - 103.313570			e. Generator's Mailing Address: PACCO LLC 800 W 5th St #1010 Los Angeles, CA 90017 818-630-9912			
f. Phone: 818-630-9912			g. Phone: 818-630-9912			
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:			
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
6126 2121705	6/12/2022	Hydrocarbon Contaminated Soil	1	510x DUMP	30	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) Ty Smith	q. Signature Ty Smith	r. Date 02/10/2021
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: JONES TRUCKING LLC 333 PARK AVE MERING, CO 80741		
b. Phone: 970.571.3652		
c. Driver Name (Print) LEONARD JONES	d. Signature [Signature]	e. Date 2-14-21

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

a. Disposal Facility and Site Address: Tower Landfill 18250 E. 60th Ave Commerce City, CO 80007 - DO Dezer	b. US EPA Number	c. 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) PC	f. Signature [Signature]	g. Date 2-15-21

**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			



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6310412

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 6310412		c. Page 1 of 1	
d. Generator's Name and Location:			e. Generator's Mailing Address:		
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
				1 SIDE DUMP	30

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) T. Smith	q. Signature T. Smith	r. Date 02/10/2021
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: JENSEN TRUCKING LLC 333 PARK AVE MORRIS, CO 80741		
b. Phone: 970.571.3652		
c. Driver Name (Print) LEONARD JONES	d. Signature	e. Date 2-10-21

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

a. Disposal Facility and Site Address:	b. US EPA Number	c. 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 2-10-21

**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			





**REPUBLIC**  
SERVICES

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

**6313070**

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 <b>6313070</b>		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: <b>PACCO LLC</b> <b>3905249 - 100 513670</b> <b>Akron, OH 44320</b>			e. Generator's Mailing Address: <b>PACCO LLC</b> <b>600 W 9th St #1010</b> <b>Los Angeles, CA 90017</b>		
f. Phone: <b>918-630-9512</b>			g. Phone: <b>918-630-9512</b>		
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
<b>6125 2121703</b>	<b>1/12/2022</b>	<b>Hydrocarbon Contaminated Soil</b>		<b>1</b> <b>5105</b> <b>DUMP</b>	<b>30</b>

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) <b>Ty Smith</b>		q. Signature <i>Ty Smith</i>	r. Date <b>2-19-21</b>
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <b>JONES TRUCKING LLC</b> <b>333 PARK AVE</b> <b>MERINO, CO 80741</b>		
b. Phone: <b>970.571.3652</b>		
c. Driver Name (Print) <b>LEONARD JONES</b>	d. Signature <i>Leonard Jones</i>	e. Date <b>2-19-21</b>

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

a. Disposal Facility and Site Address: <b>Tower Landfill</b> <b>10300 E 80th Ave</b> <b>Commerce City, CO 80017 - DO Dezer</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) <b>Ryan</b>	f. Signature <i>Ryan</i>	g. Date <b>2-19-21</b>	

**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			



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6313070

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 6313070		c. Page 1 of 1		
d. Generator's Name and Location:			e. Generator's Mailing Address:			
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
				1 SIDE DUMP	30	

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) S. J. Smith		q. Signature [Signature]	r. Date 11-1-21
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: JONES TRUCKING INC 333 PARKWAY MORRIS, CO. 80741		
b. Phone: 970.371.3652		
c. Driver Name (Print) LEONARD JONES		d. Signature [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:
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 [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			



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****6313072**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 <b>6313072</b>		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: <b>PADCO LLC</b> <b>39 06524th - 103 313570</b> <b>Akron, CO 86170</b>			e. Generator's Mailing Address: <b>PADCO LLC</b> <b>800 W 8th St #1010</b> <b>Los Angeles, CA 90017</b>		
f. Phone: <b>918-030-0912</b>			g. Phone: <b>918-030-0912</b>		
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
<b>9120 2121703</b>	<b>1/12/2022</b>	<b>Hydrocarbon Contaminated Soil</b>		<b>1</b> <b>SIDE PUMP</b>	<b>30</b> <b>Tons</b>

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) <b>Ty Smith</b>		q. Signature <b>Ty Smith</b>		r. Date <b>2-19-21</b>
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <b>JONES TRUCKING LLC</b> <b>333 PARK AVE</b> <b>INSURING, CO 80741</b>		
b. Phone: <b>970.571.3652</b>		
c. Driver Name (Print) <b>LEONARD JONES</b>	d. Signature <b>L. Jones</b>	e. Date <b>2-19-21</b>

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

a. Disposal Facility and Site Address: <b>Toxco Landfill</b> <b>16200 E 60th Ave</b> <b>Commerce City, CO 80017 - DC Dozer</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) <b>De</b>	f. Signature <b>De</b>	g. Date <b>2-19-21</b>	

**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			



**REPUBLIC  
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6313072

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 6313072		c. Page 1 of 1	
d. Generator's Name and Location:			e. Generator's Mailing Address:		
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
			1	5105	30
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) Ty Smith		q. Signature Ty Smith		r. Date 2-19-21	

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

a. Transporter's Name and Address: JUNIOR TRUCKING LLC 333 W. 1st Ave MARIETTA, GA 30064		
b. Phone: 770.511.3652		
c. Driver Name (Print) LEONARD JONES	d. Signature	e. Date 2-19-21

**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:
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) He	f. Signature D. D. D.	g. Date 2-19-21

**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			



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****6310413**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 <b>6310413</b>		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: <b>PADCO LLC</b> <b>39005249 - 103 313670</b> <b>Akron, CO 80720</b>			e. Generator's Mailing Address: <b>PADCO LLC</b> <b>000 W 8th St #1010</b> <b>Logan, UT 84301</b>		
f. Phone: <b>918-330-3912</b>			g. Phone: <b>918-330-3912</b>		
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
<b>1</b>	<b>11/2/22</b>	<b>Hydrocarbon Contaminated Soil</b>		<b>1</b> <b>5128</b> <b>Dump</b>	<b>30</b>

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) <b>TY Smith</b>	q. Signature <b>TY Smith</b>	r. Date <b>02/10/2021</b>
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <b>JONES TRUCKING LLC</b> <b>333 PARK AVE</b> <b>MERINO, CO 80741</b>		
b. Phone: <b>970.571.3652</b>		
c. Driver Name (Print) <b>LEONARD JONES</b>	d. Signature <b>[Signature]</b>	e. Date <b>2-14-21</b>

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

a. Disposal Facility and Site Address: <b>Tower Landfill</b> <b>15200 E 8th Ave</b> <b>Commerce City, CO 80087 - DO Dezer</b>	b. US EPA Number	c. 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) <b>DC</b>	f. Signature <b>[Signature]</b>	g. Date <b>2-16-21</b>

**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			



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SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6310413

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 6310413		c. Page 1 of 1	
d. Generator's Name and Location:			e. Generator's Mailing Address:		
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
				1 SIDE DUMP	30

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) T. Smith		q. Signature T. Smith		r. Date 02/10/2021
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: JONES TRUCKING LLC 333 PARK AVE MORINO, CO 80741		
b. Phone: 970.571.3652		
c. Driver Name (Print) LEONARD JONES	d. Signature	e. Date 2/19/21

**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:
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) DC	f. Signature D. C.	g. Date 2/16/21	

**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			

**GENERATOR RETAIN**





**REPUBLIC**  
SERVICES

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

6313071

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 6313071		c. Page 1 of 1	
d. Generator's Name and Location: PACCOLL 103 913570 916-830-9912			e. Generator's Mailing Address: PACCOLL 800 W 0th St #1010 Los Angeles, CA 90017 916-830-9912		
f. Phone: 916-830-9912			g. Phone: 916-830-9912		
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
	1/12/2022	Hydrocarbon Contaminated Sol	1 SIDE DUMP	30	28.31
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) Ty Smith			q. Signature [Signature]		r. Date 2-14-21

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

a. Transporter's Name and Address: JONES TRUCKING LLC 333 MARK AVE MARIANO, CO 80741		
b. Phone: 970.571.3652		
c. Driver Name (Print) LEONARD JONES	d. Signature [Signature]	e. Date 2-14-21

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

a. Disposal Facility and Site Address: [Address]	b. [Address]	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) [Signature]	f. Signature [Signature]	g. Date 2-18-21	

## 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	





**REPUBLIC**  
SERVICES

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

6313071

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 6313071		c. Page 1 of 1	
d. Generator's Name and Location:			e. Generator's Mailing Address:		
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
			1	30	20.31

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
TY S. Smith	[Signature]	2-14-21

## 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		
JONES TRANSPORT LLC 333 MARK AVE MORRIS, CO 80701		
LEONARD JONES		
2-14-21		

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

a. Disposal Facility and Site Address:	b. US EPA Number	c. 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
	[Signature]	2-18-21

## 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	

GENERATOR RETAIN



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6313075

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 6313075		c. Page 1 of 1	
d. Generator's Name and Location: PADCO LLC 39 005240 - 103.313570 Arlon, CO 80720 918-830-8912			e. Generator's Mailing Address: PADCO LLC 800 W 6th St #1010 Los Angeles, CA 90017 918-830-8912		
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
6126 2121700	1/12/2022	Hydrocarbon Contaminated Soil		1 SIDE DUMP	30 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) T. Smith	q. Signature T. Smith	r. Date 2-19-21
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**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: JONES TRUCKING LLC 333 PARK AVE MERINO, CO 80741		
b. Phone: 970.571.3652		
c. Driver Name (Print) LEONARD JONES	d. Signature	e. Date 2-19-21

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

a. Disposal Facility and Site Address: Lower Laramie 19230 E 88th Ave Commerce City, CO 80007 - DC Dazen	b. US EPA Number	c. 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 2/19/21

**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			



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6313075

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 6313075		c. Page 1 of 1		
d. Generator's Name and Location:			e. Generator's Mailing Address:			
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
				1 SIDE DUMP	30	

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

a. Transporter's Name and Address: JONES TRUCKING LLC 333 PARK AVE MORRIS, CO 80701		
b. Phone: 970.571.3652		
LEONARD JONES		
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:
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			



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****6313074**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 <b>6313074</b>		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: <b>PADCO LLC</b> <b>3805249 - 103 913570</b> <b>Akron, CO 90720 918-630-9912</b>			e. Generator's Mailing Address: <b>PADCO LLC</b> <b>800 W 6th St #1010</b> <b>Los Angeles, CA 90017 918-630-9912</b>		
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
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) <b>Ty Smith</b>		q. Signature <b>Ty Smith</b>		r. Date <b>2-19-21</b>	

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

a. Transporter's Name and Address: <b>JONES TRUCKING LLC</b> <b>333 PARK AVE</b> <b>MERINO, CO 80741</b>		
b. Phone: <b>970.571.3652</b>		
c. Driver Name (Print) <b>LEONARD JONES</b>		d. Signature <b>[Signature]</b>
		e. Date <b>2-19-21</b>

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

a. Disposal Facility and Site Address: <b>Tower Landfill</b> <b>18250 E. 60th Ave</b> <b>Commerce City, CO 80067 - DC Dozer</b>		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) <b>[Signature]</b>		f. Signature <b>[Signature]</b>	g. Date <b>2-19-21</b>

**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			



**REPUBLIC**  
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

6313074

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 6313074		c. Page 1 of 1		
d. Generator's Name and Location:			e. Generator's Mailing Address:			
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
				1 5125 DUMP	30	26.06
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: JONES TRUCKING LLC 333 PARK AVE MERRIDEN, CT 06461		
b. Phone: 770.571.3652		
c. Driver Name (Print) LEONARD JONES		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:
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			

**GENERATOR RETAIN**