Attachment E

Special Waste Manifest

Manifest Document No.

Generator's Name	Generator's Address			Generator's Telephone No. Email:			
Origin of Special Waste (Project or Spill Lo	ocation)						
Contractor/Company Name	Address			Telephone No. Email:			
Contact Person:	Cell #			Email:			
Waste Disposal Site /Site Address San Luis Valley Regional Solid Waste Auth 1600 County RD.44 Monte Vista, CO 8114	Luis Valley Regional Solid Waste Authority				Telephone No. 719-852-3810		
Type and Proper name of special waste	Container	ontainers: Number Type Total Q		antity Unit Wt./\		/ol	
Additional Descriptions for Special Waste Listed Below							
Special Handling Instructions							
CONTRACTOR OR GENERATOR'S CERTIFIC accurately described above by type and packaged, containerized and labeled in actin addition to any other applicable federa	oroper nam ccordance v	e of the special wast with the requiremen	e, and that	such waste	has been r	nanaged,	
Printed/Typed Name		Signature			Date		
Transporter 1 Acknowledgement of Recei	ipt of Specia	al Waste					
Printed/Typed Name		Signature				Date	
Transporter 2 Acknowledgement of Recei	ipt of Specia	al Waste					
Printed/Typed Name		Signature				Date	
Rejected Materials (if any)		Destination					
Discrepancy Indication Space							
SLVRSWA Representative: I hereby ackno noted above in the Discrepancy Indication	_	eipt of the special wo	aste as indic	cated upon	this manife	st, except as	
Printed/Typed Name		Signature				Date	