



Certificate of Completion
GMC Gateway Phase 1

Job #: 23MR-15621-7291

Prepared For:

Consolidated Builders
116 Veranda Rd NW
Albuquerque, NM 87107

Prepared By:

Southwest Abatement, Inc.
4609 Kinney St. SE
Albuquerque, NM 87105
Office: (505) 873-2967 * Fax: (505) 873-1247

Certification of Completion Statement: Removal and disposal of asbestos containing exposed floor mastic which was under carpet as provided onsite SOW on March 15, 2023, from rooms G-271, G275, G-251, G-266, G253, G254, G256, G257, G258, G259, G261, G262, G263, G264, G265, G267, G268, G276, G279, G279b, G279c, & G281. Floor tile and mastic were also abated from one IT room G-251.

Project Date of COMPLETION: April 12, 2023

Southwest Abatement, Inc. has reviewed the said project and established that the project is substantially completed in accordance with contracted agreement.

A handwritten signature in black ink, appearing to be "JSE", is written over a horizontal line.

Signature of Authorized Agent of SAI

04/20/23

Date



Special Waste Disposal, Inc
 5904 Florence Ave. NE
 Albuquerque, New Mexico 87113
 Office 505.828.2650
 Disposal Site: 505.847.2917

SAI# 7291
 CONT# ES-02
 SPACE# 1

WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55
 from Mountainair, New Mexico
 All applicable blanks MUST BE COMPLETED, Including signatures

Part I GENERATOR

A generator must sign and keep a copy of each manifest in accordance with NMAC 20.9.8.19 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 23MR- 15621-7291 Tracking Number: _____
 Project Name: GMC GATEWAY PHASE 1 Generator Name: THE CITY OF ALBUQUERQUE
 Address: 5400 GIBSON BLVD SE Address: 1 CIVIC PLAZA NW
 City/State/Zip: ALBUQUERQUE, NM 87108 City/State/Zip: ALBUQUERQUE, NM 87102
 Telephone: 505-697-8075 Telephone: 505-697-8075

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Jesse Valdez _____ [Signature] _____
 Name of Authorized Agent Signature
 Waste Generation Date 04 07 23

Part II CONTRACTOR CONTENTS

Contractor Name: SOUTHWEST ABATEMENT, INC. Responsible Agency
 Address: 4609 KINNEY ST SE CAQB- AIR QUALITY DIVISION
 City/State/Zip/Phone: ALBUQUERQUE, NM 87105 505-873-2967 PO BOX 1293 ALB, NM 87103 ✓

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Weight		Friable	
Bags	<u>58</u>	Non-Friable	✓
Barrels		UN2212 Pkg. Group II	
Cu. Yds.	<u>2.2</u>	UN2590 Pkg. Group III	

Special Handling Instructions:
RQ, NA2212, ASBESTOS, 9, PG III

 Name of Authorized Agent Signature

Waste Description
Black mastic

Part III TRANSPORTER

Name of Transporter #1: SOUTHWEST ABATEMENT, INC. Special Waste Hauler Permit No.: 000057
 Mailing Address: 4609 KINNEY ST SE ALB, NM 87105 Phone No. 5058732967 Truck License No.: 0302
 Name of Transporter #2: SOUTHWEST ABATEMENT, INC. Special Waste Hauler Permit No.: 000057
 Mailing Address: 4609 KINNEY ST SE ALB, NM 87105 Phone No. 5058732967 Truck License No.: _____

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal Facility. "I certify that no other material has been placed in this truck since the containers described in Part I of the form were loaded."

Signature of Transporter #1: _____ Date Received 04 07 23
 Signature of Transporter #2: _____ Date Received 04 26 23

Part IV DISPOSAL SITE

This is to certify that the Special Waste Disposal Facility, operating under NMED Solid Waste Bureau Facility ID No. SWM013035 (SP) has been approved for the disposal of asbestos waste has received the above indicated waste (except for noted discrepancies)

Discrepancy Explanation:
 Active Area# 594 Cell # 4 Date Received 04 26 23
 Authorized Signature: _____

RESPONSIBLE AGENCY
 New Mexico Environment Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

WHITE: SWD PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter: #1 GOLD: Generator/Contractor
 PLEASE PRESS FIRMLY

025552