

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 157911		
	5. Generator's Name and Mailing Address Generator's Phone: 970-737-1273				Generator's Project Address (if different than mailing address) PRATT #2			
	6. Transporter 1: Complete Company Name and Address					Transporter Phone		
	7. Transporter 2: Complete Company Name and Address					Transporter Phone		
	8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 (970)686-2800					Facility's Phone:		
TRANSPORTER	9. Waste Shipping Name, Description, & Profile Number			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
				No.	Type			
	1. NON REGULATED SOLID (IMPACTED SOIL) 119217CO					7.28	T	
	2.							
	13. Regulatory Agency: Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, Co 80222-1530				Emergency Notification: CHEMTREC (800) 424-9300 24-hour Toll Free Number			
DESIGNATED FACILITY	14. Bill to & Account Number: Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION							
	15. Contractor/Generator 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 transportation according to applicable national and state governmental regulations. I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.							
	Generator's/Offoror's Printed/Typed Name JERRY BROWN			Signature [Signature]		Month Day Year 3 2 15		
	16. Transporter Acknowledgement of Receipt of Materials			Transporter 1 Printed/Typed Name MIKE BROWN		Signature [Signature]		
				Transporter 2 Printed/Typed Name		Signature [Signature]		
17. Special Handling Instructions								
18. Discrepancy Indication Space:						19. Ticket # 1416701		
Initials of Person noting discrepancy _____ Signature _____						Date _____		
20. Management Method/Location Landfill _____ Monofill _____ Location: _____								
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18								
Printed/Typed Name [Signature]			Signature [Signature]		Month Day Year 3 3 15			