

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 157824	
		5. Generator's Name and Mailing Address SYNERGY		Generator's Project Address (if different than mailing address) NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 (970)686-2800				
Generator's Phone:		Transporter Phone						
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		Facility's Phone:						
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				7.19 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				
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/Officer's Printed/Typed Name				Signature			Month Day Year	
DAVID PRINCE				[Signature]			3 4 15	
16. Transporter Acknowledgement of Receipt of Materials								
Transporter 1 Printed/Typed Name				Signature			Month Day Year	
Mike [Signature]				[Signature]			5 4 15	
Transporter 2 Printed/Typed Name				Signature			Month Day Year	
17. Special Handling Instructions								
18. Discrepancy Indication Space:							19. Ticket #	
							1416965	
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			Month Day Year	
[Signature]				[Signature]			5 4 15	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

DESIGNATED FACILITY