

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 157821
5. Generator's Name and Mailing Address 1314 01421 22 200			Generator's Project Address (if different than mailing address)		
Generator's Phone:			Transporter Phone		
6. Transporter 1: Complete Company Name and Address 1314 01421 22 200			Transporter Phone 470 383 0700		
7. Transporter 2: Complete Company Name and Address 1314 01421 22 200			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:		
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				6.65T	
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
1314 01421 22 200		1314 01421 22 200			
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month	Day Year
1314 01421 22 200		1314 01421 22 200		13	4 15
Transporter 2 Printed/Typed Name		Signature		Month	Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:					19. Ticket # 1117052
Initials of Person noting discrepancy		Signature		Date	
20. Management Method/Location					
Landfill <input type="checkbox"/> Monofill <input type="checkbox"/> 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
1314 01421 22 200		1314 01421 22 200		13	4 15