

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 305112	
5. Generator's Name and Mailing Address COGCC			Generator's Project Address (if different than mailing address) NW Graylin 33			
Generator's Phone: (303) 894-2100						
6. Transporter 1: Complete Company Name and Address Dozer Sterling Co			Transporter Phone 970 580 0062			
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			Facility's Phone: (970) 686-2800			
9. Waste Shipping Name, Description, & Profile Number			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1. NON REGULATED SOLID (E&P EXEMPT SOIL) 12392000					29.52	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 10639 Customer Name: COLORADO OIL & GAS CONSERVATION COMMISSION						
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 Robert Young for COGCC			Signature Robert S. Young		Month 9	Day 22
					Year 16	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name Frank Stephen			Signature Frank Stephen		Month 9	Day 22
					Year 16	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # 1555936	
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 Sara			Signature Sara		Month 9	Day 22
					Year 16	