

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
N/A

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number
426298

5. Generator's Name and Mailing Address

BLUE CHIP OIL INC
155 E BOARDWALK DR SUITE 400
FORT COLLINS CO 80525

Generator's Project Address (if different than mailing address)
BLUE CHIP OIL INC
QUAND 3

Generator's Phone:

(970) 493 7700

6. Transporter 1: Complete Company Name and Address

BLUE CHIP OIL INC
QUAND 3

Transporter Phone

7. Transporter 2: Complete Company Name and Address

Mudd Energy Services
508 FIVE SIX AVENUE
985 299 08

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) 498 2900

9. Waste Shipping Name, Description, & Profile Number

10. Containers
No. Type

11. Total Quantity

12. Unit Wt./Vol.

1. NON REGULATED SOLID (EAP EXEMPT PRODUCTION WATER CONTAMINATED SOIL)
2. (250000)

250000

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 10622 Customer Name: CGRS INC

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

ROSEMARY

Signature

ROSEMARY

Month Day Year
10 17 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Transporter 2 Printed/Typed Name

Signature

Signature

Month Day Year
10 17 17

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

11/14/17

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

DESIGNATED FACILITY

TRANSPORTER

GENERATOR

NON-HAZARDOUS WASTE MANIFEST

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N/A

2. Page 1 of 3
Emergency Response Phone
800-424-9300

4. Waste Tracking Number
426299

5. Generator's Name and Mailing Address

BLUE CHIP OIL INC
155 E BOARDWALK DR SUITE 400
FORT COLLINS CO 80525

Generator's Project Address (if different than mailing address)
BLUE CHIP OIL INC

Generator's Phone:

(970) 483 7200

CLUND 3

6. Transporter 1: Complete Company Name and Address

Mudd Power

508 E 16th St
Greeley CO 80639

Transporter Phone
965739068

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

NORTH WELD LANDFILL
4000 WELD COUNTY ROAD 25
AULT CO 80610

Facility's Phone:

(970) 686 2900

9. Waste Shipping Name, Description, & Profile Number

1. NON REGULATED SOLID (EAP EXEMPT PRODUCTION WATER CONTAMINATED SOIL)
12509671

2.

22.6112

10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.

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
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Generator's/Officer's Printed/Typed Name

ETWEN OWEN

Signature

[Signature]

Month Day Year
10 17 07

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

JD BERRY

Signature

[Signature]

Month Day Year
10 17 07

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

104415890

Initials of Person noting discrepancy

Signature

20. Management Method/location

Landfill

Monofill

Location:

Date

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
10 17 07