

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N/A</b>	2. Page 1 of	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>426298</b>
5. Generator's Name and Mailing Address  <b>BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</b>		Generator's Project Address (if different than mailing address)  <b>BLUE CHIP OIL INC 426298</b>			
6. Transporter 1: Complete Company Name and Address  <b>Monter Power 508 F 16th St Greeley CO</b>		Transporter Phone <b>954-399-68</b>			
7. Transporter 2: Complete Company Name and Address		Transporter Phone			
8. Designated Disposal Facility Name and Site Address  <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610</b>		Facility's Phone:  <b>(970) 696-2500</b>			
9. Waste Shipping Name, Description, & Profile Number  <b>1. NON REGULATED SOLID (EAP EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 126000001</b>		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
2.				25.0274	
13. Regulatory Agency: <b>Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, Co 80222-1530</b>		Emergency Notification: <b>CHEMTREC (800) 424-9300 24-hour Toll Free Number</b>			
14. Bill to & Account Number:  <b>Customer Acct # N 10622 Customer Name: CGRS INC</b>					
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.					
Generators/Officer's Printed/Typed Name  <b>Foxen, Mary</b>		Signature  <b>Mary Foxen</b> Month Day Year <b>10/17/17</b>			
16. Transporter Acknowledgement of Receipt of Materials  Transporter 1 Printed/Typed Name <b>Monter Power</b>		Signature  <b>Monter Power</b> Month Day Year <b>10/17/17</b>			
Transporter 2 Printed/Typed Name		Signature  <b>Monter Power</b> Month Day Year <b>10/17/17</b>			
17. Special Handling Instructions					
18. Discrepancy Indication Space:		19. Ticket # <b>11/14/17</b>			
20. Management Method/Location  Initials of Person noting discrepancy: _____ Signature: _____ Date: _____					
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 _____					

**NON-HAZARDOUS  
WASTE MANIFEST**1. Generator ID Number  
*N/A*2. Page 1 of  
3. Emergency Response Phone  
800-424-93004. Waste Tracking Number  
**426299**

5. Generator's Name and Mailing Address

BLUE CHIP OIL INC  
155 E BOARDWALK DR SUITE 400  
FORT COLLINS CO 80525Generator's Project Address (if different than mailing address)  
BLUE CHIP OIL INC

Generator's Phone:

*CLAND 3*

6. Transporter 1: Complete Company Name and Address

*508 E 16th St*Transporter Phone  
*9165739068*

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, &amp; Profile Number

NON REGULATED SOLID  
(ESP EXEMPT PRODUCTION WATER CONTAMINATED SOIL)*12609071**22.6114*

10. Containers No.	11. Total Quantity	12. Unit Wt./Vol.
1.		
2.		

13. Regulatory Agency: Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Co 80222-1530Emergency Notification:  
CHEMTREC (800) 424-9300  
24-hour Toll Free Number

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Customer Acct # *N 10622* Customer Name: *CGRS INC*

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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 PCBs or radioactive materials.

Generator's/Officer's Printed/Typed Name

Signature

Month Day Year  
*10 17 07*

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1: Printed/Typed Name

Signature

Month Day Year  
*10 17 07*

Transporter 2: Printed/Typed Name

Signature

Month Day Year  
*10 17 07*

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #  
*1044158790*

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  
*10 17 07*