

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
422185

5. Generator's Name and Mailing Address
DC DOZER SERVICE
1403 FILLMORE ST
STERLING CO 80751

Generator's Project Address (if different than mailing address)
FOUNDATION ENERGY
WICKSTROM #6 - 4 LOT 4 SEC 6 7N
STERLING CO 80751

Generator's Phone: (918) 845-4700

6. Transporter 1: Complete Company Name and Address
D.C. Dozer Service 1403 Fillmore St Sterling, CO 80751
Transporter Phone: (970) 580-0062

7. Transporter 2: Complete Company Name and Address
Transporter Phone:

8. Designated Disposal Facility Name and Site Address
Buffalo Ridge Landfill
11655 WCR 59
Keenesburg CO 80643
Facility's Phone: (303) 732-0218

9. Waste Shipping Name, Description, & Profile Number

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

1. NON REGULATED SOLID
(CONTAMINATED SOIL FROM WELL HEAD LEAK)
12580000

No. Type

87.21
12/15

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 #: B 315 Customer Name: DC DOZER SERVICE

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/Offoror's Printed/Typed Name Signature Month Day Year

Todd Troutman [Signature] 12 7 18

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name Signature Month Day Year

Todd Troutman [Signature] 12 7 18

Transporter 2 Printed/Typed Name Signature Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #
1003095

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
Cherise Blal [Signature] 12 7 18

GENERATOR

TRANSPORTER

DESIGNATED FACILITY