

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
N / A

2. Page 1 of

3. Emergency Response Phone
1 800-424-9300

4. Waste Tracking Number
466380

5. Generator's Name and Mailing Address
**VERDAD RESOURCES LLC
5950 CEDAR SPRINGS RD #200
DALLAS TX 75235**

Generator's Project Address (if different than mailing address)
**VERDAD RESOURCES LLC
WELL NAME:
WELL #:**

Generator's Phone: **(720) 845-6901**

6. Transporter 1: Complete Company Name and Address
Focus energy Transporter Phone

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

8. Designated Disposal Facility Name and Site Address
**Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102** Facility's Phone:
(303) 644-4335

9. Waste Shipping Name, Description, & Profile Number
1. **NON REGULATED LIQUID
(HYDROVAC E&P CONTAMINATED SOIL)**
12720000

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

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 #: CSI 2087 Customer Name: VERDAD RESOURCES, LLC

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/Offorer's Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

TRANSPORTER

16. Transporter Acknowledgement of Receipt of Materials
Transporter 1 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____
Focus energy - Kari Laws _____ **Kari Laws** _____ **2 22 19**
Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

DESIGNATED FACILITY

17. Special Handling Instructions

18. Discrepancy Indication Space: _____
Initials of Person noting discrepancy _____ Signature _____ Date _____
19. Ticket # **160128**

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 _____
Jason McIntyre _____ **[Signature]** _____ **2 22 19**