

1. Generator ID Number		2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
Mailing Address JUNIPER LLC 267 STRASBURG CO. 703-444-4375		Generator's Site Address (if different than mailing address) 56071 E. Cohox Av. Strasburg, Co		045186
U.S. EPA ID Number				
U.S. EPA ID Number				
U.S. EPA ID Number				
10. Containers				
No.				
Type				
11. Total Quantity				
12. Unit Wt./Vol.				
EPA EXPORT LIQUID, PIT SLUDGE				1000 GAL.
13. Special Handling Instructions and Additional Information				
PROFILE NO. 1006547				
14. GENERATOR'S/OFFEROR'S 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 transport according to applicable international and governmental regulations.				
Generator's/Offor's Printed/Typed Name JOHN HICKEY				
Signature [Signature]				
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.				
Transporter Signature (for exports only): [Signature]				
16. Transporter Acknowledgement of Receipt of Materials Port of entry/exit: Date leaving U.S.: Month Day Year 10 16 17				
Transporter 1 Printed/Typed Name BRENDON GUEST				
Transporter 2 Printed/Typed Name [Signature]				
Signature [Signature]				
Month Day Year 10 16 17				
Month Day Year				
17. Discrepancy				
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number				
Facility's Phone: 7c. Signature of Alternate Facility (or Generator) Month Day Year 10 16 17				
Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a Printed/Typed Name Alan Schaefer Signature [Signature]				
Month Day Year 10 16 17				

1. Generator ID Number N/A		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 142369	
Generator's Mailing Address 114742 CO				Generator's Project Address (if different than mailing address) Ben Gray			
Complete Company Name and Address 114742 CO				Transporter Phone 735-22-1177			
Complete Company Name and Address 114742 CO				Transporter Phone			
Disposal Facility Name and Site Address Conservation Services, Inc. 41800 East 88th Avenue Bennett CO 80102 (303)644-4335				Facility's Phone: 114742 CO			

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
1. FOD T S DECONTAMINATED DIRT			18	YDS
2. 114742 CO				

13. Regulatory Agency: **Colorado Department of Public Health and Environment**
4300 Cherry Creek Drive South
Denver, Co 80222-1530

14. Bill to & Account Number:

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.

Emergency Notification:
CHEMTREC (800) 424-9300
24-hour Toll Free Number

Generator's/Offor's Printed/Typed Name Gene	Signature	Month	Day	Year
		10	17	17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name
Brandon Gust

Signature

Month Day Year
10 16 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions
APLCO 114742

18. Discrepancy Indication Space:	19. Ticket # 2171640
Initials of Person noting discrepancy _____ Signature _____ Date _____	

20. Management Method/Location Landfill <input checked="" type="checkbox"/> 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 17

Generator ID Number 111138 TMS	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142368
Generator's Project Address (if different than mailing address)			
Generator Company Name and Address Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102 303-644-4336		Transporter Phone	
Generator Company Name and Address		Transporter Phone	
Generator Facility Name and Site Address		Facility's Phone:	
Waste Shipping Name, Description, & Profile Number 1111941200	10. Containers No. Type		11. Total Quantity
			12. Unit Wt./Vol.
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	
Bill to & Account Number:			
Customer Account # Customer Name			
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		Signature Month Day Year	
Transporter Acknowledgement of Receipt of Materials			
Transporter 1 Printed/Typed Name		Signature Month Day Year	
Transporter 2 Printed/Typed Name		Signature Month Day Year	
Special Handling Instructions			
Discrepancy Indication Space:			19. Ticket # 2971154
Initials of Person noting discrepancy Signature		Date	
Management Method/Location Landfill Monofill Location:			
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	

17.79T

1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142367
Generator's Project Address (if different than mailing address)			
Complete Company Name and Address		Transporter Phone	
Complete Company Name and Address		Transporter Phone	
Facility Name and Site Address Conservation Services, Inc 41800 East 98th Avenue Bennett CO 80102 303-644-4335		Facility's Phone:	
10. Containers	11. Total Quantity		12. Unit Wt./Vol.
	No.	Type	
13. Waste Shipping Name, Description, & Profile Number			
14. 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	
15. 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		Signature	Month Day Year
16. Transporter Acknowledgement of Receipt of Materials			
Transporter 1 Printed/Typed Name		Signature	Month Day Year
Transporter 2 Printed/Typed Name		Signature	Month Day Year
17. Special Handling Instructions			
18. Discrepancy Indication Space:			19. Ticket # 2471634
Initials of Person noting discrepancy		Signature	Date
20. Management Method/Location Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> 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

12.90T

1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142370	
Generator's Project Address (if different than mailing address)				
Complete Company Name and Address				
			Transporter Phone	
Complete Company Name and Address			Transporter Phone	
Disposal Facility Name and Site Address Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102 (303) 644-4335			Facility's Phone:	
13. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
14. 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 Name:				
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.				
16. Generator's/Officer's Printed/Typed Name		Signature _____ Month _____ Day _____ Year _____		
16. Transporter Acknowledgement of Receipt of Materials				
Transporter 1 Printed/Typed Name Cody Wenzel		Signature _____ Month _____ Day _____ Year _____		
Transporter 2 Printed/Typed Name		Signature _____ Month _____ Day _____ Year _____		
17. Special Handling Instructions				
18. Discrepancy Indication Space:				19. Ticket # 2971073
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 _____		

0-811C-06 10498 (Rev. 9/14)

MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142366	
Name and Mailing Address			Generator's Project Address (if different than mailing address)			
Generator's Phone:						
Transporter 1: Complete Company Name and Address					Transporter Phone	
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 (303)644-4335					Facility's Phone:	
9. Waste Shipping Name, Description, & Profile Number			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1.						
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:						
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			Signature		Month	Day Year
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # 2977754	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> 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