

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

045186

Mailing Address

Generator's Site Address (if different than mailing address)

56671 E. Coker Av.
Strasburg, Co

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.

1000 GAL.

EXPERIMENT LIQUID, PIT SLUDGE

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

Import to U.S.

Export from U.S.

Month Day Year

10 16 17

16. Transporter Acknowledgement of Receipt of Materials

Port of entry/exit:
Date leaving U.S.:

Transporter 1 Printed/Typed Name

BRENDON GUEST

Signature

[Signature]

Month Day Year

10 16 17

Transporter 2 Printed/Typed Name

Signature

17. Discrepancy

17a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

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

Elw 5311-239 51157 W 104 30110

147242

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

15.96T

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 Project Address (if different than mailing address): Ben Gray

Complete Company Name and Address: Conservation Services, Inc. 41800 East 88th Avenue Bennell CO 80102

Facility's Phone: (303)644-4335

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
1. FOD - T.S. HEADWAY/D. VILT			18	YOS
2. 114742CO				

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 #: _____ 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.

Generator's/Offor's Printed/Typed Name: Gene _____ Signature: _____ Month: _____ Day: _____ Year: _____

16. Transporter Acknowledgement of Receipt of Materials:

Transporter 1 Printed/Typed Name: Brandon Gust Signature: _____ Month: _____ Day: _____ Year: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

17. Special Handling Instructions: _____

18. Discrepancy Indication Space:

19. Ticket #: 2771640

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: _____

14 38 TMS

1. Generator ID Number RST NA	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142368
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Generator's Project Address (if different than mailing address) *Bea Gray*

Company Name and Address _____ Transporter Phone _____

Company Name and Address _____ Transporter Phone _____

Facility Name and Site Address _____ Facility's Phone: _____
 Conservation Services, Inc
 41800 East 86th Avenue
 Bennett CO 80102
 303-644-4336

Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
<i>114194200</i>				

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 Acct # _____ 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/Offorer'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*
296

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
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Generator's Mailing Address 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 Facility's Phone:

Conservation Services, Inc
41800 East 98th Avenue
Bennett CO 80102
303-644-4335

Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		

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 of Lading Account Number:

Accl. 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

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 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

12.90T

CWMI

1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142370
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Generator's Project Address (if different than mailing address)

Generator's Mailing Address

Complete Company Name and Address

Transporter Phone

Disposal Facility Name and Site Address

Facility's Phone:

Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102
(303)644-4335

Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		

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 Acc #

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/Offor'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 #

299/1073

Initials of Person noting discrepancy

Signature

Date

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

2019T

HAZARDOUS MANIFEST	1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142365
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Generator's Project Address (if different than mailing address)

Complete Company Name and Address
Transporter Phone

Disposal Facility Name and Site Address
Facility's Phone:
Conservation Services, Inc
41900 East 88th Avenue
Dennis, CO 80102
(303)644-4335

Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		

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

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 # 142365

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 _____

10 04T

1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 142366
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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 _____ Facility's Phone: _____
 Conservation Services, Inc
 41800 East 88th Avenue
 Bennett CO 80102
 (303)644-4335

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/Offeror'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 #
2977751

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 _____

GENERATOR
TRANSPORTER
DESIGNATED FACILITY