

**Earth, Energy and  
Environmental Solutions, LLC**

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Bill To
Ward & Son Operating P.O. Box 737 Ogallala, NE 69153

**Invoice**

Date	Invoice #
3/22/2019	9166
Due Date	Terms
4/21/2019	Net 30
Rate	Amount
<b>Total</b>	<b>\$1,610.00</b>

Lease		
Blomenkamp #4		
Item	Quantity	Description
#04 - Tri-axle side dump	6.5	Tractor w/ tri-axle side dump and operator.
Disposal Fee - Contami...	20	- Travel to location, get loaded with contaminated soil, haul to CSI disposal, ticket #160632. Yards of contaminated soil to disposal. - Disposal fee includes: State environmental fee, landfill fuel surcharge fee, manifest fee, profile processing fee, regulatory recovery cost fee.

All invoices due on presentation. Balances over 30 days will be assessed interest at 1.5% per month with a \$5.00 minimum. Plus reasonable costs of collections including attorney's fees. Thank you.



11361148

CSI  
41000 E. 88th Ave.  
Bennett, CO, 80102  
Ph: (303) 644-4325

Original  
Ticket# 11361148

Customer Name E3SOLUTIONS E 3 SOLUTIONS  
Ticket Date 03/22/2019  
Payment Type Credit Account  
Manual Ticket#  
Hauling Ticket#  
Route  
State Waste Code  
Manifest 73366473  
Destination  
PO  
Profile 12807100 (E3P EXEMPT OILY SOIL)  
Generator 129-E3SOLUTIONSLLC E3 SOLUTIONS VARIOUS LOCATIONS

Carrier E3 Solutions  
Vehicle# side dump  
Container  
Driver jeff  
Check#  
Billing # 0001001  
Gen EPR ID  
Grid

	Time	Scale	Operator	Inbound	Gross
In	03/22/2019 09:41:05	WEIGHT WT	kapusta		Tons
Out	03/22/2019 09:41:05		kapusta		Net Tons

Comments



Product	LDs	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Pet-Cub	100	20.00	yards				
2 EVF-P-Standard Env	100		X				
3 FUEL-Fuel Surcharg	100		X				

*Jeff*

Total Fees  
Total Ticket

403WM-N

* A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KK KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TT TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UU UV UW UX UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WU WV WW WX WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YX YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ	Printed Name <i>Jeff Samuel</i>	Signature <i>Jeff Samuel</i>	Month <i>3</i>	Day <i>22</i>	Year <i>19</i>
	18. Transporter 2 Acknowledgement of Receipt of Materials				
	Printed Name	Signature	Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
	Printed Name <i>Kimberly...</i>	Signature <i>Kimberly...</i>	Month <i>3</i>	Day <i>22</i>	Year <i>19</i>

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY