

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

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Bill To

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

Invoice

Lease				
Blomenkamp #4				
Item	Quantity	Description	Rate	Amount
#04 - Tri-axle side dump	6.5	Work Ordered by: Luke Crumley Tractor w/ tri-axle side dump and operator.	100.00	650.00
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.	48.00	960.00
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.			Total	\$1,610.00

Date	Invoice #
3/22/2019	9166
Due Date	Terms
4/21/2019	Net 30



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 12857100 (E3P EXEMPT OILY SOIL)

Generator 125-E3SOLUTIONSLLC E3 SOLUTIONS VARIOUS LOCATIONS

Carrier E3 Solutions

Vehicle# side dump

Valley

Container

Driver jeff

Check#

Billing # 0001001

Gen EPR ID

Grid

In 03/22/2019 09:41:05
Out 03/22/2019 09:41:05

Scale
WEIGHT

Operator
Kagula
Kagula

Inbound

Gross
Tare
Net
Tons

Comments



Product	LFs	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 Surchar	100		X				

Total Fees
Total Ticket

403WM-N

A S P O N T R A F A C I L I T Y	Printed Name <i>Jeff Sanchez</i>	Signature <i>Jeff Sanchez</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

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY

Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY