



# Rocky Mountain District

6855 S. Havana St. Suite 350

Centennial, CO 80112

Office: (720) 305-5872

## OILFIELD WASTE MANIFEST

RCRA Exempt Waste Only, unless pre-approved by R360 and WYDEQ

(PLEASE PRINT)

NO. 55454

### GENERATOR

Generator Company Name: Foundation Energy

Lease/Well Name & No.:

Lion Government 13-36

Bill To: (if different from Generator)

Permit No.

Address:

API No.:

City, State, Zip:

County:

Moffat

Phone No.:

AFE/PO No./User ID:

### WASTE STREAM INFORMATION (provide volume next to waste type)

Pit/Tank Liner

yds<sup>3</sup>

Flowback Water

bbls

Sump

bbls

Contaminated Soil

1.5

yds<sup>3</sup>

Production Water

bbls

Reserve Pond Fluid

bbls

Filter Media

yds<sup>3</sup>

Mud

bbls

Tank Bottoms/Sludge (E&P)

bbls

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, labeled and prepared as indicated. I certify that this waste to the best of my knowledge is not hazardous or dangerous as defined by the U.S. EPA, or the state of origin. I certify this waste does not contain any regulated radioactive materials, that all known suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste by government or local authority. I certify that all samples used for this analysis are representative of the materials described herein. I understand that all wastes may undergo inspection upon arrival at the facility and may be refused if the delivered material does not conform to the description herein. Notification will be provided immediately if there is a change in the composition of, or process generating this waste stream, prior to offering the waste for management by the facility.

### Generator Representative Information (REQUIRED)

Alan S. Abad

(PRINT) AUTHORIZED AGENT'S NAME

(PRINT) AUTHORIZED AGENT'S EMAIL

(PRINT) AUTHORIZED AGENT'S PHONE NUMBER

DATE

SIGNATURE OF AUTHORIZED AGENT

### TRANSPORTER

Trucking Company:

Foundation Energy

Driver's Name:

Alan S. Abad

Trucking Address:

Print Name:

City, State, Zip:

Phone No.:

Phone No.:

Truck No.:

I hereby certify that the above named material(s) was/were picked up at the Generator's site listed above and delivered without incident to R360.

SHIPMENT DATE

DRIVER'S SIGNATURE

DELIVERY DATE

DRIVER'S SIGNATURE

FILE COPY