

Please print or type

NON-HAZARDOUS WASTE MANIFEST

OWL SWD OPERATING, LLC  
OWL Western Gravel & Disposal

WM211-145

1. Generator's Name & Mailing Address

Terra Energy Partners

2. Generator's Project Number

2021100WG

4. Bill to:

3. Customer ID

4a. AFE/PO #:

1a. Generator's Phone: 970-263-2760

20210512CO

GOV-298-26-1

5. Transporter: Company Name

5a. Transporter's Phone

*HAK Trucking H-38*

6. Transporter: Company Name

6a. Transporter's Phone

7. Designated Management Facility Name & Site Address

7a. Facility's Phone

OWL Western Gravel & Disposal  
41138 Rio Blanco Co Rd 5  
Meeker, CO 81641

8. Waste Code/Profile

Waste Description

Quantity

Units

52615CO

E&P Exempt Solid Waste

10-12

CY

61625CO

PCS Non-Exempt

71525CO

LCS

9. Regulatory Agency:

Colorado Department of Public Health & Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246

24 HOUR EMERGENCY PHONE NUMBER

**1-877-518-5608**

10. Contractor/Generator

I hereby certify that the above described waste is excluded from hazardous waste regulations in 40 CFR Part 261.4(b)(5) (except non-exempt PCS), and is not hazardous as defined by 40 CFR Part 261.31 - 261.33 (F, K, P, U Codes). The waste has been accurately classified, described, packaged, marked & labelled and is in proper condition for transportation according to applicable federal, state & local regulations. The waste profile conforms with the acceptable waste description.

10a. Contractor/Generator

Printed/Typed Full Name

Kris Rowe

Signature (Full Name)

*Kris Rowe*

Month

Day

Year

7

21

2021

11. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Full Name

*John Mlaka*

Signature (Full Name)

*J M Mlaka*

Month

Day

Year

7

30

21

12. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Full Name

Signature (Full Name)

Month

Day

Year

13. Discrepancy Indication

Initials of Person noting discrepancy:

Date:

14. Inspection of transporter vehicle completed & only permitted materials identified.

15. Facility Owner or Operator: Certification of receipt of waste materials except noted in item 13.

Printed/Typed Full Name

*Ken McBee*

Signature (Full Name)

*Ken McBee*

Month

Day

Year

7

30

2021



CORPORATE OFFICE  
8201 Preston Rd., Suite 520  
Dallas, TX 75225

WASTE LOAD TICKET

7-30-21

12:32PM

51120 16 GROSS  
24740 16 TARE  
26380 16 NET

*13,19*

*TONS*

LOOP ID 38

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COPY 1 - GENERATOR COPY

COPY 2 - ACCOUNTS COPY

COPY 3 - DISPOSAL FACILITY COPY

COPY 4 - TRANSPORTER COPY