


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:	
1a. Generator's Phone: 970-263-2760		3. Customer ID 20210512CO		4a. AFE/PO #: GOV-298-26-1	
5. Transporter: Company Name HAK Trucking H-38		5a. Transporter's Phone			
6. Transporter: Company Name		6a. Transporter's Phone			
7. Designated Management Facility Name & Site Address OWL Western Gravel & Disposal 41138 Rio Blanco Co Rd 5 Meeker, CO 81541		7a. Facility's Phone			
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) <i>Kris Rowe</i>		Month 7	Day 21
				Year 2021	
11. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Full Name John Makar					
Signature (Full Name) <i>John Makar</i>		Month 7	Day 30	Year 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) <i>Ken McBee</i>		Month 7	Day 30	Year 2021	
 <p>CORPORATE OFFICE 8201 Preston Rd., Suite 520 Dallas, TX 75225</p>					

WASTE LOAD TICKET

7-30-21

12:32PM

51120 16 GROSS
24740 16 TARE
26380 16 NET

13.19

TONS

LOOP ID 38

COPY 1 - GENERATOR COPY

COPY 2 - ACCOUNTS COPY

COPY 3 - DISPOSAL FACILITY COPY

COPY 4 - TRANSPORTER COPY