

**WASTE ACCEPTANCE APPROVAL FORM  
CITY OF TRINIDAD LANDFILL**

Date: 1/11/2024

Waste Profile Number

Name of Generator: Evergreen Natural Resources LLC		
Generator Mailing Address: 27000 Hwy 12		
City: Trinidad	State: CO	Zip: 81082
Telephone: 719-846-7898	Fax:	
Contact Person: Timothy Fernandez	Signature:	

Name of Transporter: Evergreen Natural Resources LLC		
State Transportation Number: 23HM0200811		
Transporter Mailing Address: 27000 Hwy 12		
City: Trinidad	State: CO	Zip: 81082
Telephone: 719-846-7898	Fax:	
Contact Person: Jeremiah Valdez	Telephone: 719-680-0050	

Description of Waste <sup>1</sup> : E&P Waste (Contaminated soil with elevated SAR and pH levels)				
Source of Waste: <i>Silverdale 31-22 TR Pt</i>				
Type of Waste: E&P Waste (Contaminated Soil)				
Physical State: <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID <input type="checkbox"/> OTHER:				
Volume of Waste: <input checked="" type="checkbox"/> CUBIC YARDS: <input type="checkbox"/> TONS: <input type="checkbox"/> OTHER:				
Shipment Method: <input checked="" type="checkbox"/> BULK <input type="checkbox"/> DRUM <input type="checkbox"/> BAGGED <input type="checkbox"/> OTHER:				
Are containers empty and triple rinsed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Acceptable containers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Annual Volume: <input type="checkbox"/> CUBIC YARDS: <input type="checkbox"/> TONS: <input type="checkbox"/> OTHER:				
Frequency: <input checked="" type="checkbox"/> ONE TIME <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER:				
If necessary, was a waste sample collected in accordance with 6 CCR 1007-3, <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO				
Analytical Data Attached? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Test Type(s) <sup>1</sup> : SAR, pH, Organics, TPH		
Characteristic Components of Waste <i>(Results Attached)</i> % by Weight (range)				
1) Elevated SAR				
2) Elevated pH				
3)				
Color: Brown	Odor (describe): None	Free Liquids? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____%	Flash Point: ____°F	pH 8.3-10
Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D or 2,4,5-TP Silvex as defined in 40 CFR 261.33?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	
Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33 including RCRA F-Listed solvents?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	

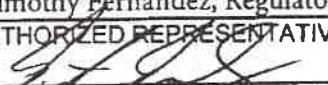
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Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD) or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a regulated Toxic Material as defined by Federal and/or State standards?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a waste generated at a Federal Superfund Clean Up site?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this waste explosive, flammable, or combustible?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Could this waste be reasonably expected to contain small amounts of radioactivity (including, but not limited to, naturally occurring radioactive material [NORM] or technologically-enhanced naturally occurring radioactive material [TENORM])?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
If yes, please provide laboratory analytical results based on representative samples tested for Radium 226, Radium 228, Natural Uranium, and Natural Thorium. Laboratory results attached?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Does this waste contain waste from oil and gas exploration and production (E&P)?	<input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO
If the waste contains E&P waste from oil and gas exploration, is it exempt from RCRA Subtitle C?	<input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO
Does this waste contain asbestos?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
If the waste contains asbestos, is it	<input type="checkbox"/> FRIABLE <input type="checkbox"/> NONFRIABLE
Does this waste contain residentially generated used lead-acid batteries, used oil, waste tires, waste trap grease, or waste electronic devices?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Special Handling Instructions:	

1 - For petroleum-contaminated soils, please contact the City of Trinidad for laboratory analytical testing requirements.

**Generator Certification**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of composition or properties exists, that all known or suspected hazards have been disclosed, and that the waste is not designated a Hazardous Waste by the USEPA or contains PCBs regulated by TSCA 40 CFR 761.

Timothy Fernandez, Regulatory Supervisor	Evergreen Natural Resources LLC
AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed)	COMPANY NAME
	1-11-24
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

**City of Trinidad Landfill Waste Decision**

Waste Decision: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	
Date of Expiration of Decision:	
Conditions:	
	2/7/2024
NAME AND TITLE	DATE