



E&P EXEMPT NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No. _____ Manifest Doc No. _____		2. Page 1 of _____	
3. Generator's Mailing Address: _____ _____ _____ City, State, Zip Code _____		Generator's Site Address (if different than mailing): Gaddis Bgm-448 UW86U-W5004-WES		A. Manifest Number WMNA 15265327	
4. Generator's Phone _____		B. State Generator's ID _____			
5. Designated Facility Name and Site Address <input type="checkbox"/> Buffalo Ridge Landfill: 11655 CR S9 Keenesburg, CO 80643 (608) 800-6220 <input type="checkbox"/> Disposal Arapahoe Disposal Site (DADS) Landfill: 3500 S Gun Club Rd Aurora, CO 80018 (720) 876-2624 <input type="checkbox"/> North Weld Landfill: 40000 CR 25 Ault, CO 80610 (970) 686-2800 <input type="checkbox"/> Conservation Services Inc. (CSI) Landfill: 41800 E 88th Ave, Bennett, CO 80102 (303) 644-4335					
7. Description of Waste Materials					
		8. Containers		9. Total Quantity	
		No. Type		10. Unit Wt. (lb) / Vol. (yd ³)	
a. NON REGULATED SOLID - E&P Exempt Contaminated Material/Soils					
WM Profile # 11958DCO					
b. Waste Name _____					
WM Profile # _____					
c. Waste Name _____					
WM Profile # _____					
1. CUSTOMER ACCOUNT: 308-10519 / 100-426 CUSTOMER NAME: Noble Energy Inc Construction Main			REGULATORY AGENCY: Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, CO 80222-1530		
11. Special Handling Instructions and Additional Information _____					
Purchase Order # _____		EMERGENCY CONTACT / PHONE NO.:		CHEMTREC 1-800-424-9300 24HR TOLL FREE	
12. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name Michael Bross		Signature "On behalf of"		Month 12 Day 2 Year 25	
13. Transporter 1 Company Name and Address _____ _____ _____ City, State, Zip Code _____		14. US EPA ID Number _____ US EPA ID Number _____		C. State Transporter's ID _____	
15. Transporter 2 Company Name and Address _____ _____ _____ City, State, Zip Code _____		16. US EPA ID Number _____ US EPA ID Number _____		D. Transporter's Phone _____	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature _____		Month _____ Day _____ Year _____	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature _____		Month _____ Day _____ Year _____	
19. Form Discrepancies: Personnel noting discrepancy: _____		8. Disposal Location: Landfill <input type="checkbox"/> Monofill <input checked="" type="checkbox"/> Other: _____ Cell: _____ Grid: _____ Level: _____			
20. 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.					
21. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name _____		Signature _____		Month _____ Day _____ Year _____	

White - TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink - FACILITY USE ONLY

Blue - GENERATOR #2 COPY
Gold - TRANSPORTER #1 COPY

Yellow - GENERATOR #1 COPY





