

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 157897
5. Generator's Name and Mailing Address 1124 Heville, CO 80501			Generator's Project Address (if different than mailing address) SYNERGY/LOWEN NE/4NW/49C 32, 4N, RANGE 68 WEST 21-73011 300 32 32 300 12-201		
Generator's Phone:			21-73011 300 32 32 300 12-201		
6. Transporter 1: Complete Company Name and Address I AM CO TRANSPORT				Transporter Phone 303-906-9239	
7. Transporter 2: Complete Company Name and Address				Transporter Phone	
8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 (970)686-2800			Facility's Phone:		
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
1. NON REGULATED SOLID (IMPACTED SOIL) 119217CO		No.	Type	387	7
2.					
13. Regulatory Agency: Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, Co 80222-1530			Emergency Notification: CHEMTREC (800) 424-9300 24-hour Toll Free Number		
14. Bill to & Account Number: Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION					
15. Contractor/Generator Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transportation according to applicable national and state governmental regulations. I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.					
Generator's/Offorer's Printed/Typed Name			Signature	Month	Day Year
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name MIKE BULLOU			Signature	Month	Day Year
Transporter 2 Printed/Typed Name			Signature	Month	Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket # 1399917	
Initials of Person noting discrepancy			Signature	Date	
20. Management Method/Location Landfill _____ Monofill _____ Location:					
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18					
Printed/Typed Name			Signature	Month	Day Year

GENERATOR

TRANSPORTER

DESIGNATED FACILITY