

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 157896	
5. Generator's Name and Mailing Address 11770 11th St, Aurora, CO 80011 Generator's Phone: 303-944-9223			Generator's Project Address (if different than mailing address) SYNERGY/LOUEN NE 1/4 W/4 SEC 32 4N RANGE 08 WES 21-33D 11-30D, 25-30, 22-30D 12-30D			
6. Transporter 1: Complete Company Name and Address Transporter Phone: 303-944-9223			7. Transporter 2: Complete Company Name and Address Transporter Phone:			
8. Designated Disposal Facility Name and Site Address (970)686-2800 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610			Facility's Phone:			
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON REGULATED SOLID (IMPACTED SOIL) 119217CO				13.757		
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 10500 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			Signature		Month	Day Year
Transporter 1 Printed/Typed Name			Signature		10	16 14
Transporter 2 Printed/Typed Name			Signature			
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket #	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location Landfill _____ Monofill _____ Location: 1399840						
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
					12	16 14