
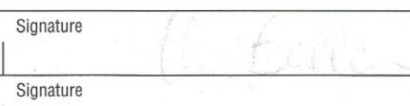



NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 157910
5. Generator's Name and Mailing Address Generator's Project Address (if different than mailing address) Pratt #2					
Generator's Phone: 719-211-8600				6. Transporter 1: Complete Company Name and Address Transporter Phone	
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	
9. Waste Shipping Name, Description, & Profile Number				10. Containers	
				No.	Type
1. NON REGULATED SOLID (IMPACTED SOIL) 119217CO				11. Total Quantity	12. Unit Wt./Vol.
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/Officer's Printed/Typed Name Jason Brown			Signature 		Month Day Year 3 2 15
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name Mike Brown			Signature 		Month Day Year 3 2 15
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:					19. Ticket # 1410640
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 Saleh			Signature 		Month Day Year 3 3 15