

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 157909	
5. Generator's Name and Mailing Address				Generator's Project Address (if different than mailing address) Pratt #2		
Generator's Phone:						
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					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					8.087	
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/Officer's Printed/Typed Name			Signature		Month	Day Year
Tom Brown			<i>[Signature]</i>		3	2 15
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
Mike Baw			<i>[Signature]</i>		3	3 15
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # 1416773	
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
John			<i>[Signature]</i>		3	3 15