

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

157827

5. Generator's Name and Mailing Address

Generator's Project Address (if different than mailing address)

SYNERGY

PLATE # 2 WWS

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

Facility's Phone:

(970)686-2800

NORTH WELD LANDFILL
40000 WELD COUNTY ROAD 25
AULT CO 80610

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

6.91 ft

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/Offoror's Printed/Typed Name

Signature

Month Day Year

M. S. Wright

[Signature]

5 3 15

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

WILLIAM SULLO

[Signature]

5 3 15

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

14166/8

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

[Signature]

5 3 15

GENERATOR

TRANSPORTER

DESIGNATED FACILITY