

GENERATOR	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 157825	
	5. Generator's Name and Mailing Address P.O. Box 2 Wells			Generator's Project Address (if different than mailing address)			
	Generator's Phone: 714-212-2000						
	6. Transporter 1: Complete Company Name and Address Buckner Equipment Co 80634			Transporter Phone 714-352-0220			
	7. Transporter 2: Complete Company Name and Address			Transporter Phone			
TRANSPORTER	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					7357	
	2.						
DESIGNATED FACILITY	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 [Signature]			Signature [Signature]		Month Day Year 4 15	
	16. Transporter Acknowledgement of Receipt of Materials						
DESIGNATED FACILITY	Transporter 1 Printed/Typed Name Buckner Equipment Co			Signature [Signature]		Month Day Year 4 15	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
	17. Special Handling Instructions						
	18. Discrepancy Indication Space:					19. Ticket # 1116921	
	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]			Signature [Signature]		Month Day Year 4 15		