

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N/A</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>800-424-9300</b>		4. Waste Tracking Number <b>157816</b>		
		5. Generator's Name and Mailing Address		Generator's Project Address (if different than mailing address)						
Generator's Phone:										
6. Transporter 1: Complete Company Name and Address <b>BUCKLEN EQUIPMENT #27</b>								Transporter Phone		
7. Transporter 2: Complete Company Name and Address								Transporter Phone		
8. Designated Disposal Facility Name and Site Address <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 (970)686-2800</b>								Facility's Phone:		
9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
						No.	Type			
1. <b>NON REGULATED SOLID (IMPACTED SOIL)</b> <b>119217CO</b>								<b>6.08</b>	<b>70</b>	
2.										
13. Regulatory Agency: <b>Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, Co 80222-1530</b>						Emergency Notification: <b>CHEMTREC (800) 424-9300 24-hour Toll Free Number</b>				
14. Bill to & Account Number:										
<b>Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION</b>										
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/Offor's Printed/Typed Name						Signature		Month	Day	Year
								<b>3</b>	<b>3</b>	<b>15</b>
16. Transporter Acknowledgement of Receipt of Materials										
Transporter 1 Printed/Typed Name						Signature		Month	Day	Year
<b>Don Romick</b>						<b>Don Romick</b>		<b>3</b>	<b>3</b>	<b>15</b>
Transporter 2 Printed/Typed Name						Signature		Month	Day	Year
17. Special Handling Instructions										
18. Discrepancy Indication Space:								19. Ticket #		
								<b>14116274</b>		
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
								<b>3</b>	<b>3</b>	<b>15</b>