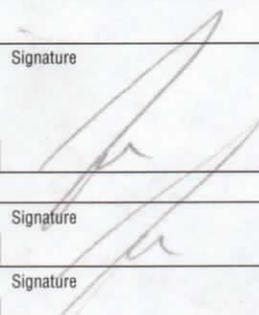
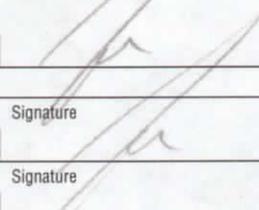


<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N / A</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240404</b>	
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>			Generator's Project Address (if different than mailing address) <b>FCH 1-9, 10, 15, 16 (720) 299-3385 EXTRACTION OIL-GAS</b>			
6. Transporter 1: Complete Company Name and Address <b>Shorty's Oilfield</b>			FT Lupton CO		Transporter Phone <b>(720) 518-8994</b>	
7. Transporter 2: Complete Company Name and Address			Transporter Phone			
8. Designated Disposal Facility Name and Site Address <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>			Facility's Phone: <b>(303) 732-0218</b>			
GENERATOR	9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. <b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b> <b>11179700</b>				<b>9.36 tons</b>	<b>EXEMPT</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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offoror's Printed/Typed Name <b>Gulherme Delgado</b>			Signature 		Month Day Year <b>1   20   16</b>	
TRANSPORTER	16. Transporter Acknowledgement of Receipt of Materials					
	Transporter 1 Printed/Typed Name <b>Gulherme Delgado</b>			Signature 		Month Day Year <b>1   20   16</b>
	Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # <b>941771</b>	
Initials of Person noting discrepancy			Signature		Date	
DESIGNATED FACILITY	20. Management Method/Location <b>Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> Location:</b>					
	21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18					
Printed/Typed Name <b>Sonya Harbin</b>			Signature 		Month Day Year <b>1   20   16</b>	

GENERATOR	<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <b>N / A</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240405</b>	
	5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>		Generator's Project Address (if different than mailing address) <b>FCR MD 1-9, 10.15.16 Exploradial Oil Gas R69W NW1/4 SE1/4 Sec 17 IS-</b>			
6. Transporter 1: Complete Company Name and Address <b>Shorty's Oilfield</b>		Generator's Phone: <b>(720) 299-3385</b>		Transporter Phone		
7. Transporter 2: Complete Company Name and Address <b>Fort Lupton Co 80621</b>		Facility's Phone: <b>(303) 732-0218</b>		Transporter Phone		
8. Designated Disposal Facility Name and Site Address <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>		Facility's Phone: <b>(303) 732-0218</b>				
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. <b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b> <b>11179700</b>				<b>11.294 cu</b>		<b>EXEMPT</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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offeror's Printed/Typed Name <b>Guillermo Delgado</b>		Signature <i>[Signature]</i>		Month Day Year <b>1 20 16</b>		
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Manuel Hernandez</b>		Signature <i>[Signature]</i>		Month Day Year <b>1 20 16</b>		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # <b>941773</b>	
Initials of Person noting discrepancy		Signature		Date		
20. Management Method/Location <b>Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> Location:</b>						
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18						
Printed/Typed Name <b>Sonia Herrera</b>		Signature <i>[Signature]</i>		Month Day Year <b>1 20 16</b>		

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N / A</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240406</b>	
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>			Generator's Project Address (if different than mailing address) <b>Extraction oil Gas HWY 7-N1197A FCR MDI-910-1516 (720) 299-3345</b>			
6. Transporter 1: Complete Company Name and Address <b>SHORTYS OIL field services</b>			Transporter Phone			
7. Transporter 2: Complete Company Name and Address			Transporter Phone			
8. Designated Disposal Facility Name and Site Address <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>			Facility's Phone: <b>(303) 732-0218</b>			
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1.	<b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b>					<b>EXEMPT</b>
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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offoror's Printed/Typed Name			Signature		Month Day Year	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month Day Year	
<b>Manuel E Hernandez</b>					<b>1 21 16</b>	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
<b>Manuel E Hernandez</b>					<b>1 21 16</b>	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket #	
					<b>9611842</b>	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location						
Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> 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>Sonja Haddock</b>					<b>1 21 16</b>	

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N / A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>240407</b>	
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>			Generator's Project Address (if different than mailing address) <b>FCR MD 1-9, 10, 16 Extraction oil</b>			
Generator's Phone: <b>(720) 299-3315</b>			Generator's Project Address (if different than mailing address) <b>NW 1/4 SEC. 1-T15-R69W</b>			
6. Transporter 1: Complete Company Name and Address <b>Shortys Oilfield</b>			Transporter Phone <b>735</b>			
7. Transporter 2: Complete Company Name and Address			Transporter Phone			
8. Designated Disposal Facility Name and Site Address <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>			Facility's Phone: <b>(303) 732-0218</b>			
9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
	No.	Type				
1. <b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b> <b>111797CO</b>			<b>10.54</b>	<b>ton</b>	<b>EXEMPT</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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offeror's Printed/Typed Name			Signature		Month Day Year	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month Day Year	
<i>Manuel E Hernandez</i>			<i>[Signature]</i>		1 21 16	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
<i>Manuel E Hernandez</i>			<i>[Signature]</i>		1 21 16	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # <b>941841</b>	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> 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 <b>Sanya Haddock</b>			Signature <i>[Signature]</i>		Month Day Year 1 21 16	

<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <b>N / A</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240402</b>		
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES Extraction</b> <b>PO BOX 313</b> <b>FORT LUPTON CO 80621</b>						
Generator's Project Address (if different than mailing address) <b>OIL * Gas</b> <b>(720) 299-3315</b> <b>FCR, 1-9,10,15,16</b>						
6. Transporter 1: Complete Company Name and Address <b>SHORTYS OILFIELD</b>				Transporter Phone <b>#8</b>		
7. Transporter 2: Complete Company Name and Address				Transporter Phone		
8. Designated Disposal Facility Name and Site Address <b>Buffalo Ridge Landfill</b> <b>11655 WCR 59</b> <b>Keenesburg CO 80643</b>				Facility's Phone: <b>(303) 732-0218</b>		
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. <b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b> <b>111797CO</b>				<b>10.24 Ton</b>		<b>EXEMPT</b>
2.						
13. Regulatory Agency: <b>Colorado Department of Public Health and Environment</b> <b>4300 Cherry Creek Drive South</b> <b>Denver, Co 80222-1530</b>				Emergency Notification: <b>CHEMTREC (800) 424-9300</b> <b>24-hour Toll Free Number</b>		
14. Bill to & Account Number: <b>Customer Acct #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offeror's Printed/Typed Name <b>Ernesto Rodriguez</b>			Signature <b>E. Rodriguez</b>		Month Day Year <b>1   22   16</b>	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Ernesto Rodriguez</b>			Signature <b>E. Rodriguez</b>		Month Day Year <b>1   22   16</b>	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # <b>941894</b>	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location <b>Landfill</b> <input checked="" type="checkbox"/> <b>Monofill</b> <input type="checkbox"/> <b>Location:</b>						
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18						
Printed/Typed Name <b>Sonya Hallock</b>			Signature <b>SH</b>		Month Day Year <b>1   22   16</b>	

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N / A</b>	2. Page 1 of	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240411</b>		
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>			Generator's Project Address (if different than mailing address) <b>FLR HD 1-9, 10, 15, 16. EXTRACTION</b>				
Generator's Phone: <b>(720) 299-3385</b>							
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 <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>				Facility's Phone: <b>(303) 732-0218</b>			
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1.	<b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b>					<b>EXEMPT</b>	
		<b>111797CO</b>		<b>10.36 ton</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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offeror's Printed/Typed Name <b>Ernesto Rodriguez</b>			Signature <b>E. Rodriguez</b>		Month <b>1</b>	Day <b>22</b>	Year <b>16</b>
16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Reynaldo Meza</b>			Signature <b>Reynaldo Meza</b>		Month <b>1</b>	Day <b>22</b>	Year <b>16</b>
17. Special Handling Instructions							
18. Discrepancy Indication Space:					19. Ticket # <b>941918</b>		
Initials of Person noting discrepancy			Signature		Date		
20. Management Method/Location <b>Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> Location:</b>							
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18							
Printed/Typed Name <b>Sonja...</b>			Signature <b>[Signature]</b>		Month <b>1</b>	Day <b>22</b>	Year <b>16</b>

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N / A</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240412</b>	
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>			Generator's Project Address (if different than mailing address) <b>FLR MD 1-9, 10, 15, 16 EXTRACTION</b>			
Generator's Phone: <b>(720) 299-3385</b>						
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 <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>				Facility's Phone: <b>(303) 732-0218</b>		
9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
	No.	Type				
1. <b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b> <b>111797CO</b>			<b>7.97 ton</b>		<b>EXEMPT</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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offoror's Printed/Typed Name			Signature		Month Day Year	
<b>Ernesto Rodriguez</b>			<b>E Rodriguez</b>		<b>1 22 16</b>	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month Day Year	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
<b>Reynaldo Meza</b>			<b>Reynaldo Meza</b>		<b>1 22 16</b>	
17. Special Handling Instructions <b>Reynaldo Meza</b>						
18. Discrepancy Indication Space:					19. Ticket #	
					<b>9411902</b>	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location <b>Landfill</b> <input checked="" type="checkbox"/> <b>Monofill</b> <input type="checkbox"/> 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>Sonya Haddock</b>			<b>SH</b>		<b>1 22 16</b>	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N / A</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Waste Tracking Number <b>240415</b>		
5. Generator's Name and Mailing Address <b>SHORTYS OILFIELD SERVICES PO BOX 313 FORT LUPTON CO 80621</b>			Generator's Project Address (if different than mailing address) <b>FCR MD 1-9, 10, 15, 16 Extraction oil</b>				
Generator's Phone: <b>(720) 299-3385</b>			<b>WV/4 SEC. 1-715-R69W</b>				
6. Transporter 1: Complete Company Name and Address <b>Shortys Oilfield Services</b>					Transporter Phone		
7. Transporter 2: Complete Company Name and Address					Transporter Phone		
8. Designated Disposal Facility Name and Site Address <b>Buffalo Ridge Landfill 11655 WCR 59 Keenesburg CO 80643</b>				Facility's Phone: <b>(303) 732-0218</b>			
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1.	<b>NON REGULATED SOLID (E&amp;P CONTAMINATED SOIL)</b>					<b>EXEMPT</b>	
		<b>11179700</b>		<b>9.76 ton</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 #: BR 275 Customer Name: SHORTYS OILFIELD SERVICES</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/Offorer's Printed/Typed Name <b>Ernesto Rodriguez</b>			Signature <b>E. Rodriguez</b>		Month <b>1</b>	Day <b>22</b>	Year <b>16</b>
16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Miguel A. Hernandez</b>			Signature <b>Miguel A. Hernandez</b>		Month <b>1</b>	Day <b>22</b>	Year <b>16</b>
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
17. Special Handling Instructions							
18. Discrepancy Indication Space:					19. Ticket # <b>941899</b>		
Initials of Person noting discrepancy _____			Signature _____		Date _____		
20. Management Method/Location <b>Landfill</b> <input checked="" type="checkbox"/> <b>Monofill</b> _____ <b>Location:</b> _____							
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18							
Printed/Typed Name <b>Sonyal Hood</b>			Signature <b>Sonyal Hood</b>		Month <b>1</b>	Day <b>22</b>	Year <b>16</b>

GENERATOR

TRANSPORTER

DESIGNATED FACILITY