

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number: *W/A* 2. Page 1 of 1 3. Emergency Response Phone: 800-424-9300 4. Waste Tracking Number: **363652**

5. Generator's Name and Mailing Address: *High Plains Disposal* Generator's Project Address (if different than mailing address): *17754 W.R. 32 Montellville CO 80651*
Generator's Phone:

6. Transporter 1: Complete Company Name and Address: *AW Inter* Transporter Phone: *303 659-6523*

7. Transporter 2: Complete Company Name and Address: _____ Transporter Phone: _____

8. Designated Disposal Facility Name and Site Address: *Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102* Facility's Phone: *(303) 644-4335* ✓

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
	No.	Type			
1. NON REGULATED SOLID (TANK BOTTOMS) <i>10824200</i>	<i>1</i>	<i>Truck</i>	<i>1680</i>	<i>gal</i>	<i>NONE</i>
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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL

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: *Travis Sellmer* Signature: *[Signature]* Month: *10* Day: *30* Year: *17*

16. Transporter Acknowledgement of Receipt of Materials
Transporter 1 Printed/Typed Name: *X MANUEL MIERA* Signature: *[Signature]* Month: *10* Day: *30* Year: *17*
Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

17. Special Handling Instructions: _____

18. Discrepancy Indication Space: _____ 19. Ticket #: _____
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: *I [Signature]* Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

N/A

2. Page 1 of

3. Emergency Response Phone

800-424-9300

4. Waste Tracking Number

441210

5. Generator's Name and Mailing Address

High Plains Disposal

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

17754 WCR 32 Platteville CO 80651

Generator's Phone:

6. Transporter 1: Complete Company Name and Address

Northern Plains Trucking

Transporter Phone

303 659-9206

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102

Facility's Phone:

(303) 644-4335

9. Waste Shipping Name, Description, & Profile Number

1. NON REGULATED SOLID (TANK BOTTOMS)

10824200

10. Containers

No. Type

1 Truck 10 yard

11. Total Quantity

12. Unit Wt./Vol.

NONE

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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL

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

Signature

Month Day Year

Travis Sellmer

[Signature]

10 30 17

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

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

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

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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
441212

5. Generator's Name and Mailing Address: *High Plain Disposal*
Generator's Project Address (if different than mailing address): *17754 WCR 32 Plattville CO 80651*

Generator's Phone: _____

6. Transporter 1: Complete Company Name and Address: *North Plains Trucking* Transporter Phone: *303 659-9206*

7. Transporter 2: Complete Company Name and Address: _____ Transporter Phone: _____

8. Designated Disposal Facility Name and Site Address: *Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102*
Facility's Phone: *(303) 644-4335*

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
	No.	Type			
1. NON REGULATED SOLID (TANK BOTTOMS) <i>10824200</i>	<i>1</i>	<i>TRUCK</i>	<i>10</i>	<i>yard</i>	NONE
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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL

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: *Trevin Sellmer* Signature: *Trevin Sellmer* Month: *10* Day: *30* Year: *17*

16. Transporter Acknowledgement of Receipt of Materials
Transporter 1 Printed/Typed Name: *North Plains Trucking* Signature: *[Signature]* Month: *10* Day: *30* Year: *17*
Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

17. Special Handling Instructions

18. Discrepancy Indication Space: _____ 19. Ticket # _____
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: _____

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 441213		
5. Generator's Name and Mailing Address High Plains Disposal				Generator's Project Address (if different than mailing address) 17754 WCR 32 Platteville CO 80651			
Generator's Phone:				Transporter Phone 303 659-9206			
6. Transporter 1: Complete Company Name and Address Northern Plains Trucking				Transporter Phone			
7. Transporter 2: Complete Company Name and Address				Transporter Phone			
8. Designated Disposal Facility Name and Site Address Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102				Facility's Phone: (303) 644-4335			
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1.	NON REGULATED SOLID (TANK BOTTOMS)		1 Truck	6	yards	NONE	
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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL							
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 Travis Sellmer				Signature 		Month Day Year 10 30 17	
16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name X Max Spraker				Signature 		Month Day Year 10 30 17	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
17. Special Handling Instructions							
18. Discrepancy Indication Space:						19. Ticket #	
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	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
N/A

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number

363647

5. Generator's Name and Mailing Address

High Plains Disposal

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

17754 WCR 32 Platteville CO 80657

Generator's Phone:

6. Transporter 1: Complete Company Name and Address

Northern Plains Trucking

Transporter Phone

303

654-9206

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102

Facility's Phone:

(303) 644-4335

9. Waste Shipping Name, Description, & Profile Number

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

No.

Type

1. NON REGULATED SOLID (TANK BOTTOMS)

10824200

1

Truck

10

yards

NONE

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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL

15. Contractor/Generator Certification:

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Generator's/Offor's Printed/Typed Name

Signature

Month Day Year

Travis Sellmer

Travis Sellmer

10 30 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Mike Speaker

Mike Speaker

10 30 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

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

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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
441211

5. Generator's Name and Mailing Address
High Plains Disposal

Generator's Project Address (if different than mailing address)
1784 WCR 32 Platteville CO 80651

Generator's Phone:

6. Transporter 1: Complete Company Name and Address
Northern Plains Trucking

Transporter Phone
303 659 9206

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address
Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102

Facility's Phone:
(303) 644-4335

9. Waste Shipping Name, Description, & Profile Number

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

1. NON REGULATED SOLID (TANK BOTTOMS)

No. Type

10824200 1 Truck 10 yards

NONE

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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL

15. Contractor/Generator Certification:

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Generator's/Offorer's Printed/Typed Name Signature Month Day Year

Travis Sellmer [Signature] 10 30 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name Signature Month Day Year

Magic Sparker [Signature] 10 30 17

Transporter 2 Printed/Typed Name Signature Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

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]

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
N/A

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number
363651

5. Generator's Name and Mailing Address
High Plains Disposal

Generator's Project Address (if different than mailing address)
17754 WCR 32 Platteville CO 80651

Generator's Phone:

6. Transporter 1: Complete Company Name and Address
Northern Plains Trucking

Transporter Phone
303 654 9206

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address
**Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102**

Facility's Phone:

(303) 644- 4335

9. Waste Shipping Name, Description, & Profile Number

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

1. **NON REGULATED SOLID (TANK BOTTOMS)**

10824200

No. Type

1 TANK

8

Yards

NONE

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 #: CSI 1353 Customer Name: HIGH PLAINS DISPOSAL

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/Offerer's Printed/Typed Name

Signature

Month Day Year

Travis Sellmer

[Signature]

10 27 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

X Magic Sparker

[Signature]

10 27 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

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

GENERATOR

TRANSPORTER

DESIGNATED FACILITY