

**WASTE ACCEPTANCE APPROVAL FORM
CITY OF TRINIDAD LANDFILL**

Date: 12/8/2023

Waste Profile Number

Name of Generator: Desert Eagle Operating LLC			
Generator Mailing Address: 17101 Preston Rd Suite 105			
City: Dallas	St: TX	Zip: 75248	
Telephone: (214) 886-5098		Fax:	
Contact Person: Wesley Marshall		Signature: <i>Wesley Marshall</i>	

Name of Transporter: Desert Eagle Operating LLC			
State Transportation Number: 3371915			
Transporter Mailing Address: 17101 Preston Rd Suite 105			
City: Dallas	St: TX	Zip: 75248	
Telephone: (214) 886-5098		Fax:	
Contact Person: Wesley Marshall		Telephone: (214) 886-5098	

Description of Waste: Tarp used to contain drill cuttings			
Source of Waste: Red Rocks Well 35-11 SENW, S35 T29S R55W, Las Animas County			
Type of Waste: E&P Waste – tarp used to contain drill cuttings			
Physical State: SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> OTHER: Synthetic Liner			
Volume of Waste: <input type="checkbox"/> CUBIC YARDS TONS: <input checked="" type="checkbox"/> OTHER: One 24'x24' 22ml, Two 12'x12'x22ml			
Shipment Method: <input checked="" type="checkbox"/> BULK <input type="checkbox"/> DRUM <input type="checkbox"/> BAGGED <input type="checkbox"/> OTHER:			
Are containers empty and triple rinsed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Acceptable containers? <input type="checkbox"/> YES	
Annual Volume: CUBIC YARDS TONS: <input checked="" type="checkbox"/> OTHER: One 24'x24'x22ml, Two 12'x12'x22ml			
Frequency: <input checked="" type="checkbox"/> ONE TIME <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER:			
If necessary, was a waste sample collected in accordance with 6 CCR 1007-3. <input type="checkbox"/> YES or <input type="checkbox"/> NO			
Analytical Data Attached? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Type(s):	
Characteristic Components of Waste			% by Weight
1) Synthetic Liner			
2)			
3)			
Color: Black, Blue	Odor (describe): NONE	Free Liquids? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Flash Point: °F pH
Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D or 2,4,5-TP, Silvex as defined in 40 CFR 261.33?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33 including RCRA F-Listed solvents?			<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO

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Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD) or any other dioxin as defined in 40 CFR 261.31?	_ YES or X NO
Is this a regulated Toxic Material as defined by Federal and/or State standards?	_ YES or X NO
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	_ YES or X NO
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	_ YES or X NO
Is this a waste generated at a Federal Superfund Clean Up site?	_ YES or X NO
Is this waste explosive, flammable, or combustible?	_ YES or X NO
Could this waste be reasonably expected to contain small amounts of radioactivity (including, but not limited to, naturally occurring radioactive material (NORM) or technologically-enhanced naturally occurring radioactive material (TENORM))?	_ YES or X NO
If yes, please provide laboratory analytical results based on representative samples tested for Radium 226, Radium 228, Natural Uranium, and Natural Thorium. Laboratory results attached?	_ YES or _ NO
Does this waste contain waste from oil and gas exploration and production (E&P)?	X YES or _ NO
If the waste contains E&P waste from oil and gas exploration, is it exempt from RCRA Subtitle C?	_ YES or X NO
Does this waste contain asbestos?	_ YES or X NO
If the waste contains asbestos, is it	o FRIABLE o NONFRIABLE
Does this waste contain residentially generated used lead-acid batteries, used oil, waste tires, waste trap grease, or waste electronic devices?	_ YES or X NO
Special Handling Instructions:	

1 - For petroleum-contaminated soils, please contact the City of Trinidad for laboratory analytical testing requirements.

Generator Certification	
I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of composition or properties exists, that all known or suspected hazards have been disclosed, and that the waste is not designated a Hazardous Waste by the USEPA or contains PCBs regulated by TSCA 40 CFR 761.	
Wesley Marshall, Principal	Desert Eagle Operating LLC
AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed)	COMPANY NAME
<i>Wesley Marshall</i>	01/09/2024
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

City of Trinidad Landfill Waste Decision		
Waste Decision: APPROVED or REJECTED	<i>APPROVED</i>	
Date of Expiration of Decision:		
Conditions:		
<i>ROBERT D. JUST, PUBLIC WORKS DIRECTOR</i>	<i>Robert D. Just</i>	<i>1/16/2024</i>
NAME AND TITLE	SIGNATURE	DATE

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Contact Person: Wesley Marshall		Telephone: (214) 886-5098	

Description of Waste: E&P Waste from a drilled Helium well. No water or hydrocarbons present.					
Source of Waste: Red Rocks Well 35-11 SENW, S35 T29S R55W, Las Animas County					
Type of Waste: E&P Waste - Drill Cuttings					
Physical State: <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> OTHER.					
Volume of Waste: <input type="checkbox"/> CUBIC YARDS <input checked="" type="checkbox"/> TONS: 37.60 <input type="checkbox"/> OTHER:					
Shipment Method: <input checked="" type="checkbox"/> BULK <input type="checkbox"/> DRUM <input type="checkbox"/> BAGGED <input type="checkbox"/> OTHER:					
Are containers empty and triple rinsed? <input type="checkbox"/> YES <input type="checkbox"/> NO			Acceptable containers? <input type="checkbox"/> YES		
Annual Volume: CUBIC YARDS: <input checked="" type="checkbox"/> TONS: 37.60 <input type="checkbox"/> OTHER:					
Frequency: <input checked="" type="checkbox"/> ONE TIME <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER:					
If necessary, was a waste sample collected in accordance with 6 CCR 1007-3. <input type="checkbox"/> YES or <input type="checkbox"/> NO					
Analytical Data Attached <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Type(s):		
Characteristic Components of Waste				% by Weight	
1) See Attached Table					
2)					
3)					
Color: Native Soil	Odor (describe): NONE	Free Liquids? %	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Flash Point: °F	pH 8.9
Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D or 2,4,5-TP Silvex as defined in 40 CFR 261.33?				<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	
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If the waste contains E&P waste from oil and gas exploration, is it exempt from RCRA Subtitle C?	_ YES or X NO
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Wesley Marshall, Principal Desert Eagle Operating LLC

AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed) COMPANY NAME
Wesley Marshall 01/09/2024
 AUTHORIZED REPRESENTATIVE SIGNATURE DATE

City of Trinidad Landfill Waste Decision

Waste Decision: APPROVED or REJECTED Approved

Date of Expiration of Decision: _____

Conditions: _____

ROBERT D JUST, PUBLIC WORKS DIRECTOR Robert D Just 1/16/2024
 NAME AND TITLE SIGNATURE DATE