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|---|---|-------------------------------|-------------------|---|--|-------------------------|------|
| 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 3396 | | |
| | 5. Generator's Name and Mailing Address BILL BARRETT CORP Generator's Project Address (if different than mailing address): - Rosenberg 6-61-30 | | | | | | |
| | Generator's Phone: | | | | Transporter Phone | | |
| | 6. Transporter 1: Complete Company Name and Address | | | | Transporter Phone | | |
| | 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 (E&P EXEMPT SOLIDS) 115777CO | | | | 583 | T | |
| | 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: | | | | | | |
| | 15. Contractor/Generator Certification: Customer Acc # N 10435 Customer Name: BILL BARRETT CORP 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 | Month | Day |
| | | | | | | 3 | 13 |
| DESIGNATED FACILITY | 16. Transporter Acknowledgement of Receipt of Materials | | | | | | |
| | Transporter 1 Printed/Typed Name | | | | Signature | Month | Day |
| | | | | | | 3 | 13 |
| | Transporter 2 Printed/Typed Name | | | | Signature | Month | Day |
| | | | | | | | |
| 17. Special Handling Instructions | | | | | | | |
| 18. Discrepancy Indication Space: | | | | | | 19. Ticket # 1419163 | |
| 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 | | | | | | Month | Day |
| Printed/Typed Name | | | | | | Signature | Year |
| | | | | | | 8 | 13 |