

**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:

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

Facility's Phone:

(970)686-2800

NORTH WELD LANDFILL
40000 WELD COUNTY ROAD 25
AULT CO 80610

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)

115777CC

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:

Customer Acc # N 10435 Customer Name: BILL BARRETT CORP

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

Robert Johnson

[Signature]

3 13 13

TRANSPORTER

16. Transporter Acknowledgement of Receipt of Materials

Signature

Month Day Year

Transporter 1 Printed/Typed Name

Transporter 2 Printed/Typed Name

Signature

Month Day Year

3 13 13

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

Printed/Typed Name

Signature

Month Day Year

[Signature]

8 13 15