

	WASTE MANIFEST		Job # 1388-
			Load #
			Date In:
			Time In:

** Must Be Completed Before Dumping **

GENERATOR INFORMATION		AFE#:
Company Name: Continental Resources		PO#:
Address: P.O. Box 399		Rig#:
City: Tioga State: ND Zip: 58852		

WELL / ORIGIN LOCATION	
Well Name / Number: <u>STEVENSON 1-31H</u>	Project Contact: <u>Shilo Shumway</u>
Legal Description: <u>SWSE-SEC31-T158N-R98W</u>	Project Phone: <u>(701) 580-7189</u>
Project Mgr Signature: _____	Project Email: <u>shilos@hexco.com</u>

MATERIAL DESCRIPTION (check all that apply) - Cause of Waste - Type of Waste		
<input checked="" type="checkbox"/> DRILL CUTTING	<input type="checkbox"/> Frac Sand	<input type="checkbox"/> SPILL/DISCHARGE
<input type="checkbox"/> Freshwater	<input type="checkbox"/> Pit Cleanup	<input type="checkbox"/> Saltwater
<input checked="" type="checkbox"/> Invert	<input type="checkbox"/> Pit Liner	<input type="checkbox"/> Hydrocarbon
<input type="checkbox"/> Saltwater	<input type="checkbox"/> Other	Specify: _____
Estimated Volume: Yards: _____ Tons: _____ Barrels: _____ Loads: _____		

TRANSPORTER INFORMATION	
Trucking Company: _____	Truck #: _____ Pickup Date: <u>2/13/2012</u>
Trucking Address:	Dispatch Phone: _____
City: _____ State: _____ Zip: _____	Truck Type: <input type="checkbox"/> Tank Truck <input type="checkbox"/> Dump Truck
Print Name: _____	<input type="checkbox"/> Belly Dump <input type="checkbox"/> Side Dump <input type="checkbox"/> Drums/Cartons
Driver Signature: _____	<input type="checkbox"/> Other: _____

FACILITY INFORMATION (Internal Use Only)	
Facility: PDI	Date: _____
Address: 102 C10 52nd St. NW	Pit #: _____
City: Tioga State: ND Zip: 58852	Signature: _____

THIS FORM MUST ACCOMPANY EACH LOAD
 Questions? Call 701-664-3383
 Prairie Disposal Inc. | 102C10 52nd St. NW | Tioga, ND 58852