

	<b>WASTE MANIFEST</b>		Job # 1388-
			Load #
			Date In:
			Time In:

\*\* Must Be Completed Before Dumping \*\*

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

<b>WELL / ORIGIN LOCATION</b>	
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: _____
<b>Estimated Volume:</b> Yards: _____ Tons: _____ Barrels: _____ Loads: _____		

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

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

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