

Blue

## GENERATOR (Generator completes I-a-f)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                      |                                         |                                   |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|------------------------|
| a. Generator's US EPA ID Number<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | b. Manifest Document Number<br>08-21-15-3541                                         |                                         | c. Page 1 of 1                    |                        |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 775-9030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                      | e. Generator's Mailing Address:<br>Same |                                   |                        |
| g. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                      | h. Owner's Name:                        |                                   |                        |
| i. Owner's Phone No.: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                      | j. Waste Profile #                      |                                   |                        |
| k. Exp. Date<br>8/14/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | l. Waste Shipping Name and Description<br>Exploration and Production Soil and Debris |                                         | m. Containers<br>No. Type<br>1 VB | n. Total Quantity<br>1 |
| o. Unit<br>25 Yds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                      |                                         |                                   |                        |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |  |                                                                                      |                                         |                                   |                        |
| p. Generator Authorized Agent Name (Print)<br>Craig Hiskens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                      | q. Signature<br>[Signature]             |                                   | r. Date<br>7-28-15     |

## II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

|                                                               |  |  |                                          |  |                             |
|---------------------------------------------------------------|--|--|------------------------------------------|--|-----------------------------|
| a. Transporter's Name and Address:<br>SALTEX BRANCH TRANSPORT |  |  | 5+115 TRUCK<br>5+160 TRAILER             |  |                             |
| b. Phone:                                                     |  |  | c. Driver Name (Print)<br>Donald Love IV |  | d. Signature<br>[Signature] |
| e. Date<br>8-27-15                                            |  |  |                                          |  |                             |

## III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

|                                                                                                                                      |  |                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Irvine, Ky<br>b. Phone: 606 928 0239          |  | c. US EPA Number<br>NA | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                        |                                  |
| e. Name of Authorized Agent (Print)                                                                                                  |  | f. Signature           | g. Date                          |

## IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                    |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                          |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                 |  |                                         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                     |  |                                         |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                                         |  |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               |  | h. Signature                            |  |
| i. Date                                                                                                                                                                                                                                                                                                                                            |  |                                         |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both                                                                                                                                                                |  |                                         |  |

Beth Lowery

Blowery 8/27/15



White

| I. GENERATOR (Generator completes Ila-f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |                                         | c. Page 1 of 1                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|-----------------------------------------|--------------------------------------------|--|
| a. Generator's US EPA ID Number<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | b. Manifest Document Number<br>08-21-15-2 |                                         |                                            |  |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 776-9030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                           | e. Generator's Mailing Address:<br>Same |                                            |  |
| g. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           | i. Owner's Phone No.: Same              |                                            |  |
| If owner of the generating facility differs from the generator, provide:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |                                         |                                            |  |
| h. Owner's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | k. Exp. Date                              |                                         | m. Containers                              |  |
| j. Waste Profile #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | i. Waste Shipping Name and Description    |                                         | n. Total Quantity                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                                         | o. Unit Wt/Vol                             |  |
| 44002151                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 6/14/2017                                 |                                         | Exploration and Production Soil and Debris |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                                         | 1 VB 1 25 Yds                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                                         |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                                         |                                            |  |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |  |                                           |                                         |                                            |  |
| p. Generator Authorized Agent Name (Print)<br>Craig Hoskins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | q. Signature<br>[Signature]               |                                         | r. Date<br>7-28-15                         |  |
| II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |                                         |                                            |  |
| a. Transporter's Name and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |                                         |                                            |  |
| b. Phone: Spike's Petrich TRANSPORT # 168                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |                                         |                                            |  |
| c. Driver Name (Print)<br>Rodney Smith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | d. Signature<br>[Signature]               |                                         | e. Date<br>8/27/15                         |  |
| III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |                                         |                                            |  |
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Irvine, Ky<br>b. Phone: 606 928 0239                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | c. US EPA Number<br>NA                    |                                         | d. Discrepancy Indication Space:           |  |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                         |                                            |  |
| e. Name of Authorized Agent (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | f. Signature                              |                                         | g. Date                                    |  |
| IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                         |                                            |  |
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | c. Responsible Agency Name and Address:   |                                         |                                            |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | d. Phone:                                 |                                         |                                            |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |                                         |                                            |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |                                         |                                            |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.                                                                                                                                                                                                                                                     |  |                                           |                                         |                                            |  |
| NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | h. Signature                              |                                         | i. Date                                    |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                           |                                         |                                            |  |

Beth Lowery

Blowing 8/27/15



White Truck

I. GENERATOR (Generator completes Ia-r)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                          |                           |                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------|---------------------------|--------------------|-------------------|
| a. Generator's US EPA ID Number<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | b. Manifest Document Number<br>08-33-15-2                                |                           | c. Page 1 of 1     |                   |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 776-9030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | e. Generator's Mailing Address:<br>Same                                  |                           |                    |                   |
| g. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | i. Owner's Phone No.: Same                                               |                           |                    |                   |
| h. Owner's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | If owner of the generating facility differs from the generator, provide: |                           |                    |                   |
| j. Waste Profile #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | k. Exp. Date | l. Waste Shipping Name and Description                                   | m. Containers<br>No. Type | n. Total Quantity  | o. Unit<br>Wt/Vol |
| 44002151                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6/14/2017    | Exploration and Production Soil and Debris                               | 1 VB                      | 1                  | 25 Yds            |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |                                                                          |                           |                    |                   |
| p. Generator Authorized Agent Name (Print)<br>Cory Haskins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | q. Signature<br>Cory Haskins                                             |                           | r. Date<br>7-28-15 |                   |

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

|                                                                  |  |                              |                           |         |  |
|------------------------------------------------------------------|--|------------------------------|---------------------------|---------|--|
| a. Transporter's Name and Address:<br>A Saluces Berach Transport |  |                              | Load # 1<br>Trailer # 170 |         |  |
| b. Phone:                                                        |  |                              | 8/31/15                   |         |  |
| c. Driver Name (Print)<br>Rodney Smith                           |  | d. Signature<br>Rodney Smith |                           | e. Date |  |

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

|                                                                                                                                      |  |                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Irvine, Ky<br>b. Phone: 606 928 0239          |  | c. US EPA Number<br>NA | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                        |                                  |
| e. Name of Authorized Agent (Print)                                                                                                  |  | f. Signature           | g. Date                          |

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                    |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                          |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                 |  |                                         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                     |  |                                         |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                                         |  |
| NA                                                                                                                                                                                                                                                                                                                                                 |  |                                         |  |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               |  | h. Signature                            |  |
|                                                                                                                                                                                                                                                                                                                                                    |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.                                                                                                                                                               |  |                                         |  |

Both Lowary 8/31/15



**I. GENERATOR** (Generator completes Ia-f)

|                                                                                                               |  |                                              |                                         |                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------|--|
| a. Generator's US EPA ID Number<br>NA                                                                         |  | b. Manifest Document Number<br>541 8-19-15-1 |                                         | c. Page 1 of 1                                                                       |  |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 776-9030 |  |                                              | e. Generator's Mailing Address:<br>Same |                                                                                      |  |
| g. Phone:                                                                                                     |  |                                              | i. Owner's Phone No.: Same              |                                                                                      |  |
| If owner of the generating facility differs from the generator, provide:                                      |  |                                              |                                         |                                                                                      |  |
| h. Owner's Name:                                                                                              |  | k. Exp. Date<br>6/14/2017                    |                                         | i. Waste Shipping Name and Description<br>Exploration and Production Soil and Debris |  |
| j. Waste Profile #<br>Y4002151                                                                                |  |                                              |                                         | m. Containers<br>No. Type<br>1 VB                                                    |  |
|                                                                                                               |  |                                              |                                         | n. Total Quantity<br>1                                                               |  |
|                                                                                                               |  |                                              |                                         | o. Unit<br>Wt/Vol<br>25 Yds                                                          |  |

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

|                                                             |  |                                    |  |                    |  |
|-------------------------------------------------------------|--|------------------------------------|--|--------------------|--|
| p. Generator Authorized Agent Name (Print)<br>Craig Haskins |  | q. Signature<br><i>[Signature]</i> |  | r. Date<br>7-28-15 |  |
|-------------------------------------------------------------|--|------------------------------------|--|--------------------|--|

**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

|                                                                                              |  |                                    |
|----------------------------------------------------------------------------------------------|--|------------------------------------|
| a. Transporter's Name and Address:<br>Spartan Branch Transport TRUCK 57115-<br>TAR. 10/21/60 |  |                                    |
| b. Phone:                                                                                    |  |                                    |
| c. Driver Name (Print)<br>Donald Howell                                                      |  | d. Signature<br><i>[Signature]</i> |
|                                                                                              |  | e. Date<br>8-21-15                 |

**III. DESTINATION** (Generator complete IIIa-c and Destination Site completes IIId-g)

|                                                                                                                                      |  |                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Irvine, Ky<br>b. Phone: 606 928 0239          |  | c. US EPA Number<br>NA | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                        |                                  |
| e. Name of Authorized Agent (Print)                                                                                                  |  | f. Signature           | g. Date                          |

**IV. ASBESTOS** (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                    |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                          |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                 |  |                                         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                     |  |                                         |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                                         |  |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               |  | h. Signature                            |  |
|                                                                                                                                                                                                                                                                                                                                                    |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both                                                                                                                                                                |  |                                         |  |

Beth Lowery

Blowey 8/21/15



**I. GENERATOR** (Generator completes Ia-f)

|                                                                                                               |              |                                              |                                         |                   |                   |
|---------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------|-----------------------------------------|-------------------|-------------------|
| a. Generator's US EPA ID Number<br>NA                                                                         |              | b. Manifest Document Number<br>SAI 6-13-15-3 |                                         | c. Page 1 of<br>1 |                   |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 776-9030 |              |                                              | e. Generator's Mailing Address:<br>Same |                   |                   |
| If owner of the generating facility differs from the generator, provide:                                      |              |                                              | g. Phone:                               |                   |                   |
| h. Owner's Name:                                                                                              |              |                                              | i. Owner's Phone No.: Same              |                   |                   |
| j. Waste Profile #                                                                                            | k. Exp. Date | l. Waste Shipping Name and Description       | m. Containers<br>No.                    | Type              | n. Total Quantity |
| 4002151                                                                                                       | 6/14/2017    | Exploration and Production Soil and Debris   | 1                                       | VB                | 1                 |
|                                                                                                               |              |                                              |                                         |                   | 25 Yds            |
|                                                                                                               |              |                                              |                                         |                   |                   |
|                                                                                                               |              |                                              |                                         |                   |                   |

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

|                                                        |                             |                    |
|--------------------------------------------------------|-----------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>C. Horka | q. Signature<br>[Signature] | r. Date<br>7-28-15 |
|--------------------------------------------------------|-----------------------------|--------------------|

**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

|                                                                                  |                             |                    |
|----------------------------------------------------------------------------------|-----------------------------|--------------------|
| a. Transporter's Name and Address:<br>Salyer Branch Transport Truck 115<br>RA/OS |                             |                    |
| b. Phone:                                                                        |                             |                    |
| c. Driver Name (Print)<br>Donald Lowe Jr                                         | d. Signature<br>[Signature] | e. Date<br>8-28-15 |

**III. DESTINATION** (Generator complete IIIa-c and Destination Site completes IIId-g)

|                                                                                                                                      |                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Mylne, Ky<br>b. Phone: 606 928 0239           | c. US EPA Number<br>NA | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                        |                                  |
| e. Name of Authorized Agent (Print)                                                                                                  | f. Signature           | g. Date                          |

**IV. ASBESTOS** (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                    |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                          |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                 |  |                                         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both                                                                                                                                                                                                                                             |  | % Friable % Non-Friable                 |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                                         |  |
| NA                                                                                                                                                                                                                                                                                                                                                 |  |                                         |  |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               |  | h. Signature                            |  |
|                                                                                                                                                                                                                                                                                                                                                    |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both                                                                                                                                                                |  |                                         |  |

Beth Lowery

Blowey 8/18/15



# GENERATOR (Generator completes Ia-i)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                              |                                                      |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------|------------------------------------------------------|--------------------|----------------|
| a. Generator's US EPA ID Number<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | b. Manifest Document Number<br>8-11-15-2 SA1 |                                                      | c. Page 1 of 1     |                |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 776-9030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                              | e. Generator's Mailing Address:<br>Same<br>g. Phone: |                    |                |
| If owner of the generating facility differs from the generator, provide:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                              |                                                      |                    |                |
| h. Owner's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                              | i. Owner's Phone No.: Same                           |                    |                |
| j. Waste Profile #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | k. Exp. Date | l. Waste Shipping Name and Description       | m. Containers<br>No. Type                            | n. Total Quantity  | o. Unit Wt/Vol |
| 14002151                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6/14/2017    | Exploration and Production Soil and Debris   | 1 VB                                                 | 1                  | 25 Yds         |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |                                              |                                                      |                    |                |
| p. Generator Authorized Agent Name (Print)<br>C. H. H. H.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | q. Signature<br>C. H. H. H.                  |                                                      | r. Date<br>7-28-15 |                |

## II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

|                                                                                           |                                  |                    |
|-------------------------------------------------------------------------------------------|----------------------------------|--------------------|
| a. Transporter's Name and Address:<br>SALIX BRANCH TRANSPORT TANKS 51115<br>TRAIL 0257170 |                                  |                    |
| b. Phone:                                                                                 |                                  |                    |
| c. Driver Name (Print)<br>Donald D. Lowery                                                | d. Signature<br>Donald D. Lowery | e. Date<br>8-17-15 |

## III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

|                                                                                                                                      |                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Irvine, Ky<br>b. Phone: 606 928 0239          | c. US EPA Number<br>NA | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                        |                                  |
| e. Name of Authorized Agent (Print)                                                                                                  | f. Signature           | g. Date                          |

## IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                    |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                          |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                 |  |                                         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                     |  |                                         |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                                         |  |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               |  | h. Signature                            |  |
| i. Date                                                                                                                                                                                                                                                                                                                                            |  |                                         |  |

\*Operator refers to the company which owns, leases, operates, controls, or super/ses the facility being demolished or renovated, or the demolition or renovation operation or both

8-17-15

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------|--|-------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                               |  | 1. Generator's US EPA ID No.<br><i>Nonhazardous</i> |  | Manifest Document No. <b>00878</b>         |  | 2. Page 1 of            |  |
| 3. Generator's Name and Mailing Address<br><i>Fairmont Wv<br/>168 AFR OR<br/>Fairmont Wv</i>                                                                                                                                                                                      |  |                                                     |  |                                            |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                         |  |
| 4. Generator's Phone ( <i>606</i> ) <i>776 9030</i>                                                                                                                                                                                                                               |  |                                                     |  |                                            |  |                         |  |
| 5. Transporter 1 Company Name<br><i>Mountain States Environmental</i>                                                                                                                                                                                                             |  | 6. US EPA ID Number                                 |  | A. State Transporter's ID                  |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | B. Transporter 1 Phone <i>740 864 2137</i> |  |                         |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                     |  | 8. US EPA ID Number                                 |  | C. State Transporter's ID                  |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | D. Transporter 2 Phone                     |  |                         |  |
| 9. Designated Facility Name and Site Address<br><i>Blue Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine Ky</i>                                                                                                                                                                   |  | 10. US EPA ID Number                                |  | E. State Facility's ID                     |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | F. Facility's Phone<br><i>606 928 0239</i> |  |                         |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                             |  |                                                     |  | 12. Containers                             |  | 13. Total Quantity      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | No. Type                                   |  | Unit Wt./Vol.           |  |
| a.<br><i>Exploration and Production Soil &amp; Debris</i>                                                                                                                                                                                                                         |  |                                                     |  | <i>001</i>                                 |  | <i>VB TT</i>            |  |
| b.<br><i>Box # V10</i>                                                                                                                                                                                                                                                            |  |                                                     |  |                                            |  |                         |  |
| c.<br><i>Y4002151</i>                                                                                                                                                                                                                                                             |  |                                                     |  |                                            |  |                         |  |
| d.                                                                                                                                                                                                                                                                                |  |                                                     |  |                                            |  |                         |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                             |  |                                                     |  | H. Handling Codes for Wastes Listed Above  |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                         |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                      |  |                                                     |  |                                            |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                         |  |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                     |  |                                            |  |                         |  |
| Printed/Typed Name<br><i>Agent for Generator Raymond Bunner</i>                                                                                                                                                                                                                   |  |                                                     |  | Signature<br><i>Raymond Bunner</i>         |  | Date<br><i>11/13/15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                     |  | Signature<br><i>Kevin Lucas</i>            |  | Date<br><i>11/16/15</i> |  |
| Printed/Typed Name<br><i>KEVIN LUCAS</i>                                                                                                                                                                                                                                          |  |                                                     |  |                                            |  |                         |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                     |  | Signature                                  |  | Date                    |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                |  |                                                     |  |                                            |  |                         |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                  |  |                                                     |  |                                            |  |                         |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                             |  |                                                     |  |                                            |  |                         |  |
| Printed/Typed Name<br><i>K. R. H.</i>                                                                                                                                                                                                                                             |  |                                                     |  | Signature<br><i>K. R. H.</i>               |  | Date<br><i>11/16/15</i> |  |

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY





# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  |                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------|--|-------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                               |  | 1. Generator's US EPA ID No.<br><i>Non hazardous</i> |  | Manifest Document No. <b>00885</b>         |  | 2. Page 1 of            |  |
| 3. Generator's Name and Mailing Address<br><i>168 AFR DR<br/>Fairmont WV</i>                                                                                                                                                                                                      |  |                                                      |  |                                            |  |                         |  |
| 4. Generator's Phone ( <i>606</i> ) <i>776 9030</i>                                                                                                                                                                                                                               |  |                                                      |  |                                            |  |                         |  |
| 5. Transporter 1 Company Name<br><i>Mountain States Environmental</i>                                                                                                                                                                                                             |  | 6. US EPA ID Number                                  |  | A. State Transporter's ID                  |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | B. Transporter 1 Phone <i>740 864 2131</i> |  |                         |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                     |  | 8. US EPA ID Number                                  |  | C. State Transporter's ID                  |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | D. Transporter 2 Phone                     |  |                         |  |
| 9. Designated Facility Name and Site Address<br><i>Blue Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine Ky</i>                                                                                                                                                                   |  | 10. US EPA ID Number                                 |  | E. State Facility's ID                     |  |                         |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | F. Facility's Phone <i>606 928 0239</i>    |  |                         |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                             |  |                                                      |  | 12. Containers                             |  | 13. Total Quantity      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | No. Type                                   |  | Unit Wt./Vol.           |  |
| a. <i>Exploration and Production Soil &amp; Debris</i>                                                                                                                                                                                                                            |  |                                                      |  | <i>001 VB TT</i>                           |  |                         |  |
| b. <i>Box # V13</i>                                                                                                                                                                                                                                                               |  |                                                      |  |                                            |  |                         |  |
| c. <i>Y4002151</i>                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  |                         |  |
| d.                                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  |                         |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                             |  |                                                      |  | H. Handling Codes for Wastes Listed Above  |  |                         |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                      |  |                                                      |  |                                            |  |                         |  |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                      |  |                                            |  |                         |  |
| Printed/Typed Name<br><i>agent for Generator Raymond Bumer</i>                                                                                                                                                                                                                    |  |                                                      |  | Signature<br><i>Raymond Bumer</i>          |  | Date<br><i>11/13/15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                      |  | Signature<br><i>Russ Country</i>           |  | Date<br><i>11/16/15</i> |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                      |  | Signature                                  |  | Date                    |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                |  |                                                      |  | Signature                                  |  | Date                    |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                  |  |                                                      |  |                                            |  |                         |  |
| 20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                             |  |                                                      |  |                                            |  |                         |  |
| Printed/Typed Name<br><i>Kim K...</i>                                                                                                                                                                                                                                             |  |                                                      |  | Signature<br><i>K. K...</i>                |  | Date<br><i>11/16/15</i> |  |

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                                            |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------------------|--------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                      |  | 1. Generator's US EPA ID No.<br><i>Non hazardous</i> |  | Manifest Document No.<br><b>00883</b>                      | 2. Page 1 of |
| 3. Generator's Name and Mailing Address<br><i>168 AFR Dr<br/>Fairmont WV</i>                                                                                                                                                                                                             |  |                                                      |  |                                                            |              |
| 4. Generator's Phone ( <i>606</i> ) <i>776-9030</i>                                                                                                                                                                                                                                      |  |                                                      |  |                                                            |              |
| 5. Transporter 1 Company Name<br><i>Mountain States Environmental</i>                                                                                                                                                                                                                    |  | 6. US EPA ID Number                                  |  | A. State Transporter's ID                                  |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | B. Transporter 1 Phone <i>740 864 2131</i>                 |              |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                            |  | 8. US EPA ID Number                                  |  | C. State Transporter's ID                                  |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | D. Transporter 2 Phone                                     |              |
| 9. Designated Facility Name and Site Address<br><i>State Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine KY</i>                                                                                                                                                                         |  | 10. US EPA ID Number                                 |  | E. State Facility's ID                                     |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | F. Facility's Phone<br><i>606 928 0239</i>                 |              |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                                    |  |                                                      |  | 12. Containers                                             |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | No.                                                        | Type         |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | a. <i>Exploration and Production Soil &amp; Debris 001</i> |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | b. <i>Box # V16</i>                                        |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | c.                                                         |              |
| d.                                                                                                                                                                                                                                                                                       |  |                                                      |  |                                                            |              |
| G. Additional Descriptions for Materials Listed Above<br><i>Y4002151</i>                                                                                                                                                                                                                 |  |                                                      |  | H. Handling Codes for Wastes Listed Above                  |              |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                             |  |                                                      |  |                                                            |              |
| <b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                      |  |                                                            |              |
| Printed/Typed Name<br><i>agent for Generator Raymond Bunner</i>                                                                                                                                                                                                                          |  |                                                      |  | Signature<br><i>Raymond Bunner</i>                         |              |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  | Date<br><i>11/13/15</i>                                    |              |
| Printed/Typed Name<br><i>agent for Generator Jeremy Scott</i>                                                                                                                                                                                                                            |  |                                                      |  | Signature<br><i>[Signature]</i>                            |              |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  | Date<br><i>11/13/15</i>                                    |              |
| Printed/Typed Name                                                                                                                                                                                                                                                                       |  |                                                      |  | Signature                                                  |              |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                         |  |                                                      |  |                                                            |              |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                                    |  |                                                      |  |                                                            |              |
| Printed/Typed Name<br><i>Kim Kth</i>                                                                                                                                                                                                                                                     |  |                                                      |  | Signature<br><i>[Signature]</i>                            |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | Date<br><i>11/13/15</i>                                    |              |

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                            |  |                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------|--|------------------------------------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                      |  | 1. Generator's US EPA ID No.<br><i>Non hazardous</i> |  | Manifest Document No. <b>00884</b>         |  | 2. Page 1 of                                         |  |
| 3. Generator's Name and Mailing Address<br><i>168 AFR CORP<br/>Fairmont WV</i>                                                                                                                                                                                                           |  |                                                      |  |                                            |  |                                                      |  |
| 4. Generator's Phone ( <i>606 776-9030</i> )                                                                                                                                                                                                                                             |  |                                                      |  |                                            |  |                                                      |  |
| 5. Transporter 1 Company Name<br><i>Mountain States Environmental</i>                                                                                                                                                                                                                    |  | 6. US EPA ID Number                                  |  | A. State Transporter's ID                  |  |                                                      |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                            |  | 8. US EPA ID Number                                  |  | B. Transporter 1 Phone <i>740 864 2151</i> |  |                                                      |  |
| 9. Designated Facility Name and Site Address<br><i>2700 Winchester Rd<br/>Irvine Ky</i>                                                                                                                                                                                                  |  | 10. US EPA ID Number                                 |  | C. State Transporter's ID                  |  |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | D. Transporter 2 Phone                     |  |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | E. State Facility's ID                     |  |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | F. Facility's Phone <i>606 928 0239</i>    |  |                                                      |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                                    |  |                                                      |  | 12. Containers                             |  | 13. Total Quantity                                   |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | No. Type                                   |  | 14. Unit Wt./Vol.                                    |  |
| a. <i>Exploration and Production Soil &amp; Debris</i>                                                                                                                                                                                                                                   |  |                                                      |  | <i>001</i> <i>VB TT</i>                    |  |                                                      |  |
| b. <i>Box # V5</i>                                                                                                                                                                                                                                                                       |  |                                                      |  |                                            |  |                                                      |  |
| c. <i>Y 400251</i>                                                                                                                                                                                                                                                                       |  |                                                      |  |                                            |  |                                                      |  |
| d.                                                                                                                                                                                                                                                                                       |  |                                                      |  |                                            |  |                                                      |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                                    |  |                                                      |  | H. Handling Codes for Wastes Listed Above  |  |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                            |  |                                                      |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                             |  |                                                      |  |                                            |  |                                                      |  |
| <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                |  |                                                      |  |                                            |  |                                                      |  |
| <b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                      |  |                                            |  |                                                      |  |
| Printed/Typed Name<br><i>Cody Rummage</i>                                                                                                                                                                                                                                                |  |                                                      |  | Signature<br><i>[Signature]</i>            |  | Date<br>Month <i>11</i> Day <i>12</i> Year <i>15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  |                                            |  | Date                                                 |  |
| Printed/Typed Name<br><i>Raymond Brunner</i>                                                                                                                                                                                                                                             |  |                                                      |  | Signature<br><i>Raymond Brunner</i>        |  | Month <i>11</i> Day <i>12</i> Year <i>15</i>         |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  |                                            |  | Date                                                 |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                       |  |                                                      |  | Signature                                  |  | Month Day Year                                       |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                         |  |                                                      |  |                                            |  |                                                      |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                                    |  |                                                      |  |                                            |  | Date                                                 |  |
| Printed/Typed Name<br><i>Jim Rm</i>                                                                                                                                                                                                                                                      |  |                                                      |  | Signature<br><i>[Signature]</i>            |  | Month <i>11</i> Day <i>13</i> Year <i>15</i>         |  |

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

Please print or type form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                          |  |                                                     |  |                                            |  |                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------|--|-------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                      |  | 1. Generator's US EPA ID No.<br><i>Nonhazardous</i> |  | Manifest Document No. <b>00880</b>         |  | 2. Page 1 of            |  |
| 3. Generator's Name and Mailing Address<br><i>14111111 Online Processing<br/>1684 FR Dr<br/>Fairmont WV</i>                                                                                                                                                                              |  |                                                     |  |                                            |  |                         |  |
| 4. Generator's Phone (606) <i>776 9030</i>                                                                                                                                                                                                                                               |  |                                                     |  |                                            |  |                         |  |
| 5. Transporter 1 Company Name<br><i>Mountain States Environmental</i>                                                                                                                                                                                                                    |  | 6. US EPA ID Number                                 |  | A. State Transporter's ID                  |  |                         |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  | B. Transporter 1 Phone <i>740 864 2137</i> |  |                         |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                            |  | 8. US EPA ID Number                                 |  | C. State Transporter's ID                  |  |                         |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  | D. Transporter 2 Phone                     |  |                         |  |
| 9. Designated Facility Name and Site Address<br><i>Blue Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine Ky</i>                                                                                                                                                                          |  | 10. US EPA ID Number                                |  | E. State Facility's ID                     |  |                         |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  | F. Facility's Phone <i>606 928 0239</i>    |  |                         |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                                    |  |                                                     |  | 12. Containers                             |  | 13. Total Quantity      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  | No. Type                                   |  | Unit                    |  |
| a. <i>Exploration and Production Soil &amp; Debris</i>                                                                                                                                                                                                                                   |  |                                                     |  | <i>VB</i>                                  |  |                         |  |
| b. <i>Box # V 8</i>                                                                                                                                                                                                                                                                      |  |                                                     |  | <i>TT</i>                                  |  |                         |  |
| c. <i># Y4002151</i>                                                                                                                                                                                                                                                                     |  |                                                     |  |                                            |  |                         |  |
| d.                                                                                                                                                                                                                                                                                       |  |                                                     |  |                                            |  |                         |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                                    |  |                                                     |  | H. Handling Codes for Wastes Listed Above  |  |                         |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  |                                            |  |                         |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                             |  |                                                     |  |                                            |  |                         |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  |                                            |  |                         |  |
| <b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                     |  |                                            |  |                         |  |
| Printed/Typed Name<br><i>agent for Generator Raymond Bumer</i>                                                                                                                                                                                                                           |  |                                                     |  | Signature<br><i>Raymond Bumer</i>          |  | Date<br><i>11/12/15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                     |  | Signature<br><i>Kevin Lucas</i>            |  | Date<br><i>11/12/15</i> |  |
| Printed/Typed Name<br><i>Kevin Lucas</i>                                                                                                                                                                                                                                                 |  |                                                     |  |                                            |  |                         |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                     |  | Signature                                  |  | Date                    |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                       |  |                                                     |  |                                            |  |                         |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                         |  |                                                     |  |                                            |  |                         |  |
|                                                                                                                                                                                                                                                                                          |  |                                                     |  |                                            |  |                         |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                                    |  |                                                     |  |                                            |  |                         |  |
| Printed/Typed Name<br><i>Jim Bohn</i>                                                                                                                                                                                                                                                    |  |                                                     |  | Signature<br><i>Jim Bohn</i>               |  | Date<br><i>11/12/15</i> |  |

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------|--|------------------------------------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                               |  | 1. Generator's US EPA ID No.<br><i>Nonhazardous</i> |  | Manifest Document No. <b>00832</b>         |  | 2. Page 1 of                                         |  |
| 3. Generator's Name and Mailing Address<br><i>168 AFR Dr<br/>Fairmont WV</i>                                                                                                                                                                                                      |  |                                                     |  |                                            |  |                                                      |  |
| 4. Generator's Phone (606) <i>776 4030</i>                                                                                                                                                                                                                                        |  |                                                     |  |                                            |  |                                                      |  |
| 5. Transporter 1 Company Name<br><i>Mountain States Environmental</i>                                                                                                                                                                                                             |  | 6. US EPA ID Number                                 |  | A. State Transporter's ID                  |  |                                                      |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                     |  | 8. US EPA ID Number                                 |  | B. Transporter 1 Phone <i>740 864 2137</i> |  |                                                      |  |
| 9. Designated Facility Name and Site Address<br><i>Blue Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine Ky</i>                                                                                                                                                                   |  | 10. US EPA ID Number                                |  | C. State Transporter's ID                  |  |                                                      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | D. Transporter 2 Phone                     |  |                                                      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | E. State Facility's ID                     |  |                                                      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | F. Facility's Phone <i>606 928 0239</i>    |  |                                                      |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                             |  |                                                     |  | 12. Containers                             |  | 13. Total Quantity                                   |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  | No. Type                                   |  | Unit Wt./Vol.                                        |  |
| a. <i>Exploration and Production Soil &amp; Debris</i>                                                                                                                                                                                                                            |  |                                                     |  | <i>001 VB TT</i>                           |  |                                                      |  |
| b. <i>Box # V10</i>                                                                                                                                                                                                                                                               |  |                                                     |  |                                            |  |                                                      |  |
| c. <i># Y 4002151</i>                                                                                                                                                                                                                                                             |  |                                                     |  |                                            |  |                                                      |  |
| d.                                                                                                                                                                                                                                                                                |  |                                                     |  |                                            |  |                                                      |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                             |  |                                                     |  | H. Handling Codes for Wastes Listed Above  |  |                                                      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                                                      |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                      |  |                                                     |  |                                            |  |                                                      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                                                      |  |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                     |  |                                            |  |                                                      |  |
| Printed/Typed Name<br><i>Cody Rumsig</i>                                                                                                                                                                                                                                          |  |                                                     |  | Signature<br><i>[Signature]</i>            |  | Date<br>Month <i>11</i> Day <i>11</i> Year <i>15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                     |  |                                            |  | Date                                                 |  |
| Printed/Typed Name<br><i>Raymond Bunner</i>                                                                                                                                                                                                                                       |  |                                                     |  | Signature<br><i>Raymond Bunner</i>         |  | Month <i>11</i> Day <i>11</i> Year <i>15</i>         |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                     |  |                                            |  | Date                                                 |  |
| Printed/Typed Name<br><i>Russ Courtney</i>                                                                                                                                                                                                                                        |  |                                                     |  | Signature<br><i>Russ Courtney</i>          |  | Month <i>11</i> Day <i>12</i> Year <i>15</i>         |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                  |  |                                                     |  |                                            |  |                                                      |  |
|                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                            |  |                                                      |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                             |  |                                                     |  |                                            |  |                                                      |  |
| Printed/Typed Name<br><i>Kim Ruth</i>                                                                                                                                                                                                                                             |  |                                                     |  | Signature<br><i>K. Ruth</i>                |  | Date<br>Month <i>11</i> Day <i>12</i> Year <i>15</i> |  |

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

NON-HAZARDOUS WASTE

|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                            |      |                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------|------|------------------------------------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                      |  | 1. Generator's US EPA ID No.<br><i>NON HAZARDOUS</i> |  | Manifest Document No. <b>00875</b>         |      | 2. Page 1 of                                         |  |
| 3. Generator's Name and Mailing Address<br><i>FAIRMONT BRINE<br/>168 AFR OR.<br/>FAIRMONT W.V.</i>                                                                                                                                                                                       |  |                                                      |  | <i>TK-#</i>                                |      |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                            |      |                                                      |  |
| 4. Generator's Phone ( <i>606</i> ) <i>776-9030</i>                                                                                                                                                                                                                                      |  |                                                      |  |                                            |      |                                                      |  |
| 5. Transporter 1 Company Name<br><i>MOUNTAIN STATES ENV</i>                                                                                                                                                                                                                              |  | 6. US EPA ID Number                                  |  | A. State Transporter's ID                  |      |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | B. Transporter 1 Phone <i>740-864-2137</i> |      |                                                      |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                            |  | 8. US EPA ID Number                                  |  | C. State Transporter's ID                  |      |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | D. Transporter 2 Phone                     |      |                                                      |  |
| 9. Designated Facility Name and Site Address<br><i>BLUE Ridge LANDFILL<br/>2700 WINCHESTER RD.<br/>IRVINE K.Y.</i>                                                                                                                                                                       |  | 10. US EPA ID Number                                 |  | E. State Facility's ID                     |      |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | F. Facility's Phone <i>606-928-0239</i>    |      |                                                      |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                                    |  |                                                      |  | 12. Containers                             |      | 13. Total Quantity                                   |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | No.                                        | Type |                                                      |  |
| a. <i>EXPLORATION AND PRODUCTION SAND &amp; DEBRIS</i>                                                                                                                                                                                                                                   |  |                                                      |  |                                            |      |                                                      |  |
| b. <i>Box # V 16</i>                                                                                                                                                                                                                                                                     |  |                                                      |  |                                            |      |                                                      |  |
| c.                                                                                                                                                                                                                                                                                       |  |                                                      |  |                                            |      |                                                      |  |
| d. <i>Y4002151</i>                                                                                                                                                                                                                                                                       |  |                                                      |  |                                            |      |                                                      |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                                    |  |                                                      |  | H. Handling Codes for Wastes Listed Above  |      |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                            |      |                                                      |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                             |  |                                                      |  |                                            |      |                                                      |  |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                            |      |                                                      |  |
| <b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                      |  |                                            |      |                                                      |  |
| Printed/Typed Name<br><i>Agent for Generator Raymond Bunker</i>                                                                                                                                                                                                                          |  |                                                      |  | Signature<br><i>Raymond Bunker</i>         |      | Date<br>Month <i>11</i> Day <i>11</i> Year <i>15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  | Signature<br><i>Bill Dasosiers</i>         |      | Date<br>Month <i>11</i> Day <i>11</i> Year <i>15</i> |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  | Signature                                  |      | Date                                                 |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                       |  |                                                      |  | Signature                                  |      | Date                                                 |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                         |  |                                                      |  |                                            |      |                                                      |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                                    |  |                                                      |  | Signature<br><i>Ken Ruten</i>              |      | Date<br>Month <i>11</i> Day <i>11</i> Year <i>15</i> |  |
| Printed/Typed Name<br><i>Ken Ruten</i>                                                                                                                                                                                                                                                   |  |                                                      |  | Signature                                  |      | Date                                                 |  |



# NON-HAZARDOUS WASTE MANIFEST

Base print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                   |  |                                                |  |                                            |      |                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------|------|------------------------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                               |  | 1. Generator's US EPA ID No.<br><b>NON Haz</b> |  | Manifest Document No. <b>00864</b>         |      | 2. Page 1 of 1                           |  |
| 3. Generator's Name and Mailing Address<br><b>Fairmont Brink<br/>168 AFR Dr<br/>Fairmont, WV</b>                                                                                                                                                                                  |  |                                                |  | <b>TR 550</b>                              |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  |                                            |      |                                          |  |
| 4. Generator's Phone ( <b>606</b> ) <b>776-9030</b>                                                                                                                                                                                                                               |  |                                                |  |                                            |      |                                          |  |
| 5. Transporter 1 Company Name<br><b>Mountain States Environmental</b>                                                                                                                                                                                                             |  | 6. US EPA ID Number                            |  | A. State Transporter's ID                  |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  | B. Transporter 1 Phone <b>740-864-2137</b> |      |                                          |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                     |  | 8. US EPA ID Number                            |  | C. State Transporter's ID                  |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  | D. Transporter 2 Phone                     |      |                                          |  |
| 9. Designated Facility Name and Site Address<br><b>Blue Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine Ky</b>                                                                                                                                                                   |  | 10. US EPA ID Number                           |  | E. State Facility's ID                     |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  | F. Facility's Phone<br><b>606-928-0239</b> |      |                                          |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                             |  |                                                |  | 12. Containers                             |      | 13. Total Quantity                       |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  | No.                                        | Type |                                          |  |
| a. <b>exploration and Production solids and debris</b>                                                                                                                                                                                                                            |  |                                                |  |                                            |      |                                          |  |
| b. <b>Box # V-15</b>                                                                                                                                                                                                                                                              |  |                                                |  |                                            |      |                                          |  |
| c.                                                                                                                                                                                                                                                                                |  |                                                |  |                                            |      |                                          |  |
| d. <b>Y4002151</b>                                                                                                                                                                                                                                                                |  |                                                |  |                                            |      |                                          |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                             |  |                                                |  | H. Handling Codes for Wastes Listed Above  |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  |                                            |      |                                          |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                      |  |                                                |  |                                            |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  |                                            |      |                                          |  |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                |  |                                            |      |                                          |  |
| AGENT FOR GENERATOR                                                                                                                                                                                                                                                               |  |                                                |  |                                            |      | Date                                     |  |
| Printed/Typed Name<br><b>KEVIN LUCAS</b>                                                                                                                                                                                                                                          |  |                                                |  | Signature<br><i>Kevin Lucas</i>            |      | Month Day Year<br><b>11 6 15</b>         |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                |  |                                            |      | Date                                     |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                |  |                                                |  | Signature                                  |      | Month Day Year                           |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                |  |                                            |      | Date                                     |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                |  |                                                |  | Signature                                  |      | Month Day Year                           |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                  |  |                                                |  |                                            |      |                                          |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  |                                            |      |                                          |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in Item 19.                                                                                                                                             |  |                                                |  |                                            |      |                                          |  |
| Printed/Typed Name<br><b>Kim Roth</b>                                                                                                                                                                                                                                             |  |                                                |  |                                            |      | Signature<br><i>Kim Roth</i>             |  |
|                                                                                                                                                                                                                                                                                   |  |                                                |  |                                            |      | Date<br>Month Day Year<br><b>11 6 15</b> |  |

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  |                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------|--|-----------------------------------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                               |  | 1. Generator's US EPA ID No.<br><i>NON HAZARDOUS</i> |  | Manifest Document No. <b>00870</b>         |  | 2. Page 1 of                                        |  |
| 3. Generator's Name and Mailing Address<br><i>FAIRMONT BRINE<br/>168 AFR DR.<br/>FAIRMONT W.V.</i>                                                                                                                                                                                |  |                                                      |  | <i>TK 550</i>                              |  |                                                     |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  |                                                     |  |
| 4. Generator's Phone (606) <i>776-9030</i>                                                                                                                                                                                                                                        |  |                                                      |  | A. State Transporter's ID                  |  |                                                     |  |
| 5. Transporter 1 Company Name<br><i>MOUNTAIN STATES ENV.</i>                                                                                                                                                                                                                      |  |                                                      |  | B. Transporter 1 Phone <i>740-864-2137</i> |  |                                                     |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                     |  |                                                      |  | C. State Transporter's ID                  |  |                                                     |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | D. Transporter 2 Phone                     |  |                                                     |  |
| 9. Designated Facility Name and Site Address<br><i>BLUE RIDGE LANDFILL<br/>2700 WINCHESTER RD.<br/>ERVINE KY</i>                                                                                                                                                                  |  |                                                      |  | E. State Facility's ID                     |  |                                                     |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | F. Facility's Phone<br><i>606-928-0239</i> |  |                                                     |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                             |  |                                                      |  | 12. Containers                             |  | 13. Total Quantity                                  |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  | No. Type                                   |  | 14. Unit Wt./Vol.                                   |  |
| a. <i>EXPLORATION AND PRODUCTION SAND &amp; DEBRIS</i>                                                                                                                                                                                                                            |  |                                                      |  |                                            |  |                                                     |  |
| b. <i>BOX V-16</i>                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  |                                                     |  |
| c.                                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  |                                                     |  |
| d. <i>Y4002151</i>                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  |                                                     |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                             |  |                                                      |  | H. Handling Codes for Wastes Listed Above  |  |                                                     |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  |                                                     |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                      |  |                                                      |  |                                            |  |                                                     |  |
| <div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%; margin: 10px auto;"></div>                                                                                                               |  |                                                      |  |                                            |  |                                                     |  |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                      |  |                                            |  |                                                     |  |
| Printed/Typed Name<br><i>KEVIN LUCAS</i>                                                                                                                                                                                                                                          |  |                                                      |  |                                            |  | Signature<br><i>Kevin Lucas</i>                     |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  | Date<br>Month <i>11</i> Day <i>9</i> Year <i>15</i> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                      |  |                                            |  | Date                                                |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  | Signature                                           |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  | Month Day Year                                      |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                         |  |                                                      |  |                                            |  | Date                                                |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                |  |                                                      |  |                                            |  | Signature                                           |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  | Month Day Year                                      |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                  |  |                                                      |  |                                            |  |                                                     |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  |                                                     |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in Item 19.                                                                                                                                             |  |                                                      |  |                                            |  |                                                     |  |
| Printed/Typed Name<br><i>Belhewery</i>                                                                                                                                                                                                                                            |  |                                                      |  |                                            |  | Signature<br><i>Belhewery</i>                       |  |
|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                            |  | Date<br>Month <i>11</i> Day <i>9</i> Year <i>15</i> |  |

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                                                                         |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                      |  | 1. Generator's US EPA ID No.<br><i>NON HAZARDOUS</i> |  | Manifest Document No.<br><b>00874</b>                                                   | 2. Page 1 of |
| 3. Generator's Name and Mailing Address<br><i>FAIRMONT BRINE<br/>168 AFR OR.<br/>FAIRMONT W.V.</i>                                                                                                                                                                                       |  |                                                      |  | <i>TK #</i>                                                                             |              |
| 4. Generator's Phone ( <i>606</i> ) <i>776-9030</i>                                                                                                                                                                                                                                      |  |                                                      |  |                                                                                         |              |
| 5. Transporter 1 Company Name<br><i>MOUNTAIN STATES ENV.</i>                                                                                                                                                                                                                             |  | 6. US EPA ID Number                                  |  | A. State Transporter's ID                                                               |              |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                            |  | 8. US EPA ID Number                                  |  | B. Transporter 1 Phone <i>740-864-2137</i>                                              |              |
| 9. Designated Facility Name and Site Address<br><i>BLUE RIDGE LANDFILL<br/>2700 WINCHESTER RD.<br/>IRVINE K.Y.</i>                                                                                                                                                                       |  | 10. US EPA ID Number                                 |  | C. State Transporter's ID                                                               |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | D. Transporter 2 Phone                                                                  |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | E. State Facility's ID                                                                  |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | F. Facility's Phone<br><i>606-928-0239</i>                                              |              |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                                    |  |                                                      |  | 12. Containers                                                                          |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  | No. Type                                                                                |              |
| a. <i>EXPLORATION AND PRODUCTION SAND AND DERRIS</i>                                                                                                                                                                                                                                     |  |                                                      |  |                                                                                         |              |
| b. <i>Box # V-8</i>                                                                                                                                                                                                                                                                      |  |                                                      |  |                                                                                         |              |
| c.                                                                                                                                                                                                                                                                                       |  |                                                      |  |                                                                                         |              |
| d. <i>Y4002151</i>                                                                                                                                                                                                                                                                       |  |                                                      |  |                                                                                         |              |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                                    |  |                                                      |  | H. Handling Codes for Wastes Listed Above                                               |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                                                                         |              |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                             |  |                                                      |  |                                                                                         |              |
|                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                                                                         |              |
| <b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. |  |                                                      |  |                                                                                         |              |
| Printed/Typed Name<br><i>KEVIN LUCAS</i>                                                                                                                                                                                                                                                 |  |                                                      |  | Signature<br><i>Kevin Lucas</i><br>Date<br>Month <i>11</i> Day <i>11</i> Year <i>15</i> |              |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  | Date                                                                                    |              |
| Printed/Typed Name                                                                                                                                                                                                                                                                       |  |                                                      |  | Signature                                                                               |              |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                |  |                                                      |  | Date                                                                                    |              |
| Printed/Typed Name                                                                                                                                                                                                                                                                       |  |                                                      |  | Signature                                                                               |              |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                         |  |                                                      |  |                                                                                         |              |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                                    |  |                                                      |  |                                                                                         |              |
| Printed/Typed Name<br><i>Kim Rahn</i>                                                                                                                                                                                                                                                    |  |                                                      |  | Signature<br><i>Kim Rahn</i><br>Date<br>Month <i>11</i> Day <i>11</i> Year <i>15</i>    |              |

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  |                                            |  |                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------|--|------------------------------------------|--|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator's US EPA ID No.<br><i>Non Haz</i> |  | Manifest Document No. <b>00863</b>         |  | 2. Page 1 of 1                           |  |
| 3. Generator's Name and Mailing Address<br><i>Fairmont Brine<br/>168 AFR Dr<br/>Fairmont WV</i>                                                                                                                                                                                                                                                                                     |  |                                                |  |                                            |  |                                          |  |
| 4. Generator's Phone ( <i>606</i> ) <i>776-9030</i>                                                                                                                                                                                                                                                                                                                                 |  |                                                |  |                                            |  |                                          |  |
| 5. Transporter 1 Company Name<br><i>Mountain States Env.</i>                                                                                                                                                                                                                                                                                                                        |  | 6. US EPA ID Number                            |  | A. State Transporter's ID                  |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  | B. Transporter 1 Phone <i>740-864-2137</i> |  |                                          |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                       |  | 8. US EPA ID Number                            |  | C. State Transporter's ID                  |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  | D. Transporter 2 Phone                     |  |                                          |  |
| 9. Designated Facility Name and Site Address<br><i>Blue Ridge Landfill<br/>2700 Winchester Rd<br/>Irvine Ky</i>                                                                                                                                                                                                                                                                     |  | 10. US EPA ID Number                           |  | E. State Facility's ID                     |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  | F. Facility's Phone<br><i>606-928-0239</i> |  |                                          |  |
| 11. WASTE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                               |  |                                                |  | 12. Containers                             |  | 13. Total Quantity                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  | No. Type                                   |  | Unit Wt./Vol.                            |  |
| a. <i>Exploration and Production Soil and Debris</i>                                                                                                                                                                                                                                                                                                                                |  |                                                |  |                                            |  |                                          |  |
| b. <i>Box # 17</i>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                |  |                                            |  |                                          |  |
| c. <i>Y4002151</i>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                |  |                                            |  |                                          |  |
| d. <i>Y4002151</i>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                |  |                                            |  |                                          |  |
| G. Additional Descriptions for Materials Listed Above                                                                                                                                                                                                                                                                                                                               |  |                                                |  | H. Handling Codes for Wastes Listed Above  |  |                                          |  |
| 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                                                                                                                        |  |                                                |  |                                            |  |                                          |  |
| <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. </div> |  |                                                |  |                                            |  |                                          |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                  |  |                                                |  | Signature                                  |  | Date<br>Month Day Year                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  |                                            |  |                                          |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                           |  |                                                |  |                                            |  | Date                                     |  |
| Printed/Typed Name<br><i>Russ Courtney</i>                                                                                                                                                                                                                                                                                                                                          |  |                                                |  | Signature<br><i>Russ Courtney</i>          |  | Month Day Year<br><i>11 4 15</i>         |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                           |  |                                                |  |                                            |  | Date                                     |  |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                  |  |                                                |  | Signature                                  |  | Month Day Year                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  |                                            |  |                                          |  |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                    |  |                                                |  |                                            |  |                                          |  |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.                                                                                                                                                                                                                                               |  |                                                |  |                                            |  |                                          |  |
| Printed/Typed Name<br><i>Kim Kish</i>                                                                                                                                                                                                                                                                                                                                               |  |                                                |  | Signature<br><i>Kim Kish</i>               |  | Date<br>Month Day Year<br><i>11 4 15</i> |  |

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY



White truck

**I. GENERATOR** (Generator completes Ia-r)

|                                                                                                               |  |                                          |                                         |                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------|--|------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------|--|
| a. Generator's US EPA ID Number<br>NA                                                                         |  | b. Manifest Document Number<br>8-18-15-2 |                                         | c. Page 1 of<br>1                                                                    |  |
| d. Generator's Name and Location:<br>Fairmont Brine<br>168 AFR Dr<br>Fairmont, WV<br>f. Phone: (606) 776-9030 |  |                                          | e. Generator's Mailing Address:<br>Same |                                                                                      |  |
| g. Phone:                                                                                                     |  |                                          | i. Owner's Phone No.: Same              |                                                                                      |  |
| If owner of the generating facility differs from the generator, provide:                                      |  |                                          |                                         |                                                                                      |  |
| h. Owner's Name:                                                                                              |  | k. Exp. Date<br>6/14/2017                |                                         | l. Waste Shipping Name and Description<br>Exploration and Production Soil and Debris |  |
| j. Waste Profile #<br>Y4002151                                                                                |  | m. Containers<br>No. Type<br>1 VB        |                                         | n. Total Quantity<br>1                                                               |  |
|                                                                                                               |  |                                          |                                         | o. Unit<br>Wt/Vol<br>25 Yds                                                          |  |

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

|                                                           |                             |                    |
|-----------------------------------------------------------|-----------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>C. H. H. H. | q. Signature<br>C. H. H. H. | r. Date<br>7-28-15 |
|-----------------------------------------------------------|-----------------------------|--------------------|

**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

|                                             |                              |                    |
|---------------------------------------------|------------------------------|--------------------|
| a. Transporter's Name and Address:<br># 168 |                              |                    |
| b. Phone: Salvoes Branch Transporter        |                              |                    |
| c. Driver Name (Print)<br>Rodney Smith      | d. Signature<br>Rodney Smith | e. Date<br>8/20/15 |

**III. DESTINATION** (Generator complete IIIa-c and Destination Site completes IIId-g)

|                                                                                                                                      |              |                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Blue Ridge Landfill<br>2700 Winchester Rd<br>Irvine, Ky<br>b. Phone: 606 928 0239          |              | c. US EPA Number<br>NA | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                        |                                  |
| e. Name of Authorized Agent (Print)                                                                                                  | f. Signature | g. Date                |                                  |

**IV. ASBESTOS** (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| a. Operator's Name and Address:                                                                                                                                                                                                                                                                                                                    |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                                                                                                                                                                                                                                                                                                                                          |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:<br>NA                                                                                                                                                                                                                                                                                 |  |                                         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                     |  |                                         |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                                         |  |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               |  | h. Signature                            |  |
| i. Date                                                                                                                                                                                                                                                                                                                                            |  |                                         |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both                                                                                                                                                                |  |                                         |  |