


Waste Manifest

Form # 308

 **OILFIELD WASTE MANIFEST**
RCRA Exempt Waste Only, unless pre-approved by R360 and WYDEQ

Your Logo Here Address Phone

(PLEASE PRINT) NO. _____

GENERATOR

Generator Company Name: _____ Lease/Well Name & No.: _____
 Bill To: (if different from Generator) _____ Permit No. _____
 Address: _____ API No.: _____
 _____ County: _____
 City, State, Zip: _____ Rig Name & No.: _____
 Phone No.: _____ AFE/PO No./User ID: _____

WASTE STREAM INFORMATION (provide volume next to waste type)			
Pit/Tank Liner _____ yds ³	Flowback Water _____ bbls	Sump _____ bbls	
Contaminated Soil _____ yds ³	Production Water _____ bbls	Reserve Pond Fluid _____ bbls	
Filter Media _____ yds ³	Mud _____ bbls	Tank Bottoms/Sludge (E&P) _____ bbls	
Solids _____ yds ³			
Drill Cuttings _____ yds ³			

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, labeled and prepared as indicated. I certify that this waste to the best of my knowledge is not hazardous or dangerous as defined by the U.S. EPA, or the state of origin. I certify this waste does not contain any regulated radioactive materials, that all known suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste by government or local authority. I certify that all samples used for this analysis are representative of the materials described herein. I understand that all wastes may undergo inspection upon arrival at the facility and may be refused if the delivered material does not conform to the description herein. Notification will be provided immediately if there is a change in the composition of, or process generating this waste stream, prior to offloading the waste for management by the facility.

Generator Representative Information (REQUIRED)

(PRINT) AUTHORIZED AGENT'S NAME (PRINT) AUTHORIZED AGENT'S EMAIL

(PRINT) AUTHORIZED AGENT'S PHONE NUMBER

DATE SIGNATURE OF AUTHORIZED AGENT

TRANSPORTER

Trucking Company: _____ Driver's Name: _____
 Trucking Address: _____ Print Name: _____
 City, State, Zip: _____ Phone No.: _____
 Phone No.: _____ Truck No.: _____

I hereby certify that the above named material(s) was/were picked up at the Generator's site listed above and delivered without incident to R360.

SHIPMENT DATE DRIVER'S SIGNATURE DELIVERY DATE DRIVER'S SIGNATURE

donc@northstarforms.com (877) 499-0492 308

A Oilfield Waste Manifest

Form # 308

NO. 24002

Company Name
Site Manager
000-000-0000

Water Hauling Field Ticket

DATE: _____

TIME: _____

OIL COMPANY: _____

AUTHORIZED BY: _____

WELL NAME: _____

WELL LOCATION: _____

TRUCKING COMPANY: _____

DRIVER'S NAME: _____

START TIME / END TIME: _____

MATERIAL BEING DISPOSED OF: _____

Produced Water
 Flow Back Water
 Fresh Water

NUMBER OF BARRELS: _____

DRIVER'S SIGNATURE: _____

R360 REPRESENTATIVE'S SIGNATURE: _____


White Copy, R360 / Yellow Copy, Drivers

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B Water Hauling Field Ticket, 5.5" x 8.5"

Waste Manifest

Form # 300



Your Logo Here

2nd Proof 1-189912
HAULED WASTE MANIFEST

SAMPLED

HEM: _____

pH: _____ Temp: _____

Date Collected: _____

J 2020-3001

PART I: TRANSPORTER INFORMATION

Company Name (Print):	TCEQ Registration #:	
Address (Print):	LVWD Registration #:	
Telephone:	Vehicle ID #:	
Driver Name (Print):		

PART II: GENERATOR INFORMATION

Name (Print):	Address		City, State, Zip Code (Print)
Signature:	Date & Time of Pickup		
Telephone #:	Volume in Gallons	Waste Type (Print)	

PART III: DISPOSAL FACILITY INFORMATION

Disposal Site Name	Lower Valley Water District - Lift Station #7	TPDES Permit No.:
Disposal Site Address	111 Clint/San Elizario Rd. Clint, TX 79836	

PART IV: TRANSPORTER CERTIFICATION

I certify that the information provided above is correct and that only the waste described on the ticket are contained in this load. I further certify that this load does not contain any hazardous wastes. I am aware that falsification of any information contained on this ticket may result in revocation of my discharge permit and the privilege of utilizing the disposal facility owned and operated by Lower Valley Water District or any other permitted facility.

Driver's Signature: _____ Date: _____

PART V: DISPOSAL FACILITY OPERATOR

I certify that I have inspected this load and manifest. All information is complete and correct to the best of my knowledge.


Operator's Signature: _____ Time of Discharge: _____ Date: _____

White - Original Generator's Final Copy Yellow - Transporter's Copy Pink - LVWD's Copy

North Star Forms (877) 499-0492 Form 300

C Hauled Waste Manifest

Form # 308.gen



Your Logo Here

NON-HAZARDOUS WASTE MANIFEST

GENERATOR INFORMATION

Generator Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Site Location (if different): _____

CUSTOMER INFORMATION

Billing Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Approval #	Description of Waste	Volume/Weight	Expiration Date	Container Type

**Attach Additional Sheet if necessary*

I hereby certify that the above described materials are non-hazardous wastes as defined by 40 CFR 261 or any applicable state law. Further, that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Generator/Authorized Agent Name _____

Signature _____

Date Shipped _____

TRANSPORTER INFORMATION

Transporter Name: _____

DOT#: _____

Transporter Address: _____

Truck Number: _____

Phone Number: _____

I certify no hazardous waste or other regulated substance was knowingly introduced to the waste while in my custody. The waste transported in this vehicle is the waste identified above, to the best of my knowledge.

Name of Authorized Agent _____

Signature _____

Date Delivered _____

DISPOSAL SITE INFORMATION

Site Name: _____

Phone Number: _____

Site Address: _____

I hereby acknowledge receipt of the above described materials.

Name (Print or Type) _____


Signature _____

Date Received _____

D Non-Hazardous Waste Manifest

Waste Manifest

Form # 308



Your Logo Here

HAZARDOUS MATERIAL
RECYCLED BASE OIL

NO. 000000

GENERATOR

Emergency Contact # _____
Your Address _____

THIS IS TO CERTIFY THAT THE BELOW NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE D.O.T.
THE CARRIER CERTIFIES THAT THE CARGO TANK SUPPLIED FOR THIS SHIPMENT IS A PROPER CONTAINER FOR THE TRANSPORTATION OF THIS COMMODITY AS DESCRIBED BY THE SHIPPER.

	Time In	Time Out

ALL PRODUCTS MEET A.S.T.M. STANDARDS.

Description of Material	Sales Tank Start	Sales Tank End	lbs. / gal.	Material Total

Generator Authorized Agent Name (Print) _____

Signature _____

Delivery Date _____

TRANSPORTER

Transporter Name: _____ Driver Name (Print): _____
Address: _____ Truck Number: _____
Truck Type: _____

Generator Authorized Agent Name (Print) _____

Driver Signature _____


Delivery Date _____

DESTINATION

Customer/Generator Name: _____ Authorized Agent Name: _____
Permit/RRC No. _____ Phone: _____
Lease Name & Well No. _____
County: _____
API No. _____
Rig Name & No. _____

donc@northstarforms.com (877)499-0492 White - ORIGINAL Pink - TRANSPORTER Yellow - GENERATOR/CUSTOMER Form # 308

Form # 308



Your Logo Here

NON-HAZARDOUS MANIFEST

RML

GENERATOR

Generator _____ AFE # _____
Address _____ Well Number & Location Info _____
Shipping Location _____
Address _____
Phone _____

Description of Waste Materials	Industrial Waste Code #	Profile Number	Total Quantity	Unit of Measure	Container Type

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR, Part 261 or any applicable state law or regulation, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable law and regulations.

Generator Authorized Agent Name (Print) _____

Signature _____

Delivery Date _____

TRANSPORTER

Transporter Name _____ Driver Name (Print) _____
Truck Number _____
Address _____ Truck Type _____

I hereby acknowledge receipt of the above-described materials for transport from the generator shipping location listed above.

Driver Signature _____

Shipment Date _____

Driver Signature _____

Delivery Date _____

DESTINATION

Site Name _____
Address _____
Phone Number _____
Disposal Location: North _____ East _____ Level _____

I hereby acknowledge receipt of the above-described materials.

Name of Authorized Agent (Print) _____

Signature _____

Receipt Date _____


White - Original Canary - Disposer Retain Pink - Transporter Retain Goldenrod - Generator Retain
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E Hazardous Material

F Non-Hazardous Manifest

Waste Manifest

Form # 308



Your Logo Here

NON-HAZARDOUS OILFIELD WASTE MANIFEST Company Man Contact Information

(PLEASE PRINT) *REQUIRED INFORMATION* Name _____
Phone No. _____

GENERATOR NO. **000000**

Generator Manifest # _____ Location of Origin _____
 Lease/Well Name & No. _____
 Address _____ County _____
 City, State, Zip _____ API No. _____
 Phone No. _____ Rig Name & No. _____
 AFE/PO No. _____

EXEMPT E&P Waste (Service Identification and Amount (place volume next to waste type in barrels or cubic yards))		NON-EXEMPT E&P WASTE		OTHER EXEMPT E&P WASTE STREAMS	
Oil Based Mud	_____	Washout Water (Non-Injectable)	_____		
Oil Based Cuttings	_____	Completion Fluid/Flow Back (Non-Injectable)	_____		
Water Based Mud	_____	Produced Water (Non-Injectable)	_____		
Water Based Cuttings	_____	Gathering Line Water/Waste (Non-Injectable)	_____		
Produced Formation Solids	_____				
Truck Bottoms	_____				
E&P Contaminated Soil	_____				
Gas Plant Waste	_____				

WASTE GENERATION PROCESS: DRILLING COMPLETION PRODUCTION GATHERING LINES

NON-EXEMPT E&P Waste (Service Identification and Amount)

All non-exempt E&P waste must be analyzed and be below threshold limits for toxicity (EPA Ignitability, Corrosivity and Reactivity).

Non-Exempt Other _____ Please select from **Non-Exempt Waste List** on back

DISPOSAL QUANTITY: B - BARRELS L - LIQUID Y - YARDS E - EACH

RCRA EXEMPT: Oil field wastes generated from oil and gas exploration and production operations and are not mixed with non-exempt waste (R390 Accepts certifications on a per lead basis only)

RCRA NON-EXEMPT: Oil field waste which is non-hazardous that does not exceed the minimum standards for waste hazardous by characteristics established in RCRA regulations, 40 CFR 261.22-261.24, or listed hazardous waste as defined by 40 CFR, part 261, subject D, as amended. The following documentation demonstrating the waste as non-hazardous is attached. (Check the appropriate items as provided)

EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous waste determination and a description of the waste must accompany this form)

MSDS Information RCRA Hazardous Waste Analysis Other (Provide Description Below)

TRANSPORTER

Transporter's Name _____ Driver's Name _____
 Address _____ Print Name _____
 Phone No. _____ Phone No. _____
 Transporter Ticket # _____ Truck No. _____

I hereby certify that the above named material(s) was/were picked up at the Generator's site listed above and delivered without incident to the disposal facility listed below.

SENDER DATE	SENDER SIGNATURE	DELIVERY DATE	RECEIVER SIGNATURE
TRUCK TIME STAMP	DISPOSAL FACILITY	RECEIVING AREA	
IN: _____ OUT: _____	Name/No. _____		
Site Name/Permit No. _____	Phone No. _____		

NORM READINGS TAKEN? (Circle One) YES NO IF YES, was reading > 50 micro roentgens? (Circle One) YES NO

PASS THE PAINT FILTER TEST? (Circle One) YES NO

TANK BOTTOMS

Foot	Inches	BSSW/BSLS Received	BSSW (%)
1st Gauge _____	_____	Free Water _____	_____
2nd Gauge _____	_____	Total Received _____	_____

I hereby certify that the above lead material has been (circle one) ACCEPTED DENIED If denied, why? _____

NAME (PRINT) _____ DATE _____ TITLE _____ SIGNATURE _____

C-138 www.northstarforms.com 877-499-0492 White - R390 ORIGNAL Yellow - TRANSPORTER COPY Pink - GENERATOR SITE COPY G44 - RETURN TO GENERATOR 308

Generator - to be completed by the generator of the waste in transit

Company man contact information - Provide the rig manager's name and number

Operator's Name - Provide the name of the company from which the waste originates

Address, City, State, Zip - Business address for the generator company

Phone No. - Provide a phone number where the generator company can be reached

Permit/RRC No. - Provide the Railroad Commission permit number

Lease/Well Name & No. - Provide the name of the lease/well name and number. If offshore, provide the OCS number

County - Provide the county at which the waste was generated in, If offshore, provide the Field name and Block number

API No. - Provide the American Petroleum Institute number, may contain up to 14 digits

Rig Name & No. - Provide the name of the drilling contractor and the well number and well name

AFE/PO No. - Provide either the Authorization for Expenditure (AFE) number or the Purchase Order (PO) number

Origination of waste - Check the option that best describes where the waste originates from

Drilling - Waste generated while drilling the well

Initial Completion - Waste generated on the original completion for re-completions see **Production**

Production - Waste generated during the production life of the well (i.e., work overs, re-completions, hydraulic fracturing, gas plant treatment, etc.)

Commercial Facilities - Waste that is generated at commercial facilities (i.e., Refineries, SMD Wells, Compressor stations, Transfer stations, etc.)

In Transit - Waste which is spilled while in transit, NOT to include well gathering lines or field gathering lines, to include contaminated material resulting from the spill (typically trucking, post-production pipelines, or barges)

Transporter - To be completed by the waste hauler/transporter in the presence of the generator

Transporter name - Provide the company name that is transporting the waste

Address - Business address for the transport company

Driver's Name - Provide the first and last name of the driver hauling the waste

Phone No. - List the phone number at which the transport company can be reached

WHP No. - List the Waste Hauler's Permit Number associated with the truck that is hauling the material

Waste Categories	
<p>Exempt E&P Waste</p> <ul style="list-style-type: none"> Oil Based Mud <ul style="list-style-type: none"> Oil Based Drilling Fluids Offshore Oil Based Drilling fluids Oil Based Cuttings <ul style="list-style-type: none"> Oil Based Drill cuttings Offshore Oil Based cuttings Water Based Mud <ul style="list-style-type: none"> Water Based Drilling fluids Offshore Water Based Drilling fluids Water Based Cuttings <ul style="list-style-type: none"> Water Based Drill cuttings Offshore Water Based cuttings Produced Formation Sand and Solids <ul style="list-style-type: none"> Hydrogen sulfide abatement wastes from geothermal energy production Workover wastes Produced sand Constituents removed from produced water before it is injected Tank Bottoms <ul style="list-style-type: none"> Basic sediment, water, and other tank bottoms from storage facilities that hold product and exempt waste Pit sludges and contaminated bottoms from storage or disposal of exempt wastes Accumulated materials such as hydrocarbons, solids, sands, and emulsion from production separators, fluid treating vessels, and production impoundments Constituents removed from produced water before it is injected or otherwise disposed of Liquid hydrocarbons removed from the production stream but not from oil refining Waste crude oil from primary field operations 	<p>Non-Exempt E&P Waste</p> <p>All non-exempt oil & gas waste must be analyzed for and be below the threshold limits for Toxicity (EPA Metals), Ignitability, Corrosivity and Reactivity.</p> <p>www.epa.gov/owh/heard/wastetypes/characteristic.htm</p> <ul style="list-style-type: none"> Unused fracturing fluids or acids Gas plant cooling tower cleaning wastes Oil and gas service company wastes such as drum residue, sandblast media, painting wastes, spent solvents, spilled chemicals, and waste acids Vacuum truck and drum residue from trucks and drums transporting or containing non-exempt waste Non-Exempt E&P Liquid and solid wastes generated by crude oil and tank bottom residues Waste compressor filters and blowdown Non-Exempt E&P waste in transportation pipeline related pits Caustic or acid cleaners Boiler cleaning wastes Boiler scrubber fluids, sludges, and ash E&P Contaminated Soil <ul style="list-style-type: none"> Transportation spill of post-production and gas


G

Non-Hazardous Oilfield Waste Manifest, 2 Page

Waste Manifest

Form # 408

White

 PLEASE CALL LANDFILL 24 HRS. IN ADVANCE WITH SHIPPING NOTICE. FOR OFFICE USE ONLY
Customer Account No. _____
Ticket No. _____

Your Logo Here **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR **RAD - 191008**

Name _____ Generating Location _____
Address _____
Phone No. _____ U.S. EPA I.D. No. _____

PROFILE/APPROVAL NO.	WASTE DESCRIPTION	QUANTITY	UNITS	UNIT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - DRUM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B - BAG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C - CARTON
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T - TONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y - YARDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O - OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G - GALLON

I hereby certify that the above listed material(s), is (are) not hazardous waste as defined by 40CFR Part 261. That each waste has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulation.

AUTHORIZED AGENT'S NAME (PRINT) _____ DATE _____ SIGNATURE _____

BILL TO CUSTOMER

Name _____ Phone Number _____
Address _____

I hereby certify that the above listed material(s), is (are) not hazardous waste as defined by 40CFR Part 261 or any applicable state law. That each waste has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulation.

AUTHORIZED AGENT'S NAME (PRINT) _____ DATE _____ SIGNATURE _____

TRANSPORTER

Name _____ Phone Number _____
Address _____ Driver's Name _____
License Plate No. _____

I hereby certify that the above listed material(s), is (are) not hazardous waste as defined by 40CFR Part 261 or any applicable state law. That each waste has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulation.

SHIPMENT DATE _____ DRIVER'S SIGNATURE _____ DELIVERY DATE _____ DRIVER'S SIGNATURE _____

DISPOSAL FACILITY


I hereby certify that the above material has been accepted and that information pretended on this document are true and accurate.

NAME (PRINT) _____ DATE _____ SIGNATURE _____

ORIGINAL - WHITE DISPOSAL FACILITY - YELLOW TRANSPORTER - PINK GENERATOR - GOLDENROD #408.

donc@northstarforms.com

H Non-Hazardous Waste Manifest

 **Your Logo Here**

FCC Agreement # _____
Customer ID _____
Acct. Name _____
Salesperson _____
Effective Date _____

Non-Hazardous Waste Summary Front Load Dumpster

Service Information				Billing Information			
Name	Contact	Name	Contact	Name	Contact	Name	Contact
Address	Telephone #	Address	Telephone #	Address	Telephone #	Address	Telephone #
City State Zip	Fax #	City State Zip	Fax #	City State Zip	Fax #	City State Zip	Fax #
	Email		Email		Email		Email

Customer Comments: _____ PO#: _____

Service Description & Recurring Rates					
Quantity	Equipment	Material Stream	Frequency	Monthly Rate	\$
				Lock Bar	\$
				Casters	\$
				Franchise Fee	\$
				Delivery	\$

Current rate for Extra Pickup (per lift): \$ _____ TOTAL: \$ _____

SPECIAL INSTRUCTIONS

Non-Hazardous Waste Summary Roll Off Dumpster

Service Information				Billing Information			
Name	Contact	Name	Contact	Name	Contact	Name	Contact
Address	Telephone #	Address	Telephone #	Address	Telephone #	Address	Telephone #
City State Zip	Fax #	City State Zip	Fax #	City State Zip	Fax #	City State Zip	Fax #
	Email		Email		Email		Email

Customer Comments: _____ PO#: _____

Service Description & On Demand Rates*					
Quantity	Equipment	Material Stream	Frequency	Haul Rate	\$
				Disposal Rate	\$
				Franchise Fee	\$
				Minimum Haul/Day (over 30 days)	\$
				Delivery	\$

The individual signing this agreement on behalf of customer acknowledges that he/she has read and accepts the terms and conditions of this agreement which accompany this service summary sheet and that he/she has the authority to sign on behalf of the customer.

Customer Signature _____ Printed Name _____ Title _____ Date _____
FCC Environmental Services FL LLC Printed Name _____ Title _____ Date _____

I Non-Hazardous Waste Summary Front Load Dumpster