STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS

AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVIT SHOULD BE IN TRIPLICATE, one copy mailed to the Department, one copy to be retained by the Well Operator and the third copy (and extra copies if required) should be mailed to each coal operator at their respective addresses.

Farm name:	Lombard, Berna	ard	(Operator Well	No.:4706990	0056		
LOCATION:	Elevation:653'			Quadrangle:				
	District: Wheel	ing City Cor	р	County:	Ohio			
	Latitude: 44412				Min.	Sec.		
	Longitude: 5251	78.7 Feet V	Vest of _	Deg.	Min	Sec.		
Well Type:	OIL X GAS X							
Company			Cont On	11/0				
Company	PO Box 995		or Owne	erator N/A				
	Buckhannon V	/V	0 10					
Agent	Brian Jarvis		or Owne	perator				
Permit Issu	ed Date 03/	7/2020						
	VEST VIRGINIA, nio ss:		AF	FFIDAVIT				
Paul Jone		_{and} Kevin Me	otz			ly sworn according to		
the 11th	day of March	20 <u>20,</u>	and the v	vell was plugg	ed and filled in	at said work was com the following manner:	mericed on	
CEMEN	T 1139	855				212' OF 7	11	
GEL	855	717				Undetermined 1	0 3/4"	
CEMEN	T 717	580						
GEL	580	453						
CEMEN		349						
GEL	349	263	3					
CEMEN	T 263	0						
Description said well was	of monument: abo completed on the 28	ve ground // Bth day of Ap	API# 47	7-069-0030 20 <u>20</u>		that the work of pluggin		~
And furthe	r deponents saith not	Kon.	en l	Ust			OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGIN Steven C. Ball	NIA
Sworn and	subscribe before me	this 28^{th} da	iv of A	or 1	20.70		PO Box 1400 Clarksburg, WV 26300 My Commission Expires February	25, 2025
	on expires: 2/25		,	1				~
			<u>()</u>	A 1	Notary Public			
Affidavit revie	wed by the Office of	Oil and Gas: 😥	Voil	Dare	nege	Title: Onspact	tor Specialist	

State of West Virginia

Department of Environmental Protection - Office of Oil and Gas

Discharge Monitoring Report Oil and Gas General Permit

Company Name:	Hydroc	arbon Well Service				
API No:	47-069	-00304-00-00		County:	Ohio	
District:	ct: Wheeling City Corp			Well No:	4706990056	
Farm Name:	Lombai	rd, Bernard				
Discharge Date/s I	From:(M	MDDYY)		To: (MMI	DDYY)	
Discharge Times.	From:	1 6 41: 6 71: 4		To:		
Total Volume to b	sed from this facility (g	gallons):	10,920			
Disposal Option(s)) Utilize	d (write volumes in gall	lons):			
(1) Land Applicat	tion:		(Include a	topograph	nical map of the Area.)	
(2) UIC:			Permit No).		
(3) Offsite Dispos	sal:	10,920	Site Locat	tion: Belm	nont Solids Control, OH	
(4) Reuse:			Alternate	Permit Nu	mber:	
(5) Centralized Fa	acility:		Permit No			
(6) Other method			(Include a	n explanat	ion)	
Follow Instruction:	s below	to determine your treati	ment category	:		
Optional Pretreati	ment tes	t: Cl- mg/l		_ DO mg/l	I	
1. Do you have	permiss	ion to use expedited trea	atment from tl	ne Director	or his representative?	
(Y/N)		If yes, who?		and	I place a four (4) on line 7.	
If not go to li		_1 1 1 10	(T. I. D. I.)	**		
line 3.	ia or iic	owback put into the pit?	(Y/N)	_ If yes	s, go to line 5. If not, go to	
	a chlori	de value pretreatment (s	see above)? (V	/NI)	If you go to line 4	
If not, go to li		de varde pretreatment (s	see above): (1	/IN)	If yes, go to line 4	
		less than 5000 mg/l? (Y	/N)	If ves. tl	hen enter a one (1) on line 7.	
5. Do you have	a pretrea	atment value for DO? (S	See above) (Y	/N)	If yes, go to line 6	
If not, enter a	three (3	3) in line 7.				
6. Is the DO lev	el greate	er than 2.5 mg/l?(Y/N)		If yes, e	enter a two (2) on line 7. If	
not, enter a th						
7 is th 8. Comments	ie catego	ory of your pit. Use the				
8. Comments	on Pit c	ondition:				
Name of Princip	al Exec	. Officer: Brian Jarvis				
Title of Officer:		rner			2.0.	
Date Completed	1604	2/20				
I certify und	ler pena	lty of law that I have I	personally exa	amined and	d am familiar with the	
information sub	mitted o	on this document and all	I the attachme	nts and tha	at, based on my inquiry	
of those individ	of those individuals immediately responsible for obtaining the information I believe that the					
information is tr	ue, acci	irate, and complete. I a	am aware that	there are s	ignificant penalties for	
submitting false	interma	ation, including the poss	sibility of fine	and impris	sonment.	
A Part of the Part	7	1				
	Signa	ture of a Principal Exec	. Officer or A	uthorized a	agent.	

WR-34 Page 2 of 3					
Category 1 Sampling Results API No:		_			
	Duod	iaahawaa	D:		
Parameter	Limits	ischarge Reported		harge	WY . **
рН	6-10	Reported	Limits 6-10	Reported	Units S.U
Settling Time	5		0-10 N/A	N/A	
Fe	6			IN/A	Days
D.O.	2.5		6		mg/l
Settleable Sol.	0.5		2.5		mg/l
Cl	5,000		0.5		mg/l
Oil	Trace		5,000		mg/l
TOC**	Trace		Trace		Obs.
Oil and Grease			Monitor		mg/l
Total Al***			Monitor		mg/l
TSS			Monitor		mg/l
			Monitor		mg/l
Total Mn Volume	Monitor		Monitor		mg/l
			Monitor		Gal
Flow			Monitor		Gal/min
Disposal Area	tad :ftha I	I :1 0 0	Monitor	· · · · · · · · · · · · · · · · · · ·	Acres
*** Al is only repor	ted if the pr	is above 9.0			
Co					
Category 2					
Sampling Results					
API No:					
Parameter		ischarge		harge	
pH	Limits	Reported	Limits	Reported	Units
Settling Time	6-10		6-10	2711	S.U
Fe Fe	10		N/A	N/A	Days
	6		6		mg/l
D.O.	2.5	M-1	2.5		mg/l
Settleable Sol.	0.5		0.5		mg/l
Cl*	12,500	*	12,500		mg/l
Oil	Trace		Trace		Obs.
TOC**			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Total Al***			Monitor		mg/l
TSS	***		Monitor		mg/l
Total Mn	Monitor		Monitor		mg/l
Volume			Monitor		Gal
Flow			Monitor		Gal/min
Disposal Area			Monitor		A 200-

Disposal Area
* Can be 25,000 with inspector's approval,

(Inspector's signature):

*** Include a description of your aeration technique.

*** Al is only reported if the pH is above 9.0

Date:	
Aeration Code:	

Category 3	
Sampling Results	
API No:	

API No:		_			
	Predis	charge	Disc	harge	
Parameter	Limits	Reported	Limits	Reported	Units
pН	6-10		6-10		S.U
Settling Time	20		N/A	N/A	Days
Fe	6		6		mg/l
D.O.	2.5		2.5		mg/l
Settleable Sol.	0.5		0.5		mg/l
Cl*	12,500		12,500		mg/l
Oil	Trace		Trace		Obs.
TOC**			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Total Al***			Monitor		mg/l
TSS			Monitor		mg/l
Total Mn	Monitor		Monitor		mg/l
Volume			Monitor		Gal
Flow			Monitor		Gal/min
Disposal Area			Monitor		Acres
(Inspector's signat ** Include a descr *** Al is only repo	iption of your a			ate: Aeration Cod	le:
Category 4 Sampling Results API No:		-			
	Predis	scharge	Disc	harge	
Parameter	Limits	Reported	Limits	Reported	Units
pH	6-10	255	6-10		S.U
Settling Time	1		N/A	N/A	Days
Fe	Monitor		Monitor		mg/l
D.O.	Monitor		Monitor		mg/l
Settleable Sol.	Monitor		Monitor		mg/l
Cl*	12,500		12,500		mg/l
Oil	Trace		Trace		Obs.
TOC**			Monitor		mg/l
0.1 - 1.0			N /		

Date Site Reclaimed N/A N/A
Disposal Area
* Can be 25,000 with inspector's approval,

Monitor

Oil and Grease

Activated Carbon (0.175)

TSS

Total Mn

Volume

Flow

Inspector's signature):	Date:
mspector s signature).	Date.

Monitor

Monitor

Monitor

Monitor

Monitor

N/A

Monitor

N/A

mg/l

mg/l

mg/l

Gal Gal/min

lb/Bl

Acres

10 days from dis.

Belmont Solids Control

CLEANOUT MANIFEST

DATE 4 128/20
GENERATOR OVDPNVDP
BOX/TANK# Truck 3004 VT
CLEANING TIME REQUIRED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NOTES UNIOCA PIM
DRIVER SIGNATURE
EMPLOYEE SIGNATURE OCH DE ROMONDO

GREENTREE SERVICES 10515 165TH ST. W. LAKEVILLE, MN. 55044

BOL Number 24069

SOURCE INFO	
Name	A Address N. 20 LH ST.
HYDROCAPPON WARWOOD MARIN	
City WHETLING State WY	Zip 26003 County OHIO
Must Check Only One Water Type:	
Fresh:	Notes: Plagging Viste
☐ Municipal Withdrawal	
☐ Surface Withdrawal	
☐ Water Supply Well	*
☐ Freshwater Pit	API: 46-069-00304
Impaired:	111 - 5 10 00 1
☐ Flowback Well Number (re	equired)
☐ Production Well Number (re	equired)
Drilling Well Number (re	quired)
☐ Wellhead Cellars Well Number (re	equired)
☐ Recycling Facility Permit Number (requi	(red)
☐ Third Party Production Well Number (require	ed)
Secondary Containment and Rainwater Must Circle One: We	ell Pad Containment Non-Well Pad Containment Rainwater on Ground
Volume 110 BBL	Date 4/28/20 Time 730/AM
Source Printed Name	Source Signature
HAULER/TRANSFER COMPANY INFO	
Company Name Address	000 Pp Truck#2024
GREENTING SERVICES 4050 HENDER	SEN PU
City HILYOU State PA 1534	0 Phone 724 Trailer #
Volume (should match source volume exactly)	Vehicle License Plate #
Driver Printed Name Mic Lapham	Driver Signature
RECEIVER INFO	
Name BELMONT SOLIDS CONTROL	Address CADIZ-NEW ATHENS RD.
	3907 Phone 330 -222-1274
Must Check One Type of Receiver and Provide Permit #, We	il #, or Pad Name:
Recycling Facility Permit #	
Disposel Facility Permit #	
☐ Well Site Well # Must Circl	e One: FW Pit PW AST Impaired Pit Impaired AST Tank
Dust Control Pad Name	
Volume (should match source volume exactly)	Date Time
Herburg hunderforme COC	Receiver Stynature / / / /

BELMONT SOLIDS CONTROL

Balmont Solids Control 7716 Depot Rd Unit 1 Lisbon, OH 44432 (330) 222-1274 Office (330) 222-1500 Fax

NON-HAZARDOUS WASTE MANIFEST

MANIFEST NO.

SECTION 1 THIS SECTION TO BE COMPLETED BY THE MANIFEST GENERATOR:				
COMPANY NAME		ADDRESS	WASTE ID	
GreenTree Logistics		HydroCarbon- Warwood Marina	ASC-GTPW-001	
		COUNTY Ohio STATE WV	PO NUMBER	
NAME OR DESCRIPTION	N OF WASTE SHIPPED		GALLONS/ BARRELS	
Plugging Waste	- No RAD Testir	g Required		
FACILITY APPROVAL#			TEST ID#	
Approval# 2004	20001 Truck/Bo	x#		
IN CASE OF EMERGENCY	NAME	PHONE NO.	24 HR EMERGENCY	
OR SPILL CONTACT	Margaret Will	ams 330-787-3641		
I hereby certify that the abo Properly dassified, describe Labeled and are in proper of Transportation according to	ed, packaged, marked and ondition for	GENERATOR PRINTED NAME TOMMY JONES	H/28/20	
Regulations of the DOT and	the EPA.	GENERATOR SIGNATURE	PHONE#	
		Samy Amer		
SECTION 2 THIS S	ECTION TO BE CO	MPLETED BY THE HAULER/TRANSPORTER:		
Greentre.	Services	Hickory, PA 15340	724-206-0844	
VEHICLE ID NO.	STATE	BOX NUMBER IN BOX NUMBER OUT	JOB NO.	
3024	mw			
I hereby certify that the abo accepted for transportation	at the producer's site an	PRINT DRIVER'S NAME	DATE	
delivered to and off loaded at the waste facility, both as listed hereupon.		DRIVER'S SIGNATURE	4/28/20	
SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY:				
FACILITY NAME		ADDRESS	PHONE NO.	
BELMONT SOLIDS CONTROL		77505 CADIZ-NEW ATHENS RD CADIZ, OH 43907	OFFICE 330-222-1274	
CADIZ, OR 43907 330-222-12/4				
I hereby certify that the abo		AUTHORIZED SIGNATURE	DATE	
delivered to this Facility, that the Facility is authorized and permitted to receive such waste(s).				

Belmont Solids Control

CLEANOUT MANIFEST

DATE 4 1 20 1 20
GENERATOR Greentree
HAULER Creentree Seroles
BOX/TANK# bottle
CLEANING TIME REQUIRED / 6.5
NOTES
DRIVER SIGNATURE
MPLOYEE SIGNATURE Charles offe

no test

Belmont Solids Control

WEIGHT TICKET

DATE	08/30
MANIFEST#	28693
BOX#	1Ct 3024
TRUCK# #300	DY Ordentree
GROSS WEIGHT:	59010
TARE WEIGHT:	33920
NET WEIGHT:	25120
	*
TONS:	12.56

GREENTRÉE SERVICES 3rd Party Hauler Name: 4050 Henderson Rd Hickory, PA 15340 Driver Name: Date: Truck #: Total Hours: 4/28/20 Left Yard Time: 3024 7.5 hrs Site Name: Warmed Mym, Start Time: 6:00 MM Hydra Caybin Address: N. End Mileage End Time: 1300M ZOM ST. Daily Haul Information: Load Start Time: Off Site: On site: in Landfill: Out Landfill: End Load Time: 23693 12.56 24069 Safety Meeting iption of Work/Notes:
Final Location of Box:
Took a load from size to BSC. Got Cinsed out and got fuel on way Description of Work/Notes: Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: BOL: Description of Work/Notes: Final Location of Box: Load Start Time: Off Site: On site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: · BOL: Description of Work/Notes: Final Location of Box: Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: BOL: Description of Work/Notes: Final Location of Box:

GREENTREE SERVICES 10515 165TH ST. W. LAKEVILLE, MN. 55044

BOL Number 24068

SOURCE INFO				
Name Hyprocarbon - WARWOOD MAI	RINA Address N. J	LOTH ST.		
City WHEELING State WV	Zip 26003	County MALSHALL		
Must Check Only One Water Type:	Notes:			
Fresh:	LIPASPI.			
☐ Municipal Withdrawel				
☐ Surface Withdrawal				
☐ Water Supply Well				
☐ Freshwater Plt				
Impaired:				
☐ Flowback Well Number	(required)			
☐ Production Well Number				
☑ Drilling Well Number	(required) 47-069-00	304		
	(required)			
II —	equired)			
☐ Third Party Production Well Number (requ	uired)			
	Well Pad Containment Non-Well Pad	Containment Rainwater on Ground		
Volume 60 BBLS	Date 4/23/20	Time 4: 45 PM		
Source Printed-Name	Source Signature			
HAULER/TRANSFER COMPANY INFO	IL DONAMY SONTY			
Company Name, Address	Tr	uck#		
	HUSEN RD.	3023		
City HICKORY State PA Zip 153	40 Phone 724 Trailer	#		
Volume (should match source volume exactly) Vehicle License Plate #				
Driver Printed Name				
RECEIVER INFO				
Name()				
City CAPIZ State OH ZIP 43907 Phone 330-222-1274				
Must Check One Type of Receiver and Provide Permit #, Well #, or Pad Name:				
☐ Recycling Fadlity Permit #				
☐ Disposel Facility Permit #				
☐ Well Site Well # Must Circle One: FW Pit FW AST . Impaired Pit Impaired AST Tank				
☐ Dust Control Pad Name				
Volume (should match source volume exactly)	Date	Time		
Receiver Printed Name Receiver Signature Caux Juvenex				

BELMONT SOLIDS CONTROL

Belmont Solids Control 7716 Depot Rd Unit 1 Lisbon, OH 44432 (330) 222-1274 Office (330) 222-1500 Fax

NON-HAZARDOUS WASTE MANIFEST

MANIFEST NO. 23635

SECTION 1 THIS	SECTION TO DE CO	A COLUMN TO THE PARTY OF THE PA		ر میران کو سیار
COMPANY NAME	SECTION TO BE CC	MPLETED BY THE MANIF	EST GENERATOR:	
AU			ADDRESS	
Ciccinnee	Logistics	HydroCarbon- Warv	vood Marina	ASC-GTPW-001
		county Ohio	STATE WV	PO NUMBER
NAME OR DESCRIPTIO	N OF WASTE SHIPPED			GALLONS/ BARRELS
Plugging Waste	- No RAD Testin	g Required		
FACILITY APPROVAL #				
Approval# 2004	20001 Truck/Box	(#		TEST ID#
IN CASE OF EMERGENCY	NAME	PH	ONE NO.	24 HR EMERGENCY
OR SPILL CONTACT	Margaret Willi	ams 330-	787-3641	
I hereby certify that the abo Properly classified, describe	ove named waste(s) are	GENERATOR PRINTED NAME		DATE
Labeled and are in proper of	ondition for	Tomay Jones	2	4/23/20
Transportation according to Regulations of the DOT and		GENERATOR SIGNATURE		
		DEVENATOR SIGNATURE		PHONE#
		Jamany Don		
SECTION 2 THIS S	ECTION TO BE CO	MPLETED BY THE HAULER	/TRANSPORTER:	
COMPANY NAME		ADDRESS		PHONE NO. 724
Great	QQ.	Hickory	PA ·	206-0849
VEHICLE ID NO.	STATE	BOX NUMBER IN	BOX NUMBER OUT	JOB NO.
3023	MIN			300 110.
I hereby certify that the abo	ve described waste(s) wer	PRINT DRIVER'S NAME		DATE
accepted for transportation delivered to and off loaded a	at the producer's site and at the waste facility, both	Lyason Da	ilox	
as listed hereupon.	•	DRIVER'S SIGNATURE	1147	11/2-1-
		I Jason M	. Dailey	4/23/20
SECTION 3 THIS SE FACILITY NAME	CTION TO BE CON	MPLETED BY RECEIVER AT	DISPOSAL FACILITY:	
PACILITY NAME		ADDRESS		PHONE NO.
BELMONT SOLIDS CONTROL 77505 CADIZ-NEW ATHENS RD		OFFICE		
		CADIZ, OH	43907	OFFICE
COMMENTS	,		-000/	330-222-1274
		*		in the state of th
I hereby certify that the above delivered to this Facility, that	re described waste(s)	AUTHORIZED SIGNATURE		DATE
and permitted to receive suc	h waste(s).		_	
		Museus /	ecco	4/23/20

Belmont Solids Control <u>WEIGHT TICKET</u>

DATE 4/23/20
MANIFEST# 23635
80X# Tanteex
TRUCK# Creenfree (3023)
GROSS WEIGHT: 56,400
TARE WEIGHT: 32,100
NET WEIGHT: 24,300
TONS: 12-15

Bill of Lading for Non-Hazardous Materials

GREENTREE LOGISTICS Waste BOL

BOL Number: 006146

SOURCE INFORMATION				
Pad/site Name: // YDro Carbon - Warwood Ma.	Check Source Type:	And the second s		
Address:	Drill Cuttings	☐ Production Waste		
Address: V2074 57 City State	☐ Frac Sand & Frac Fluids	☐ Tresh ☐ Sewage		
	Zip ☐ Pond Sludge	□ Potable Water □ Other Source		
Wheeling WV.	Drilling Mud/Gel/KCL Water	☐ Recycled Water		
County: OHIO	Estimated Barrels / Yons Removed:	90		
Rig Name:	Date: 4/20/2			
Woll #: 46-069-00304	Time: 130 AM/ PM	Time: MA/ PM		
Source Supervisor (Print Name):	Supervisor Signature:	Supervisor Signisture:		
PRIMARY HAULER INFORMATION	NOMES OF THE OWNER O			
Company Name:	Truck#:	Traller #:		
Address: Address:	3064			
Gily State	License Plate #:	Florid Ticket #:		
	ZID (850/1	F1//011 °		
	340 Barrels / Tons Hauled: 90			
Phone #: 724.206-0849	Date: 4/20/20	Time: (2.35) AN (FM)		
Driver Name: Mue Layham	Driver Signature:			
SECONDARY HAULER INFORMATION				
Company Name:	Truck #:	Trailer #:		
wiress:	License Plate #:			
	MCBISE PIBLE 4:	Field Ticket#;		
City State	Zip			
	Barrels / Tons Hauled;			
The state of the s				
Prone #:	Date:	Time: AM / PM		
	Date: Driver Signature:	Time: AM / PM		
Driver Name:	Driver Signature:			
Phone #: Driver Name: RECEIVING SITE INFORMATION	Driver Signature:	Time: AM / PM		
RECEIVING SITE INFORMATION THE Name: Be/mont 50/1ds Control	Driver Signature:			
RECEIVING SITE INFORMATION THE Name: Be/mont 50/1ds Control	Driver Signature:			
THE Name: Be / MONT So lids Control Odress: 77505 Cadii Was Atheus R City State	Driver Signature: Recycling Site Permit # Disposal Site Well #:			
THE Name: Be / MONT SO INDS CONTRO Oddress: 77505 CADIT WAN A theus R CADIT OH 439	Driver Signature: Recycling Site Permit # Disposal Site Well #:			
THE Name: Be / MONT SO INDS CONTRO Oddress: 77505 CADIT WAN A theus R CADIT OH 439	Driver Signature:			
RECEIVING SITE INFORMATION The Name: Be/mont Solids Control Oddress: 77505 Cadii Was Albers Received City State 1	Driver Signature: Recycling Site Permit #	Time: AM / PM		
ECEIVING SITE INFORMATION The Name: Be / mont 50 / ids Contro Totos: 77505 Cadir New Athers Ro City State C AD 12 OH 435	Driver Signature:	Time: AM / PM		

White - Greentree Logistics

Yellow - Receiving Site

Pink - Primary Hauler

Belmont Solids Control

WEIGHT TICKET

DATE 4/	20120	
MANIFEST#	23603	
80X#	B07+/2	
TRUCK#	3024	Greentree
•		
GROSS WEIGHT:	52080	
TARE WEIGHT:	32.920	,
NET WEIGHT:	19160	
7		
TONS:	9.58	* *

BELMONT SOLIDS CONTROL

Belmont Solids Control 7716 Depot Rd Unit 1 Lisbon, OH 44432 (330) 222-1274 Office (330) 222-1500 Fax

NON-HAZARDOUS WASTE MANIFEST

MANIFEST NO. 23663

ADDRESS HydroCarbon-Warwood Marina GreenTree Logistics HydroCarbon-Warwood Marina COUNTY Ohio STATE WW RASTE ID ASC-GTPW-001 PO NUMBER GALLONS BARRELS TEST IDB TO ATE TEST IDB TEST IDB	SECTION 1 THIS SECTION TO BE COMPLETED BY THE MANIFEST GENERATOR:			
NAME OR DESCRIPTION OF WASTE SHIPPED Plugging Waste- No RAD Testing Required FACILITY APPROVAL # Approval* 20042001 Truck/Box# IN CASS OF EMERGENCY OR SPILL CONTACT Margaret Williams 330-787-3641 SECTION 2 THIS SECTION TO BE COMPLETED BY THE HAULER/TRANSPORTER: COMPANY NAME ADDRESS VEHICLE ID NO. STATE BOX NUMBER ID BOX NUMBER ID DATE HAVE OF HEADERSTORE PHONE NO. 24 HR EMERGENCY OR SPILL CONTACT DATE H/20/20 TRISPORTATION SIGNATURE PHONE II PHONE NO. 24 HR EMERGENCY OR SPILL CONTACT DATE H/20/20 TRISPORTATION SIGNATURE PHONE II PHONE NO. 25 HAVE OF HEADERS OF H				WASTE ID
NAME OR DESCRIPTION OF WASTE SHIPPED Plugging Waste- No RAD Testing Required FACILITY APPROVAL # Approval* 200420001 Truck/Box# In CASE OF EMERGENCY ON SPILL CONTACT Margaret Williams 330-787-3641 Server of Joseph Condition of Department of Server of	GreenTree	Logistics	HydroCarbon- Warwood Marina	
Plugging Waste- No RAD Testing Required FACILITY APPROVAL! Approval# 200420001 Truck/Box# IN CASE OF EMERGENCY OR SPILL ONTACT Margaret Williams 330-787-3641 I hereby certify that the above named waste(s) the PRINT DRIVER'S NAME SECTION 2 THIS SECTION TO BE COMPLETED BY THE HAULER/TRANSPORTER: COMPANY NAME ADDRESS VEHICLE ID NO. STATE BOX NUMBER IN BOX NUMBER IN BOX NUMBER OUT JOB NO. SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY: FACILITY NAME ADDRESS PHONE NO. DATE ATTENDATION OF TRANSPORTER: OR PHONE NO. STATE BOX NUMBER IN BOX NUMBER OUT JOB NO. DATE ATTENDATION OF TRANSPORTER: DATE PHONE NO. DATE ATTENDATION OF TRANSPORTER: OR PHONE NO. DATE ATTENDATION OF TRANSPORTER: DATE PHONE NO. DATE ATTENDATION OF TRANSPORTER: OR PHONE NO. DATE ATTENDATION OF TRANSPORTER: DATE PHONE NO. DATE ATTENDATION OF TRANSPORTER: DATE DATE ATTENDATION OF TRANSPORTER: DATE ATTENDATION OF			COUNTY Ohio STATE W	PO NUMBER
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Approval# 200420001 Truck/Box# IN CASE OF EMERGENCY OR SPILL CONTACT Margaret Williams 330-787-3641 SECRIATOR PRINTED NAME PHONE NO. 24 HR EMERGENCY OR SPILL CONTACT Margaret Williams 330-787-3641 SECRIATOR PRINTED NAME PHONE DATE Thereby certify that the above named waste(s) are Properly classified, described, packaged, marked and tabled and are in proper condition for Transportation according to the applicable Regulations of the DT and the BPA. SECTION 2 THIS SECTION TO BE COMPLETED BY THE HAULER/TRANSPORTER: COMPANY NAME ADDRESS VEHICLE ID NO. STATE BOX NUMBER IN BOX NUMBER OUT JOB NO. PRINT DRIVER'S NAME SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY: ADDRESS PHONE NO. DATE ATERIAL APPLICATION DATE SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY: ADDRESS PHONE NO. DATE ADDRESS PHONE NO. PRINT DRIVER'S SIGNATURE DRIVER'S SIGNATURE DRIVER'S SIGNATURE DRIVER'S SIGNATURE ADDRESS PHONE NO. SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY: ADDRESS PHONE NO. OFFICE 330-222-1274 AUTHORIZED SIGNATURE DATE	Plugging Waste	- No RAD Testin	g Required	
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and permitted to receive such weste(s). Elacthorway is authorized Charthorway in the section of	I hereby certify that the above described waste(s) AUTHORIZED SIGNATURE DATE			
	delivered to this Facility, that the Facility is authorized		4-20-20	

3rd Party Hauler Name: 4050 Henderson Rd Hickory, PA 15340 Total Hours: 6 h 13 Date: Driver Name: Truck #: B3024 4/20/20 Start Mileage: Start Time: 60140 10:00 Am In Yard Time: End Mileage End Time: 60292 4:00 PM Daily Haul Information: Load Start Time: On site: Off Site: Out Landfill: In Landfill: End Load Time: 11.30 Am Manifest #: 23683 23603 Safety Meeting Description of Work/Notes: load from site and took to BSC. Got Hedrys Mised Got fact on return to yard. out. Load Start Time: On site: Off Site: In Landfill; Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: BOL: Description of Work/Notes: Final Location of Box: Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: ' BOL: Description of Work/Notes: Final Location of Box: . Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box#: BOL: Description of Work/Notes: Final Location of Box:

GREENTRÉE SERVICES

GREENTREE SERVICES 3rd Party Hauler Name: 4050 Henderson Rd Greantrea Hickory, PA 15340 Driver Name: Truck #: Date: Total Hours: Jason Dailey 3023 Start Mileage: Start Time: Site Name: 147075 End Mileage 2:30 Warwood End Time: In Yard Time: Address: 147237 Daily Haul Information: 9:00 PM Wheeling 8:45 PM Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: 2:30 PM 4:10 PM 4:53 PM 6:36 PM 7:23PM 9.00 PM Marina Landfill Tkt # Manifest #: Tons: Box #: 23635 12.15 Mudd 24068 Description of Work/Notes:

Final Location of Box:

Drove to the worwood marina and got loaded, took it to BSC, got
final in sterbenville and come back to the yord Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: BOL: Description of Work/Notes: Final Location of Box: Load Start Time: On site: Off Site: In Landfill: Out Landfill: End Load Time: Landfill Tkt # Manifest #: Tons: Material: Box #: BOL: Description of Work/Notes: · Final Location of Box: