

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, Bernard Operator Well No.: 4706990056

LOCATION: Elevation: 653' Quadrangle: Wheeling
District: Wheeling City Corp County: Ohio
Latitude: 4441243.5 Feet South of _____ Deg. _____ Min. _____ Sec.
Longitude: 525178.7 Feet West of _____ Deg. _____ Min. _____ Sec.

Well Type: OIL GAS

Company HWS Coal Operator N/A
PO Box 995 or Owner _____
Buckhannon WV _____
Agent Brian Jarvis Coal Operator _____
Permit Issued Date 03/17/2020 or Owner _____

AFFIDAVIT

STATE OF WEST VIRGINIA,
County of Ohio ss:

Paul Jones and Kevin Metz being first duly sworn according to law depose and say that they are experienced in the work of plugging and filling oil and gas wells and were employed by the above named well operator, and participated in the work of plugging and filling the above well say that said work was commenced on the 11th day of March, 2020 and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
CEMENT	1139	855		212' OF 7"
GEL	855	717		Undetermined 10 3/4"
CEMENT	717	580		
GEL	580	453		
CEMENT	453	349		
GEL	349	263		
CEMENT	263	0		

Description of monument: above ground /API# 47-069-00304 and that the work of plugging and filling said well was completed on the 28th day of April, 2020.

And further deponents saith not.

Paul Jones
Kevin Metz

Sworn and subscribe before me this 28th day of April, 2020

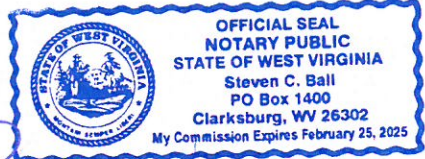
My commission expires: 2/25/2025

Notary Public

Affidavit reviewed by the Office of Oil and Gas:

Daniel Saravage

Title: Inspector Specialist



State of West Virginia
Department of Environmental Protection - Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name: Hydrocarbon Well Service
API No: 47-069-00304-00-00 County: Ohio
District: Wheeling City Corp Well No: 4706990056
Farm Name: Lombard, Bernard

Discharge Date/s From:(MMDDYY) _____ To: (MMDDYY) _____
Discharge Times. From: _____ To: _____

Total Volume to be Disposed from this facility (gallons): 10,920

Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: _____ (Include a topographical map of the Area.)
- (2) UIC: _____ Permit No. _____
- (3) Offsite Disposal: 10,920 Site Location: Belmont Solids Control, OH
- (4) Reuse: _____ Alternate Permit Number: _____
- (5) Centralized Facility: _____ Permit No. _____
- (6) Other method: _____ (Include an explanation)

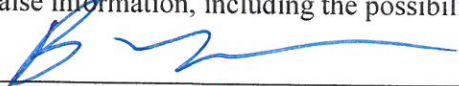
Follow Instructions below to determine your treatment category:

Optional Pretreatment test: _____ Cl- mg/l _____ DO mg/l

1. Do you have permission to use expedited treatment from the Director or his representative?
(Y/N) _____ If yes, who? _____ and place a four (4) on line 7.
If not go to line 2
2. Was Frac Fluid or flowback put into the pit? (Y/N) _____ If yes, go to line 5. If not, go to line 3.
3. Do you have a chloride value pretreatment (see above)? (Y/N) _____ If yes, go to line 4
If not, go to line 5.
4. Is the Chloride level less than 5000 mg/l? (Y/N) _____ If yes, then enter a one (1) on line 7.
5. Do you have a pretreatment value for DO? (See above) (Y/N) _____ If yes, go to line 6
If not, enter a three (3) in line 7.
6. Is the DO level greater than 2.5 mg/l?(Y/N) _____ If yes, enter a two (2) on line 7. If not, enter a three (3) on line 7.
7. _____ is the category of your pit. Use the Appropriate section.
8. Comments on Pit condition: _____

Name of Principal Exec. Officer: Brian Jarvis
Title of Officer: Owner
Date Completed: 8/12/20

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and all the attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



Signature of a Principal Exec. Officer or Authorized agent.

Category 1
Sampling Results
API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	5	_____	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	5,000	_____	5,000	_____	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

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

Category 2
Sampling Results
API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	10	_____	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

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

(Inspector's signature): _____

Date: _____

** Include a description of your aeration technique.

Aeration Code: _____

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

Category 3
Sampling Results
API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	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

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

(Inspector's signature): _____ Date: _____
 ** Include a description of your aeration technique. Aeration Code: _____

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

Category 4
Sampling Results
API No: _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	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
Oii	Trace	_____	Trace	_____	Obs.
TOC**			Monitor	_____	mg/l
Oil and Grease			Monitor	_____	mg/l
TSS			Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume			Monitor	_____	Gal
Flow			Monitor	_____	Gal/min
Activated Carbon (0.175)			N/A	N/A	lb/Bl
Date Site Reclaimed	N/A	N/A			10 days from dis.
Disposal Area			Monitor	_____	Acres

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

(Inspector's signature): _____ Date: _____

Belmont Solids Control

CLEANOUT MANIFEST

DATE 4/28/20

GENERATOR Orpenbre

HAULER #3024 Orpenbre

BOX/TANK# Truck 3024 vt

CLEANING TIME REQUIRED 1 hr

NOTES Unload Pit

DRIVER SIGNATURE _____

EMPLOYEE SIGNATURE Jackie Rowland

Bill of Lading
for Non-Hazardous Liquids

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

BOL Number 24069

SOURCE INFO			
Name HYDROCARBON WARWOOD MARINA		Address N. 20 TH ST.	
City WHEELING	State WV	Zip 26003	County OHIO
Must Check Only One Water Type: Fresh: <input type="checkbox"/> Municipal Withdrawal <input type="checkbox"/> Surface Withdrawal <input type="checkbox"/> Water Supply Well <input type="checkbox"/> Freshwater Pit Impaired: <input type="checkbox"/> Flowback <input type="checkbox"/> Production <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Wellhead Cellars <input type="checkbox"/> Recycling Facility <input type="checkbox"/> Third Party Production <input type="checkbox"/> Secondary Containment and Rainwater		Notes: Plugging Waste API: 46-069-00304 Well Number (required) _____ Well Number (required) _____ Well Number (required) _____ Well Number (required) _____ Permit Number (required) _____ Well Number (required) _____	
Volume 100 BBL 110 BBL		Date 4/28/20	Time 7:30 AM
Source Printed Name Johnny Jones		Source Signature <i>[Signature]</i>	
HAULER/TRANSFER COMPANY INFO			
Company Name GREENTREE SERVICES		Address 4050 HENDERSON RD.	
City HICKORY		State PA	Truck # 2024
Zip 15340		Phone 724-206-0849	Trailer #
Volume (should match source volume exactly) 65 BBL		Vehicle License Plate #	
Driver Printed Name Mae Lapham		Driver Signature <i>[Signature]</i>	
RECEIVER INFO			
Name BELMONT SOLIDS CONTROL		Address 77505 CADIZ-NEW ATHENS RD.	
City CADIZ	State OH	Zip 43907	Phone 330-222-1274
Must Check One Type of Receiver and Provide Permit #, Well #, or Pad Name: <input type="checkbox"/> Recycling Facility Permit # _____ <input type="checkbox"/> Disposal Facility Permit # _____ <input type="checkbox"/> Well Site Well # _____ Must Circle One: FW PR FW AST Impaired Pit Impaired AST Tank <input type="checkbox"/> Dust Control Pad Name _____			
Volume (should match source volume exactly) 25 BBL		Date	Time
Receiver Printed Name Dale Koobush		Receiver Signature <i>[Signature]</i>	

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

BELMONT SOLIDS CONTROL

NON-HAZARDOUS WASTE MANIFEST

MANIFEST NO. **23093**

SECTION 1 THIS SECTION TO BE COMPLETED BY THE MANIFEST GENERATOR:				
COMPANY NAME GreenTree Logistics	ADDRESS HydroCarbon- Warwood Marina		WASTE ID ASC-GTPW-001	
COUNTY Ohio STATE WV		PO NUMBER		
NAME OR DESCRIPTION OF WASTE SHIPPED Plugging Waste- No RAD Testing Required			GALLONS/ BARRELS	
FACILITY APPROVAL # Approval# 200420001 Truck/Box#			TEST ID#	
IN CASE OF EMERGENCY OR SPILL CONTACT	NAME Margaret Williams	PHONE NO. 330-787-3641	24 HR EMERGENCY	
I hereby certify that the above named waste(s) are Properly classified, described, packaged, marked and Labeled and are in proper condition for Transportation according to the applicable Regulations of the DOT and the EPA.	GENERATOR PRINTED NAME Tommy Jones		DATE 4/28/20	
	GENERATOR SIGNATURE <i>Tommy Jones</i>		PHONE#	
SECTION 2 THIS SECTION TO BE COMPLETED BY THE HAULER/TRANSPORTER:				
COMPANY NAME Greentree Services		ADDRESS 4050 Henderson Rd. Hickory, PA 15340		PHONE NO. 724-206-0849
VEHICLE ID NO. 3024	STATE PA	BOX NUMBER IN	BOX NUMBER OUT	JOB NO.
I hereby certify that the above described waste(s) were accepted for transportation at the producer's site and delivered to and off loaded at the waste facility, both as listed hereupon.	PRINT DRIVER'S NAME Moe Latham		DATE 4/28/20	
	DRIVER'S SIGNATURE <i>Moe Latham</i>			
SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY:				
FACILITY NAME BELMONT SOLIDS CONTROL		ADDRESS 77505 CADIZ-NEW ATHENS RD CADIZ, OH 43907		PHONE NO. OFFICE 330-222-1274
COMMENTS				
I hereby certify that the above described waste(s) delivered to this Facility, that the Facility is authorized and permitted to receive such waste(s).		AUTHORIZED SIGNATURE <i>Jackie Rousebush</i>		DATE 4.28.20

Belmont Solids Control

CLEANOUT MANIFEST

DATE 4 / 20 / 20

GENERATOR Greentree

HAULER Greentree Solids

BOX/TANK# bottle

CLEANING TIME REQUIRED 1 hr

NOTES _____

DRIVER SIGNATURE 

EMPLOYEE SIGNATURE Charles Keffe

NO TARE

Belmont Solids Control

WEIGHT TICKET

DATE 4, 28, 20

MANIFEST# 231093

BOX# Truck 3024

TRUCK# #3024 Greenbree

GROSS WEIGHT: 159040

TARE WEIGHT: 33920

NET WEIGHT: 25120

TONS: 12.56

GREENTREE SERVICES
4050 Henderson Rd
Hickory, PA 15340

3rd Party Hauler Name:

(Handwritten initials)

Driver Name: <i>Moe Lapham</i>		Date: <i>4/28/20</i>	Truck #: <i>3024</i>	Total Hours: <i>7.5 hrs</i>
Start Mileage: <i>60739</i>	Start Time: <i>6:00 AM</i>	Left Yard Time: <i>6:30 AM</i>	Site Name: <i>Warwood Merino Hydro Carbon</i>	
End Mileage: <i>60892</i>	End Time: <i>1:30 PM</i>	In Yard Time: <i>1:15 PM</i>	Address: <i>N. 28th St. Wheeling, WV</i>	

Daily Haul Information:

Location Name <i>BSC</i>	Load Start Time: <i>6:30 AM</i>	On site: <i>7:30 AM</i>	Off Site: <i>9:15 AM</i>	In Landfill: <i>10:15 AM</i>	Out Landfill: <i>12:00 PM</i>	End Load Time: <i>1:15 PM</i>
	Landfill Tkt # <i>23693</i>	Manifest #: <i>23693</i>	Tons: <i>12.56</i>	Material: <i>Plugging waste</i>	Box #: <i>/</i>	BOL: <i>24069</i>
Safety Meeting		Start Time:	End Time:			

Description of Work/Notes: *Took a load from site to BSC. Got rinsed out and got fuel on way back to yard.* Final Location of Box:

Location Name	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:

Location Name	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:

Location Name	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:

Bill of Lading
for Non-Hazardous Liquids

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

BOL Number 24068

SOURCE INFO			
Name HYDROCARBON - WARWOOD MARINA		Address N. 20TH ST.	
City WHEELING	State WV	Zip 26003	County MARSHALL
Must Check Only One Water Type: Fresh: <input type="checkbox"/> Municipal Withdrawal <input type="checkbox"/> Surface Withdrawal <input type="checkbox"/> Water Supply Well <input type="checkbox"/> Freshwater Pit Impaired: <input type="checkbox"/> Flowback <input type="checkbox"/> Production <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Wellhead Cellars <input type="checkbox"/> Recycling Facility <input type="checkbox"/> Third Party Production <input type="checkbox"/> Secondary Containment and Rainwater		Notes: Well Number (required) _____ Well Number (required) _____ Well Number (required) 47-069-00304 Well Number (required) _____ Permit Number (required) _____ Well Number (required) _____ Must Circle One: Well Pad Containment Non-Well Pad Containment Rainwater on Ground	
Volume 60 BBLs	Date 4/23/20	Time 4:45 PM	
Source Printed Name Lemay Jenis		Source Signature <i>[Signature]</i>	
HAULER/TRANSFER COMPANY INFO			
Company Name GREENTREE SERVICES		Address 4050 HENDERSON RD.	
City HICKORY		State PA	Truck # 3023
Volume (should match source volume exactly) 60 bbls		Zip 15340	Trailer # 2791 PRA
Driver Printed Name Jason Dailey		Driver Signature <i>[Signature]</i>	
Phone 724-206-6849		Vehicle License Plate # 2791 PRA	
RECEIVER INFO			
Name BELMONT SOLIDS CONTROL		Address 77505 CADIZ-NEW ATHENS RD.	
City CADIZ	State OH	Zip 43907	Phone 330-222-1274
Must Check One Type of Receiver and Provide Permit #, Well #, or Pad Name: <input type="checkbox"/> Recycling Facility Permit # _____ <input type="checkbox"/> Disposal Facility Permit # _____ <input type="checkbox"/> Well Site Well # _____ Must Circle One: FW Pit FW AST Impaired Pit Impaired AST Tank <input type="checkbox"/> Dust Control Pad Name _____			
Volume (should match source volume exactly)	Date	Time	
Receiver Printed Name Carl Thomas		Receiver Signature <i>[Signature]</i>	

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

BELMONT SOLIDS CONTROL

NON-HAZARDOUS WASTE MANIFEST

MANIFEST NO. 23635

SECTION 1 THIS SECTION TO BE COMPLETED BY THE MANIFEST GENERATOR:				
COMPANY NAME GreenTree Logistics	ADDRESS HydroCarbon- Warwood Marina		WASTE ID ASC-GTPW-001	
COUNTY Ohio STATE WV		PO NUMBER		
NAME OR DESCRIPTION OF WASTE SHIPPED Plugging Waste- No RAD Testing Required			GALLONS/ BARRELS	
FACILITY APPROVAL # Approval# 200420001 Truck/Box#			TEST ID#	
IN CASE OF EMERGENCY OR SPILL CONTACT	NAME Margaret Williams	PHONE NO. 330-787-3641	24 HR EMERGENCY	
I hereby certify that the above named waste(s) are Properly classified, described, packaged, marked and Labeled and are in proper condition for Transportation according to the applicable Regulations of the DOT and the EPA.		GENERATOR PRINTED NAME Tommy Jones	DATE 4/23/20	
		GENERATOR SIGNATURE <i>Tommy Jones</i>	PHONE#	
SECTION 2 THIS SECTION TO BE COMPLETED BY THE HAULER/TRANSPORTER:				
COMPANY NAME Greentree		ADDRESS Hickory PA		PHONE NO. 724 206-0849 579-3
VEHICLE ID NO. 3023	STATE MIN	BOX NUMBER IN	BOX NUMBER OUT	JOB NO.
I hereby certify that the above described waste(s) were accepted for transportation at the producer's site and delivered to and off loaded at the waste facility, both as listed hereupon.		PRINT DRIVER'S NAME Jason Dailey	DATE 4/23/20	
		DRIVER'S SIGNATURE <i>Jason M. Dailey</i>		
SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY:				
FACILITY NAME BELMONT SOLIDS CONTROL		ADDRESS 77505 CADIZ-NEW ATHENS RD CADIZ, OH 43907		PHONE NO. OFFICE 330-222-1274
COMMENTS				
I hereby certify that the above described waste(s) delivered to this Facility, that the Facility is authorized and permitted to receive such waste(s).		AUTHORIZED SIGNATURE <i>Charmaine Thomas</i>	DATE 4/23/20	

Belmont Solids Control

WEIGHT TICKET

DATE 4 / 23 / 20

MANIFEST# 23635

BOX# Tanker

TRUCK# Greentree (3023)

GROSS WEIGHT: 56,400

TARE WEIGHT: 32,100

NET WEIGHT: 24,300

TONS: 12.15

GREENTREE LOGISTICS

Waste BOL

BOL Number: 006146

SOURCE INFORMATION			
Pad/Site Name: <i>Hydro Carbon - Warsaw Marina</i>		Check Source Type:	
Address: <i>N 20th St</i>		<input type="checkbox"/> Drill Cuttings	<input type="checkbox"/> Production Waste
City: <i>Wheeling</i>	State: <i>WV</i>	<input type="checkbox"/> Frac Sand & Frac Fluids	<input type="checkbox"/> Trash
Zip:		<input type="checkbox"/> Pond Sludge	<input type="checkbox"/> Potable Water
County: <i>OHIO</i>		<input checked="" type="checkbox"/> Drilling Mud/Gel/KCL Water	<input type="checkbox"/> Recycled Water
Rig Name:		Estimated Barrels / Tons Removed: <i>90</i>	
Well #: <i>46-069-00304</i>		Date: <i>4/20/20</i>	
Source Supervisor (Print Name): <i>[Signature]</i>		Time: <i>11:30 AM</i>	
		Supervisor Signature: <i>[Signature]</i>	

PRIMARY HAULER INFORMATION			
Company Name: <i>Green Tree</i>		Truck #: <i>3024</i>	Trailer #:
Address: <i>4050 Henderson Rd</i>		License Plate #: <i>2850 PRA/MN</i>	Field Ticket #:
City: <i>Hickory</i>	State: <i>PA</i>	Barrels / Tons Hauled: <i>90</i>	
Zip: <i>15340</i>		Date: <i>4/20/20</i>	Time: <i>1230 PM</i>
Phone #: <i>724-206-0849</i>		Driver Signature: <i>[Signature]</i>	
Driver Name: <i>Mo Latham</i>			

SECONDARY HAULER INFORMATION			
Company Name:		Truck #:	Trailer #:
Address:		License Plate #:	Field Ticket #:
City:	State:	Barrels / Tons Hauled:	
Zip:		Date:	Time: AM / PM
Phone #:		Driver Signature:	
Driver Name:			

RECEIVING SITE INFORMATION			
Site Name: <i>Belmont Solids Control</i>		<input type="checkbox"/> Recycling Site	Permit #:
Address: <i>77505 Cadiz New Athens Rd</i>		<input type="checkbox"/> Disposal Site	Well #:
City: <i>CADIZ</i>	State: <i>OH</i>	<input type="checkbox"/> Well Site	Rig Name:
Zip: <i>43902</i>		Circle: Tank or Pit	
Phone #:		Barrels / Tons Received:	
Manifest #:	Scale #:	Date:	Time: AM / PM
Receiving Supervisor: <i>Charles Duffy</i>		Supervisor Signature: <i>[Signature]</i>	

White - Greentree Logistics

Yellow - Receiving Site

Pink - Primary Hauler

Belmont Solids Control

WEIGHT TICKET

DATE 4/20/20

MANIFEST# 23603

BOX# Bottle

TRUCK# 3024 Greentree

GROSS WEIGHT: 52080

TARE WEIGHT: 32920

NET WEIGHT: 19160

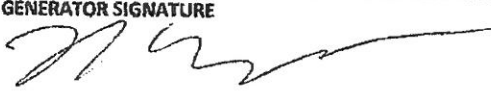
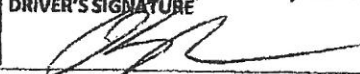
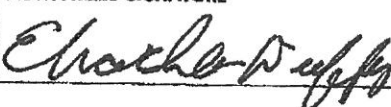
TONS: 9.58

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

BELMONT SOLIDS CONTROL

NON-HAZARDOUS WASTE MANIFEST

MANIFEST NO. **28603**

SECTION 1 THIS SECTION TO BE COMPLETED BY THE MANIFEST GENERATOR:				
COMPANY NAME GreenTree Logistics	ADDRESS HydroCarbon- Warwood Marina		WASTE ID ASC-GTPW-001	
COUNTY Ohio STATE WV		PO NUMBER		
NAME OR DESCRIPTION OF WASTE SHIPPED Plugging Waste- No RAD Testing Required			GALLONS/ BARRELS	
FACILITY APPROVAL # Approval# 200420001 Truck/Box#			TEST ID#	
IN CASE OF EMERGENCY OR SPILL CONTACT	NAME Margaret Williams	PHONE NO. 330-787-3641	24 HR EMERGENCY	
I hereby certify that the above named waste(s) are Properly classified, described, packaged, marked and labeled and are in proper condition for Transportation according to the applicable Regulations of the DOT and the EPA.	GENERATOR PRINTED NAME Nathan Jones		DATE 4/20/20	
	GENERATOR SIGNATURE 		PHONE#	
SECTION 2 THIS SECTION TO BE COMPLETED BY THE HAULER/TRANSPORTER:				
COMPANY NAME Greentree Services		ADDRESS 4050 Henderson Rd Hickory, PA 15340		PHONE NO. 724-206-0849
VEHICLE ID NO. 3024	STATE MD	BOX NUMBER IN	BOX NUMBER OUT	JOB NO.
I hereby certify that the above described waste(s) were accepted for transportation at the producer's site and delivered to and off loaded at the waste facility, both as listed hereupon.	PRINT DRIVER'S NAME Mr. Lapham		DATE 4/20/20	
	DRIVER'S SIGNATURE 			
SECTION 3 THIS SECTION TO BE COMPLETED BY RECEIVER AT DISPOSAL FACILITY:				
FACILITY NAME BELMONT SOLIDS CONTROL		ADDRESS 77505 CADIZ-NEW ATHENS RD CADIZ, OH 43907		PHONE NO. OFFICE 330-222-1274
COMMENTS				
I hereby certify that the above described waste(s) delivered to this Facility, that the Facility is authorized and permitted to receive such waste(s).		AUTHORIZED SIGNATURE 		DATE 4-20-20

GREENTREE SERVICES
4050 Henderson Rd
Hickory, PA 15340

3rd Party Hauler Name:

Driver Name: <i>Moe Lapham</i>	Date: <i>4/20/20</i>	Truck #: <i>3024</i>	Total Hours: <i>6 hrs</i>
Start Mileage: <i>60140</i>	Start Time: <i>10:00 AM</i>	Left Yard Time: <i>10:30</i>	Site Name: <i>Warwood Hydro Carbon Mar 14</i>
End Mileage: <i>60292</i>	End Time: <i>4:00 PM</i>	In Yard Time: <i>3:45 PM</i>	Address: <i>North 20th Street Wheeling, WV</i>

Daily Haul Information:

<i>BSC</i>	Load Start Time: <i>10:30 AM</i>	On site: <i>11:30 AM</i>	Off Site: <i>12:30 PM</i>	In Landfill: <i>1:45 PM</i>	Out Landfill: <i>2:30 PM</i>	End Load Time: <i>3:45 PM</i>
	Landfill Tkt #: <i>23603</i>	Manifest #: <i>23603</i>	Tons: <i>9.58</i>	Material: <i>Household Waste</i>	Box #:	BOL: <i>006146</i>
Safety Meeting		Start Time:	End Time:			

Description of Work/Notes: *Pulled load from site and took to BSC. Got Heavys raised out. Got fuel on return to yard.* Final Location of Box:

<i>Location Name</i>	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:

<i>Location Name</i>	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:

<i>Location Name</i>	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
4050 Henderson Rd
Hickory, PA 15340

3rd Party Hauler Name:

Greentree

Driver Name: Jason Dailey		Date: 4/23/20	Truck #: 3023	Total Hours: 6.5
Start Mileage: 147075	Start Time: 2:30	Left Yard Time:	Site Name: Warwood Marina	
End Mileage: 147237	End Time: 9:00 PM	In Yard Time: 8:45 PM	Address: Wheeling WV	

Daily Haul Information:

Location Name Warwood Marina	Load Start Time: 2:30 PM	On site: 4:10 PM	Off Site: 4:53 PM	In Landfill: 6:36 PM	Out Landfill: 7:23 PM	End Load Time: 9:00 PM
	Landfill Tkt #	Manifest #: 23635	Tons: 12.15	Material: mudd	Box #:	BOL: 24068

Description of Work/Notes: Drove to the Warwood Marina and got loaded, took it to BSC, got fuel in steubenville and came back to the yard
Final Location of Box:

Location Name	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:

Location Name	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: