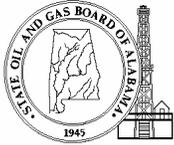


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INSTRUCTIONS

Read Carefully and Comply Fully

1. Every shipment of wastes shall be accompanied by this form.
2. At the time of transport, the operator shall initiate the manifest by completing and signing Part I. The operator shall assign a sequential manifest number in the upper right corner. The number should be preceded by the operator code number provided by the State Oil and Gas Board.
3. The transporter shall complete and sign Part II.
4. The operator shall copy form and mail to the Board within ten (10) days.
5. The original shall accompany the wastes shipment.
6. Upon receipt of the wastes, the disposer shall complete and sign Part III.
7. The transporter shall retain a copy.
8. The disposer shall retain a copy and mail a copy to the operator and the original to the Board within ten (10) days.

State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.



STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane
P.O. Box 869999
Tuscaloosa, Alabama 35486-6999
(205) 349-2852 Fax (205)349-2861
www.ogb.state.al.us

To be filled in by Operator

Operator Code _____ Manifest number _____

Wastes Manifest

PART I: TO BE COMPLETED BY THE OPERATOR

Operator Name: _____

Address: _____

Origination of Wastes:

Operation Name _____

Operation Type _____

Field _____ County _____

Description of Waste _____

Quantity of Waste _____

Destination:

Disposer's Name _____

Business Address _____

Disposal Site Address _____

Disposal Method _____

Certification: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Operator's Agent _____ Date and Time Shipped _____

PART II: TO BE COMPLETED BY TRANSPORTER (Note: To be completed in presence of Operator)

Transporter's Name _____ Code No. _____

Business Address _____

License Plate of Truck _____ License of Trailer _____

If Transported by Barge, Barge and Tug Identification _____

Certification: I certify that the waste in the quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent _____ Date and Time Received _____

PART III: TO BE COMPLETED BY DISPOSER

Disposer's Name _____

Disposal Site Address _____

Certification: I certify that the waste in the quantity and description in Part I was received by me for proper disposal.

Signature of Disposer's Agent _____ Date and Time Received _____

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