

DEQ EXHIBIT 9



Anchor Environmental – AAA Services Inc.

WASTE MATERIAL PROFILE SHEET

PROFILE No. _____

A. GENERAL INFORMATION		GENERATOR NAME:		
GENERATOR CODE		CITY	STATE	ZIP
ADDRESS		PHONE		
CUSTOMER CODE		CUSTOMER NAME		
ADDRESS		CITY	STATE	ZIP

B. WASTE DESCRIPTION
 SOURCE & WASTE DESCRIPTION: _____
 PROCESS GENERATING WASTE: _____

C. REGULATORY STATUS

USEPA HAZARDOUS WASTE NOT ACCPTED AT THIS FACILITY

EPA EXEMPT OILFIELD WASTE YES NO INDICATE TYPE: _____

THE FOLLOWING DOCUMENTATION ID IS ATTACHED TO DEMONSTRATE THE ABOVE DESCRIBED WASTE IS NON-HAZARDOUS

MSDS Analysis (mark testing below) Process Knowledge Other

D. PHYSICAL PROPERTIES

SOLID LIQUID SOLID LIQUID MIXTURE

E. TRANSPORTATION REQUIREMENTS, CIRCLE AND INDICATE ESTIMATED VOLUME OF MATERIAL

CONTAINERIZED BULK LIQUID OR LIQUID SOLIDS MIXTURE BULK SOLID

F. CONSTITUENTS (type of waste testing required for)

Are these values based on testing or knowledge of the material? TESTING KNOWLEDGE

Please indicate which constituents below apply. Concentrations must be entered when applicable for accurate review and approval of this profile.

RCRA REGULATED METALS (Used oil, Sump, Unknown)	REGULATORY	TCLP LEVEL(mg/l)	TOTAL mg/kg	UOM mg/l	N/A
Arsenic	5.0	_____	_____	_____	_____
Barium	100	_____	_____	_____	_____
Cadmium	1.0	_____	_____	_____	_____
Chromium	5.0	_____	_____	_____	_____
Lead	5.0	_____	_____	_____	_____
Mercury	0.2	_____	_____	_____	_____
Selenium	1.0	_____	_____	_____	_____
Silver	5.0	_____	_____	_____	_____
Benzene (Sump, Unknown)	5.0	_____	_____	_____	_____
NORM (Drilling Mud)	5.0 (picocuries)	_____	_____	_____	_____

G. DOT INFORMATION
 DOT PROPER SHIPPING NAME: _____

GENERATOR'S CERTIFICATION
 I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents are correct, any samples submitted are representative of the material and if a discrepancy exists generator grants this facility the authority to amend the profile as necessary to reflect the discrepancy.

AUTHORIZED SIGNATURE	NAME (PRINT)	TITLE	DATE
_____	_____	_____	_____

DEQ Exhibit 9
EQC No. 13-5802

WASTE TRACKING MANIFEST

Anchor Environmental - AAA Services, Inc.

TEMPORARY TREATMENT, RECYCLING TRANSFER STORAGE FACILITY

5685 Hanly Dr. - Casper, WY - (307) 265-4047

MATERIAL GENERATOR	TYPE OF MATERIAL				TYPE OF CONTAINER				VOLUME	
	LIQUID	SOLID	SEMI-SOLID		CONTAINER	TRANSPORT	DRUM	VAC TRUCK	BBLs	
					Waste Profile No.				GAL	
	Material				Used Drilling Fluid Water Based				CU YDS	
					Used Drilling Fluid Oil Based					
					Shop Sump Waste					
					Other (describe) _____					
	Client Name									
	Location						Date		Time	
	Signature Authorized Agent						Phone			

HAULER	NAME		DOT NUMBER	
	ADDRESS			
	I certify that the material in the designated volume was removed and transported from the above described location and delivered to the facility designated below. The vehicle used to haul the this material was free of any material not acceptable for disposal at this facility.			
	SIGNATURE		PHONE	

DISPOSITION	NAME: ANCHOR ENVIRONMENTAL - AAA SERVICES, INC.		PHONE	
	TEMPORARY TREATMENT, RECYCLING TRANSFER & STORAGE FACILITY		PROFILE #	
	ADDRESS	DATE RECEIVED	TIME RECEIVED	
	5685 HANLY DR, MILLS WY 82644			
	I certify the above named delivered the material in the designated volume to this facility for lawful disposition as indicated.			
	SIGNATURE AND TITLE OF OPERATOR		PERMIT NO	

COMMENTS

**DAILY INSPECTION CHECKLIST
TEMPORARY TREATMENT, TRANSFER, STORAGE AND RECYCLING FACILITY**

Date: _____

	<u>Operational</u>	<u>Maintenance Required</u>
Access control-fences, gates and signs	<input type="checkbox"/>	<input type="checkbox"/>
Litter pickup	<input type="checkbox"/>	<input type="checkbox"/>
Sand/oil separator	<input type="checkbox"/>	<input type="checkbox"/>
Floor Drains	<input type="checkbox"/>	<input type="checkbox"/>
Check for hydraulic leaks	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust vents and fans	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers/hoses/reels	<input type="checkbox"/>	<input type="checkbox"/>
Leak Detection System	<input type="checkbox"/>	<input type="checkbox"/>
Tank Netting	<input type="checkbox"/>	<input type="checkbox"/>

Incident Report: _____

Action Taken: _____

Completed By: _____ Supervisor: _____