



Underground Cavern Stabilization, LLC

PO Box 225
Great Bend, KS 67530

Invoice

Date	Invoice #
12/13/2018	1802

Bill To
Badger Daylighting Corp. 8930 Motorsports Way Brownsburg, IN 46112

Ship To
BRM #135-1178 Manifest #135-3550

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 15		12/12/2018			

Quantity	Item Code	Description	Price Each	Amount
17.8	319	- Manifest #135-3550 - BBL 8.00% Reno County Sales Tax	5.75 8.00%	102.35T 8.19

For questions concerning this invoice please call (620) 793-5483	Total	\$110.54
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2018 Beneficial Reuse Material Log
UCS - Hutchinson Facility

Date	ID #	Generator Name	Transporter		Manifest Tracking #	BRM Approval #	Material Description	BRM Agrees w/Paperwork	Scale Toler #	Volume (Tons)	Placement Location	NORM Reading (random)	Volume (Tons)	Weight in (lb)	Weight Out (lb)	Volume (bbl)	Volume (cu yd)	Volume (PPD)	Chargers		Vehicle	
			Company	Driver															PM	PPM	Type	Sem Dump
12/12/2018	135	Badger Daylighting	Badger Daylighting	Jason	135-3550	135-1178	Boring muds	YES	784487	5.27	SW-13	0	5.27	65330	54780	17.80	10540	14.1	850	850	E	X

784487

Date 12-12-18

Seller/Buyer Badger Daylighting

Remarks _____

Address 8930 Motorsports Way

City Brownsville

State IN Zip 46112

65320 LB 09:36 am 12/12/18

Store _____ Sell _____

Commodity Bring mnds

Price _____

54780 LB 08:52 am 12/12/18

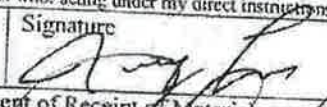
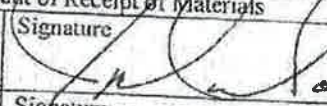
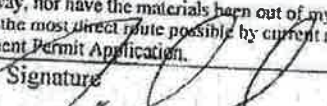
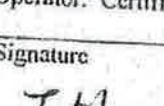
Driver: On Off

Shipper [Signature]

Weigher [Signature]

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

1. Generator/Operator UCS ID Number: 135	2. Page 1 of _____	3. Emergency Response Phone #:	4. Manifest Tracking Number: 135-3550	5. UCS BRM Approval Number: 135-1178		
6. Generator/Operator Name and Mailing Address: Williams Energy - Wayne Stephens 4980 SH 374 Green River, Wyoming 82735			Generator/Operator Site Address (if different than mailing address)			
7. Generator/Operator Source Location: Legal Sec. _____ Twp. _____ R. _____ East _____ West _____ feet from _____ North/ _____ South line of section _____ feet from _____ East/ _____ West line of section _____ Gove _____ County, Kansas			Generator/Operator Source Location: Longitude & Latitude 39.158543 Longitude -100.20903 Latitude Generator/Operator Source Location: Physical Address:			
8. Transporter 1 Company Name Badger Drilling			UCS ID Number:			
9. Transporter 2 Company Name			UCS ID Number:			
10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC 7513 South K14 Hwy South Hutchinson, KS 67505						
Facility's Phone Number: 620.662.6367						
BRM Description (as noted on the Form 150)				11. Containers	12. Total Quantity	13. Unit Wt./Vol.
1. Boring Muds				No.	Type	
2.						
3.						
14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.						
Generator/Operator Name Jeremy Lee		Signature 		Month 12	Day 17	Year 2018
15. Transporter's Acknowledgment of Receipt of Materials						
Transporter 1 Name Jason Puchan		Signature 		Month 12	Day 11	Year 18
Transporter 2 Name		Signature		Month	Day	Year
				Time 5:30 PM		
16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Emplacement Permit Application.						
Transporter 1 Name Jason Puchan		Signature 		Month 12	Day 12	Year 18
Transporter 2 Name		Signature		Month	Day	Year
				Time 8:00 AM		
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Full Rejection						
18. Material Emplacement Cavern Well Location:						
19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.						
Name Vicki Hater		Signature 		Month 12	Day 12	Year 18
				Time 8:30 AM		



BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 12-12-18

2. Time: 8:30 AM

3. Beneficial Reuse Material Name/Description: Boring Muds

4. Transporter: Badger Daylighting

5. Name of driver: Jason

6. Source of beneficial reuse material as stated by driver: Williams - North of Quinter, KS

7. Hauling Permit No.: N/A

8. Vehicle License No.: Ba
DOT # 871652

9. Vehicle Type: Truck

10. Unauthorized material found in the beneficial reuse material shipment? Yes No

11. If "Yes", was Rejected Beneficial Reuse Material Form completed? Yes No

12. Photograph identification verified? (circle) Yes No

13. Identification type _____ Company ID _____ Drivers License (state) _____

14. Inspector's observations: Material contained in truck. Used process knowledge. Liquid (sludge) load - Had to be emplaced immediately. Not stored in Clearspan like most Lyons Salt loads.

15. The physical characteristics (i.e. color, odor, etc.) of the beneficial reuse material stream conform to the Material Emplacement Application and previous material shipments. Yes No

16. If "No," was a Rejected Beneficial Reuse Material Form completed? Yes No

17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL ACCEPTED BY BENEFICIAL REUSE MATERIAL MANIFEST NUMBER BS-2650 IS AS DESCRIBED BY THE GENERATOR IN THE GENERATOR BENEFICIAL REUSE MATERIAL PROFILE SHEET.

[Signature]
Signature of Site Inspector

12-12-18
Date

Vicki Hote
Printed Name of Inspector

8:30 AM
Time

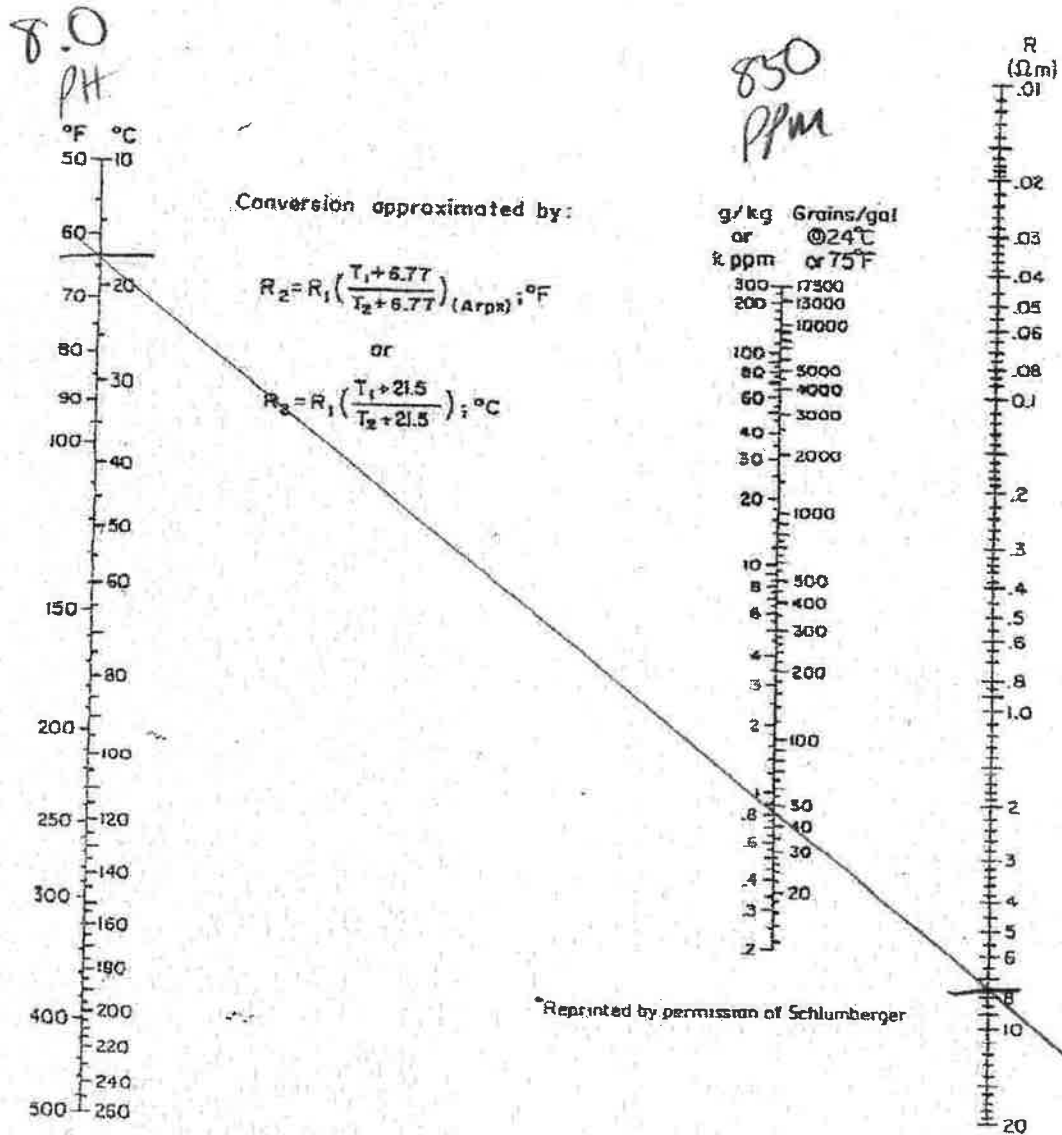
12/21/8

Truck

RESISTIVITY NOMOGRAPH FOR NaCl SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



Norm
0.0

14.1
ppg
CA



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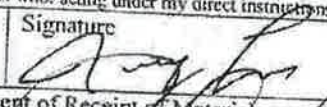
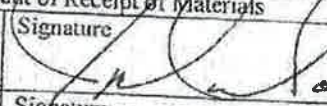
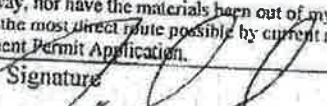
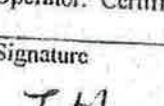
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GENERATOR/OPERATOR

TRANSPORTER

UCS FACILITY



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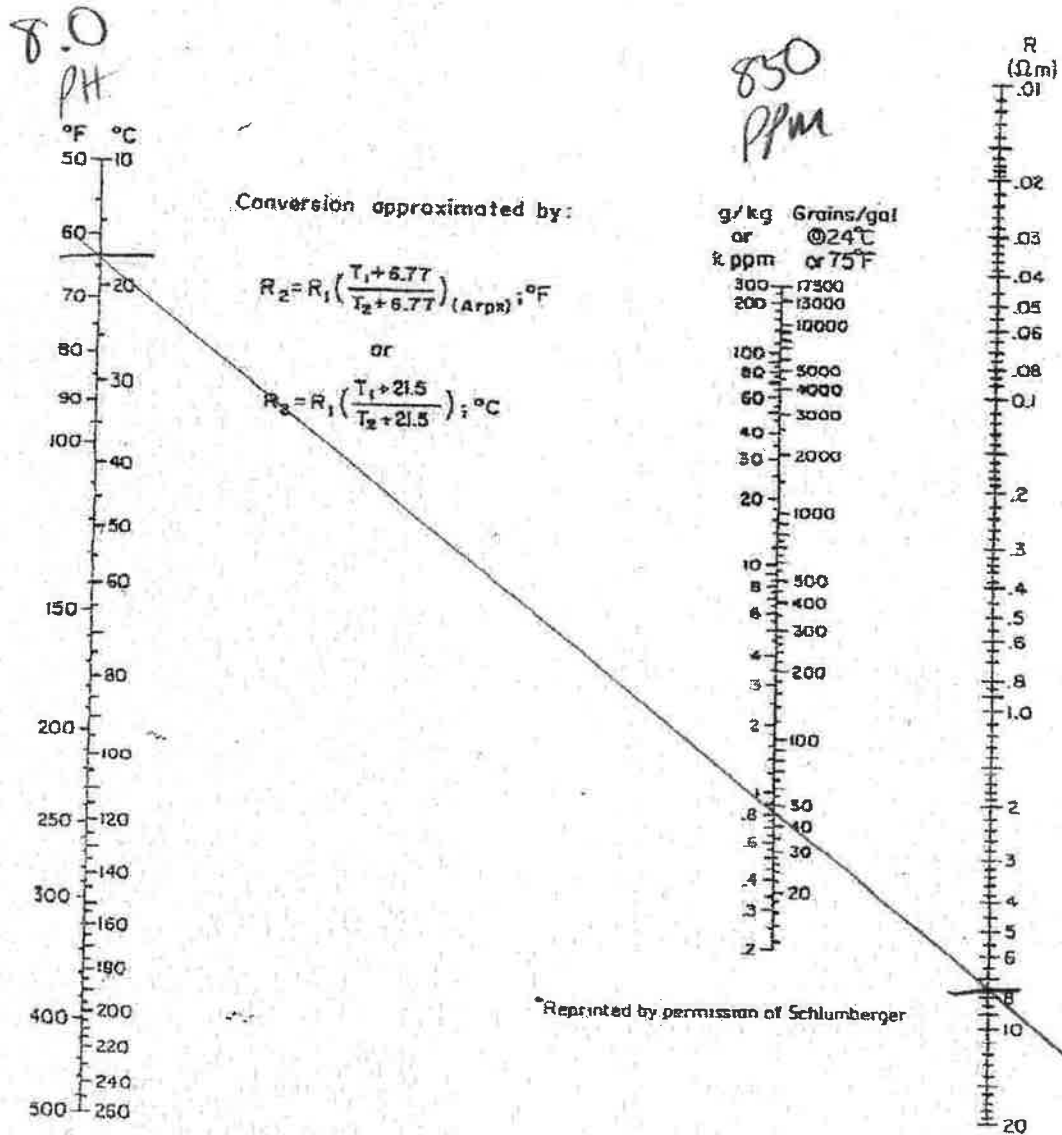
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