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Bill of Lading & Shipping Document

110656

Unit: 318 Date: May 9 20 BC LT 1422 Manifest #: _____
 Driver: _____ Swamper: _____

Shipper/Consignor 24 Hr. Emergency #:	Consignee (To) Name:	Shipping Information Origin:
Company Name: <u>AquaFlow</u>	Company Name: <u>Kronhardt Ventures</u>	LSD:
Address:	Address:	Destination:
		LSD:
		Rig #:

Dangerous Goods DG	UN #	Shipping Name & Description	# of Placards	Class	Packing Group	Residue Last Contained
<input type="checkbox"/>	UN 1230	Methanol	—	3(6.1)	<input type="checkbox"/> II	<input type="checkbox"/>
<input type="checkbox"/>	UN 1760	Corrosive Liquids, N.O.S., Hydrochloric Acid, (HCl)	—	8	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/>
<input type="checkbox"/>	UN 1993	Flammable Liquids, N.O.S. (Fuel Oil), Liquid Invert Mud	—	3	<input type="checkbox"/> III	<input type="checkbox"/>
<input type="checkbox"/>	UN 1267	Petroleum Crude Oil <input type="checkbox"/> Toxic by Inhalation	—	3	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/>
<input type="checkbox"/>	UN 1268	Petroleum Distillates, N.O.S., Equivalency Certificate SH 9750 (Ren 3)	—	3	<input type="checkbox"/> II	<input type="checkbox"/>
<input type="checkbox"/>	UN 1268	Class 3(8), UN 2924, Packing Group II – May release hazardous vapour	—	3(8)	<input type="checkbox"/> II	<input type="checkbox"/>
<input type="checkbox"/>	_____	Refer to Shipping Document	—		<input type="checkbox"/> _____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	—		<input type="checkbox"/> _____	<input type="checkbox"/>

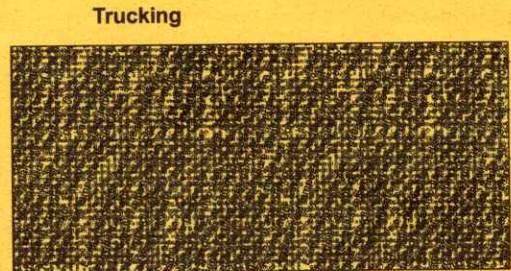
Consignor Certificate: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods regulations.

Consignor Print Name: _____

Non-Dangerous Goods Description: _____ **Residue Last Contained**

Description of Work
<u>Supply comboval to flush tank trailer and purge</u>

6
 Hrs. _____
 Volume _____
 Other _____
 Other _____



Estimated Volume: _____
 Actual m³ _____ @ _____ % H₂O

Billing Information

Company Name: Kronhardt Ventures LTD
 Contact Name: _____
 Phone #: _____ Fax #: _____
 Email: _____ PO/AFE/Code #: _____
 Signature: _____

This Bill of Lading is Approved for Payment

APPROVAL STAMP

All personnel have the right to refuse unsafe work. If the job cannot be performed safely, refuse work and contact dispatch immediately