



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. **004062**

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK Partners I P
 c. Address: P.O. Box 871
Tulsa, OK 74102-0871
 e. Phone No.: 918-732-1382
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____

b. Generating Location: 1907-0515
 d. Address: Harper, KS
 f. Phone No.: _____
 Owner's Phone No.: _____

i. WCI WASTE CODE:

P	T	1	7	2	1	6			
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Containers

TYPE
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL PLASTIC BAG
 OR WRAP
 T - TRUCK
 O - OTHER

j. Description of Waste: Drilling Mud & Water

k. Quantity 8000 Units No. PL TYPE

1	1	0	0	6	0	1	T	T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

John Cooper Generator Authorized Agent Name
[Signature] Signature
091018 Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: SET Environmental Inc
 b. Address: 1100 N. Main Street
Noble, OK 73068
 c. Driver Name / Title: TODD BURDETTE
 d. Phone No.: 405-872-1400 Print / Type e. Truck No.: 1414
 f. Vehicle License No. / State: 1747695
 Acknowledgement of Receipt of Materials.
[Signature] g. Driver's Signature
091018 Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name / Title: _____
 k. Phone No.: _____ PRINT / TYPE l. Truck No.: _____
 m. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials.
 _____ n. Driver's Signature
 _____ Shipment Date

Section III DESTINATION (Generator complete a-d; destination site completes e-f)

a. Site Name: PLUMB THICKET LANDFILL
 b. Physical Address: 440 N/E 150TH ROAD
HARPER, KS 67058

c. Phone No.: 620-896-2229
 d. Mailing Address: PO BOX 495
HARPER, KS 67058

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent
[Signature] Signature
091018 Receipt Date

Section IV ASBESTOS (Generator completes a-d, f, g; Operator* completes e)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
 c. Operator's * Address: _____
 d. Special handling instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations

e. Operator's Name & Title: _____ Print / Type Operator's * Signature _____ Date _____

f. Name & address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable
 *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



1807-051E

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

No. **006936**

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK Partners, L.P.
 c. Address: P.O. Box 871
Tulsa, OK 74102-0871
 e. Phone No.: 918-732-1382
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____

b. Generating Location: NGS FGB87 New Market
 d. Address: 37.141227, -90.695197
Hardtrey, KS 67057
 f. Phone No.: _____
 Owner's Phone No.: 918-732-1382

i. WCI WASTE CODE:

P	T			1	7			2	1	6				
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k. Quantity 13880 Units No. PL TYPE

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j. Description of Waste: Drilling Mud & Water

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

CONTAINERS	
TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL PLASTIC BAG OR WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

081418

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

Section II TRANSPORTER (Generator complete a-d; transporter I complete e-g; transporter II complete h-i)

TRANSPORTER I
 a. Name: SET Environmental Inc.
 b. Address: 1100 N. Main Street
Noble, OK 73068
 c. Driver Name / Title: Brian Hunt
 d. Phone No.: 405-872-1400 Print / Type e. Truck No.: 1380
 f. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver's Signature _____ Shipment Date 081418

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name / Title: _____
 k. Phone No.: _____ PRINT / TYPE l. Truck No.: _____
 m. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver's Signature _____ Shipment Date _____

Section III DESTINATION (Generator complete a-d; destination site completes e-f)

a. Site Name: PLUMB THICKET LANDFILL
 b. Physical Address: 440 N/E 150TH ROAD
HARPER, KS 67058

c. Phone No.: 620-896-2229
 d. Mailing Address: PO BOX 495
HARPER, KS 67058

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent RL Signature Rouley Receipt Date 08/14/18

Section IV ASBESTOS (Generator completes a-d; Operator completes e)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
 c. Operator's * Address: _____
 d. Special handling instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations

e. Operator's Name & Title: _____ Print / Type Operator's * Signature _____ Date _____

f. Name & address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished, or renovated, or the demolition or renovation operation, or both.