

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Oneok Field Services LLC	License Number: 33851
Operator Address: 100 W. 5TH ST. MD 12-2 TULSA OK 74103 4279	
Contact Person: Wiley Martens	Phone Number: (580) 395 - 6322
Permit Number (API No. if applicable): 15-007-24333-00-00	Lease Name: GB 12
Source of Waste: ☐ Emergency Pit ☐ Settling Pit ☐ Workover Pit ☒ Drilling Pit ☐ Burn Pit ☐ Haul-off Pit ☐ Steel Pit ☐ Spill / Escape ☐ Dike	Well Number: 1 Source Location (QQQQ): <u>NE</u> - <u>NE</u> - <u>SE</u> - <u>NE</u> Sec. <u>11</u> Twp. <u>35</u> R. <u>13</u> ☐ East ☒ West <u>1401</u> Feet from ☒ North / ☐ South Line of Section <u>39</u> Feet from ☒ East / ☐ West Line of Section GPS Location: Lat: _____, Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84 County: <u>Barber</u>
No Waste to be Hauled: ☐ (If checked, provide an explanation as to why no waste was hauled in the Comments area.)	
Type of waste to be disposed: ☐ Fluid ☐ Soil ☒ Mud / Cuttings ☐ Other: _____	
Amount of waste: <u>4</u> No. of loads <u>102.2</u> Barrels <u>3.04</u> Tons _____ YDS	
Destination of waste: ☐ Reserve Pit ☐ Haul Off Pit ☐ Disposal Well ☐ Lease Road ☐ Dike / Berm ☒ Other: <u>Permitted landfill</u>	
If waste is transferred to another reserve pit, is the lease active? ☐ Yes ☐ No	
Location of Waste Disposal: Destination Out of State: ☐ (If checked, provide the location of where the waste was hauled in the Comments area.) Operator Name: <u>Oneok Field Services LLC</u> Lease Name: _____ Docket No./API No.: _____ Comments: Liquids and semi-solids were shipped to the Plumb Thicket Landfill in Harper, KS. Date of Waste Transfer: <u>08/15/2018</u> License No.: <u>33851</u> Sec. <u>3</u> Twp. <u>31</u> R. <u>6</u> ☐ East ☒ West County: <u>Harper</u>	
Submitted Electronically	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 004064

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, 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: 1007-0517
d. Address: HARDY Ks
f. Phone No.: _____
Owner's Phone No.: _____

i. WCI WASTE CODE: P T 1 7 2 1 6

j. Description of Waste: Drilling Mud & Water

Containers: _____
k. Quantity: 18340 Units No. PIL TYPE
7200 G U I T
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

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.

John Cooper
Generator Authorized Agent Name

[Signature]
Signature

09/18/18
Shipment Date

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

TRANSPORTER I
a. Name: SET Environmental Inc.
b. Address: 1100 N Main Street
Noble, OK 73068
c. Driver Name / Title: TUDOR BLETTE
d. Phone No.: 405-872-1400 Print / Type e. Truck No.: 1414
f. Vehicle License No. / State: OK 47695
Acknowledgement of Receipt of Materials:
[Signature] 09/18/18
g. Driver's Signature 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

09/13/18
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: _____

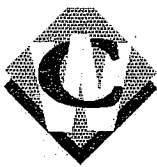
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international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

e. Operator's Name & Title: _____ 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.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 004071

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: 1907-0517
d. Address: HARPER, KS
f. Phone No.: _____
Owner's Phone No.: _____

i. WCI WASTE CODE: P T 1 7 2 1 6

j. Description of Waste: Drilling Mud & Water

k. Quantity: 14120 Units
No. 1700 Containers
TYPE DM
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

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.

Generator Authorized Agent Name: T. Cooper Signature: [Signature] Shipment Date: 08/13/18

Section II

TRANSPORTER

a. Name: SET Environmental Inc
b. Address: 1100 N. Main Street
Noble, OK 73068
c. Driver Name / Title: TODD BURZELLE
d. Phone No.: 405-872-1400 e. Truck No.: 1414
f. Vehicle License No. / State: 1047095
Acknowledgement of Receipt of Materials:
g. Driver's Signature: [Signature] Shipment Date: 08/13/18

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

Section III

DESTINATION

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: Bl Signature: [Signature] Receipt Date: 08/13/18

Section IV

ASBESTOS

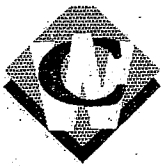
a. Operator's * Name: _____ b. Operator's * Phone No.: _____
c. Operator's * Address: _____
d. Special handling instructions and additional information: _____

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: _____ 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.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. **004063**

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

b. Generating Location: **1-07-0517**
d. Address: **HARDWELL KS**
f. Phone No.:
Owner's Phone No.:

i. WCI WASTE CODE: **P T 1 7 2 1 6**

j. Description of Waste: **Drilling Mud & Water**

k. Quantity: **4040** UNITS
Containers: **DM** TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

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.

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

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

a. Name: **SET Environmental Inc.**
b. Address: **1100 N. Main Street**
Noble, OK 73068
c. Driver Name / Title: **TODD B. WATKINS**
d. Phone No.: **405-972-1400**
e. Truck No.: **1414**
f. Vehicle License No. / State: **7047695**
Acknowledgement of Receipt of Materials.
g. Driver's Signature: **[Signature]**
Shipment Date: **08/14/18**

h. Name:
i. Address:
j. Driver Name / Title:
k. Phone No.:
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
e. Discrepancy Indication Space:

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

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

Signature

Receipt Date

Section IV

ASBESTOS

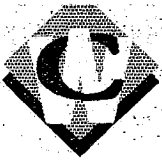
(Generator completes a-d, f, g; Operator completes e)

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: **[Signature]**
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.



1907.0517

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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.

No. **006935****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: **NGEY GB12 New Martin**
d. Address: **37.017410, -98.694400**
Hardtner, KS 67057
f. Phone No.:
Owner's Phone No.: **EMI R025**

I. WCI WASTE CODE: **P T 1 7 2 1 6**j. Description of Waste: **Drilling Mud & Water**

k. Quantity: **6080** Units
Containers: **PL** No. **1** TYPE **T**
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG OR WRAP
T - TRUCK
O - OTHER

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

Generator Authorized Agent Name

Signature

Shipment Date **08/15/18****Section II****TRANSPORTER**

(Generator complete a-d; Transporter complete e-g)

TRANSPORTER I
a. Name: **SET Environmental Inc.**
b. Address: **1100 N. Main Street**
Noble, OK 73068
c. Driver Name / Title: **Bryan Head**
d. Phone No.: **405-872-1400** Print / Type
e. Truck No.: **1380**
f. Vehicle License No. / State:

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.

Acknowledgement of Receipt of Materials.

g. Driver's Signature

Shipment Date **08/15/18**

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. **Bl** Name of Authorized Agent
Reiley Signature

08/15/18
Receipt Date**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.