

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
May 2011  
Form must be Typed

## EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____	License Number: _____
Operator Address: _____	
Contact Person: _____	Phone Number: (      )      -      _____
Permit Number (API No. if applicable): _____	Lease Name: _____
Source of Waste:  <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit  <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit  <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit  <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape  <input type="checkbox"/> Dike	Well Number: _____  Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section  GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)</small>  Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84  County: _____
No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____	
Amount of waste: _____ No. of loads      _____ Barrels      _____ Tons      _____ YDS	
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____	
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Waste Disposal: Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)  <div style="text-align: right;">Date of Waste Transfer: _____</div>	
Operator Name: _____ License No.: _____	
Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____ County: _____	
Comments:	

Submitted Electronically



2001-0028 Jan

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. **008146**

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, LLC (Attn: Coy Pyle)** b. Generating Location: **ELK CREEK**  
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **38.520874, -98.35975**  
**Tulsa, OK 74102-0871** **BURTON KS 67427**  
 e. Phone No.: **918-732-1382** f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ Owner's Phone No.: \_\_\_\_\_

i. WCI WASTE CODE: **PT 19113** Containers: \_\_\_\_\_  
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **9580** Units: **PTL** No. \_\_\_\_\_ TYPE \_\_\_\_\_  

2	0	0	0
6	0	1	1
0	1	1	0
0	0	0	0

- 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<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - 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.

**Clay Davis** Generator Authorized Agent Name  
**Clay Davis** Signature  
**211620** Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter complete h-n)

TRANSPORTER I  
 a. Name: **SET Environmental Inc.**  
 b. Address: **1100 N. Main Street**  
**Noble, OK 73068**  
 c. Driver Name / Title: **TODD BURZETTE**  
 d. Phone No.: **405-872-1400** e. Truck No.: **1414**  
 f. Vehicle License No. / State: **P647695**  
 Acknowledgement of Receipt of Materials.  
**[Signature]** Shipment Date: **011620**

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name / Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ i. Truck No.: \_\_\_\_\_  
 m. Vehicle License No. / State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 \_\_\_\_\_ Shipment Date: \_\_\_\_\_

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

a. Site Name: **PLUMB THicket LANDFILL** c. Phone No.: **620-896-2229**  
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**  
**HARPER, KS 67058** **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. **MC** Name of Authorized Agent  
**Morgan & Clark** Signature  
**011620** 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. **008147**

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 completes all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ELLCREEK**  
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **32-520 874 - 1E-3517**  
**Tulsa, OK 74102-0871** e. Phone No.: **918-732-1382**  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_ Owner's Phone No.: \_\_\_\_\_

i. WCI WASTE CODE: **PT 19113** Containers: \_\_\_\_\_  
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **2000 G** Units: **6** No. **01** TYPE: **TT**

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: **Chad Davis** Signature: \_\_\_\_\_ Shipment Date: **01/22/20**

- 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<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

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

**TRANSPORTER I** a. Name: **SET Environmental Inc.** b. Address: **1100 N. Main Street**  
**Noble, OK 73068** c. Driver Name / Title: **TODD BURKETT**  
 d. Phone No.: **405-872-1400** Print / Type: \_\_\_\_\_ e. Truck No.: **1414**  
 f. Vehicle License No. / State: **1647095** g. Driver's Signature: \_\_\_\_\_ Shipment Date: **01/22/20**

**TRANSPORTER II** h. Name: \_\_\_\_\_ i. Address: \_\_\_\_\_  
 j. Driver Name / Title: \_\_\_\_\_ k. Phone No.: \_\_\_\_\_ I. Truck No.: \_\_\_\_\_  
 m. Vehicle License No. / State: \_\_\_\_\_ n. Driver's Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

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

a. Site Name: **PLUMB THICKET LANDFILL** c. Phone No.: **620-896-2229**  
 b. Physical Address: **440 N/E 150TH ROAD** 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: **01/22/20**

## 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

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. **008143**  
**7401-0073**

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ELK CREEK, KS NL-7**  
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **38.520674, -98.35975**  
**Tulsa, OK 74102-0871** **BUSHTON KS 67427**  
 e. Phone No.: **918-732-1382** f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ Owner's Phone No.: \_\_\_\_\_

i. WCI WASTE CODE: **FT 19113** Containers: \_\_\_\_\_  
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **4040** Units: **PTL** No.: \_\_\_\_\_ TYPE: \_\_\_\_\_  
**1200 G C I T 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.**

Generator/Authorized Agent Name: **Mark Davis** Signature: \_\_\_\_\_ Shipment Date: **021920**  
 UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator completes a-d; transporter I completes e-g; transporter II completes h-j)

TRANSPORTER I  
 a. Name: **SET Environmental Inc.** b. Address: **1100 N. Main Street**  
**Noble, OK 73068**  
 c. Driver Name / Title: **TRACY BUDGETTE** d. Phone No.: **405-872-1400** e. Truck No.: **1417**  
 f. Vehicle License No. / State: **PC47095**  
 Acknowledgement of Receipt of Materials: **021920**  
 g. Driver's Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

TRANSPORTER II  
 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: \_\_\_\_\_

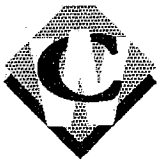
## Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: **PLUMB THICKET LANDFILL** c. Phone No.: **620-896-2229**  
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**  
**HARPER, KS 67058** **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: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: **021920**

## 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. **008144**

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.

*5001-0028*

## Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ONEOK EIK Creek T.S.**  
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **2139 IRD - 40095760 NLT**  
**Tulsa, OK 74102-0871**  
 e. Phone No.: **918-732-1382** f. Phone No.: **36520874 - 48-35975**  
 If owner of the generating facility differs from the generator, provide: **Bushton, KS 67427**  
 g. Owner's Name: \_\_\_\_\_ Owner's Phone No.: \_\_\_\_\_

i. WCI WASTE CODE: **FT 19113** Containers: \_\_\_\_\_  
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **14700** Units: \_\_\_\_\_ No: **17** TYPE: \_\_\_\_\_  

2	5	0	0	0	1	7
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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.

- 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<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

Generator Authorized Agent Name: *Coy Pyle* Signature: *[Signature]* Shipment Date: **021820**

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

TRANSPORTER I  
 a. Name: **SET Environmental Inc.**  
 b. Address: **1100 N. Main Street**  
**Noble, OK 73068**  
 c. Driver Name / Title: **Bryan Hood**  
 d. Phone No.: **405-872-1400** Print / Type e. Truck No.: **1080**  
 f. Vehicle License No. / State: **2L**  
 Acknowledgement of Receipt of Materials.  
 g. Driver's Signature: \_\_\_\_\_ Shipment Date: **021820**

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** c. Phone No.: **620-896-2229**  
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**  
**HARPER, KS 67058** **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: *[Signature]* Signature: *[Signature]* Receipt Date: **021720**

## Section IV ASBESTOS (Generator completes a-d; f; 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.