



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2003-0252

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

No. **011014**

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)**
 c. Address: **P.O. Box 871 (MD 6-1)**
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: **MC 331923 9.45**
St. Francis Booster
 d. Address: **39.881462 -101.824893**
Cleveland Run, KS 67756
 f. Phone No.: _____
 Owner's Phone No.: **Box # RBR250689**

i. WCI WASTE CODE: **PT 19113**

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

k. Quantity: **18900** Units No. **PTC** TYPE

 Containers
 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.

***see copied manifest**
 Generator Authorized Agent Name _____ Signature _____

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

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: **Mike Woodain**
 d. Phone No.: **405-872-1400** Print / Type e. Truck No.: _____
 f. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials:
Mike Woodain _____ **042920**
 g. Driver's Signature _____ Shipment Date _____

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
 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. **Mc** _____ **Megan E Clark** _____ **04/30/20**
 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: _____ 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.

DESTINATION RETAIN





NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2003-0252

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. 011014

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)**
 c. Address: **P.O. Box 871 (MD 6-1)
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: **St. Francis Booster**
 d. Address: **39.881462 -101.824893
Cleveland Run, KS 67756**
 f. Phone No.: _____
 Owner's Phone No.: _____

i. WCI WASTE CODE: **PT 19113**

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

Containers: _____
 k. Quantity: **15** Units No. **1** TYPE **T**

- 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
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - OTHER

Need signature on original so it goes through to carbon copies
 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: **Coy D. Pyle**
 Signature: **C. D. Pyle**

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: **Mike Woodrins**
 d. Phone No.: **405-872-1400** Print / Type e. Truck No.: **1225**
 f. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials: **Mike Woodrins** **042920**
 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. 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: _____

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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.

DESTINATION RETAIN

