

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: ☐ Emergency Pit ☐ Settling Pit ☐ Workover Pit ☐ Drilling Pit ☐ Burn Pit ☐ Haul-off Pit ☐ Steel Pit ☐ Spill / Escape ☐ Dike	Well Number: Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ ☐ East ☐ West _____ Feet from ☐ North / ☐ South Line of Section _____ Feet from ☐ East / ☐ West Line of Section GPS Location: Lat: _____, Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84 County: _____
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: _____ No. of loads _____ Barrels _____ Tons _____ YDS	
Destination of waste: ☐ Reserve Pit ☐ Haul Off Pit ☐ Disposal Well ☐ Lease Road ☐ Dike / Berm ☐ Other: _____	
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.)	
Date of Waste Transfer: _____	
Operator Name: _____	License No.: _____
Lease Name: _____	Sec. _____ Twp. _____ R. _____ ☐ East ☐ West
Docket No./API No.: _____	County: _____
Comments:	

Submitted Electronically



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. **011023**

Section I

GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK Field Services (ATTN: Coy Pyle)**
c. Address: **PO Box 871; MD 6-1**
Tulsa, OK 74102
e. Phone No.: **918-607-6735**
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____

b. Generating Location: **GB9**
d. Address: **37.577540, -98.428210**
Cunningham, KS 67035
f. Phone No.: **Job #: 2010-0338**
Owner's Phone No.: _____

i. WCI WASTE CODE: **LS P T L 2 0 1 4 4**

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

k. Quantity **2860** Units **5** No. **76** TYPE **TT**

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.

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

Generator Authorized Agent Name **Clay Davis**

Signature **[Signature]**

Shipment Date **120820**

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: **TOD BRETTE**
d. Phone No.: **405-872-1400** e. Truck No.: **1414**
f. Vehicle License No. / State: **PC47695**
Acknowledgement of Receipt of Materials. **120820**

g. Driver's Signature **[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. **[Signature]**

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]** Signature **[Signature]**

Receipt Date **120820**

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: _____ 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

TRANSPORTED DETAIL

