



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. **15335**

ACO 304097 3.03

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK NGL Pipeline, LLC**
c. Address: **P.O. Box 871 (MD 6-1) Coy Pyle
Tulsa, OK 74102-0871**
e. Phone No.: **918-732-1382**
g. Owner's Name: _____

b. Generating Location: **KGS-72**
d. Address: **37.561668, -100.688919
Lockport, KS 67877**
f. Phone No.: _____
Owner's Phone No.: **Job# 2107-1070**

i. WCI WASTE CODE:

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PTL 20144

Containers

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k. Quantity **7260** Units **6** No. **01** TYPE **TT**
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 and 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.

Generator Authorized Agent Name: **Clay Davis** Signature: **Clay Davis**

Shipment Date: **091021**

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-i)

TRANSPORTER I
a. Name: **SET Environmental, Inc.**
b. Address: **1100 N. Main Street
Noble, OK 73068**
c. Driver Name / Title: **Elvis**
d. Phone No.: **405-872-1400** Print / Type
e. Truck No.: _____
f. Vehicle License No. / State: _____
g. Driver's Signature: **[Signature]** Shipment Date: **091021**

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name / Title: _____
k. Phone No.: _____ PRINT / TYPE
l. Truck No.: _____
m. Vehicle License No. / State: _____
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: **8/11/21**

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: _____ Print / Type Operator's * Signature _____ Date _____

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

