

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

Division of Environment
Curtis State Office Building
1000 SW Jackson St., Suite 400
Topeka, KS 66612-1367



Phone: 785-296-1535
Fax: 785-559-4264
www.kdheks.gov

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

October 25, 2021

Jeremiah Oliver
MATCOR
1700 E Seward Rd.
GUTHRIE, OK 73044

RE: Special Waste Disposal Authorization Number 21-1461

THIS AUTHORIZATION EXPIRES: April 25, 2022

Dear Jeremiah Oliver:

We have considered your request for disposal of seventy four (74) drums of cathodic drilling mud from MATCOR, 38.375972032547 -98.0778954029083 & 38.364950 -97.780197, KS.

Based on your signed statement that this waste stream is not a hazardous waste as defined by K.A.R. 28-31-261, the waste is not considered a hazardous waste. As stated in K.A.R.28-31-261, it is the responsibility of the generator to determine if generated waste is a hazardous waste by either knowledge of process or by proper testing by a KDHE certified lab. If there are questions as to the status of this waste, please contact me at 785-296-0681. **If MATCOR is confident the material for disposal is not a hazardous waste for any characteristic or listed constituent, the following applies.**

Approval is given to dispose of this waste at Plumb Thicket (Permit 0842), provided the following conditions are met:

1. Approval to deliver the waste must be obtained from the landfill operator prior to transporting the waste to the landfill. The final decision on whether to accept or reject the waste rests with the landfill operator. Please contact Randy Boehmke, Site Manager, at 575-263-6959, to obtain approval. If the landfill operator refuses to accept this waste, you should contact us to determine alternate disposal options.
2. The waste must be transported separately to the landfill and be identified to the operator upon delivery.
3. Kansas Administrative Regulation 28-29-108(r) (12) and (13) requires solid waste disposal facilities to maintain a log of commercial or industrial wastes received such as sludges, barreled wastes, and special wastes. The log must indicate the source and quantity of waste and the disposal location thereof. The special waste authorization number should be used as identification when entering the shipment into the log.

4. This approval is valid for disposal of the waste described, and in the amount shown above. If additional shipments are required, you must contact us to amend the disposal authorization.
5. Operating standards as defined by K.A.R. 28-29-108(k) prohibit the disposal of liquid waste. "Liquid waste" means any waste material that is determined to contain "free liquids" as defined by method 9095A, revision 1, paint filter liquids test, as described in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods," EPA Pub. No. SW-846 dated December 1996. **For purposes of this disposal authorization, all waste for disposal must be able to pass the "paint filter test".**
6. Any change in the process producing this waste, any change in the materials used in producing this waste or any other change to this waste stream requires that a new Special Waste Disposal Authorization be obtained prior to disposal.

If you have any questions, feel free to contact me at 785-296-0681.

Sincerely,



Anthony (Tony) Guy
Environmental Scientist
Special Waste Coordinator
KDHE/Bureau of Waste Management

ABG

C Randy Boehmke
e-file

Requester phone: 405-630-9122



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. **005018**

Section I

GENERATOR (Generator complete all of Section I)

a. Generator Name: Matcor Inc
c. Address: 1700 E. Seward Rd.
Guthrie, OK 73044
e. Phone No.: 405-760-1386
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Williams

b. Generating Location: Williams (Mitchell/Coe)
d. Address: Mitchell, KS 38.37597 -98.07789
Conway, KS 38.36459 -97.78019
f. Phone No.: 405-630-9122
Owner's Phone No.: 405-760-1386

i. WCI WASTE CODE: 21140 211441

j. Description of Waste: Drill Spoils (Mud)

--	--	--	--	--	--

Containers

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

k. Quantity	Units	No	TYPE

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.

Jeremiah Ouer
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)

TRANSPORTER I

a. Name: _____
b. Address: _____
c. Driver Name / Title: _____
d. Phone No.: _____
e. Truck No.: _____
f. Vehicle License No. / State: _____
Acknowledgement of Receipt of Materials: _____
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 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: _____

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: _____
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



Plumb Thicket Landfill
PO Box 495, 440 NE 150th Rd.
Harper, KS 67058

000263 STUTZMAN REFUSE DISPOSAL INC
315 WEST BLANCHARD
SOUTH HUTCHINSON KS 67505

Scale 1 Gross Wt. 58960 LB
Scale 1 Tare Wt. 32720 LB
Net Weight 26240 LB

SITE	TICKET	GRID		WEIGHMASTER	
01	00369875			ASHLEE G	
DATE IN	DATE OUT	TIME IN	TIME OUT	VEHICLE	ROLL OFF
10/28/21	10/28/21	16:02	16:16	FARM TRUCK	
REFERENCE		ORIGIN			
PTL21140		*			

Inbound - Charge ticket

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL
13.12	TON	Special Waste Tons I	28.750	377.20	55.76	432.96

Operating hours 7AM to 4PM Monday thru Friday.

This is to certify that this load does not contain any
hazardous materials, medical waste or liquids of any ty
Generator MATCOR
Manifest# 5018

State 13.12
County 42.64
State-Int 0.00
County-Int 0.00

ASSOCIATED BUSINESS FORMS, INC. (888) 880-1337

SIGNATURE _____

NET AMOUNT
432.96
TENDERED
CHANGE
CHECK NO.