

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: <div style="display: flex; flex-wrap: wrap; padding: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div> <div style="width: 50%;"><input type="checkbox"/> Settling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Workover Pit</div> <div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Burn Pit</div> <div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div> <div style="width: 50%;"><input type="checkbox"/> Steel Pit</div> <div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div> <div style="width: 50%;"><input type="checkbox"/> Dike</div> </div>	Well Number: <div style="margin-top: 10px;">           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: _____         </div>
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.)	
Date of Waste Transfer: _____	
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

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](http://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)

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