



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. **19291**

417640 9.15

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK, Inc. (NGL)**

c. Address: **P.O. Box 871 (MD 6-1)
Tulsa, OK 74102**

e. Phone No.: **918-732-1382**

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

i. WCI WASTE CODE:

		P	T					2	2	-	1	5	4
--	--	---	---	--	--	--	--	---	---	---	---	---	---

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

b. Generating Location: **TO-83**

d. Address: **38.106445, -98.036903**

Yaggy, KS 67502

f. Phone No.: **Job #: 2308-1087**

Owner's Phone No.: _____

Quantity	Units	No.	TYPE
15300	6	01	DM
2200			DP

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
M ³ - CUBIC METERS
Y ³ - CUBIC YARDS
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.

Serryl Winters (Signature)
Generator Authorized Agent Name

091323
Shipment Date

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: **TOM BURDETTE**

d. Phone No.: **405-872-1400**

f. Vehicle License No. / State: **PL0476AS**

Acknowledgement of Receipt of Materials.

[Signature]
g. Driver's Signature

091323
Shipment Date

h. Name: _____

i. Address: _____

j. Driver Name / Title: _____

k. Phone 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: _____

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. **[Signature]**
Name of Authorized Agent

[Signature]
Signature

9/14/03
Receipt Date

Section IV ASBESTOS (Generator completes a-d, f, g; Operator * completes e.)

a. Operator's * Name: _____

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, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

DESTINATION RETAIN





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. 19292

mc 417692594

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK, Inc. (NGL)
 c. Address: P.O. Box 871 (MD 6-1)
Tulsa, OK 74102
 e. Phone No.: 918-732-1382
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____

b. Generating Location: TO-83
 d. Address: 38.106445, -98.036903
Yaggy, KS 67502
 f. Phone No.: Job #: 2308-1087

i. WCI WASTE CODE:

		P	T	-	2	2	-	1	5	4
--	--	---	---	---	---	---	---	---	---	---

Owner's Phone No.: _____
 Containers
 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 & Water

k. Quantity: 11880 Units: 6 No. 01 TYPE PTL

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

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

Serryl Winters Generator Authorized Agent Name
[Signature] Signature
 Shipment Date: 09 14 23

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: TODD BURDETTE
 d. Phone No.: 405-872-1400
 e. Truck No.: 1414
 f. Vehicle License No. / State: P64269S
 Acknowledgement of Receipt of Materials:
[Signature]
 g. Driver's Signature: _____
 Shipment Date: 09 14 23

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. mc Name of Authorized Agent
[Signature] Signature
 Receipt Date: 09/14/23

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





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. **19293**

me 417698 ~~19293~~

Section I

GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK, Inc. (NGL)**

c. Address: **P.O. Box 871 (MD 6-1)**

Tulsa, OK 74102

918-732-1382

e. Phone No.: _____
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

b. Generating Location: **38.106445, -98.036903**

d. Address: **Yaggy, KS 67502**

Job #: 2308-1087

f. Phone No.: _____
Owner's Phone No.: _____

i. WCI WASTE CODE:

		P	T			2	2	-	1	5	5
--	--	---	---	--	--	---	---	---	---	---	---

22548

j. Description of Waste: **Drilling Mud soil cuttings**

1530

Containers: **PTL** TYPE: **CM**
No. **1** Units **Y**

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

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.

Jerry C. Winters
Generator Authorized Agent Name

[Signature]
Signature

091423
Shipment Date

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 Woodring**

405-872-1400 Print / Type

d. Phone No.: _____ e. Truck No.: **1245**

f. Vehicle License No. / State: _____

Acknowledgement of Receipt of Materials: **Mike Woodring**

091423
Shipment Date

g. Driver's Signature _____ n. Driver's Signature _____

h. Name: _____

i. Address: _____

j. Driver Name / Title: _____

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No. / State: _____

Acknowledgement of Receipt of Materials: _____

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.

me
Name of Authorized Agent

[Signature]
Signature

09/14/23
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: _____

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

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. **19306**

41773 7107
TO-83

Section I

GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK, Inc. (NGL)**
 c. Address: **P.O. Box 871 (MD 6-1)**
Tulsa, OK 74102
918-732-1382
 e. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____

b. Generating Location: **38.106445, -98.036903**
 d. Address: **Yaggy, KS 67502**
 f. Phone No.: **Job #: 2308-1087**

i. WCI WASTE CODE:

		P	T						
--	--	---	---	--	--	--	--	--	--

2 2 - 1 5 4

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

Containers

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

 k. Quantity: **14140**

1	5	0	0
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 Units: **G** No. **01** TYPE: **PP**
 TYPE: **PP**
 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.

Serg Winters Generator Authorized Agent Name
[Signature] Signature

091423 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: **TOM BUZZE**
 d. Phone No.: **405-872-1400**
 e. Truck No.: **1414**
 f. Vehicle License No. / State: **PL47695**
 Acknowledgement of Receipt of Materials:
[Signature] Driver's Signature
091423 Shipment Date

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. **[Signature]** Name of Authorized Agent
[Signature] Signature
091512 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





NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. **19310**

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator complete all of Section I) **MC 417800 10.43**

a. Generator Name: **ONEOK, Inc. (NGL)**

c. Address: **P.O. Box 871 (MD 6-1)
Tulsa, OK 74102**

e. Phone No.: **918-732-1382**

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

b. Generating Location: **TO-83**

d. Address: **38.106445, -98.036903
HAGGAY KS 67502**

f. Phone No.: **JOB # 2306-1007**

Owner's Phone No.: _____

I. WCI WASTE CODE:

			P	T	-	2	2	-	1	5	4
--	--	--	---	---	---	---	---	---	---	---	---

091523

Containers

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 & Water**

k. QUANTITY Units No. TYPE
2100 G 01 TT

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

Seymour Winters
Generator Authorized Agent Name

[Signature]
Signature

091523
Shipment Date

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: **Tom Burrell**

d. Phone No.: **405-872-1400** e. Print / Type Truck No.: _____

f. Vehicle License No. / State: **2647415**
Acknowledgement of Receipt of Materials.

[Signature]
g. Driver's Signature

091523
Shipment Date

h. Name: _____

i. Address: _____

j. Driver Name / Title: _____

k. Phone No.: _____ l. Print / Type 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. **me**
Name of Authorized Agent

Megan McClain
Signature

09/15/23
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: _____

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

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. **19311**

ALL 417851 4108
TO-83

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK, Inc. (NGL)

c. Address: P.O. Box 871 (MD 6-1)
Tulsa, OK 74102

e. Phone No.: 918-732-1382

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

b. Generating Location: TO-83

d. Address: 38.106445, -98.036903
YAGGY KS 67502

f. Phone No.: Job# 2306-1087

Owner's Phone No.: _____

I. WCI WASTE CODE:

		P	T	-	2	2	-	1	5	4
--	--	---	---	---	---	---	---	---	---	---

j. Description of Waste: Drilling Mud & Water

Containers		TYPE	
8160		DM - METAL DRUM	
1000		DP - PLASTIC DRUM	
601		B - BAG	
TT		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.

Serryl Winters
Generator Authorized Agent Name

[Signature]
Signature

0	9	1	6	2	3
---	---	---	---	---	---

Shipment Date

UNITS	
P	POUNDS
Y	YARDS
M ³	CUBIC METERS
Y ³	CUBIC YARDS
O	OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

a. Name: SET Environmental, Inc.

b. Address: 1100 N. Main Street
Noble, OK 73068

c. Driver Name / Title: TOBY BURDETTE

d. Phone No.: 405-872-1400 e. Print / Type Truck No.: 1414

f. Vehicle License No. / State: P647695

Acknowledgement of Receipt of Materials.

[Signature]
g. Driver's Signature

0	9	1	6	2	3
---	---	---	---	---	---

Shipment Date

h. Name: _____

i. Address: _____

j. Driver Name / Title: _____

k. Phone No.: _____ l. Print / Type 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. *[Signature]*
Name of Authorized Agent

[Signature]
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





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. 20200

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK Inc. (NGL)

c. Address: PO Box 871 CMD 6-17

Tulsa, OK 74102

e. Phone No.: 918-732-1382

If owner of the generating facility differs from the generator, provide:

g. Owner's Name:

b. Generating Location: 70-83

d. Address: 38.106445, -98.036903

49554 KS 67502

f. Phone No.: Job # 2308-1087

Owner's Phone No.:

i. WCI WASTE CODE: KS PT-22-155

221518

j. Description of Waste: Drilling Mud Soil Contaminated

Quantity: 1000

Units: 12

Units

No.

TYPE

Containers

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

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.

on behalf of ONEOK

Mike Woodruff

092123

Generator Authorized Agent Name

Signature

Shipment Date

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

Moble, OK 73068

c. Driver Name / Title: Mike Woodruff

d. Phone No.: 405-872-1400

e. Vehicle License No. / State: OK

f. Acknowledgement of Receipt of Materials: Mike Woodruff

g. Driver's Signature: Mike Woodruff

092123

Shipment Date

TRANSPORTER II

h. Name:

i. Address:

j. Driver Name / Title:

k. Phone No.:

l. Vehicle License No. / State:

m. 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]

Signature

Receipt Date: 9/21/03

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

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

DESTINATION RETAIN