KOLAR Document ID: 1730796

#### 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:	Well Number:	
Emergency Pit Settling Pit  Workover Pit Drilling Pit  Burn Pit Haul-off Pit  Steel Pit Spill / Escape	Source Location (QQQQ):	
Dike	Datum: NAD27 NAD83 WGS84  County:	
No Waste to be Hauled: (If checked, provide an explanation as to why n	o 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	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?	□ No	
Location of Waste Disposal:  Destination Out of State: (If checked, provide the location of where the waste)	vaste 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 & A BESTOS MANIFEST

If waste is asbestos waste, complete Set If waste is NOT	ections I, II, III and IV.  No. 19291
Section I GENERATOR (Generator complete	
a. Generator Name: ONEOK, Inc. (NGL)	10 10 10
c. Address: P.O. Box 871 (MD 6-1)	b. Generating Location:
Tulsa, OK 74102	#: / Idd: 000;
040 700 4000	Yaggy, KS 67502
e. Phone No.: 918-732-1382  If owner of the generating facility differs from the generator, provide:	f. Phone No.: Job #: 2308-1087
g. Owner's Name:	Overage DI
	Owner's Phone No.:
I. WCI WASTE CODE: P T - 2 2 - 1 5 4	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste :	Quantity Units No. B - BAG  OR WRAP
	2200 GOLUTT - TRUCK O-OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations. AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	the requirements of 40 CFR Part 268 and is no longer a  ""> " " " " " " " " " " " " " " " " "
Generator Authorized Agent Name	Shipment Date
Section II TRANSPORTER (Generator	Transporter I complete e-g complete a-d; Transporter II complete h-n
a.Name: SET Environmental, Inc.	TRANSPORTER II
o. Address: 1100 N. Main Street	h.Name:
Noble, OK 73068	i. Address:
Driver Name / Title:  1. Phone No.:  405-872-1400  e. Print / Type e. Truck No.:  Vehicle License No. / State:  Acknowledgement of Receipt of Materials.	j. Driver Name / Title:
691323	Acknowledgement of Receipt of Materials.
Shipment Date  DESTINATION (Generator co	n. Driver's Signature Shipment Date
Site Name: PLUMB THICKET LANDFILL .	mplete a-d, destination site completes e-f.)
Physical Address: 440 N/E 150TH ROAD	c. Phone No.: 620-896-2229
	d. Mailing Address: PO BOX 495
HARPER, KS 67058	HARPER, KS 67058
Discrepancy Indication Space:  I heleby certify that the above named material has been accepted and to tile  Name of Authorized Agent	past of my knowledge the foragoding/is/true and accurate.
option TV7	
Content to the content of the conten	tes a-d, f, g; Operator * completes e.)
Operator's * Name: Operator's * Address	b. Operator's * Phone No.:
Special handling instructions and additional information:	
PERATOR'S CERTIFICATION: I bareby dealers that the	t are fully and accurately described above by proper shipping name and are closefied
	way according to applicable international and government regulations
Operator's Name & Title:	
Responsible Agency:	Operator's * Signature Date
Poperator refers to the company which owns, leases, oper trols, or supervises the f	
*rols, or supervises the f	acility being demolished or renovated, or the demolition or renovation operation, or bo



## NON-HAZARDOU SPECIAL WASTE & ASBL TOS MANIFEST

No.

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

If waste is  $\underline{\mathsf{NOT}}$  asbestos waste, complete only Sections I, II and III. Section I GENERATOR (Generator complete all of Section 1) ONEOK, Inc. (NGL) a. Generator Name: TO-83 b. Generating Location: P.O. Box 871 (MD 6-1) c. Address: 38.106445, -98.036903 d. Address: Tulsa, OK 74102 Yaggy, KS 67502 918-732-1382 e. Phone No .: Job #: 2308-1087 f. Phone No .: If owner of the generating facility differs from the generator, provide: g. Owner's Name: Owner's Phone No. I. WCI WASTE CODE: TYPE Containers DM - METAL DRUM DP - PLASTIC DRUM Drilling Mud & Water B - BAG j. Description of Waste: 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 UNITS applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal P - POUNDS Y - YARDS M<sup>3</sup>- CUBIC METERS 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 Y3- CUBIC YARDS O - OTHER Generator Authorized Agent Name Shipment Date Section II TRANSPORTER Transporter I complete e-g

Generator complete a-d; Transporter II complete h-n TRANSPORTER I SET Environmental, Inc. TRANSPORTER II a.Name: h.Name: 1100 N. Main Street b. Address: i. Address: Noble, OK 73068 SUPLETIE c. Driver Name / Title j. Driver Name / Title: \_ Print / Type Truck No. PRINT / TYPE k. Phone No.: \_ I. Truck No . WS f. Vehicle License No. / State: m. Vehicle License No. / State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Shipment Date n. Driver's Signature Shipment Date Section III DESTINATION (Generator complete a-d, destination site completes e-f.) PLUMB THICKET LANDFILL a.Site Name: 620-896-2229 c. Phone No.: 440 N/E 150TH ROAD b. Physical Address: \_ PO BOX 495 d. Mailing Address: HARPER, KS 67058 HARPER, KS 67058 e. Discrepancy Indication Space: by certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature 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: Print / Type f. Name & address of Operator's \* Signature Date Responsible Agency: g. Friable; Non-friable; Both % friable \* 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. % nonfriable



### NON-HAZAZ OUS SPECIAL WASTE & BESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. and III Section I **GENERATOR** (Generator complete all of Section 1) ONEOK, Inc. (NGL) a. Generator Name: b. Generating Location: \_ P.O. Box 871 (MD 6-1) -98.036903 c. Address: d. Address: Yaggy, KS 67502 Tulsa, OK 74102 918-732-1382 Job #: 2308-1087 e. Phone No .: f. Phone No .: If owner of the generating facility differs from the generator, provide: g. Owner's Name: Owner's Phone No. TYPE I. WCI WASTE CODE: DM - METAL DRUM Containers DP - PLASTIC DRUM B - BAG i. Description of Waste BA - 6 MIL PLASTIC BAG Units OR WRAP T - TRUCK O - OTHER GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous UNITS 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 P - POUNDS Y - YARDS 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 M<sup>3</sup>- CUBIC METERS Y3- CUBIC YARDS hazardous waste as defined by 40 CFR Part 261. O - OTHER in Ter Shipment Date Section II **TRANSPORTER** Transporter I complete e Generator complete a-d; Transporter II complete h SET Environmental, Inc. TRANSPORTER II a.Name: h.Name: 1100 N. Main Street b. Address i. Address: Noble, OK 73068 c. Driver Name j. Driver Name / Title: Print / Type e. Truck No.: PRINT / TYPE d. Phone N k. Phone No . I. Truck No.: f. Vehicle / State: m. Vehicle License No. / State: ot of Materials. Acknowledgement of Receipt of Materials. g. Drive Shipment Date n. Driver's Signature Shipment Date Section III (Generator complete a-d, destination site completes e-f.) DESTINATION PLUMB THICKET LANDFILL a.Site Name: \_ 620-896-2229 c. Phone No.: 440 N/E 150TH ROAD b. Physical Address: PO BOX 495 d. Mailing Address: HARPER, KS 67058 HARPER, KS 67058 e. Discrepancy Indication Space: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature 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: Print / Type Operator's \* Signature f. Name & address of Date 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.



# NON-HAZAR OUS SPECIAL WASTE & BESTOS MANIFEST

	If waste is asbestos waste, complete Se	ections I, II, III and IV.	No. 1930	6
Section I	If waste is <u>NOT</u> asbestos waste, completed the state of		111779	TAY
a. Generator Name:	c. (NGL)	INC	4111	0-83 10
	871 (MD 6-1)	b. Generating Location: _	38.106445, -98.03	6903
Tulsa, OK	74102	d. Address:	Yaggy, KS 6	
e. Phone No.: 918-732-	1382		loh #- 2308	
If owner of the generating facility differ	s from the generator, provide:	f. Phone No.:	000 11. 2000	1007
g. Owner's Name:		Owner's Phone No.:		
I. WCI WASTE CODE:	PT-22-154			TYPE M - METAL DRUM
j. Description of Waste :	Mud & Water	1500	Units No. TYPE BA	P - PLASTIC DRUM - BAG A - 6 MIL PLASTIC BAG OR WRAP - TRUCK - OTHER
applicable regulations AND if the waste	by certify that the above named material is erly described, classified and packaged, a is a treatment residue of a previously rewaste has been treated in accordance with art 261.	estricted hazardous waste sub the requirements of 40 CFR Pa	nsportation according to ject to the Land Disposal rt 268 and is no longer a	UNITS POUNDS YARDS - CUBIC METERS - CUBIC YARDS - OTHER
Section II		Shipmen Transporter I com complete a-d; Transporter II com	t Date plete e-g )	
a Name: SET EnVIROR		Complete a-d; Transporter II com	TRANSPORTER II	
1100 N Mai		h.Name:	HOWOI CIVIEN II	
b. Address: Noble, OK 7				
o. Diver Name / The		j. Driver Name / Title:	PRINT / TYPE	A
d. Phone No.:	Print/Type _ e. Truck No.: 1414 LY7109 C	k. Phone No.:	PRINT / TYPE I. Truck No.:	,
f. Vehicle License No. / State:  Acknowledgement of Receipt of N		m. Vehicle License No. / S	tate:	· ·
The state of the s	CG 1423	Acknowledgement of	Receipt of Materials.	
g Oriver's Signature	Shipment Date	n. Driver's Signature		
Section III	<b>DESTINATION</b> (Generator co	mplete a-d, destination site or	ompletes e-f.)	Shipment Date
a.Site Name: PLUMB THICKET		c. Phone No.: 620-896	-2229	
b. Physical Address: 440 N/E 150T		d. Mailing Address:P	O BOX 495	
HARPER, KS	67058	I	IARPER, KS 67058	
e. Discrepancy Indication Space:				
f. Name of Authorized Agent Section IV	d material has been accepted and to the		Receipt Date	
		tes a-d, f, g; Operator * comple		
c. Operator's * Address		b. Operator's * Pho	ne No.:	
d. Special handling instructions and addi	tional informati			
OPERATOR'S CERTIFICATION: I hereby packed, marked and labeled, and are in all res	doclare that the sent of suit	t are fully and accurately described way according to applicable intern	d above by proper shipping name	and are classified,
e. Operator's Name & Title:				110
f. Name & address of  Responsible Agency:	ye.	Operator's * Signature		Date
g. Friable; Non-friable;	Both % friable	9 0/ 5	ohl-	
Operator refers to the company which owns,	leases, operates, controls, or supervises the f	acility being demolished or renova	ableted, or the demolition or repovati	On Operation or both



## NON-HAZARDOUS SPECIAL WASTE & ADBESTOS MANIFEST

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

If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 19310

Section I GENERATOR (Generator complete	e all of Section I) MC 47800 0.42
a. Generator Name: ONEOK, Inc. (NGL)	b. Generating Location: T0 - 83
c. Address: P.O. Box 871 (MD 6-1)	d. Address: 38,106445, -98.036903
Tulsa, OK 74102	YAGGY KS 67502
e. Phone No.: 918-732-1382	f. Phone No.: 168 = 2306-1087
If owner of the generating facility differs from the generator, provide:	T. I Holle No.,
g. Owner's Name:	Owner's Phone No.:
I. WCI WASTE CODE:  P T - 2 2 - 1 5 4  j. Description of Waste:  Drilling Mud & Water	Containers  Containers  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL PLASTIC BAG
	ZLOO GOLTT OR WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, an applicable regulations. AND, if the waste is a treatment residue of a previously reservictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a Shipment Date
Section II TRANSPORTER (Generator of	Transporter I complete e-g complete a-d; Transporter II complete h-n
a.Name: SET Environmental, Inc.	TRANSPORTER II h.Name:
b. Address: 1100 N. Main Street	i. Address:
Noble, OK 73068	1. / Mai/000.
c. Driver Name / Title: BURENE	
d. Phone No.: 405-872-1400 e. Print / Type e. Truck No.:	j. Driver Name / Title:
	K. Priorie No.:
f. Vehicle License No. / State: LOCAL Acknowledgement of Receipt of Materials.	m. Vehicle License No. / State: Acknowledgement of Receipt of Materials.
g. Drive Signature Shipment Date  Section III DESTINATION (Generator cor	n. Driver's Signature Shipment Date  nplete a-d, destination site completes e-f.)
a.Site Name: PLUMB THICKET LANDFILL	
b. Physical Address: 440 N/E 150TH ROAD	c. Phone No.: 620-896-2229
HARPER, KS 67058	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  f. Name of Authorized Agent  Signature	best of my knowledge the foregoing is true and accurate.  Receipt Pate
Section IV ASBESTOS (Generator complete	es a-d, f, g; Operator * completes e.)
a. Operator's * Name:	b. Operator's * Phone No.;
c. Operator's * Address	The state of the s
d. Special handling instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked and labeled, and are in all respects in proper condition for transport by high	are fully and accurately described above by proper shipping name and are classified, way according to applicable international and government regulations
e. Operator's Name & Title:	The last of the la
f. Name & address of Responsible Agency:	Operator's * Signature Date
g. Friable; Non-friable; Both % friable % friable *Operator refers to the company which owns, leases, operates, controls, or supervises the f	e % nonfriable facility being demolished or renovated, or the demolition or renovation operation, or both.



# NON-HAZAKJOUS SPECIAL WASTE & ABESTOS MANIFEST

Section I  GENERATOR (Generator complete all of Section I)  a. Generator Name:  ONEOK, Inc. (NGL)  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:  Owner's Phone No.:  Owner'		If waste is <u>NOT</u> asbestos waste, complete Se	
an Generator Name (ONEOK, Inc. (NGL) b. Address: P.O. Box 871 (NID 6-1) TUSA, OK 74102 c. Phone No.: 918-732-1382 c. Phone No.: 918-732-1382 c. Owner's Name (Control of the generating facility differs from the generator, provide: c. Owner's Phone No.: 100	Section I		
Description of Waste : Drilling Mud & Water  In Worl WASTE CODE:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  T. TRUCK Waste : Drilling Mud & Water  Owner's Prone No.:  Description of Waste : Drilling Mud & Water  T. TRUCK Waste : Drilling Waste : D	a Generator Name: ONEC		
9. PENDER NO. 303 2300-1087  I. Price No. 303 2300-1087  I	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		b. Generating Location:
In Phone No.:  918-732-1382  If owner of the generating facility differs from the generator, provides:  Owner's Phone No.:  Ow			d. Address: 380.106495 - 48.05690
Cover's Name:   Cover's Phone No.   Cover's			
Description of Waste : Drilling Mud & Water  Description of Waster : Drilling Mud & Water  Description of Water and Water in the Buster of Water	e. Phone No.:	ity differs from the generator, provide:	f. Phone No.: 108 - 2300 - 108 /
Description of Waste: Drilling Mud & Water  Drilling Mud & Units And Doll Control of Drilling Septembers  Drilling Mud Based on Drilling Septemb		y sweet a serior and generator, provide.	Owner's Phone No.:
Description of Waste: Drilling Mud & Water    Description of Waste: Drilling Mud & Water	I. WCI WASTE CODE:	PT-22-154	Containers DM - METAL DRUM
psplicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Level and waste that the waste has been treated in accordance with the requirements of 40 CPR Part 268 and is no longer a publication of the Land Disposal Part 268 and is no longer and the property of the Land Disposal Part 268 and is no longer and the Land Dispo	j. Description of Waste :D	rilling Mud & Water	M. Quantity Units No. DE DA - 6 MIL PLASTIC BAG OR WRAP T - TRUCK
TRANSPORTER (Generator complete and Transporter I complete end )  TRANSPORTER II  TRANSPORTER  II  NAMBER / Title:  TRANSPORTER II  TRANSPORTER  II  NAMBER / Title:  TRANSPORTER  II  NAMBER / Title:  TRANSPORTER  II  NAMBER / Title:  TRANSPORTER  II  NAMBER / Title  TRANSPORTER	applicable regulations. AND, if the Restrictions, I certify and warrant hazardous waste as defined by 40 Generator Authorized Agen	ne waste is a treatment residue of a previously rethat the waste has been treated in accordance with 0 GFR Part 261.	estricted hazardous waste subject to the Land Disposal in the requirements of 40 CFR Part 268 and is no longer a 0 - OTHER
INAME: SET Environmental, Inc.  Address: 1100 N. Main Street  Noble, OK 73068  Driver Name / Title: 1018 B V 1019  Print / Type  Phone No.: 405-872-1400 Print / Type  Phone No.: 1. Truck No.: 1. Tru	Section II	TRANSPORTER (Generator	Transporter I complete e-g r complete a-d; Transporter II complete h-n
Noble, OK 73068  Driver Name / Title: Told Burdon   July   Print / Type   Print /	SET E	TRANSPORTERI	TRANSPORTER II
Address:   TOO N. Millin Street   I. Address:   I. Address:   Noble, OK 73068   I. Address:   I. A			h.Name:
Driver Name / Title: Told Button   Title: Told Butt			
Phone No.: 405-872-1400 e. Truck No.: LITY yes c. Truck No.: LITY ye			
Vehicle License No. / State:  Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.  Description III  DESTINATION  Generator complete a-d. destination site completes e-f.)  Site Name:  PLUMB THICKET LANDFILL  C. Phone No.:  C. Phone	: Driver Name / Title:	OIDD BURZETTE	i Driver Name / Title
Vehicle License No. / State:  Acknowledgement of Receipt of Materials.  Driver's Signature  Shipment Date  n. Driver's Signature  Shipment Date  Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.  Acknowledgement of Receipt of Materials.  In Driver's Signature  Shipment Date  Acknowledgement of Receipt of Materials.  Ackno	l. Phone No.: 405-872-	1400 Print / Type e. Truck No.: LY	k Phone No : PRINT / TYPE
Acknowledgement of Receipt of Materials.  Discription III  DESTINATION  (Generator complete a-d. destination site completes e-f.)  Site Name:  PLUMB THICKET LANDFILL  Physical Address:  440 N/E 150TH ROAD  HARPER, KS 67058  Discription of Materials  Acknowledgement of Receipt of Materials  In. Driver's Signature  C. Phone No.: 620-896-2229  Discription of Materials  Acknowledgement of Receipt of Materials  Shipment Date  Name of Address:  Discription of Materials  Discription of Materials  Discription of Materials  Acknowledgement of Receipt of Materials  Shipment Date  Name of Address:  Discription of Materials  Discription of Materials  Discription of Materials  Discription of Materials  Name of Address:  Discription of Materials  Din	. Vehicle License No. / State: _	P647695	
Diver's Signature  ection III  DESTINATION  (Generator complete a-d. destination site completes e-f.)  Site Name:  PLUMB THICKET LANDFILL  C, Phone No.: 620-896-2229  d. Mailing Address:  PO BOX 495  HARPER, KS 67058  Discrapancy Indication Space:  I hereby certify that the above named material has been accepted and language the foregoing of th	Acknowledgement of Rece		Acknowledgement of Receipt of Materials
Shipment Date  It. Divisit Signature  C. Phone No. 620-896-2229  d. Mailling Address: PO BOX 495  HARPER, KS 67058  Discrepancy Indication Space:  It he beby certify that the above named material has been accept a and unine loss of the foreign profession of the foreign		2 091623	
Site Name: PLUMB THICKET LANDFILL c. Phone No. 620-896-2229  Physical Address: 440 N/E 150TH ROAD d. Mailing Address: PO BOX 495  HARPER, KS 67058  Discrepancy Indication Space: I heleby certify that the above named material has been accepted and terrhelpes of the foregoing of the place.  Name of Authorized Agent Signature  Coperator's * Name:			
Physical Address: 440 N/E 150TH ROAD  HARPER, KS 67058  Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and lorine best of the foregoing of the original accurate.  Name of Authorized Agent  Signature  Coperator's * Name:  Operator's * Name:  Operator's * Address  Special handling instructions and additional information:  PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, cked, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations  Operator's Name & Title:  Name & address of Responsible Agency:  Date  Print/Type  Operator's Signature  Date			emplete a-d. destination site completes e-f.)
HARPER, KS 67058  HARPER, KS 67058  HARPER, KS 67058  HARPER, KS 67058  Discrepancy Indication Space:  I help by certify that the above named material has been accepted and terthelpest dentity prowied the foregoing of the and accurate.  Name of Authorized Agent  Signature  ASBESTOS (Generator completes a-d, f, g; Operator * completes e.)  Operator's * Name:  Operator's * Address  Special handling instructions and additional information:  PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, cked, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations  Operator's Name & Title:  Name & address of Responsible Agency:  Print / Type  Operator's Signature  Date			c, Phone No.: 620-896-2229
Discrepancy Indication Space:  I hereby certify that the above named material has been accepted and forther best of my prowledge the foregoing of free and alcurate.  Name of Authorized Agent  Signature  ASBESTOS (Generator completes a-d, f, g; Operator * completes e.)  Operator's * Name:  Decrator's * Address  Special handling instructions and additional information:  PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, sked, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations  Operator's Name & Title:  Name & address of Responsible Agency:  Print/Type  Operator's 'Signature  Date			d. Mailing Address: PO BOX 495
Discrepancy Indication Space:  I he eby certify that the above named material has been accepted and prince best of the foregoing it from and abcurate.  Name of Authorized Agent  Signature  Receive date  Receive d	HARPI	ER, KS 67058	HARPER, KS 67058
Operator's * Name:	I he eby ce my that the above	to named water it I I	best of my fowledge the foregoing of the and alcurate.
Operator's * Name:			Receive Date
Operator's * Address  Special handling instructions and additional information:  PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, cked, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations  Operator's Name & Title:  Name & address of  Responsible Agency:  Date		ASBESTOS (Generator complete	tes a-d, f, g; Operator * completes e.)
Operator's * Address  Special handling instructions and additional information:  PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, cked, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations  Operator's Name & Title:  Name & address of Responsible Agency:  Date  Responsible:  Non-friable:  Non-friable:  Reth	Operator's * Name:		b. Operator's * Phone No.:
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Operator's Name & Title:  Name & address of Print / Type  Responsible Agency:  Date  Print / Type  Operator's 'Signature  Date	PERATOR'S CERTIFICATION	I hereby declare that the contents of this	t are fully and accurately described above by proper shipping name and are classified,
Responsible Agency:    Friable:   Non-friable:   Roth   Ro	Operator's Name & Title:		and government regulations
Friable; Non-friable: Both 9/ friable		Print / Type	Operator's ' Signature Date
	Friable; Non-friable	Both	
			e % nonfriable facility being demolished or renovated, or the demolition or renovation operation, or both.



#### NON-HAZAR OUS SPECIAL WASTE & BESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. No. If waste is NOT asbestos waste, complete only Sections I, II as Section I (Generator complete all of Section 1) a. Generator b. Generating Location: c. Address: d. Address: e. Phone No . f. Phone No :-If owner of the generating facility differs from the generator, provide: g. Owner's Name: Owner's Phone No TYPE I. WCI WASTE CODE: DM - METAL DRUM DP - PLASTIC DRUM B - BAG j. Description of Waste: BA - 6 MIL PLASTIC BAG Units 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 UNITS 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 P - POUNDS Y - YARDS M3- CUBIC METERS Y3\_ CUBIC YARDS harar ous waste as defined by 40 CFR Part 261. O - OTHER Generator Authorized Agent Name Shipment Date Section II Transporter I complete e-g
Generator complete a-d; Transporter II complete h-n TRANSPORTER TRANSPORTER I TRANSPORTER II a.Name: vinollenter h.Name: b. Address: i. Address c. Driver Name j. Driver Name / Title: PRINT / TYPE d. Phone No. k. Phone No.: I. Truck No .: f. Vehicle m. Vehicle License No. / State: Receipt of Materials. Acknowledgement of Receipt of Materials. 's Signature Shipment Date n. Driver's Signature Shipment Date Section III (Generator complete a-d, destination site completes e-f.) DESTINATION PLUMB THICKET LANDFILL a.Site Name: 620-896-2229 c. Phone No.: 440 N/E 150TH ROAD b. Physical Address: PO BOX 495 d. Mailing Address: HARPER, KS 67058 HARPER, KS 67058 e. Discrepancy Indication Space: by certify that the above named material has be knowledge the **2**urate Name of Authorized Agent 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: Print / Type f. Name & address of Operator's \* Signature Responsible Agency: Date Friable; \_\_Non-friable; \_\_Botn \_\_\_\_\_, state \_\_\_\_\_, relation refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or Friable: