

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 <i>(API No. if applicable)</i> :		Lease Name:	
Source of Waste:		Well Number:	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/> Dike		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: _____	

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



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. **19307**

MC 419278 10.03

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK, Inc. (NGL) b. Generating Location: KS-8M-03
 c. Address: P.O. Box 871 (MD 6-1) d. Address: 38.640938, -98.238876
Tulsa, OK 74102 e. Phone No.: 918-732-1382 f. Phone No.: Job #: 2308-1042
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ Owner's Phone No.: _____

i. WCI WASTE CODE:

		P	T	-	2	2	-	1	5	4				
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 Containers: _____
 j. Description of Waste: Drilling Mud & Water k. Quantity: 20000 Units: 1800 No. 6 TYPE: PTL

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 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.

of Estate of Oneok Generator Authorized Agent Name Signature [Signature] Shipment Date 100623

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

a. Name: <u>SET Environmental, Inc.</u> b. Address: <u>1100 N. Main Street</u> <u>Noble, OK 73068</u> c. Driver Name / Title: <u>Tony Burzette</u> d. Phone No.: <u>405-872-1400</u> Print / Type e. Truck No.: <u>1414</u> f. Vehicle License No. / State: <u>P147695</u> Acknowledgement of Receipt of Materials: _____ g. Driver's Signature <u>[Signature]</u> Shipment Date _____	h. Name: _____ i. Address: _____ j. Driver Name / Title: _____ k. Phone No.: _____ PRINT / TYPE l. Truck No.: _____ m. Vehicle License No. / State: _____ Acknowledgement of Receipt of Materials: _____ n. Driver's Signature _____ Shipment Date _____
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Section III DESTINATION (Generator complete a-d, destination site completes e-f.)

a. Site Name: PLUMB THICKET LANDFILL c. Phone No.: 620-896-2229
 b. Physical Address: 440 N/E 150TH ROAD d. Mailing Address: PO BOX 495
HARPER, KS 67058 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 10/09/23

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: _____ Print / Type Operator's * Signature _____ Date _____
 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. **19308**

419352 5169
KS-8M-03

Section I GENERATOR (Generator complete all of Section I)

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

b. Generating Location: **38.640938, -98.238876**

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

d. Address: **Ellsworth, KS 67439**

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

f. Phone No.: **Job #: 2308-1042**

g. Owner's Name: _____

Owner's Phone No.: _____

i. WCI WASTE CODE: **ASPTL** **22-154**

Owner's Phone No.: **221558**

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

k. Quantity: **1500** Units: **6** No.: **01** TYPE: **01**

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	
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.

Generator Authorized Agent Name: _____ Signature: _____

Shipment Date: **100923**

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

a. Name: **SET Environmental, Inc.**

h. Name: _____

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

i. Address: _____

c. Driver Name / Title: **TOOD BURZELLE**

j. Driver Name / Title: _____

d. Phone No.: **405-872-1400** e. Truck No.: **1414**

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

f. Vehicle License No. / State: **8647695**

m. Vehicle License No. / State: _____

g. Driver's Signature: _____ Shipment Date: **100923**

n. Driver's Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator complete a-d, destination site completes e-f.)

a. Site Name: **PLUMB THICKET LANDFILL**

c. Phone No.: **620-896-2229**

b. Physical Address: **440 N/E 150TH ROAD
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 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: _____ Operator's * Signature: _____ Date: _____

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

