

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:
<p>Source of Waste:</p> <p><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</p>	Well Number:
	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: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
	Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
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	

**FOR OFFICE USE ONLY**

APPROVAL NUMBER:

EXPIRATION DATE:

APPROVED BY:

SPECIAL WASTE APPLICATION

Information utilized for completion of this form must originate from an authorized representative of the generator of the waste material.
The information on this form must be **COMPLETELY FILLED OUT, TYPE WRITTEN**, and the form must be **SIGNED BY AUTHORIZED REPRESENTATIVE**.

A. PROFILE INFORMATION

1. Initial Recertification, list prior special waste approval number(s):
 2. Have there been any changes to the composition of, or process generating this waste stream that would alter the characteristics of the waste stream?
 YES NO (Updated analysis may be required even if no change to process or composition.)

B. GENERATOR INFORMATION

1. Generator Name: Tallgrass Interstate Gas Transmission LLC

2. Address: 3808 28th Ave

City: Kearney County: Buffalo
State: NE Zip: 68845

3. Site Location (if different): 417 CR # 58 Dighton KS 67839

4. Contact Name: Mark Bredemeier

5. Phone Number: 785-269-7003 6. Fax Number:

7. Email Address: Mark.Bredemeier@tallgrass.com

8. State Facility ID # (if applicable):

9. State Waste Code (if applicable):

D. TRANSPORTER/SHIPPING INFORMATION

1. Name: Hills Trash Pick Up & Roll Off Service

2. Street Address: 1780 US-40

City: Sharon Springs State: KS Zip: 67758

3. Phone Number: 785-852-4890 4. Fax Number:

5. Contact Name: Delphine

6. EPA or State Transporter ID #: 17399928

7. Designated Landfill(s): Finney County

8. Transport: End Dump Side Dump Transfer Truck Flat Bed
 Tanker Truck Box Van Other: Roll off9. Estimated Volume: 20 Tons Cubic Yards Gallons10. Packaging: Bulk Solids Bulk Liquids Drums Bagged11. Shipping Frequency: _____ per: One Time Project
 Month Quarter Year Other: _____**C. CUSTOMER/BILLING INFORMATION**

1. Billing Name: Hill Trash Pick Up & Roll Off Service

2. Address: 1780 US-40

City: Sharon Springs County: Buffalo
State: KS Zip: 67758

3. Contact Name: Billing@hillstrashpickup.com

4. Phone Number: 785-852-4890 5. Fax Number:

6. Email Address: Delphine

7. Is there a service agreement on file? YES NO

8. Agent / Consultant:

9. Letter of Authorization: YES NO**E. WASTE STREAM INFORMATION**

1. Common Name of Material or Waste Stream:

Drilling mud/ Trash

2. Detailed Description of Process or How Generated (Attach additional sheet if needed):

Cathodic Protection Borehole3. Physical State at 70°F: Solid Semi-Solid Sludge
 Liquid Powder Other4. Free Liquids: NO YES % Liquids:

5. Color: Brown 6. pH Range:

7. Odor: None Mild Significant Describe:8. Flash Point: °F °C9. Reactive: NO YES with:

10. State Required Information (if applicable):

F. NON-HAZARDOUS DETERMINATION1. Attached Document(s) (check all that apply): Not Applicable Process Knowledge MSDS / SDS Certified Analytical Report Exempt Waste

2. If Special Handling is required, provide details (Health & Safety Plan, etc):

3. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws?

 YES NO Type of Sample: Composite Grab Number of Samples:4. If Exempt Waste, check applicable item below: UST Corrective Action – 40 CFR 261.4(b)(10) PCB Bulk Product Waste – 40 CFR 761.62 Oil & Gas E&P Waste – 40 CFR 261.4(b)(5) RCRA-Empty Containers – 40 CFR 261.7 Other (provide reference):**G. GENERATOR CERTIFICATION STATEMENT:**

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, packaged, labeled, and prepared as indicated. I certify that this waste is either (i) not hazardous or dangerous as defined by the U.S. EPA, or the state or province of origin; or (ii) hazardous, special or industrial waste (including friable asbestos) that meets the classification of Class II waste. I certify that this waste does not contain any regulated radioactive materials and does not contain PCB's regulated by TSCA or any other regulatory authority. I certify that all known and suspected hazards have been disclosed. I certify that all samples used for this analysis are representative of the materials described herein. I understand that all wastes may undergo inspection upon arrival at the designated facility and may be refused if the delivered material does not conform to the description herein. Notification will be provided immediately if there is a change in the composition of, or process generating this waste stream, prior to offering the waste for shipment or management.

Mark Bredemeier - Corrosion Technician

AUTHORIZED REPRESENTATIVE NAME/TITLE

AUTHORIZED REPRESENTATIVE SIGNATURE

Tallgrass

COMPANY NAME

10-20-23

DATE COMPLETED

Special Waste Disposal Request
Kansas Department of Health and Environment
Bureau of Waste Management
Waste Reduction, Compliance and Enforcement Section
1000 SW Jackson, Suite 320, Topeka, Kansas 66612-1366

You may email to: kdhe.swda@ks.gov or FAX form to: 785-559-4253

Please type or clearly print - See page 2 for instructions

I. REQUESTER INFORMATION (This is where the Disposal Authorization letter will be sent.)

Business/Company Name: _____
Address: _____
City: _____ State: _____ Zip Code _____ County: _____
Contact Person: _____ Telephone Number: _____
E-Mail Address, if applicable: _____ Fax Number: _____

II. POINT/LOCATION OF GENERATION INFORMATION (only if different from the information in Section I above)

Name of Property/Owner/Generator: _____
Physical Address/Location: _____
City: _____ State: _____ Zip Code _____ County: _____
Contact Person: _____ Telephone Number: _____

III. WASTE INFORMATION - Use back of form if additional space is required

Waste Description: _____
Process Producing Waste: _____
Physical Characteristics of Waste: _____
Quantity for Disposal: _____ (Please Select One) Lbs Tons | Cubic Yards Drums
One time Event, up to 6 months Per Year/Annually Est. Weight: _____

Laboratory Analyses Attached: Yes No Safety Data Sheets (SDS) Attached: Yes No

Renewal of Previous Authorization: Previous/Current Authorization No: _____ Exp. Date: _____

IV. DISPOSAL INFORMATION

Landfill Proposed for Disposal: _____
Solid Waste Transfer Station Proposed: _____ Permit #: _____

V. CERTIFICATION

I hereby certify that I am a duly authorized representative of the generator identified above. I further certify that, to the best of my knowledge, the following items are true:

1. The waste identified for disposal is not a hazardous waste as defined by K.A.R. 28-31-261.
2. All analytical analyses provided are from a Kansas Department of Health and Environment (KDHE) certified laboratory and are representative of the waste identified for disposal.
3. All information provided in any attached profile, re-certification, or other document completed by the authorized representative accurately characterizes the waste.
4. If this is a renewal, the materials and processes that generate the waste have not changed since the last disposal authorization indicated above, and the information previously provided to KDHE is still valid.


Signature

Printed Name

Date

Instructions

If you have any questions about information required to complete this form, please contact the Special Waste Coordinator at 785-296-1600 or send an e-mail to: kdhe.swda@ks.gov

Special waste is defined by K.A.R. 28-29-3(iii) as: Any solid waste that, because of physical, chemical, or biological characteristics, requires special management standards due to concerns for owner or operator safety regarding handling, management, or disposal.

I. Requester Information - Requester information must be provided for the individual taking responsibility for the waste disposal request. This could be the actual generator of the waste, or a contractor or consultant managing the waste for a client. KDHE will e-mail you a copy of the **special waste disposal authorization (SWDA)** letter as a portable document file (pdf) if you provide your e-mail address. If you do not provide your e-mail address, we will mail or fax you a copy of the **SWDA** letter. Please note that you may complete this form on-line at our website. kdheks.gov/waste/forms/solidwaste/sw600-specwaste.pdf

II. Point of Generation Information - Point of generation information must be provided for the physical location where the waste is generated. If this information is identical to the information provided in Section I, this section may be left blank or marked "Same". This is potential information for phase I environmental assessments, also possible confirmational requirements.

III. Waste Information - The following information must be provided concerning the waste:

Waste description - Provide a brief description of the waste. For example, "contaminated soil", "wastewater sludge", etc.

Process producing waste - Provide a brief description of the process that produced the waste. For example, "sand blast operation", "painting operations", "mandatory/voluntary soil remediation", "product spill and name of product", etc. Listed processes in the 40 CFR 261.31 - 261.32 **do not** qualify as special waste, **nor** commercial chemical spills listed in 261.33.

Physical Characteristics of Waste - Provide a brief description of the physical make-up of the waste. What does the waste look like/smell like: For example, "gray sludge", or "dark soils with petroleum odor", etc. What will the landfill facility see & smell at the time of disposal?

Quantity for Disposal - Estimate the quantity of the waste for disposal in units of pounds or tons. It is best to slightly overestimate. If the request is for a onetime event for disposal, indicate "Onetime event" though you may need to make multiple trips to the landfill for disposal. If a volume is estimated please estimate weight also.

Laboratory Analyses Attached - Indicate whether laboratory analyses performed by a KDHE certified laboratory are attached. If you have questions whether analyses are required or what analyses are required, please contact the Special Waste Coordinator at 785-296-1600 or send an e-mail to: kdhe.swda@ks.gov.

Safety Data Sheet (SDS) Attached - Indicate whether an SDS for the waste is attached. If you are using an SDS to support your determination that the waste is not a hazardous waste, the SDS must be attached.

Renewal of Previous Authorization – If you wish to renew a disposal authorization issued in the prior year, please complete this section with the most recent SWDA number for the waste stream. Be sure to review the previous information (analyses, SDS, etc.) provided to KDHE to make sure it is still valid. **An Amendment to a current/recent SWDA may be acquired with an e-mail to: kdhe.swda@ks.gov referencing the SWDA number with a brief explanation of what will need amended and why.**

IV. Disposal Information - The following information must be provided concerning the disposal site for the waste:

Landfill Proposed for Disposal - Indicate the landfill where you wish to dispose the waste. **You should contact the landfill for tentative approval of acceptance prior to submitting this form.**

Solid Waste Transfer Station Proposed - If the waste will be shipped through a transfer station, indicate the name and permit number of that station. If the waste will be shipped directly to a landfill, leave this line blank or indicate "NA" for *not applicable*.

V. Certification - The certification statement must be signed by an authorized representative of the generator/owner of the waste. This may be a consultant or contractor authorized to sign on behalf of the generator/owner of the waste.