



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. **20208**

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK, Inc. (NGGP) b. Generating Location: Kansas #1
 c. Address: P.O. Box 871 (MD 6-1) d. Address: 37.990195, -101.011884
Tulsa, OK 74102 Holcomb, KS 67851
 e. Phone No.: 918-732-1382 f. Phone No.: Job #: 2309-0385
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ Owner's Phone No.: _____

i. WCI WASTE CODE: PTL-22-154 221558 Containers: DP
 j. Description of Waste: Drilling Mud & Water k. Quantity: 19570 Units: G No.: 01 TYPE: IT

TYPE	
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.

ON BEHALF OF ONEOK [Signature] 102423
 Generator Authorized Agent Name Signature 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)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>SET Environmental, Inc.</u>		h. Name: _____	
b. Address: <u>1100 N. Main Street</u> <u>Noble, OK 73068</u>		i. Address: _____	
c. Driver Name / Title: <u>TOOD BURDETTE</u>		j. Driver Name / Title: _____	
d. Phone No.: <u>405-872-1400</u> Print / Type	e. Truck No.: <u>1414</u>	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No. / State: <u>P047695</u>		m. Vehicle License No. / State: _____	
Acknowledgement of Receipt of Materials: <u>[Signature]</u> <u>102423</u>		Acknowledgement of Receipt of Materials: _____	
g. Driver's Signature	Shipment Date	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 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. [Signature] [Signature] 10/25/08
 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

