

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: <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		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: _____ <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. 20202

419494546
KGS-34

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: _____
d. Address: 37.605984, -99.94265
Ford, KS 67842
f. Phone No.: _____
Job #: 2309-0380

i. WCI WASTE CODE: KS PL 22 - 154

j. Description of Waste: Drilling Mud & Water

Owner's Phone No.: _____
k. Quantity: 221558
10920
Units: G OL TT
No.: _____
TYPE: _____
Containers: _____
TYPE:
DM - METAL DRUM
DP - PLASTIC DRUM
B7 - 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.

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

ON BEHALF OF ONEOK
Generator Authorized Agent Name
Signature

101023
Shipment Date

Section II

TRANSPORTER

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

TRANSPORTER I
a. Name: SET Environmental, Inc.
b. Address: 1100 N. Main Street
Noble, OK 73068
c. Driver Name / Title: TODD BURZSTE
d. Phone No.: 405-872-1400 Print / Type
e. Truck No.: 1414
f. Vehicle License No. / State: PC47695

TRANSPORTER II
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.
[Signature]
g. Driver's Signature
Shipment Date: 101023

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] [Signature] [Signature]
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: _____ 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

