



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. **20204**

Handwritten: 12008414 Satanta #4

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK, Inc. (NGGP)
 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: Satanta #4
 d. Address: 37.57668, -100.99166
Satanta, KS 67870
 f. Phone No.: Job #: 2309-0382
 Owner's Phone No.: _____

i. WCI WASTE CODE:

		P	T	-	2	2	-	1	5	4
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j. Description of Waste: Drilling Mud & Water

Containers: 8900
 Quantity: 1500 Units: G No.: 01 TYPE: DP
 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.

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

Handwritten: 01 Bureau of ONEOK
 Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: 101823

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

TRANSPORTER I
 a. Name: SET Environmental, Inc.
 b. Address: 1100 N. Main Street
Noble, OK 73068
 c. Driver Name / Title: CC 46 CODY EDDY
 d. Phone No.: 405-872-1400 Print / Type e. Truck No.: CC 46
 f. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials: _____
 g. Driver's Signature: [Signature] Shipment Date: 101823

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: _____
 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. Name of Authorized Agent: _____ Signature: _____ Receipt Date: 10/19/23

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

