



WASTE CONNECTIONS INC.
United with the Power

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 76758

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.

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.
 b. Generating Location: 37.515867, -96.795861
 c. Address: 100 W. Fifth Street
 d. Address: Ford, KS 67842
Tulsa, OK 74103
 e. Phone No.: 405-328-1404
 f. Phone No.: _____
 g. Owner's Name: _____
 h. Purchase Order No.: _____
 i. Phone No.: _____
 j. Owner's Name: _____

k. Quantity: 12700 Units
 Containers No.: 01 TYPE: 57
 Description of Waste: Drilling Mud and Water

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 5 ML PLASTIC BAG or WRAP
 - T - TRUCK
 - O - OTHER
- UNITS**
- P - POUNDS
 - Y - YARDS
 - M - CUBIC METERS
 - Y' - 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: 091324

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: TODD BIAZOTE
 d. Phone No.: 405-872-1400 e. Truck No.: 1414
 f. Vehicle License No./State: FD47695
 Acknowledgment of Receipt of Materials: _____
 Driver Signature: _____ Shipment Date: 091324

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgment of Receipt of Materials: _____
 n. Driver Signature: _____ Shipment Date: _____

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: WASTE CONNECTIONS
 b. Physical Address: 5023 Finney County Landfill
1250 S. Raceway Rd. • Garden City, KS 67846

c. Phone No.: (620) 275-4421
 d. Fax No.: (620) 275-5047

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.

Name of Authorized Agent: _____ Signature: _____
 Receipt Date: 091324

Section IV

ASBESTOS (Generator completes a-d; f, g, Shipper* completes e)

a. Shipper's Name: _____
 b. Shipper's Address: _____
 c. Shipper's Phone No.: _____
 d. Shipper's Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: _____ b. Shipper's Phone No.: _____
 Name and Address of Responsible Agency: _____ Date: _____

Friable; Non-Friable; Both _____ % friable _____ % nonfriable

Shipper 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.
 24200 (Rev. 9/72)
 Retains - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS

No. **76759**

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.

WASTE CONNECTIONS INC.
Owner and Operator

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: **ONEOK NGL Pipeline L.L.C.**
Address: **100 W. Fifth Street
Tulsa, OK 74103**

b. Generating Location: **KGS-76**
d. Address: **37.815887, -99.795801
Ford, KS 67842**
Job #: **2408-0295**

c. Phone No.: **405-328-1404**
If the generating facility differs from the generator, provide:
Facility Name: _____

f. Phone No.: _____
h. Purchase Order No.: _____

WASTE CODE: **K S F C L 2 4 - 0 3 7 2 4 1 2 0 8**
Description of Waste: **Drilling Mud and Water**

k. Quantity: **14340** Units
Containers No.: **5** TYPE: **TC**

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 5 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.

Generator Authorized Agent Name: **John Poger** Signature: _____ Shipment Date: **09/14/25**

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

TRANSPORTER I

Name: **SET Environmental Inc.**
Address: **1100 N. Main Street
Noble, OK 73068**

Driver Name/Title: **TEDD BUZZETTE**
Phone No.: **405-872-1400** e. Truck No.: **1414**

Vehicle License No./State: **PK47695**
Acknowledgment of Receipt of Materials: _____
Driver Signature: _____ Shipment Date: **09/14/24**

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgment of Receipt of Materials: _____
n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: **WASTE CONNECTIONS**
Physical Address: **5023 Finney County Landfill
1250 S. Raceway Rd. - Garden City, KS 67846**
c. Phone No.: **(620) 275-4421**
d. Fax No.: **(620) 275-5047**

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.
Name of Authorized Agent: _____ Signature: _____ Receipt Date: **09/14/24**

Section IV ASBESTOS (Generator completes a-d, f, g, Shipper* completes e)

a. Shipper's Name: **NVR**
b. Shipper's Phone No.: _____
c. Shipper's Address: _____
d. Shipper's Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's Name & Title: _____ f. Shipper's Phone No.: _____
g. Name and Address of Responsible Agency: _____
h. Frangible: Frangible Non-Frangible Both % Frangible _____ % Nonfrangible _____

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the destination or recondition contractor, or both.
Colors - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 30007

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

Section I

GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.
 b. Generating Location: KS 78
 c. Address: 100 W. Fifth Street
Tulsa, OK 74103
405 378 1404
 d. Phone No. _____
 e. Owner of the generating facility differs from the generator, provide:
 f. Owner's Name: _____

b. Generating Location: 37.815007, 96.795801
 d. Address: Ford, KS 67642
Job # 2408-0290
 f. Phone No. _____
 Owner's Phone No. _____

i. WCI WASTE CODE: K 3 P P L 2 4 - 1 3 0
Drilling Mud and Water

k. Quantity: 170 Units: 1 No. _____ TYPE _____

- Containers
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 5 ML 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.

[Signature]
 Generator Authorized Agent Name _____ Signature _____

[Date]
 Shipment Date _____

Section II

TRANSPORTER (Generator complete a-d, Transporter I complete e-g)

a. Name: SET Environmental Inc.
 b. Address: 1100 N. Main Street
Noble, OK 73068
 c. Driver Name / Title: TODD BUZZERIE
 d. Phone No.: 405-872-1400 Print / Type _____
 e. Truck No.: 1114
 f. Vehicle License No. / State: 1147651 >
 Acknowledgement of Receipt of Materials: [Signature]
 g. Driver's Signature: [Signature] Shipment Date: [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: _____

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] Name of Authorized Agent _____ Signature _____
 g. [Date] 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: _____
 f. Name & address of Responsible Agency: _____ Print / Type _____ Operator's * Signature _____ Date _____

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.

GENERATOR RETAIN



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS

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.



GENERATOR (Generator completes all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.
 b. Address: 100 W. Fifth Street
Tulsa, OK 74103
 c. Phone No.: 405-328-1404

b. Generating Location: KG9-76
 d. Address: 37.615907, -99.195601
PO BOX 67842
TOPEKA, KS 67842
 f. Phone No.: ICB-2408-0295

g. Owner's Name: _____
 h. Purchase Order No.: _____
 i. Description of Waste: Drilling Mud and Water

WC WASTE CODE:

K	S	F	C	L	2	4	-	0	3	7	2	4	1	2	0	8
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k. Quantity: 12680 Units
 Containers No.: 1500 TYPE: FT

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 5 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.

Generator Authorized Agent Name: [Signature] Signature: [Signature] Shipment Date: 091624

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: Tom Bucette
 d. Phone No.: 405-872-1400 e. Truck No.: 1414
 f. Vehicle License No./State: P64769S
 Acknowledgment of Receipt of Materials: [Signature]
 Driver Signature: [Signature] Shipment Date: 091624

TRANSPORTER II

h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgment of Receipt of Materials: _____
 n. Driver Signature: _____ Shipment Date: _____

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: WASTE CONNECTIONS
 b. Physical Address: 5023 Finney County Landfill
1250 S. Raceway Rd. • Garden City, KS 67846

c. Phone No.: (620) 275-4421
 d. Fax No.: (620) 275-5047

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.

Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 091624

ASBESTOS (Generator completes a-d; f, g, Shipper* completes e)

a. Shipper's Name: [Signature]
 b. Shipper's Address: _____
 c. Shipper's Special Handling Instructions and additional information: _____

b. Shipper's* Phone No.: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/declared, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper's Name & Title: _____
 Name and Address of Responsible Agency: _____
 b. Shipper's* Phone No.: _____

Friable, Non-friable, Both _____ % friable _____ % nonfriable

Shipper 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.

White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain