

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:
Source of Waste: <div style="display: flex; flex-wrap: wrap; padding: 10px;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Settling Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Workover Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Drilling Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Burn Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Haul-off Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Steel Pit </div> <div style="width: 50%;"> <input type="checkbox"/> Spill / Escape </div> <div style="width: 50%;"> <input type="checkbox"/> Dike </div> </div>	Well Number: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 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: _____ </div>
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



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

No. **20834**

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.**

c. Address: **100 W. Fifth Street
Tulsa, OK 74103**

e. Phone No.: **405-328-1404**

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

i. WCI WASTE CODE: **K S P T L 2 4 - 1 3 0**

j. Description of Waste: **Drilling Mud and Water**

b. Generating Location: **US 14763 N-18**

d. Address: **38 369110, -97 832310
Conway, KS 72032**

f. Phone No.: **Job #: 2408-0367**

Owner's Phone No.: _____

2 4 1 2 0 7

Containers

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

k. Quantity **14763 L**
1800 G Units No. TYPE **CI TT**

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

Generator Authorized Agent Name

Signature

Shipment Date

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: **TOD BURTZIE**

d. Phone No.: **405-872-1400** Print / Type e. Truck No.: **1414**

f. Vehicle License No. / State: **PC47695**

Acknowledgement of Receipt of Materials.

g. Driver's Signature

Shipment Date

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. **US**

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.

TRANSPORTER RETAIN





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. **20835**

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.
c. Address: 100 W. Fifth Street
Tulsa, OK 74103
e. Phone No.: 405-328-1404
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____

b. Generating Location: N-18
d. Address: 38.369110, -97.832310
Conway, KS 72032
f. Phone No.: Job #: 2408-0367
Owner's Phone No.: _____

i. WCI WASTE CODE:

K	S	P	T	L	2	4	-	1	3	0
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2	4	1	2	0	7
---	---	---	---	---	---

Containers

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Drilling Mud and Water

k. Quantity 1900 Units G No. 01 TYPE TT

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

Generator Authorized Agent Name

Signature

Shipment Date

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: TEOD GURZETTE
d. Phone No.: 405-872-1400 e. Truck No.: 1414
f. Vehicle License No. / State: PO47695
Acknowledgement of Receipt of Materials.
g. Driver's Signature _____ Shipment Date 11/14/24

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name / Title: _____
k. Phone No.: _____ 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
e. Discrepancy Indication Space: _____

c. Phone No.: 620-896-2229
d. Mailing Address: PO BOX 495
HARPER, KS 67058

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

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: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TRANSPORTER RETAIN





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. **23464**

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.

b. Generating Location: VS 447805 743 N-18

c. Address: 100 W. Fifth Street

d. Address: 38.369110, -97.832310

Tulsa, OK 74103

Conway, KS 72032

e. Phone No.: 405-328-1404

f. Phone No.: Job #: 2408-0367

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

Owner's Phone No.: _____

i. WCI WASTE CODE:

K	S	P	T	L
---	---	---	---	---

2	4	-	1	3	1
---	---	---	---	---	---

2	4	1	2	0	5
---	---	---	---	---	---

j. Description of Waste: Drilling Mud

k. Quantity 14860 Units

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 No.

--	--	--	--	--	--

 TYPE PL

Containers

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.

ONEOK

[Signature]

111524

Generator Authorized Agent Name

Signature

Shipment Date

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

TRANSPORTER I

a. Name: Iron clad

b. Address: 250 W 53rd

WICHITA KS

c. Driver Name / Title: Mark Depperschmidt

d. Phone No.: _____

e. Truck No.: 2309

f. Vehicle License No. / State: _____

Acknowledgement of Receipt of Materials.

g. Driver's Signature [Signature] Shipment Date 111524

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name / Title: _____

k. Phone No.: _____

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. VS [Signature] 111524

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 _____

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

