

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="margin-top: 10px;">           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.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. **20837**

## 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: VS 448153 917 TO-81  
d. Address: 38.104530, -98.027340  
Yaggy, KS 67502  
f. Phone No.: Job #: 2408-0369  
Owner's Phone No.: \_\_\_\_\_

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

j. Description of Waste: Drilling Mud and Water

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 18340 Units ATL  
1800 G 01 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  
M<sup>3</sup> - CUBIC METERS  
Y<sup>3</sup> - CUBIC YARDS  
O - OTHER

Generator Authorized Agent Name CHATHAM OF OKLA Signature JPSC

Shipment Date 112024

## Section II

### TRANSPORTER

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

#### TRANSPORTER I

a. Name: SET Environmental Inc.  
b. Address: 1100 N. Main Street  
Noble, OK 73068  
c. Driver Name / Title: TEOD BURZETIE  
d. Phone No.: 405-872-1400 e. Truck No.: 1414  
f. Vehicle License No. / State: OK47695  
Acknowledgement of Receipt of Materials.  
g. Driver's Signature JPSC Shipment Date 112024

#### 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 NY M Sement 112024  
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: \_\_\_\_\_  
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.

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. **20838**

## 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**

b. Generating Location: **TO-81**  
d. Address: **38.104530, -96.027340**  
**Yaggy, KS 67502**  
f. Phone No.: **Job #: 2408-0369**

e. Phone No.: **405-328-1404**  
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 F T L 2 4 - 1 3 0**

**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 **16000** Units **ATL** No. **01** TYPE **TTT**

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  
M<sup>3</sup> - CUBIC METERS  
Y<sup>3</sup> - 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: **TODD BURZETTE**  
d. Phone No.: **405-872-1400** Print / Type e. Truck No.: **1418**  
f. Vehicle License No. / State: **1447695**

Acknowledgement of Receipt of Materials.

**112124**

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.

**112124**

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**  
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: \_\_\_\_\_

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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





