Former Miller Theater

Anadarko, OK **Owner: Caddo County**

Final Remediation Report





SITE CLEANUP ASSISTANCE PROGRAM

Brownfields Phase I performed in march 2019

Asbestos located, building deteriorating and collapsing



Wet Demolition performed to abate Abatement completed in February of 2021



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WARRANTY DEED

(Individual Form)

KNOW ALL MEN BY THESE PRESENTS:

THAT KATHY EDMONDSON, a single person, party of the first part, in consideration of the sum of ten & no/100's dollars, and other valuable considerations, in hand paid, the receipt of which is hereby acknowledged, does hereby grant, bargain, sell and convey unto ANADARKO ECONOMIC DEVELOPMENT AUTHORITY, a Public Trust, 501 W. Virginia, Anadarko, OK 73005, party of the second part, all of her right, title and interest in and to the following described real property and premises situate in Caddo County, State of Oklahoma, to-wit:

South 25 feet of Lot One (1), Block Thirty-five (35), Original Townsite of Anadarko, Caddo County, Oklahoma, according to the recorded plat thereof.

together with all the improvements thereon, and the appurtenances thereunto belonging, and warrant the title to the same.

TO HAVE AND TO HOLD said described premises unto the said party of the second part, their heirs and assigns forever, free, clear and discharged of and from all former grants, charges, taxes, judgments, mortgages and other liens and encumbrances of whatsoever nature.

Signed and delivered this ______ day of ______ below, 2020.

KATHY EDMONDSON
Party of the First Part

THE RESERVE OF THE PARTY OF THE		Party of the First Pa	111 	
================================ STATE OF OKLAHOMA)			
) ss.			
COUNTY OF CADDO)			
Before me, the under	rsigned, a Notar	y Public, in and fo	r said County	and State, on this
18th day of Sept	, 2020, pe	rsonally appeared	KATHY EDMO	ONDSON, a single
person, to me known to be t	he identical perso	on who executed th	e within and fo	regoing instrument
and acknowledged to me the	at she executed t	the same as her fre	e and voluntar	ry act and deed for
the uses and purposes there	in set forth.			
Given under my hand	and seal the day	y and year last abo	ve written.	
1		(,)		25 - 1 - 2 W.Z.
My Commission Expires:	1-1-1	well	Leve	Notary Public

My Commission Number: 13:00352.0

(SEAL)

S.A. & I. No.303 (2002)

201600022010

Volume Pase 3006 132

201600022010 Filed for Record in CADDO COUNTY OKLAHOTA PATRICE DOLCH, COUNTY CLERK 06-16-2016 At 09:40 am. NO CHG DEED .00 ED (0) 3006 Page 132 - 134 Volume

COUNTY TREASURER'S RESALE DEED (COUNTY)

WHEREAS , REGINA MOSER, COUNTY TREASURER OF CADDO COUNTY, STATE OF OKLAHOMA ON, June 13, 2016 SOLD SEPARATELY AND SINGLY, IN THE MANNER PROVIDED BY LAW, AT TAX RESALE AND REGINA MOSER, COUNTY TREASURER OF SAID COUNTY BID IN FOR THE COUNTY THE REAL ESTATE HEREINAFTER DESCRIBED, AND

WHEREAS, ALL PROCEEDINGS, NOTICES AND DUTIES PROVIDED, REQUIRED AND IMPOSED BY LAW PRE-REQUISITE TO THE VESTING OF AUTHORITY IN SAID COUNTY TREASURER TO EXECUTE THIS RESALE DEED HAVE BEEN FOLLOWED, GIVEN, COMPLIED WITH AND PERFORMED, AND

WHEREAS, THE SAID REGINA MOSER, COUNTY TREASURER IS NOW BY LAW VESTED WITH POWER AND AUTHORITY TO EXECUTE THIS RESALE DEED.

NOW THEREFORE, THIS INDENTURE, MADE ON June 16, 2016 BETWEEN THE STATE OF OKLAHOMA, BY REGINA MOSER, THE TREASURER OF CADDO COUNTY, OF THE FIRST PART, AND RANDY MCLEMORE

CHAIRMAN OF THE BOARD OF COUNTY COMMISSIONERS OF SAID COUNTY, OF THE SECOND PART, WITNESSED, THAT THE SAID PARTY OF THE FIRST PART FOR AND IN CONSIDERATION OF THE PREMISES AND THE CANCELLATION OF ALL THE TAXES, PENALTIES, INTEREST AND COSTS HERETOFORE LEVIED AND ASSESSED AGAINST THE REAL ESTATE HEREIN BELOW DESCRIBED, HATH GRANTED, BARGAINED AND SOLD, AND BY THESE PRESENTS DOTH GRANT, BARGAIN, SELL AND CONVEY TO THE SAID PARTY OF THE SECOND PART, HIS(OR HER) HIERS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, FOREVER, THE FOLLOWING SEPARATLEY DESCRIBED TRACTS, PARCELS, OR LOTS OF LAND SO SOLD SEPARATELY AND SINGLY FOR THE AMOUNT OF TAXES, INTEREST, PENALTIES AND COSTS

	SUBDIVIS	SUBDIVISION:			
DESCRIPTION	CITY-TOWN	SEC.	TWP OR BLK	RNG OR LOT	(BID ON EACH)

(SEE ATTACHMENT)

TO HAVE AND TO HOLD SAID TRACTS AND PARCELS OF LAND WITH THE APPURTENANCES THERETO BELONGING TO SAID PARTY OF THE SECOND PART, HIS (OR HER) HEIRS, EXECUTORS ADMINISTRATORS AND ASSIGNS, FOREVER, IN AS FULL AND AMPLE MANNER AS THE SAID TREASURER OF SAID COUNTY IS EMPOWERED BY LAW TO SELL THE SAME.

IN TESTIMONY WHEREOF, THE TREASURER OF SAID COUNTY OF CADDO, STATE OF OKLAHOMA, HAS SET HIS(OR HER) HAND AND SEAL THE DAY AND YEAR AFORESAID.

ATTES (SEAL)

By

STATE OF OKLAHOMA

COUNTY TREASURER

00002513

EXP. U2/11/20

usin

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC, WITHIN AND FOR THE ABOVE NAMED COUNTY AND STATE, ON June 13, 2016 PERSONALLY APPEARED REGINA MOSER TO ME KNOWN TO BE THE COUNTY TREASURER OF CADDO COUNTY, OKLAHOMA, AND THE IDENTICAL PERSON WHO EXECUTED THE WITHIN AND FOREGOING INSTRUMENT AND CONVEYANCE OF LAND, AND ACKNOWLEDHED TO ME THAT HE (OR SHE) EXECUTED THE SAME IN HIS (OR HER) CAPACITY AS COUNTY TREASURER OF CADDO COUNTY, OKLAHOMA, AS HIS (OR HER) FREE AND VOLUNTRARY ACT AND DEED AS SUCH, AND AS THE FREE AND VOLUNTARY ACT AND DEED OF CADDO COUNTY, AND THE STATE OF OKLAHOMA, FOR THE USES AND PURPOSES THERIN SET FORTH.

WITNESS MY HAND AND NOTABLES FAL, THE DAY AND YEAR ABOVE WRITTEN

MY COMMISSION EXPIRES

PUBLIC/OR COUNTY CLERK

Requested By: rlj 08/31/2020	Techniment	Vo
	Instrument 201400022010	VO

	SUBDIVIS	201	trumer 5000220		Volume Fas 3006 13	
DESCRIPTION	CITY, TOWN, DR TOWNSHIP	SEC.	TWP OR BLK	RNG. OR LOT	AMOUNT (CANCELLED ON EACH)	
T05N R09W S04 NE S/2 NE NE UND 1/6 INT	0000-04-	-05N-()9W-1-	005-00	376.92	
ITEM#11226 was Guy A Weaver Rev Trust	POST CONTRACT	C. W.	233.3	L 5-7	15.56	
T05N R09W S04 NE N/2 NE NE UND 5/36 INT	0000-04-	-05N-	09W-1-	040-00	369.05	
ITEM#11233 was Guy A Weaver Rev Trust	2227 7.		1.20.40			
T12N R11W S08 NW BEG 652'W NE/C NW SEC 8 W275' S247.5'E275'N247.5'POB	0000-08-	-12N-	11W-2-	025-50	2,326.02	
ITEM#22182 Melvin Leon Ellis Trust	2040.15	010	200 2	250 00	lively is a	
ANADARKO OT LT 8 BLK 13	0040-15-	-013-0	108-3-	350-00	957.35	
ITEM#175 was Florence E Skinner	0040-15-	000		W. J. 14.2	V 401.04	
ANADARKO OT N125' LT 1 & ALL LTS 2-3 BLK 35	0040-15-	-035-0	JUI-3-	946-00	2,804.27	
ITEM#479 was Kathy Edmondson						
ANADARKO OT W9' LT2 & ALL LT 3 & E7' LT 4 BLK 63	0040-15-	-063-0	003-3-	878-00	6,048.73	
ITEM#948 was Joanne Perry						
BATH E 5' LT 10 & ALL LT 11 BLK 9	0160-21-	-009-	010-1-	200-00	1,766.12	
ITEM#1430 was Troy & H. Delois Aldridge	7.077.87	_	700			
BRIDGEFORT OT LT 15 BLK 62	0280-04	-062-1	015-2-	646-00	401.77	
ITEM#14940 was Albert Ray	0280-04-	062	216.2	C40.00	401.77	
BRIDGEPORT OT LT 16 BLK 62	0280-04	-002-	110-2-	048-00	401.77	
ITEM#14941 was Albert Ray						
BRIDGEPORT OT LT 17 BLK 62	0280-04-	-062-	017-2-	649-00	401:77	
ITEM#14942 was Albert Ray				-0		
CARNEGIE OT W15' LT 8 & ALL LTS 9-10, BLK 33	0460-05	-033-	008-3-	502-00	493.81	
ITEM#19769 was Howard Patterson						
CEMENT OT LT 1 BLK 21 UND 1/6 INT	0620-03	-021-	001-1-	612-00	399.67	
ITEM#5364 was Guy Arthur Weaver Rev Trust	75.00.00			-		
CEMENT OT W90' LT 9 BLK 29 1/6 UNDIV INT 5438	0620-03	-029-	009-1-	728-00	384.36	
ITEM#5438 was Guy Arthur Weaver Rev Trust			*			
CEMENT OT LTS 3-4 BLK 30 1/18 UNDIV INT	0620-03	-030-	003-1-	738-50	360.95	
ITEM#29995 was Guy Arthur Weaver Rev Tr		202.20				
FIRST (CEMENT) LTS 8-9 BLK 11 1/6 UNDIV INT	1040-03	-011-	008-2-	386-00	370.50	
ITEM#6205 was Guy Arthur Weaver Rev Trust	1 1 To 1 To 1 1					
SHADY OAK #2 LT 3 BLK 1	2870-30	-001-	003-4-	006-00	1,226.18	
ITEM#15662 was Art G Mata						

Requested By: rlj 08/31/2020

Instrument 201600022010 Volume Page 3006 134

SUBDIVISION AMOUNT CITY, TOWN, TWP. DESCRIPTION RNG (CANCELLED OR OR OR TOWNSHIP ON EACH) LOT 3200-22-002-011-2-040-00 746.72 SOUTH HIGHLAND LT 11 BLK 2 ITEM#1032 was Victor Phillips 3260-21-006-002-1-134-00 608.78 SOUTHWEST DIV W 5' OF LT 2 ALL 3-5 & E 2'OF LT 6 BLK 6

ITEM#7238 was Jeffrey Yellowhair

TOTAL 20,444.74





The Anadarko Economic Development Authority has purchased the property located at 112 NW Second from Kathy Edmondson. The following is the legal description:

South 25 feet of Lot One (1), Block Thirty-five (35), Original Townsite of Anadarko,

Caddo County, Oklahoma, according to the recorded plat thereof.

The Authority purchased the property and has closed the sale on 9/18/2020 and will take possession on October 20, 2020 from the seller, Kathy Edmondson. The seller shall have all personal items removed from the property.

Seller

Authority Manager

WARRANTY DEED

(Individual Form)

KNOW ALL MEN BY THESE PRESENTS:

THAT KATHY EDMONDSON, a single person, party of the first part, in consideration of the sum of ten & no/100's dollars, and other valuable considerations, in hand paid, the receipt of which is hereby acknowledged, does hereby grant, bargain, sell and convey unto ANADARKO ECONOMIC DEVELOPMENT AUTHORITY, a Public Trust, 501 W. Virginia, Anadarko, OK 73005, party of the second part, all of her right, title and interest in and to the following described real property and premises situate in Caddo County, State of Oklahoma, to-wit:

South 25 feet of Lot One (1), Block Thirty-five (35), Original Townsite of Anadarko, Caddo County, Oklahoma, according to the recorded plat thereof.

together with all the improvements thereon, and the appurtenances thereunto belonging, and warrant the title to the same.

TO HAVE AND TO HOLD said described premises unto the said party of the second part, their heirs and assigns forever, free, clear and discharged of and from all former grants, charges, taxes, judgments, mortgages and other liens and encumbrances of whatsoever nature.

Signed and delivered this ______ day of ______ below, 2020.

KATHY EDMONDSON
Party of the First Part

THE RESERVE OF THE PARTY OF THE		Party of the First Pa	111 	
================================ STATE OF OKLAHOMA)			
) ss.			
COUNTY OF CADDO)			
Before me, the under	rsigned, a Notar	y Public, in and fo	r said County	and State, on this
18th day of Sept	, 2020, pe	rsonally appeared	KATHY EDMO	ONDSON, a single
person, to me known to be t	he identical perso	on who executed th	e within and fo	regoing instrument
and acknowledged to me the	at she executed t	the same as her fre	e and voluntar	ry act and deed for
the uses and purposes there	in set forth.			
Given under my hand	and seal the day	y and year last abo	ve written.	
1		(,)		25 - 1 - 2 W.Z.
My Commission Expires:	1-1-1	well	Leve	Notary Public

My Commission Number: 13:00352.0

(SEAL)



This Intergovernmental Agreement (Agreement) between the Oklahoma Department of Environmental Quality (DEQ) and Caddo County (County) is for environmental cleanup services provided by DEQ for the Property located at 202 West Main St., Anadarko, OK, 73005 (Anadarko OT N125' LT 1 & ALL LTS 2-3 BLK 35; South 25 feet of Lot One (1), Block Thirty-five (35), Original Townsite of Anadarko). The areas of responsibility and relationships presented herein provide the conceptual framework under which the project will be executed.

- I. STATUTORY AUTHORITY AND EFFECTIVE DATE: This Agreement is authorized pursuant to and in accordance with the provisions of Title 27A Okla. Stat. (O.S.) § 2-3-201, 27A O.S. § 2-3-202, 74 O.S. § 581, and 74 O.S. § 1008. This Agreement shall begin on November 1, 2020 or when executed by all parties whichever date occurs of the later and will continue through October 31, 2021 or until completion of project or through an amendment whichever occurs first. This Agreement does not automatically renew and can be renewed for a period of four (4) additional years by agreement of the parties.
- II. **ENVIRONMENTAL CLEANUP SERVICES:** The County has requested environmental cleanup assistance from DEQ. DEQ agrees to provide the environmental cleanup services outlined in the attached Statement of Work (**Exhibit "A"**) and the County agrees to these services.
- III. **RESPONSIBILITIES OF ALL PARTIES:** The County and DEQ mutually agree that the responsibilities shall be as stated below:
 - 1) County's Responsibilities: The County shall be responsible for the duties listed below and shall not hold DEQ responsible for any of the duties. Those duties shall include:
 - a) Appoint a representative to serve as the central point of contact on matters relating to this Agreement and submit said representatives name and contact information to DEQ within ten (10) days of the effective date of this Agreement;
 - b) Restrict occupant's use/presence in the facility during remediation, as requested. This could include but is not limited to removing equipment, vehicles and other items that may be in the way of cleanup activities;
 - c) Attend routine update calls with DEQ during the remediation process; and
 - d) Perform any continued operations and maintenance required to keep remedy protective. An Operations and Maintenance Plan will be provided by DEQ.
 - 2) DEQ's Responsibilities: DEQ shall be responsible for the duties listed below and shall not hold the County responsible for any of the duties. Those duties shall include:
 - a) Appoint a representative to serve as the central point of contact on matters relating to this Agreement and submit said representatives name and contact information to the County within ten (10) days of the effective date of this Agreement;
 - b) Provide regular verbal progress reports via calls with the County;
 - c) Manage work and cover costs associated with the environmental cleanup work outlined in the attached Statement of Work (**Exhibit "A"**); and

- d) Supply the County with a final report of all DEQ activities within 90 days of completion of work.
- IV. <u>ACCESS TO PROPERTY:</u> All access to property shall be enforced by the executed Environmental Access Permit that shall accompany this Agreement upon execution.
- V. PUBLIC INFORMATION: The County is generally responsible for all public information. The County shall acknowledge the DEQ cleanup services outlined in this Agreement when making public statements regarding this building. The County will allow DEQ to place signs on the property during the environmental cleanup work. DEQ may make public announcements and respond to all inquiries relating to the environmental cleanup work in this Agreement. DEQ reserves the right to approve all press releases and publications where the agency is mentioned or included before publication. The agency shall provide a contact for publicity approval within ten (10) days of execution of the Agreement. The County shall have the agency's approval before using the DEQ logo or moving any DEQ signs the agency has placed. The County and DEQ shall give the other party advance notice before making any public statement regarding work contemplated, undertaken, or completed pursuant to this Agreement.
- VI. **TERMINATION:** This Agreement is expressly contingent upon funding and shall terminate without penalty either in whole or in part if funds are not made available to DEQ. Either party may terminate this Agreement by giving written notice at least sixty (60) days prior to the desired date of cancellation.
- VII. ACCEPTANCE OF AGREEMENT: The parties acknowledge and agree that they have read the Agreement and that they accept the responsibilities with which they are charged. The County agrees to comply with the building use restrictions during cleanup and understands that failure to comply with said restrictions or failure to adhere to the responsibilities enumerated in this Agreement may result in delayed remediation. This Agreement shall not affect any pre-existing or independent relationships or obligations between the parties. The County's Acceptance of this Agreement from DEQ constitutes acceptance of all current DEQ Purchasing terms and conditions. Terms and conditions are subject to change and may be found at https://www.deq.ok.gov/wp-content/uploads/deqmainresources/DEQ-Terms-and-Conditions.pdf
- VIII. <u>UNAUTHORIZED OBLIGATION:</u> At no time during the performance of this Agreement shall the County have the authority to obligate DEQ for payment of any goods or services.

In witness whereof, this Agreement, consisting of three (3) pages has been executed and delivered effective as of the date first above written.

Caddo County P.O. Box 1427 Anadarko, OK, 73005-3105

,,,
Authorized Representative Signature Date Authorized Representative Name, Title

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677, Oklahoma City, Oklahoma 73101-1677

Authorized Representative Signature Date

Authorized Representative Name, Title

Environmental Access Permit



THIS PERMIT made and entered into by and between Caddo County, hereinafter called the PERMITOR, and the Oklahoma Department of Environmental Quality, hereinafter called the PERMITTEE.

WITNESSETH, PERMITTEE is hereby granted permission and authority to enter upon the following described property, situated in Caddo County, Oklahoma, hereinafter referred to as the "Property":

202 West Main St., Anadarko, OK, 73005

With a legal description: Anadarko OT N125' LT 1 & ALL LTS 2-3 BLK 35; South 25 feet of Lot One (1), Block Thirty-five (35), Original Townsite of Anadarko

Attached and incorporated by reference as **Exhibit "A"**, Property Deed(s) and Map.

TERMS AND CONDITIONS OF PERMIT:

- 1. <u>TERM</u>: This Permit shall be for a period of (1) year beginning November 1, 2020, and ending October 31, 2021 and may be renewed annually until cancelled by either party.
- 2. <u>USE OF PROPERTY</u>: PERMITTEE and its consults or contractors may enter upon said property for the purposes of sampling of groundwater, surface water, soil or sediment, taking of photos and videos of sampling locations, collection of GPS and or survey data, performance of remedial activities as outlined in Statement of Work attached hereto as **Exhibit "B"**, install, erect, operate, maintain, remove, and perform all work associated with said testing or remedial activities, including inspections as needed. PERMITTEE and its consults and contractors shall have the right of ingress and egress, to and from said site across adjoining lands of the PERMITOR. PERMITOR shall provide utility services as needed during the occupancy of said premises. PERMITOR and PERMITTEE acknowledge that all equipment and improvements of PERMITTEE to support the said operations shall be deemed personal property of PERMITTEE.
- 3. **MAINTENANCE**: PERMITTEE agrees that no other changes shall be made to the Property without prior written permission of the PERMITOR, other than what is necessary for the purpose of the Permit.
- 4. <u>INDEMNIFICATION</u>: PERMITOR agrees on its behalf and that of any successors or assigns to hold harmless, defend and indemnify the PERMITTEE, its officers, agents, employees, representatives, successors, and assigns, from and against any and all losses, liabilities, expenses, claims, demands, injuries, damages, fines, penalties, costs or judgments, including, without limitation, attorney's fees and costs of any kind. Without waiving any defense or immunity, and subject to the Oklahoma Governmental Tort Claims Act, such indemnification shall exclude any such liability to the extent caused by the negligence or willful misconduct of the PERMITTEE, its officers, agents, employees, representatives, successors, and assigns while acting within the scope of their employment.

- 5. **NO WARRANTIES**: The PERMITTEE makes no representations or warranties of any kind in connection with this Permit. This Permit is subject to all existing conditions, restrictions, reservations, easements, servitudes and right of ways of record.
- 6. **ASSIGNMENT**: This Permit cannot be assigned in whole or in part without the written approval of the PERMITTEE.
- 7. **TERMINATION**: Either party may terminate this Permit, or any renewals of this Permit, by giving written notice at least sixty (60) days prior to the desired date of cancellation.
- 8. <u>APPLICABLE LAW</u>: This Permit shall supersede any and all previous agreements whether oral or written and shall be governed by the laws of the State of Oklahoma.
- 9. **NON-WAIVER:** Failure of either the PERMITOR or PERMITTEE to exercise any right given hereunder or to insist upon strict compliance with regard to any term, condition or covenant specified herein, shall not constitute a waiver of the PERMITOR or PERMITTEE'S right to exercise such right or to demand strict compliance with any term, condition or covenant under this Agreement.
- 10. **ENTIRE AGREEMENT**: This Permit constitutes the sole and entire agreement of the parties and is binding upon the PERMITOR and the PERMITTEE, their heirs successors, legal representatives and assigns.

PERMITOR:	And Memore	
Z	(Signature)	ssence
Date:	(Print Name and Title)	
PERMITTEE:	(Time on Drint)	
Ву:	(Type or Print)	
	(Signature)	
	(Print Name and Title)	
Date:		

Inspection Reports

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

Structural Evaluation for Miller Theatre

202 W. Main Anadarko, OK 73005

Contract No.:

ID20019

Date: May 22, 2020





Oklahoma Department of Environmental Quality Structural Evaluation for Miller Theatre Guernsey Project OK70384-003

Executive Summary

Guernsey has performed a structural inspection of the Miller Theatre located in Anadarko, OK per their contract with Oklahoma Department of Environmental Quality (DEQ). After the observation of the Theatre was complete, it was determined by the Structural Engineer to be structurally unstable. Visual evidence of severe corrosion and deterioration of the building structure was evident. It is the opinion of the Structural Engineer that the cost of repairing and renovating the structure would exceed the value of the Theatre. Additionally, the damage appears to be to the point that it is not safe to remediate the asbestos before demolition; and therefore, the wet method should be used. It is also the opinion of the Structural Engineer that it is not economically feasible to leave the occupied south end of the building intact while demolishing the remainder of the building.

Introduction

Guernsey has been contracted by Oklahoma Department of Environmental Quality (DEQ) to perform a structural evaluation of the Miller Theatre located at 202 W. Main, Anadarko, OK. The building is in poor condition and a determination needed to be made on whether the building is structurally sound. Additionally, attached to the south of the building is an occupied portion of the building and a determination needed to be made on whether the building could be demolished while keeping the area to the south intact and standing.

On May 13, 2020, Weston McCann from Guernsey met with Kenneth Corn, Anadarko City Manager, and Jon Glidewell, Anadarko Planning and Code Enforcement Official, and performed a structural inspection of the Miller Theatre. The purpose of this inspection was to evaluate the state of the structure in order to determine its current condition. The scope of this inspection included visual observations of those portions of the foundation, roof, and structural components readily visible without performing any demolition or destructive testing of the property. Observations were made at the exterior and interior of the Theatre.

Property Description

The property's legal description is N125' LT 1 & All LTS 2-3 BLK 35 Anadarko OT. According to public information obtained from the County Assessor (Refer to Appendix B), the Theatre sits on a 9,375 square foot lot and was built in 1925. The total area of the Theatre is 6,375 square feet and has an estimated value of \$70,324 per the County Assessor. This equates to an estimated property value of \$11.03 per square foot. It is estimated that the Theatre has been vacant and used as storage for 20 years.

The building structure is comprised of two areas. The lower commercial space consists of wood roof framing spanning east-west. The taller auditorium structure consists of steel bar joists spanning north-south that bear on steel girder trusses spanning east-west. The roof structure bears on load-bearing masonry walls in both areas. The occupied south area of the building is integral to the rest of the facility and consists of the wood roof framing typical of the lower commercial spaces.

Oklahoma Department of Environmental Quality Structural Evaluation for Miller Theatre Guernsey Project OK70384-003

Structural Observations

The building structure is in very poor condition. The space is littered with debris, trash, and stored materials. Large portions of the ceiling and roof structure have collapsed due to water infiltration and lack of maintenance. Daylight is visible through the roof in several locations (*Figures A-3, A-4, and A-11*). The wood framed areas of the low roof have seen the most damage and it appears the wood framing is rotting and deteriorating throughout the facility.

The steel framed theatre roof is less damaged due to the metal deck roof construction, however there is indication of water intrusion throughout this space as well. The most concerning aspect is the corrosion and deterioration of the steel girder bearing seats at the masonry bearing wall (*Figure A-7*). It is very likely that the entire theatre roof and exterior walls could collapse if the bearing seats fail due to the corrosion.

It was observed that water had infiltrated the tall masonry bearing walls of the theatre. Water was present on the interior surface and severe cracking was observed on the exterior face of the walls (*Figures A-7 and A-8*). Large areas of the exterior plaster or stucco finish have fallen off the building, exposing the poorly maintained masonry (*Figure A-2*).

The Structural Engineer was given brief access to the occupied south end of the building, but all of the structure was concealed with ceiling and wall finishes. However, the south area is of the same construction, and integral to the rest of the facility as evidenced by the exterior walls and roof structure being continuous between the spaces (*Figure A-12 and A-13*). Small portions of a brick demising wall that separates the areas could be seen from the unoccupied side (*Figure A-12*).

Conclusion and Recommendations

Given the degree and extent of the damage described above, it is very likely that the entire roof structure would need to be reinforced or altogether replaced to make the Theatre an occupiable space. The load bearing masonry walls would also need substantial renovation and repair. In Comparing the costs of these repairs to the approximate \$11 per square foot value of the building, it is the Structural Engineer's opinion that it is not economically feasible to renovate the theatre to a usable space. Furthermore, given the deterioration observed, remediation of the asbestos before demolition would be unsafe and the building should be demolished using the wet method.

Several things would need to occur to leave the south area as an isolated structure after demolition of the Theatre:

- Carefully cut the exterior brick walls on the east and west sides of the building to avoid damaging the south area to remain.
- Carefully cut the roof and the roof deck at the demarcation line between the south area to remain and the theatre to be demolished.
- Because the interior demising wall between the spaces was not visible during the
 investigation, a separate analysis would need to be done after demolition of the
 theatre to determine if the existing interior wall would be capable of withstanding the
 wind, seismic, and other environmental loads associated with the wall now being an
 exterior lateral load resisting wall.

Oklahoma Department of Environmental Quality Structural Evaluation for Miller Theatre Guernsey Project OK70384-003

- An analysis would need to be performed to attach the roof deck to the existing demising wall capable of supporting the wall as well as transferring diaphragm loads to the now exterior wall.
- The roof structure may require repairs if it has experienced any of the deterioration seen in the rest of the theatre.
- The roof to wall joint would need to be flashed and made watertight.
- Repairs would likely need to be made to the existing demising wall to make the wall watertight.
- The Structural Engineer would recommend testing the space for asbestos and other hazardous materials.
- Currently, it is unknown if the power source for the south end is separate from the rest
 of the structure. A new power feed may need to be provided after the theatre is
 demolished.

The south space is roughly 385 square feet using Google Earth (*Figure A-15*). The County Assessor values the building at \$11/sq. ft. This would leave the value of the south space by itself at roughly \$4,300. It is the Structural Engineer's opinion the economic cost to salvage the south end of the space will be greater than the value of the of the space (using the County Assessor's evaluation of the property).

Possible Ideas for Historic Preservation

Two possible ideas to preserve the historic nature of the Theatre were discussed during the site investigation and are worth noting. The tall Miller Theatre sign on the North-East corner of the building is of steel construction and appeared to be in fair condition (*Figure A-16*). The sign could be detached from the roof structure before demolition and mounted at the ground level to preserve a portion of the Theatre. The sloped auditorium concrete slab also appeared to be in fair condition and could be left in place after the demolition of the Theatre to create an outdoor theatre and/or park (*Figure A-17*).

Appendix A-Photos





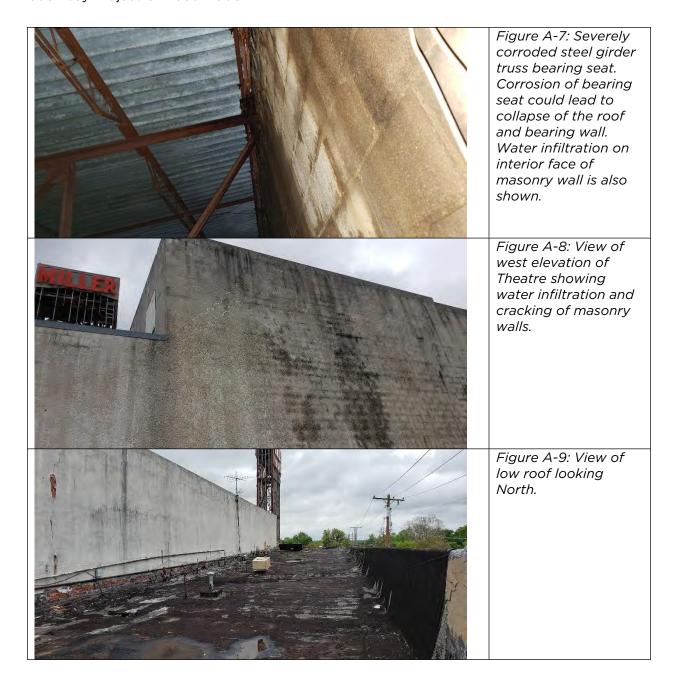




Figure A-10: View of low roof looking South.

Figure A-11: View of collapsed low roof on North end.



Figure A-12: View of visible masonry demising wall between occupied south area and the remaining unoccupied building.



Figure A-13: View of occupied South Area looking West.



Figure A-14: View of occupied South Area looking East.



Figure A-15:
Determination of the area of the occupied
South space using
Google Earth.



Figure A-16: Steel sign structure that could be removed and mounted at ground level to preserve historic nature of the Theatre.



Figure A-17: View of auditorium concrete slab that could be left in place and used as exterior theatre/park to preserve historic nature of the Theatre.

Appendix B - County Assessor Report



Caddo

Data provided by Ladonna Phillips County Assessor Property Information - Date 05/20/2020

The Caddo County Assessor's Office has made every effort to insure the accuracy of the data contained on this web site; however, this material may be slightly dated which could have an impact on its accuracy.

The information must be accepted and used by the recipient with the understanding that the data was developed and collected only for the purpose of establishing fair market value for ad valorem taxation. Although changes may be made periodically to the tax laws, administrative rules and similar directives, these changes may not always be incorporated in the material on this web site.

The Caddo County Assessor's Office assumes no liability for any damages incurred, whether directly or indirectly, incidental, punitive or consequential, as a result of any errors, omissions or discrepancies in any information published on this web site or by any use of this web site.

Account 080000479 Parcel ID 0040-15-035-001-3-946-00 Cadastral ID 081215300400009460 Property Type REAL - Real Property Property Class CE Tax Area 201 - ANADARKO-ANADARKO

Lot Size 9,375.00 - Square-Feet

Owners Name

CADDO COUNTY

ANADARKO OK 73005-0000

Parcel Location

Situs

Subdivision ANADARKO OT Lot/Block 0001 / 0035

Sec/Twn/Rng --

Neighborhood 20100 - ANADARKO-BUSINESS

Legal Description

N125' LT 1 & ALL LTS 2-3 BLK 35 ANADARKO OT

CONVERTED	IMAGE
Image Date	3/28/2012

Primary Image

Valuation	2020	2019	Tax	Detail (Millages)	%	Mills	Dollars
Land Value Improvements	18,750 70,324	18,750 39,868	C001	Caddo County General Fund Health Fund	11.1	10.24	.00
Mobile Home Fair Market Value	89,074	58,618	S020	Common Fund Anadarko	4.5	4.10	.00
Taxable Value - Capped	0	0		General Fund Building Fund	38.7 5.5	35 57 5.08	.00
Assement Ratio	11%	1136	1000	Sinking Fund	26.8	24.59	.00
Gross Assessed Exemptions	0	0	T001 V002	Anadarko Caddo/Kiowa Tech Center			
Net Assessed	0	0		General Fund Building Fund	11.1	10.24	.00
Tax Rate	91.8600	91.8600		444.0			
Estimated Taxes	0.00	0.00					



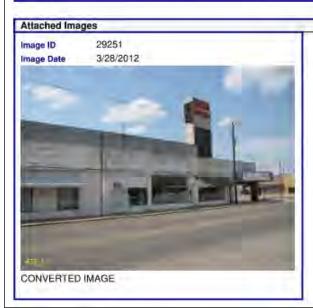
Caddo

Data provided by Ladonna Phillips County Assessor Property Information - Date 05/20/2020

Instrument	Book	Page	Grantor	Date	Price	Code
3006-132-134	3006	132	PATTERSON, HOWARD	06/2016		36
3001-0069	3001	69	EDMONDSON,KATHY	04/2016		14
2841-0800	2841	800	EDMONDSON, KATHY	04/2012		26
2786-0677	2786	677	ASKINS.GENITA	10/2010		14
2684-0014	2684	14	GENITA'S REAL ESTATE INC	05/2008		
2025-0081	2025	81	ASKINS,GENITA FAYE &	12/1995	0	
1353-0161	1353	161	MILLER, JUANITA M & MARJORIE L	11/1987	50.000	1

Tax Ye	ar Billed Owner	Tax Area	Total Value	Exemptions	Taxable Value	Billed Tax
2019	CADDO COUNTY	201	58,618	0	0	0.00
2018	CADDO COUNTY	201	58,618	0	0	0.00
2017	CADDO COUNTY	201	58,618	0	0	0.00
2016	CADDO COUNTY	201	58,618	0	0	0.00
2015	EDMONDSON, KATHY	201	58,618	0	0	0.00
2014	EDMONDSON, KATHY	201	56,404	0	0	0.00
2013	EDMONDSON, KATHY	201	54,188	0	0	0.00
2012	EDMONDSON, KATHY	201	54,188	0	0	0.00
2011	EDMONDSON, KATHY	201	42,441	0	0	0.00
2010	ASKINS.GENITA	201	42,441	0	0	0.0
2009	ASKINS,GENITA AND	201	42,441	0	0	0.0

Card	Improvement Type	Condition	Quality	Year	Exterior Wall	HVAC	Storys	Total Area
7	100% Storage Warehouse (406)	Poor	Average	1925	Brick, Solid		1.00	6,375



Oklahoma Department of Labor **Asbestos License**

This certifies that Angela Aikman
has successfully met the certification requirements under
the Oklahoma Asbestos Confrol Act 40 0.5 § 450, et seq.
Abatement of Friable Asbestos Malenals Rules OAC
380:50 in the following

Management Planner

Lesie Oslan Leslie Osborn Labor Commissioner License # : 137881 Expires: 03/11/2021

Not intended for identification purposes | Issued : 09/11/2020

Oklahoma Department of Labor **Asbestos License**

This certifies that Angela Aikman

has successfully met the certification requirements under the Oklahoma Asbestos Control Act 40.0 S § 450, et seq. Abatement of Friable Asbestos Materials Rules OAC 380:50 in the following:

Project Designer

Feelie Orlan Leslie Osborn Labor Commissioner License #:149145 Expires: 08/21/2021

Not intended for identification purposes | Issued : 09/11/2020

PROJECT DESIGN

Miller Theatre 202 W, Main Street Anadarko, Caddo County, Oklahoma



Performed by:

Guernsey

5555 North Grand Boulevard Oklahoma City, OK 73112-5507 (405) 416-8100



ENGINEERS ARCHITECTS CONSULTANTS Performed for:

Oklahoma Department of Environmental Quality 707 N. Robinson / P.O. Box 1677 Oklahoma City, Oklahoma 73101 (405) 702.0100



Project Design September 2020

PROJECT DESIGN CERTIFICATION

FOR

Miller Theatre

September 2020

Angela Alkman 149145	<u>September 17, 2020</u>
Approved	Date
Name of Project Designer	
OKPD Number	
See Next Page	
Approved by ODOL	Date
Asbestos Division	

Oklahoma Department of Labor

Asbestos Division Project No: 20-9673

Date: 9/25/20

Approved: _X ____

3017 N. Stiles, Oklahoma City, OK 73105

Project Designer: Angela Aikman

Project Name: Miller Theater

Disapproved: _____

Phone - (405)521-6464

Fax - (405)521-6025

	Plate = (400)321-0404				
	ITEM	ACCEPTED	REJECTED	COMMENTS	
1.	A statement that DOL <u>Abatement of Friable Materials Rules</u> apply.	x		Agency Statement.	
2.	Sequencing and phasing of work.	х		One phase.	
3.	Identification of means of egress and a fire protection plan and a diagram for emergency escape routes, and fire extinguisher placements.	х		Emergency procedures identified with 10:ABC fire extinguisher placements.	
4.	The quantity, type, percentage with bulk analysis unless presumed and a diagramed location of asbestos materials to be abated.	х		An unknown amount of assumed asbestos containing materials. The entire structure and debris will be removed and disposed of as ACM.	
5.	Abatement methods, and techniques, and numbers of containments, glove bags or mini-containments.	X		Wet demo. The contractor must use a minimum of a 2" hose to wet the material as it is being demolished and loaded.	
6.	Details of personal and area air monitoring samples.	x		25% with a minimum of two personals. Two area monitors identified. Must have additional monitors for equipment cab, upwind, downwind, and negative air exhaust from decon.	
7.	Numbers and locations of Clean Test samples and type of analysis to be employed.	х		No clearance monitoring required per demo	
8.	Numbers, capacities, a diagram to identify locations, and discharge points, if any, of negative air machines.	x		A negative air machine will be attached to the decontamination unit.	
9.	Details of project containment(s), glove bag or mini-containments, including drawings. Details shall include all applicable subchapters, including but not limited to scaffolding and live electric isolation.	Х		Electric must be disconnected. The contractor must secure the work area with minimum of a security fence. Waste containers must be prepped with a minimum of two layers of 6-mil reinforced poly with enough hanging over the sides to be wrapped over the top and sealed when full.	
10.	Details of decontamination system(s).	x		Three stage, centralized, decontamination unit. One negative air machine will be attached to the equipment room, externally vented, and monitored.	
11.	The extent to which asbestos-contaminated soils, if any, must be removed and the sampling methods of determining the efficacy of such removal.	Х		None.	
12.	Special materials or methods required to protect objects in the work area should be detailed, (plywood over carpeting or hardwood floors to prevent damage from scaffolds and/or falling materials.	Х		Contractor must have an anemometer onsite. If the wind speed reaches 15mph work must stop.	
13.	Any variances from the Abatement of Friable Asbestos Materials Rules.	х		Variance for wet demo is accepted.	

The Department of Labor reserves the right to require additional engineering or environmental controls consistent with the <u>Abatement of Friable Asbestos Materials Rules</u> which may be necessary because of discrepancies between this Project Design and field conditions or from unanticipated changes in field conditions.

REVIEWED BY: Suy Chum	DATE:9/25/20	REVIEWED BY:	Bunia Laut
DATE:9.28.2020			

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1 SCOPE OF WORK

The Project Design (PD) has been prepared to allow for the safe and economical removal of asbestos-containing materials (ACM) from the Miller Theatre (Theatre) located near at 202 W. Main Street, Anadarko, Caddo County, Oklahoma (Site). This PD also details the demolition of the Theatre. The location of the Site is depicted on Figure 1, Site Location Map. Figure 2, Site Layout, provides an overview of the Site.

May 13, 2020 Guernsey prepared a Structural Report for the Theatre, Appendix A. Based on the findings and recommendations, the structure was deemed structurally unstable by a structural engineer. Therefore, asbestos removal and demolition activities will be conducted using wet method. The removal of asbestos and demolition will occur all within one phase, details are explained in Section 3.0.

1.1 RESPONSIBLE PARTIES & CONSULTANTS

Licensed Contractor Selection:

A Licensed Asbestos Abatement Contractor (Contractor) who shall hold a valid Oklahoma Department of Labor (ODOL) Asbestos Abatement Contractor License will be selected to perform the abatement work.

Licensed Asbestos Abatement Contractor:

To be determined.

Licensed Asbestos Project Designer:

Angela Aikman, CIE C. H. Guernsey & Company 5555 N Grand Blvd Oklahoma City, Oklahoma 73112

Office: 405.416.8294 Fax: 405.416.8114

Email: angela.aikman@guernsey.us

A copy of the Project Designer certification is located in Appendix B.

Owner Representative:

To be determined.

2 AGENCY STATEMENT

For the duration of this project all local, state, and federal regulations will apply. This includes, but is not limited to, the Oklahoma Asbestos Control (OAC) Act, Abatement of Friable Asbestos Materials Rules 380:50-1-1 through 380:50-29-1.

3 SEQUENCING OF WORK

Prior to demolition the City of Anadarko and the Contractor will determine if the existing concrete slab is to remain in place or be demolished with the building.

This project will consist of one phase: demolishing the entire building using wet method.

The Contractor shall file the notification of the intended start date based upon the schedule to be determined by the owner. The project duration is estimated to take approximately three weeks to complete. The Contractor will have the liberty to place the remote decontamination unit and roll-offs where feasible as long as it is in accordance with the OAC Act. The Contractor will follow the sequence of events identified below:

- The Contractor shall file required Oklahoma Department of Environmental Quality (ODEQ) National Emission Standard for Hazardous Air Pollutants (NESHAP) Notifications
 - NOTE: Copies of the notifications are to be provided to the Project Designer and Owner Representative
- The Contractor will mobilize to begin prep work based upon the notice to proceed and after coordination is confirmed with the Owner Representative
- The initial job site setup work shall include the establishment of ground fault circuit interrupters (GFCl's) for use with all portable electric equipment, lighting and the power used by the remote decontamination unit equipment, and High-efficiency Particulate Air (HEPA) vacuums
- The remote decontamination unit shall be set up as soon as possible for use during all prep work. The boundary of the regulated work area is to be surrounded by asbestos hazard communication warning tape
- The Contractor will prep all asbestos waste dumpsters/roll-offs in accordance with section 380:50-17-9 of the OAC Act
- When prep is completed, the contractor should schedule an ODOL Prep Inspection
- Once the Prep Inspection is approved, the Contractor may begin demolition/removal.
 Only asbestos workers or demolition workers overseen by licensed asbestos worker(s) wearing the appropriate personal protective equipment (PPE) will be allowed within the asbestos barrier tape
- During the abatement process, ACM will be continuously wetted down until asbestos removal is complete
- After completion, call for the ODOL Visual Inspection

 Conduct a final inspection to verify the completion of the Scope of Work with the Project Designer

- Schedule an ODOL Final Inspection
- Remove any prep work and demobilize after approval by the ODOL and Project Designer
- Submit all required project documents and waste manifests to the ODOL and provide the Project Designer copies of all required project completion documents

4 EGRESS. EMERGENCY ESCAPE ROUTES AND FIRE EXTINGUISHER PLACEMENT

No work will be performed without adequate lighting. The work area will be clearly illuminated by droplights, light stand, or equivalent lighting. All work will be performed using a buddy system. All power to the area is to be supplied by the GFCI power source.

Fire extinguishers shall meet the requirements of the OAC Act 380:50-15-14. A minimum of one 10 A:B:C fire extinguisher shall be provided for each 3,000 square feet of the work area, or major fraction thereof. Travel distance from any point of the work area to the nearest fire extinguisher shall not exceed 75 linear feet. A minimum of one fire extinguisher shall be placed in the clean room of the remote decontamination unit.

Prior to beginning the prep and abatement work, all licensed asbestos workers or demolition overseen by licensed asbestos worker(s) will be given a briefing on the emergency egress procedures by the asbestos supervisor.

5 QUANTITY, TYPE AND PERCENTAGE OF FRIABLE ACM

The quantity, type, and percentage of asbestos is unknown. Figure 3 depicts the assumed ACM identified above.

6 ABATEMENT METHODS, TECHNIQUES AND NUMBER OF CONTAINMENTS

All work be conducted using wet method and prepared in accordance with the requirements of 380:50-17-4 of the OAC Act. The disposal of asbestos should be in accordance with 380:50-17-9 of the OAC Act.

7 AIR MONITORING REQUIREMENTS

7.1 SAMPLING REQUIREMENTS

All samples will be collected and analyzed by a technician that is National Institute for Occupational Safety and Health (NIOSH)-582e trained, and analyzed by Phase Contract Microscopy (PCM), in conjunction with a laboratory that is currently proficient with the American Industrial Hygiene Association's Proficiency (AIHAP) in Analytical Testing Program.

All samples will be analyzed by PCM in conjunction with a laboratory that is currently proficient with AIHAP in Analytical Testing Program.

7.2 PREP MONITORING

Prep work air monitoring is required whenever there is a potential for disturbance of ACM and/or workers are required to work around loose or damaged ACM.

7.3 DURING ABATEMENT

The following practices should be followed:

- A minimum of 2 or 25% (whichever is greater) of the workers will be monitored during the abatement activities. Personal monitoring is required during work to assure adequate respirator protection factors are applied in the respirator section
- At least one, 30-minute excursion sample will be collected during the removal of the asbestos. This sample is to be representative of the work conducted for each activity that may generate a potential for worker exposure in excess of OSHA Permissible Exposure Limits (PELs) for the 30 minute excursion limit of 1.0 fibers per cubic centimeter (f/cc) as specified in 29 Code of Federal Regulations (CFR) 1926.1101

7.4 AREA MONITORING

Samples shall be collected from the following areas:

- One outside area sample will be collected from outside the Clean Room for the decontamination facility for each shift that the remote decontamination unit is in use
- One area sample will be collected at the roll-off during demolition activities
- Monitors will also be in place for the equipment cab, upwind, downwind, and negative air exhaust from decon area.

Daily air monitoring requirements must be in accordance with 380:50-11-1 and 380:50-17-14 of the OAC Act.

8 NUMBER AND LOCATIONS OF CLEARANCE SAMPLES

This scope of work is for demolition of the Theatre and there will not be any occupants upon completion; therefore, the need for clearance samples should not be required (in accordance with 380:50-17-14 of the OAC Act).

9 NUMBERS, CAPACITIES AND DISCHARGE POINTS OF NEGATIVE AIR MACHINES

The scope of this work consists of demolition of the Theatre using wet method; therefore, negative air machines will not be used during this project. However, the remote decontamination unit requires a negative air machine in the "dirty room" to draw air from the clean room through the shower.

10 DETAILS OF PROJECT AND GENERAL REQUIREMENTS

This project does not require negative pressure containments and will be conducted using wet method. Prior to the commencement of work, the following activities must be completed:

- Prior to demolition the City of Anadarko and the Contractor will determine if the existing concrete slab is to remain in place or be demolished with the building.
- The Contractor will establish the regulated work area by placing security fencing around the work area (this boundary will include the roads to the north and east as well as the alleyways to the south and west)
- The Contractor must disconnect power to the Theatre
- The Contractor will prep waste containers with a minimum of two layers of 6-mil reinforced poly with enough hanging over the sides to be wrapped over the top and sealed when full
- The Contractor must have an anemometer onsite. If the wind speeds reach 15mph work must stop immediately

There is no power to the Theatre currently, but the Contractor should ensure that all electricity is disconnected or identified with lockout/tag out procedures within the work area. After approval from the Project Manager and Owners Representative, the Contractor will contact the ODOL for a Prep Inspection.

After the prep has been accepted by the ODOL, demolition/asbestos removal can commence. Structures will be adequately wetted in a manner that minimizes the dispersal of dust for the entirety of the removal process. No one other than ODOL licensed asbestos workers or demolition workers overseen by licensed asbestos worker(s) will be allowed inside the regulated areas. Once all the asbestos has been removed and loaded into waste trailers, the Contractor will final clean the area where necessary. After the area has been inspected and accepted by the project manager, a Visual Inspection will be scheduled with the ODOL. Upon approval of the ODOL, the Contractor will lockdown the containment area. Once the lockdown has had adequate dry time, the Contractor may call the ODOL for a Final Inspection.

The Contractor shall abide by this Project Design and the requirements, which govern friable asbestos removal in OAC Act 380:50, and require notification, worker training, and applicable transportation and disposal requirements for asbestos waste materials.

11 CODES AND REGULATIONS

Whenever conflicts arise within the Project Design General Requirements or Procedures and/or among the applicable Rules and Regulations, the most stringent rules shall apply. This is subject to the approval by ODOL or other authorities having jurisdiction (e.g. ODEQ). If allowed by the authority with jurisdiction, a request for a variance can be submitted, provided it is acceptable to the Project Designer and Project Manager. The following Rules and Regulations should be used if there is a conflict:

- 29 CFR 1910, OSHA General Industry Standards
- 29 CFR 1926, OSHA Construction Industry Standards
- 29 CFR 1926, 1101 OSHA Asbestos Construction Standard
- 40 CFR 61, Subpart M (NESHAP) enforced by ODEQ
- American National Standards Institute (ANSI) Z88.2 latest edition (Respiratory Protection)
- OAC Act Title 40 Sections 450-456
- OAC Act 380:50 (all-inclusive), Oklahoma Rules for Abatement of Friable Asbestos Materials
- The Asbestos Hazard Emergency Response Act (AHERA) of 9186 PL (99-519) and rules and regulations adopted by Environmental Protection Agency (EPA) for its implementation, latest edition
- 49 CFR (US Department of Transportation [DOT]) Hazardous Material Transportation Regulations
- OAC Act 252:100-40, Air Pollution Control Rules, Control of Emission of Friable Asbestos during Demolition and Renovation Operations
- OAC Act 252:515-19, Management of Solid Waste (ODEQ Asbestos Land Protection Division Asbestos Disposal Requirements)
- All applicable state statues, county, and city codes/ordinances

12 DETAILS OF DECONTAMINATION SYSTEM

The contractor will use a remote decontamination unit for this entire project. The remote decontamination unit will be built prior to any demolition and/or removal. The decontamination unit shall consist of a clean room, shower, and equipment room. Figure 4, Example of Containment, presents the approximate location of the decontamination unit. The contactor may change the location of the decontamination unit based on availability of electricity and water.

The remote decontamination unit will be built in accordance with 380:50-15-7 through 380:50-15-12 as follows:

- Negative air machine will be place in the "dirty room" to draw air from the clean room through the shower
- There is no water supply to the site and/or Theatre; therefore, the Contractor will be required to supply water to the Site by use of a 500-gallon or 1,000-gallon truck
- All shower water waste shall be equipped with 5-micron filters. The shower filter and residue shall be disposed of as contaminated material
- The shower facility shall have functioning hot water storage capacity of five gallons per on-site worker at 130 degrees Fahrenheit
- Contractor shall ensure that one shower shall be provided for each 10 employees of each sex, or numerical fraction thereof, according to 29 CFR1926.51 requirements
- Showers shall have a means of dispensing liquid soap
- Ten-foot candle illumination shall be required inside the decontamination unit
- Showers shall be stable, free of sharp edges, and trip or fall hazards
- The temperature of the clean room and shower shall be maintained above 50 degrees Fahrenheit
- The clean room shall be built large enough to accommodate each worker and provide a locker for the workers personal belongings
- The clean room shall be kept clean and sanitary at all times
- The equipment room shall be built large enough to accommodate the decontamination of work equipment and be equipped with impermeable disposal bags for contaminated clothing and debris

To access a remote decontamination unit, workers will high-efficiency particulate air (HEPA) to vacuum off all visible debris from protective suits and put on a clean protective full body suit

over the potentially contaminated work suit inside the demarcated work area and proceed along a marked and protected route to the decontamination unit. This route will be monitored by ambient air levels of asbestos. Workers will enter the equipment room of the decontamination unit and remove full body suits and discard as contaminated waste. Worker will then proceed into shower while wearing respirator and thoroughly wash his/her hair and respirator. Worker can then remove the respirator and dispose of air purifying cartridges as contaminated wastes. Worker will then proceed to thoroughly wash and rinse body before proceeding into clean room to dry off and put on street clothes.

13 SOIL SAMPLING

This project does not require the removal of any soils contaminated with ACM.

14 MATERIALS OR METHOD USED TO PROTECT OBJECTS IN THE WORK AREA

All materials within the structure is contaminated and must be removed as contaminated debris. These materials will be disposed of with the construction debris.

15 REQUEST FOR VARIANCES

A variance to perform "wet demolition" procedures using heavy equipment is being requested.





Local Area Map



Legend

Perimeter Line

Building Footprint

GENERAL VICINITY MAP





SITE LOCATION MAP

MILLER THEATRE
PROJECT DESIGN
CADDO COUNTY, OKLAHOMA

Prepared by: MJE Approved by: ALA

Date: AUGUST 2020 Job No: OK70384003 **FIGURE**

1





Perimeter Line

Building Footprint





ENGINEERS ARCHITECTS CONSULTANTS

SITE LAYOUT

MILLER THEATRE
PROJECT DESIGN
CADDO COUNTY, OKLAHOMA

Prepared by: MJE
Approved by: ALA

Date: AUGUST 2020 Job No: OK70384003 FIGURE

2



Legend

Perimeter Line

Building Footprint *All material is to be assumed ACM*





ENGINEERS ARCHITECTS CONSULTANTS LOCATION OF ACM MILLER THEATRE

PROJECT DESIGN
CADDO COUNTY, OKLAHOMA

Prepared by: MJE

Approved by: ALA

Date: AUGUST 2020 Job No: OK70384003 FIGURE

3



Scope of Work

SCOPE OF WORK

For

Wet Demolition of the Anadarko Theatre

The Department of Environmental Quality (DEQ) is requesting a work plan and cost estimate for the asbestos abatement by wet demolition of the Anadarko Theatre located at 200 W Main Street, Anadarko, Oklahoma, 73005. This Scope of Work (SOW) describes the demolition, removal, and proper disposal of asbestos-containing material. This work must be performed to safely demolish the structure which is unsafe for use. All work shall be completed according to the Oklahoma Department of Labor (ODOL) approved Project Design in **Attachment A**. A mandatory site visit and walk through will be held at the site to give a better understanding of the project. The building will not have electricity or water during the demolition.

SPECIAL PROVISIONS:

- Work Schedule: The Contractor shall schedule all work to be completed within 90 calendar days after the written "Notice to Proceed". Coordination of work shall be scheduled with DEQ.
 - o A pre-construction meeting shall be held at the site after the Notice to Proceed date to review the SOW and answer any questions the contractor may have.
 - All on-site demolition work shall be completed within 45 days. The remaining 45 days will be for DOL prep work, NESHAP notification, DOL final inspections, and to correct any deficiencies.
- Conditions of Work: The following conditions of work will apply in accomplishment of this contract:
 - o All work shall be performed in accordance with all applicable State and Federal regulations.
 - o All work shall be performed in such a manner that it does not put workers' health and safety at risk.
 - o Disposal of Removed Materials: All materials removed by the Contractor under this contract shall be disposed of in accordance with State and Federal regulations.
- The following instructions shall be executed:
 - O The Contractor shall use best management practices and sufficient equipment in order to safely remove and preserve the "Miller Theatre" sign from the building and coordinate with the City of Anadarko representative for storage placement.

CONTRACTOR SHALL:

- Attend mandatory pre-bid site meeting and walk through
- Hire 3rd party Consultant to conduct air monitoring
- Possess a current ODOL Asbestos Abatement Contractor License in order to perform asbestos abatement; and
- Follow all appropriate OSHA requirements

BACKGROUND/ADDITIONAL INFORMATION

This building consists of an approximate 9,700 square foot masonry building formerly used as a theatre. The building has been abandoned for an indeterminate amount of time. The roof is partially collapsed. The intent of this project is proper removal and disposal of building materials including household rubbish via wet demolition. Building materials and contents are considered contaminated with asbestos.

REGULATORY COMPLIANCE

The specific governing regulations affecting this work include but are not limited to: 29 CFR 1926.1101 (OSHA Construction Industry Asbestos Standard), 29 CFR 1910.134 (OSHA Respiratory Protection), 40 CFR 61, Subpart M (Asbestos NESHAP), and OAC 380:50 with approved variances. Waste transport and disposal is to be performed by an Oklahoma-licensed asbestos waste transporter with a waste disposal manifest/chain of custody signed by the receiving landfill. DOT Class 9 placards are to be displayed during transportation of asbestos waste.

WORK SEQUENCING/SCHEDULING

The removal of asbestos-containing materials (ACM) in the building is to be accomplished within a single contiguous phase. **The tentative start date is yet to be determined.** The work is to be scheduled by the abatement Contractor in coordination with the oversight consultant, City of Anadarko, and DEQ. Work is planned for normal work hours.

EGRESS AND FIRE PROTECTION

Workers will be briefed on emergency procedures and the assembly point at the beginning of the work shift. In the event of an emergency evacuation, workers will immediately proceed to the assembly point.

Fire Protection

The abatement Contractor will provide a minimum of one 10 lb. ABC dry-charged fire extinguisher within the immediate vicinity of the work area and outside the decon area during abatement. The fire extinguisher will have a valid inspection tag and be decontaminated upon removal from the work area.

MATERIALS TO BE ABATED

The following table provides the approximate quantity of ACM and contaminated waste to be removed and disposed.

Description	Percent/ Type Asbestos	NESHAP Classification	Condition	Estimated Quantity
Interior building materials	Assumed	ACM	Significantly Damaged	9,700 SF
Household Rubbish	Assumed contaminated	-	-	-

METHOD OF ABATEMENT

No ACM debris will be intentionally disturbed until a remote decontamination unit is established and operation of the air filtration device(s) initiated. Sufficient water supply to maintain the ACM and contaminated waste in an adequately wetted state and transfer of the waste into a disposal container will be required on site. Demolition of the building will be limited to times with wind speeds forecasted at 15 miles per hours or less. Please refer to the DOL approved Project Design in **Attachment A** for more information.

Removal of ACM debris will be performed in accordance with **380:50-17-4** (**Demolition Procedures**) The proposed sequence is as follows:

Proposed Sequence of Demolition

- 1. Contractor mobilize, establish remote decontamination, decontamination negative air flow/filtration;
- 2. Contractor prep waste container 2 layers 6 mil reinforced, burrito wrap;
- 3. ODOL prep inspection;
- 4. Contractor begins demolition of building;
- 5. Contractor maintains stand-by crew during demolition;
- 6. Contractor maintains waste materials in adequately wet state;
- 7. Contractor's consultant monitors perimeter at nominal 25' radius where feasible;
- 8. ODOL visual inspection;
- 9. Contractor final clean/re-clean grounds;
- 10. ODOL final inspection.

Notes: The ODOL may opt to waive or combine inspections at their discretion.

AIR MONITORING AND RESPIRATORY PROTECTION

A minimum of 1 area air monitor will be located:

- Upwind, downwind, crosswind each outside the containment during demolition;
- In the clean room area:
- In the area of the ACM waste container;
- At the exhaust point of the clean room air filtration device (AFD);
- Personal air monitor samples will be collected on equipment operator(s) and
- Minimum of 2 personnel abatement workers.

AIR FILTRATION

AFDs will be utilized for the clean room only.

CONTAINMENT METHODS

Preparation of asbestos abatement work area will be per **380:50-17-4** (**Demolition Procedures**) with emphasis on maintaining ACM wastes adequately wet during demolition. Care will be taken to minimize the generation of contaminated wastewater.

DECONTAMINATION SYSTEM

A remote decontamination facility (decon) under negative pressure is planned for this work. The decon unit will be established per **380:50-15-7** (Clean room requirements) and **380:50-15-12** (decontamination facility preparation) consisting of three chambers; a clean room, a shower and a dirty room. The airlocks for the decon unit will consist of triple 6 mil polyethylene overlapping flaps. The decon shower shall be equipped with a 5-micron wastewater filter, liquid cleaning agent, non-porous shower grates and a functioning in-line water heater with capacity for 5 gallons per worker. Disposal of wastewater will be into the sanitary sewer. The temperature of the clean room and decon will be maintained above 50 degrees F during abatement activities. Decon procedures will be per **380:50-15-8** (Decontamination Procedures).

SOIL CONTAMINATION CLEANUP AND BACKFILL

One (1) nine grid system sample of the potentially contaminated soil will be collected following demolition and analyzed (EPA600/R-93-116). Any 'grid' found to contain 1% or more asbestos will be excavated 3-6 inches and disposed as ACM and grids resampled.

Once sampling is complete, Contractor shall haul clean material from the City's borrow soil source to use as backfill. A map is attached (**Attachment B**). The work area will be graded to ground level and for proper drainage at the completion of cleanup activities.

SPECIAL MATERIALS OR METHODS

Pre-construction prep work

Prior to commencement of building demolition, a thorough walkthrough and evaluation of the building will be conducted to confirm that all appropriate measures have been completed to ensure that the area is ready for commencement of demolition activities. The Contractor will use best management practices and sufficient equipment in order to safely remove and preserve the "Miller Theatre" sign from the building and coordinate with the City of Anadarko representative for storage placement.

Security and perimeter fencing of construction site

To prevent the general public from entering the construction work zone, a 6-foot temporary fence with black privacy fence screen will be constructed around the perimeter of the construction site. Fencing should be locked at all times when construction personnel are not present. Section of fencing covering the alleyway shall include gates on the south eastern and south western sides. Signs posted on the fencing perimeter will be present to warn intruders of the safety risk at that location and the legal ramifications of trespassing.

Demolition and storm water diversion/containment

Demolition of the facilities and other soil disturbances will expose the site to storm water runoff. The Contractor will use Best Management Practices in installing and maintaining storm water controls during site work to prevent erosion. Regular inspections will be conducted and corrective actions taken to limit runoff.

The use of good construction management techniques will be used to control storm water from carrying soils or vegetation into nearby creeks or waterways. It is the intent to contain all run-off water that comes in contact with building debris, waste stockpiles or potentially contaminated material.

In addition to controls put in place to maintain run-off to the work area, if ground area outside the building footprint has the potential to be disturbed, rip-rap, diversion ditches, silt fences, and/or straw bales will be used to interrupt the down-gradient flow of storm water, reducing or eliminating the deposition of silt in waterways. Regular inspections, particularly prior to and after significant storm events, will be made and repairs initiated as needed. Additional considerations will be investigated for sheet flow runoff and seasonal deposits of suspended water.

Any significant pooling of water remaining inside the work will be extracted after demolition. Extraction of water will be accomplished using a pump equipped with a 5-micron wastewater filter. Pooled water will be sampled and discharged into the sanitary sewer.

Hauling and disposal of asbestos containing waste material

Waste transport and disposal is to be performed by an Oklahoma-licensed asbestos waste transporter with a waste disposal manifest/chain of custody signed by the receiving landfill. DOT Class 9 placards are to be displayed during transportation of asbestos waste.

Types of equipment needed for demolition, material wetting and waste hauling

The following major equipment for the building demolition project is anticipated to include:

- Excavator 200
- Mini Excavator
- Skid Steer Loader
- Haul/Dump Truck
- Box Blade
- Pickup Trucks
- Decontamination Trailer
- Water Truck

Post construction site cleanup

During demolition, all assumed ACM debris/waste will be removed from the project site. The assumed ACM debris/waste will be sent to the appropriate landfill. Non-asbestos containing materials will be taken to the City property shown in **Attachment B** in coordination with DEQ's Land Reclamation Program. After all wastes have been removed, Contractor will remove all temporary facilities/structures, and shall dismantle and properly dispose of erosion and sediment controls. Equipment/supplies that entered the work area will be decontaminated, as necessary.

Other permitting requirements or regulations related to the wet demolition

Prior to and at the completion of demolition of the building, the Contractor will submit the required permits and documentation to the appropriate institutions. The following items will be submitted:

- NESHAP Notification
- Contractor Checklist
- Air Monitoring Results
- Waste Manifests

Electrical

Electric service may not be available at the time of abatement. The procurement of electrical service for this SOW is the sole responsibility of the Contractor. Lockout/tagout procedures will be used on all electrical circuits which penetrate the work area.

Water

The procurement of potable and non-potable water for this SOW is the sole responsibility of the Contractor.

Heat Stress

The Contractor should monitor heat stress in general accordance with OSHA Technical Manual Section III, Chapter 4.

SEE ATTACHMENT A FOR PROJECT DESIGN

FINAL REPORT:

- Write a final report and submit to DEQ;
- Final report shall include:
 - o A detailed summary of work;
 - o Waste manifests; and
 - Photo documentation of work
 - Photo documentation of work will have digital color photos with captions describing photo;
- Final report will be submitted electronically.

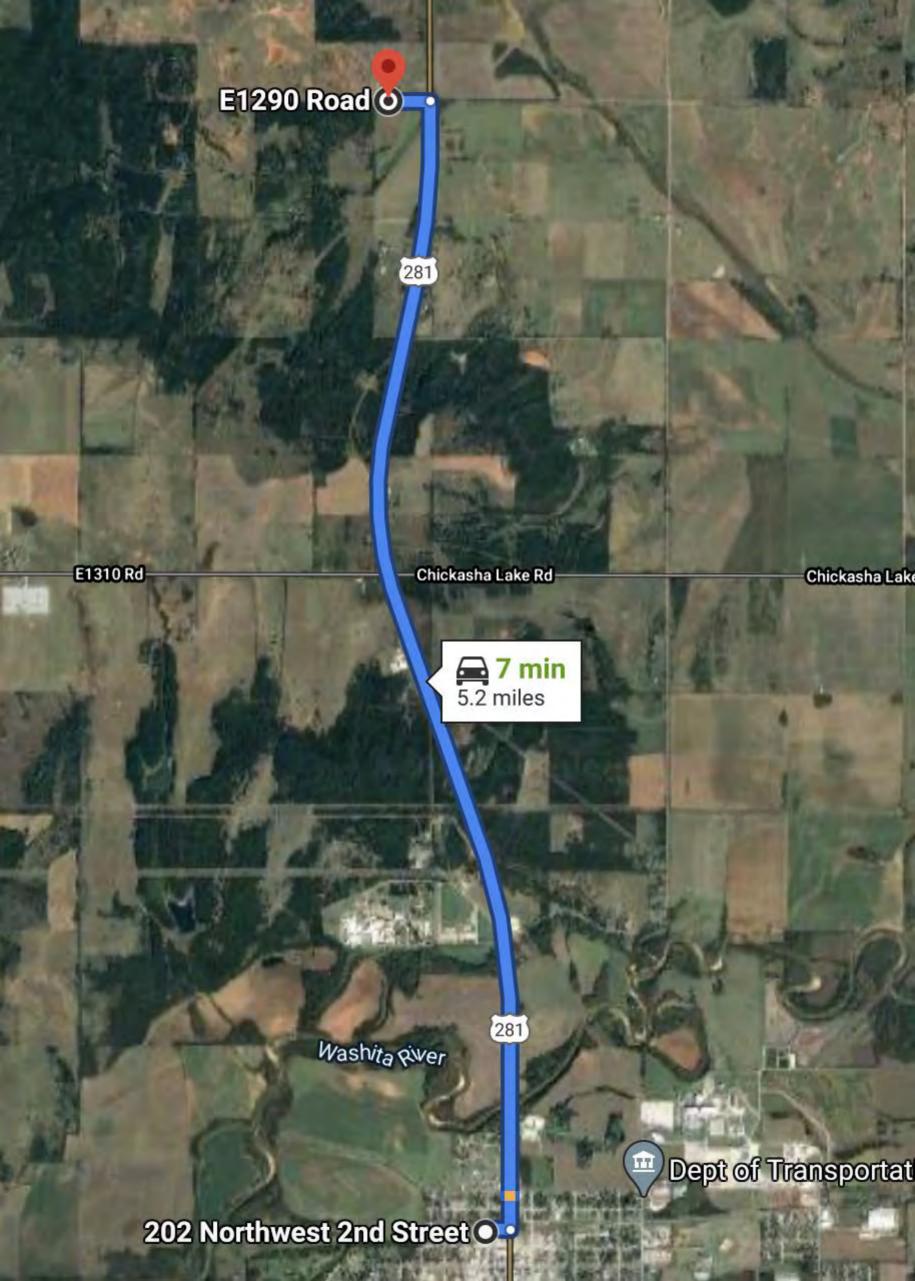
DEQ CONTACT:

Trenton Wilhelm
Oklahoma Dept of Environmental Quality
Land Protection Division
707 N. Robinson
P.O. Box 1677
Oklahoma City, OK 73101-1677

Phone Numbers: 405-702-5108 (Office) 405-702-5101 (Fax) Trenton.Wilhelm@deq.ok.gov







Remediation Reports



March 2, 2021

Mr. Trenton Wilhelm
Environmental Programs Specialist
Oklahoma Department of Environmental Quality
707 N Robinson
P.O. Box 1677
Oklahoma City, OK 73101-1677

RE: Miller Theatre Wet Demo Observation located in Anadarko, Caddo County, Oklahoma

INTRODUCTION

Guernsey was tasked by the Oklahoma Department of Environmental Quality (ODEQ) to observe the wet demolition of the Miller Theatre located at 202 W. Main Street, Anadarko, Caddo County, Oklahoma (Site) (see attached figure). The purpose of the observation was to ensure the contractor was performing demolition in accordance with the Project Design. Once the demolition was complete, Guernsey would prepare a memorandum summarizing the wet demolition activities that occurred at the Site

DATES ON SITE

Glen Adams, Environmental Scientist for Guernsey, was on Site from January 20, 2021 to January 22, 2021 and January 25, 2021 to January 27, to observe demolition activities. Mr. Adams returned to the Site on February 24, 2021 to ensure the Site was clear of all debris and construction equipment.

BACKGROUND

On March 16, 2020 ODEQ tasked Guernsey to perform a Structural Evaluation of the Theatre and prepare a Project Design to remove asbestos containing materials (ACM). The Structural Evaluation deemed the Theatre as "structurally unstable" and "not safe to remediate ACM prior to demolition". Based on the recommendations of the Structural Evaluation, Guernsey prepared

5555 North Grand Boulevard Oklahoma City, OK 73112-5507 405.416.8100

REALIZE THE DIFFERENCE

guernsey.us

a Project Design to safely and economically remove ACM from the Site by wet demolition. The wet demolition was a six day process performed by Midwest Wrecking Company (Midwest) and Environmental Action, Inc. (EAI).

ACTIVITY LOG/SITE OBSERVATIONS

The below activity log details activities that occurred during the six days of wet demolition and site cleanup.

January 20, 2021:

- 7:50am: arrived on Site to a safety fence surrounding the Theatre with caution tape indicating the presence of ACM.
- 8:30am: supplies were staged and coordination between EAI and Midwest occurred.
- 9:05am: demolition began. Midwest excavator knocked down the building while another truck sprayed water on the areas being demolished.
- 10:30am-12:00pm: three trucks were lined with 6-millimeter plastic, filled with demolished materials and were covered and sealed by EAI employees wearing disposable clothing and respirators.
- 12:00pm-1:00pm: lunch break.
- 1:20pm-4:30pm: five trucks were loaded and sealed using the same techniques mentioned above.
- 5:00pm: demolition and site activities ceased for the day.
- Overview of the day: Demolition activities occurred from 9:00am to 4:30pm with a break from 12:00pm-1:00pm. During the demolition, the portion of the structure being demolished was continually sprayed with water from a 4,000-gallon water truck. This process continued throughout the day until unless the excavator was loading trucks with debris. Approximately eight trucks were loaded with waste from the demolition activities and transported to the Oklahoma City (OKC) Landfill. Each truck was lined with 6-millimeter plastic hanging over the side of the truck then it was overlapped over the top and sealed by EAI employees wearing disposable clothes and respirators. The waste trucks each had an EAI employee ride along while they were transporting the ACM debris.

January 21, 2021:

• Arrived at 8:00am to demolition activities underway. Demolition activities occurred from 7:30am to 5:15pm. During the demolition, the portion of the structure being demolished was continually sprayed with water from a 4,000-gallon water truck. The Demolition process continued until 2:30pm. During the window of activity, approximately 11 trucks were loaded with waste from the demolition activities and transported to the OKC Landfill. Each truck was lined with 6-millimeter plastic hanging over the side of the truck then it was overlapped over the top and sealed by EAI employees wearing disposable clothes and respirators. The waste trucks each had an EAI employee ride along while they were transporting the ACM debris. Three trucks were loaded and sealed from 4:25pm to 5:15pm, but delivery to the landfill was delayed until the next day (1/22/21).

January 22, 2021:

• Arrived at 7:45am to demolition activities underway. Demolition activities occurred from 7:30am to 5:00pm. The activities consisted of loading waste trucks and organizing rubble to make it easier to load. Water was sprayed every two hours on the remaining rubble. During the window of activity, approximately 19 trucks were loaded with waste from the demolition activities and transported to the OKC Landfill. Each truck was lined with 6-millimeter plastic hanging over the side of the truck then it was overlapped over the top and sealed by EAI employees wearing disposable clothes and respirators. The waste trucks each had an EAI employee ride along while they were transporting the ACM debris. Three trucks were loaded and sealed from 4:15pm to 5:00pm, but delivery to the landfill was delayed until Monday (1/25/21).

January 25, 2021:

- Arrived at 8:00am (light rain occurring) to EAI employees in disposable clothing and wearing respirators sweeping and cleaning up small piles of the waste.
- The process of waste delivery was delayed due to flooding at the OKC landfill
- Demolition activities occurred from 8:00am to 5:00pm. The activities consisted of loading waste trucks and organizing rubble to make it easier to load. Water was sprayed on the rubble during excavator activity. During the window of activity, approximately 15 trucks were loaded with waste from the demolition activities and transported to the OKC Landfill. Each truck was lined with 6-millimeter plastic hanging over the side of the truck then it was overlapped over the top and sealed by EAI employees wearing disposable clothes and respirators. The waste trucks each had an EAI employee ride along while they were transporting the ACM debris.

5555 North Grand Boulevard Oklahoma City, OK 73112-5507 405.416.8100 Three other trucks were loaded and sealed from 4:15pm to 5:00pm, but delivery to the landfill was delayed until Tuesday (1/26/21).

January 26, 2021:

• Arrived at 8:00am to demolition activities underway. Demolition activities occurred from 8:00am to 5:00pm. The activities consisted of loading waste trucks and organizing rubble to make it easier to load. Water was sprayed on the rubble during excavator activity. During the window of activity, approximately 11 trucks were loaded with waste from the demolition activities and transported to the OKC Landfill. Each truck was lined with 6-millimeter plastic hanging over the side of the truck then it was overlapped over the top and sealed by EAI employees wearing disposable clothes and respirators. The waste trucks each had an EAI employee ride along while they were transporting the ACM debris. Two trucks were loaded and sealed from 4:15pm to 5:00pm, but delivery to the landfill was delayed until Wednesday (1/27/21).

January 27, 2021:

• Arrived at 8:00am to EAI personnel in disposable clothes and respirators cleaning the small piles of the rubble from the site. This activity was defined by sweeping the dust and shoveling small piles of debris into bags. The skid steer on site spent the time clearing some small piles of rubble out of the lower part of the theatre foundation. One lined trailer was still on site and rubble was hand placed into bags then into the trailer, or was loaded into it by the skid steer. After all the piles of rubble were cleared, EAI sprayed and scrubbed the ground until it was clean. One load of ACM debris was taken to the OKC Landfill. Work continued until 3:00pm. The final trailer was then sealed and ready for pick-up. The site was cleaned cleared, and prepped for foundation removal. At 3:15pm the site was completely clear of ACM debris. The EAI staff were no longer needed at the Site since all the ACM debris had been removed and disposed appropriately.

February 24, 2021:

 Guernsey personnel visited the Site to ensure all fencing and signage were removed. The foundation was completely removed and had been replaced with graded topsoil.

A photograph log is enclosed documenting the activities discussed above.

Should you have any questions or comments please contact me by phone at 405.416.8294, by cell at 405.850.6443, or by e-mail at angela.aikman@quernsey.us.

Sincerely,

Guernsey

Angela Aikman, CIE Vice President Project Manager/Environmental Scientist

Enclosures: Photograph Log

Photograph Log



Photograph 1: Day 1 start



Photograph 2: Day 2 start



Photograph 3: Day 2 start



Photograph 4: Demolition begins



Photograph 5: Day 1 ending



Photograph 6: Day 2 start



Photograph 7: Day 2 demolition activities



Photograph 8: Asbestos Tape



Photograph 9: Day 2 demolition activities



Photograph 10: Day 2 demolition activities



Photograph 11: Day 2 end



Photograph 12: Day 3 demolition activities



Photograph 13: Day 3 demolition activities



Photograph 14: Day 3 end



Photograph 15: Day 4 demolition activities



Photograph 16: Day 4 end



Photograph 17: Day 5 demolition activities



Photograph 18: Day 5 demolition activities



Photograph 19: Day 5 end



Photograph 20: Day 6 cleanup activities



Photograph 21: Day 6 finished



Photograph 22: Day 6 finished



Photograph 23: Site demolition completed



Photograph 24: Site demolition completed



Photograph 25: Site demolition completed



Oklahoma Department of Labor www.labor.ok.gov

3017 North Stiles, Suite 100 Oklahoma City, OK 73105 405-521-6464 888-269-5353

Fax 405-521-6025

Asbestos Project Checklist

✓ Initial No	tification	Revised Notifica	tion	Emerger	ncy Notification
Job Site:	NAME Former Miller Theatre	ADDRESS 202 West Main Stree		ITY OK	PHONE N/A
Contractor:	Environmental Action, Inc	. PO Box 1029	Jenks, OK	74037	918 298-4080
Site Owner: Gen. Contractor:	City of Anadarko	W Virginia Ave.	Anadarko,	OK 73005	405 247-2481
Project Designer:	Angela Aikman	5555 N Grand Boule	vard Oklahoma	City, OK 73	112 405 416-8100
Air Monitoring Firm: Air Monitoring Firm:	ASTECH	PO Box 771	Blanchard,	THE PARTY	405 618-7660
Landfill:	Waste Connections OKC	Landfill 7600 SW 15th	Oklahoma (City, OK	405 745-3002
Hauler:	Environmental Action, Inc.	, P.O. Box 1029	Jenks, OK	74037	405 631-2351
MOUNT OF ASBEST	OS TO BE ABATED: Wet der	molition of former Wet	umka Theatre. 9700 SF		
JBMITTALS NECESS	QUES: Gross Removal per 3	MAY BEGIN CHECK O		HED TO TH	IS CHECKLIST OR WHIC
NESHAPS Notification			Variances		
Project Specification Bonds and/or Insura					
Plans for Decontamin		179			
Respirator Program					
Employee Physicals					
Permission from own	ner for all rented vehicles/traile	rs used to haul asbestos	-containing material.		
	ontainments	FEES			
# of Glovel		* \$1000.00 * \$350.00) per containment per project not part of a d	efinite contai	nment
# of Contai		* \$350.00	per project with multiple g 10.00 per such glovebag	lovebags or r	mini-containments
# of Phase	S	pius ψ	ro.oo per such glovebag	or mini-conta	ainment
omments:					
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		100	orin Chean		

Revised: 03/09/2018

Darwin Chesnut BigHelly-signed by Darwin Chesnut Date: 2018.06.15.11:28:01-06:00:

Contractor/Responsible Party Signature

12/29/2020

Date

EPA NOTIFICATION OF DEMOLITION OR RENOVATION

OFFICE USE ONLY: DATE RECEIVED:			
I. FACILITY INFORMATION:			
OWNER: City of Anadarko		PHONE: 405 247-2481	
STREET ADDRESS: 501 W Virgnia	CITY: Anadarko	STATE: OK ZIP:	73005
FACILITY REPRESENTATIVE Kenneth Corn		PHONE:	
ASBESTOS ABATEMENT CONTRACTOR:	Environmental Acti	ion, Inc.	
STREET ADDRESS: P.O. Box 1029	CITY: Jenks	STATE: OK ZIP: 7	4037
REPRESENTATIVE: Don Jolley	PHONE:	(918) 298-4080	
PAGER: None		(918) 645-8157	
AIR MONITORING FIRM OR OTHER OPERASTREET ADDRESS: PO Box 771			73010
REPRESENTATIVE: Rodney Hill			
II. TYPE OF NOTIFICATION: (O=C			0
III. TYPE OF OPERATION: (D=DEMOLITION) (R=RENOVATION) (ER=F	EMERGENCY RENOVATION)	D
IV. IS ASBESTOS CONTAINING MATERIAL	(ACM) PRESENT?	YES XXXXX NO	
V. FACILITY / BUILDING DESCRIPTION (B. ACM LOCATION, ROOM NUMBERS, ETC.		AILED AS TO NAME, # FLOORS, EXA	CT
FACILITY: Former Miller Theatre	ADDRESS	: 202 West Main	
CITY: Anadarko ST.	ATE: OK ZIP CODE	: 73005 COUNTY: Caddo	
WHERE IS ACM LOCATED? Presummed to be	in ceiling texture		
BUILDING SIZE: SQ. FEET: N/A A	GE: <u>60+</u> YEARS	# OF FLOORS: 2	
PRESENT USE: Vacant	PREVIOUS USE:	Theatre	
VI. PROCEDURES USED TO DETERMINE B	PRESENCE OF ACM IN	CLUDING ANALYTICAL METHODS:	

EPA NOTIFICATION OF DEMOLITION OR RENOVATION CONTINUED

VII. AMOUNTS OF REG AMOUNTS OF CATH	ULATED ASBESTOS C EGORY I OR II MATER	ONTAINING MATE	RIAL (RACM) TO LL WILL NOT BI	BE REMOVED; A	ALSO le one)
PIPESLINEAR FT:					
CUBIC FEET:	CATEGORY I - SQ	FT:0 C	ATEGORY II - SQ. /	LN. FT	
VIII. SCHEDULED DATI	ES OF ASBESTOS REM	OVAL: START:	1/18/2021	FINISH: <u>2</u> /	12/2021
IX. SCHEDULED DATE	S OF DEMO / RENO:	START:	1/18/2021	FINISH: 2/	12/2021
X. DESCRIPTION OF TI (e.g. gross remo	val, glove bagging, manua	OS REMOVAL TEC l scrape, etc.)	HNIQUES TO BE I	EMPLOYED:	
XI. DESCRIPTION OF TO FIBER EMISSIONS Wet demolition,	HE CONTROLS AND W (e.g. full containment , adequate wetting.	ORK PRACTICES with negative pressur	TO BE USED TO P e, adequate wetting):	REVENT ASBEST	ros
XII. LICENSED ASBEST	OS WASTE TRANSPOR	RTER: Environm	ental Action, Inc.		
ADDRESS: PO Box 1029		CITY: Jenks	STATE	: OK ZIP:	74037
REPRESENTATIVE: Darw					
XIII. STATE PERMITT				s	
ADDRESS: 7600 SW 15th		CITY: Oklahoma	City STATE	: <u>OK</u> ZIP:	73128
REPRESENTATIVE:	,				
XIV: IS DEMOLITION O	ORDERED BY A GOVE	RNMENT AGENCY	? YES:	NO: XXXX	
NAME OF AGENCY:	N/A	REPRESE	ENTATIVE:		
DATE OF ORDER:	DATE	DEMOLITION IS TO	O START:		
XV. IS THIS RENOVATI	ON REQUIRED DUE T	O AN EMERGENCY	Y? YES: XXX	NO:	
DATE OF EMERGENCY	: HC	UR OF DAY EMERO	GENCY OCCURREI	D:	
DESCRIPTION OF THE from fiberglass to asbestos un	SUDDEN, UNEXPECTED nexpectably causing an unc	DEVENT CAUSING expecded delay to this	THE EMERGENCY emergency outage.	:	
EXPLANATION OF HOW 'BUILDING OPERATIONS;	THIS CAUSED 1) UNSAI AND/OR 3) IMPOSES A	FE CONDITIONS; 2) N UNREASONABLE	SERIOUS DISRUPT FINANCIAL BURI	FION OF NORMAL DEN? (be specific &	detailed)

EPA NOTIFICATION OF DEMOLITION OR RENOVATION CONTINUED

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS

MOTE WATTON MOTOWALL A	ollect and bag loose materials, notify	DEO
Stop work, wet the materials, c	onect and dag loose materials, notify	y DEQ
********	********	**********
PART 61, SUBPART M - NESHA	AP) WILL BE ON SITE DURING TRAINING AND CERTIFICATION	IONS OF THIS REGULATION (40 CFR, THE DEMOLITION OR RENOVATION ON / LICENSING WILL BE AVAILABLE RS:
SIGNATURE OF OWNER / OPERATOR	: Dorin Cheant	DATE: 12/29/2020
PRINTED NAME:	Darwin Chesnut	
***********	*********	*********
KVIII. I CERTIFY THAT THE ABOVE	E INFORMATION IS CORRECT	T TO THE BEST OF MY KNOWLEDGE:
ACTUAL CINE OF CONTRACT OF EACH IN	- Tanana Dalam	DATE: 12/20/2020
	Darwin Charnut	DATE: <u>12/29/2020</u>
PRINTED NAME:	Darwin Chesnut	
PRINTED NAME: ***********************************	**************************************	DATE: 12/29/2020 ****************** operates, controls or supervises the o owns, leases, operates, controls or
PRINTED NAME: ********************************** DEFINITION: OWNER OR OPERATO facility being demoli	PR Any person who owns, leases, ished or renovated or any person who lition or renovation, or both.	o owns, leases, operates, controls or
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PRINTED NAME: ***************************** DEFINITION: OWNER OR OPERATO facility being demoli supervises the demol ***********************************	OR Any person who owns, leases, ished or renovated or any person who lition or renovation, or both.	**************************************

NOTE: Please submit your Notification to the DEQ office closer to your job site.



Oklahoma Department of Labor Mark Costello, Commissioner www.labor.ok.gov

Oklahoma City 3017 North Stiles, Suite 100 Oklahoma City, OK. 73105 405-521-6464 888-269-5353 Fax 405-521-6025

Tulsa

440 South Houston, Suite 300 Tulsa, OK. 74127 918-581-2400 Fax 918-581-2431

Consultation/Investigation Form-

ODOL Project #:	of Inspection
Facility: Miller Threater	Date://92/_ Time:/4_ :/5_
Contractor No.	County No.: FY: 21
Address/Location:	Address/City: AnadarKo
Owner/Occupant:	Contractor: EAI
Contact Person:	Contractor's Rep.: Paul Ine of
Facility Phone No.:	Contractor's Phone No.: (405) 642-3151
1. Description of Area: Wed Demo	
- <i>O</i>	
2. Description of Incident or Special Circumstances:	
Container double Pirel-Wat	
3. Amount of ACM Involved:	
A Paguired Incolation Prepadures	
Required Insolation Procedures:	
5. Respiratory Protection Requirements:	
6. Air Monitoring Requirements:	
7. ODOL Required Procedures:	
- 15 /	Accepted
8. Violations Noted:	
C. Violations Noted.	
-///	7
-//N	
4 1 1	Tuture
Inspector's Signature	Contractor's or Owner's Signature

Oklahoma Department of Labor

3017 North Stiles, Suite 100 Oklahoma City, OK 73105 (405-521-6464) FAX (405-521-6025)

Revised 5/2016

Asbestos Division



Visual/Final Inspection Form

DOL Project #:			- A.	Marian Ma		18		31		0915
Facility:	Miller	Theate	*		Month	Day	,	Year		Time
Contractor #:				-u-	County #:			**************************************	_ FY #:	21
Address/Location:	102 1	1. Mai	1		_ Address City		Ana	dorko	•	
Owner/Occupant:					_ Contractor:		KA			
Contact Name:	-				_ Contractor's	Rep.:	1/2	11000		
Facility Phone #:					Contractor's	Phone #:	1905)	642-3	151	-
1. Description of Are	ea: l	Jet De	MO							
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2 Avene vegulala a fo	outh au al a a		f			-				
2. Areas requiring fu	irtner ciea	ning:	jone.							
3. Air Counts (PCM/	TEM) On-S	Site?:	5- 5 hi	It Acces	The state of the s					
			3. 3511.	TI FILL	it hat did					
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5. Will a FINAL inspe	ation bo	omilio dO.	1	. 1	0					
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6. Notes:		Vivan		cal Arra				11		
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7. Note any violation	s cited:	380:50-								
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8. Contractor's Com	ments:	_	1/24	((1) 15	Lomplete					
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4418	Au rosenia.				-/10//	W.				
	Inspector	s Signature				C	ontractor's	Signatur	е	

White Copy: DOL

Yellow Copy: Consultant

Pink Copy: Contractor/Owner

PROJECT NAME: Milke They	DATE: /-2	2-21	Page of
11111/2 / 124	ter	PROJECT	NO.64/6
PIELD ACTIVITY SUBJECT: Po	ond hood The		64/6
DESCRIPTION OF DAILY ACTIV	TTIES AND EVENTS:	<u> </u>	
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11 400 windy sy	De wal and	d	
12:00 lingle	au Dmp		
1100 2 more	Tank Gant	1 - 1 -	
230 TRUCK	Lead of Masire	TUT Mef	
Hier parked	2 TAILL Str	1. 1 j	
Sino offsis	1 face stn	ch miste	
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/ISITORS ON SITE:	CHANGES	DOM DI ANG AND ODI	
	CHANGES F OTHER SPE	ROM PLANS AND SPE	ECIFICATIONS, AND
VISITORS ON SITE:	CHANGES FOR OTHER SPE	CIAL ORDERS AND IN	ECIFICATIONS, AND PORTANT DECISIONS
	OTHER SPE	CIAL ORDERS AND IN	ECIFICATIONS, AND PORTANT DECISIONS
None	OTHER SPE	CIAL ORDERS AND IN	PORTANT DECISIONS
None WEATHER CONDITIONS:	OTHER SPE	CIAL ORDERS AND IN	PORTANT DECISIONS
None WEATHER CONDITIONS: 400 9:00	IMPORTAN D MINING	CIAL ORDERS AND IN	PORTANT DECISIONS
None WEATHER CONDITIONS: HOP GIVE	IMPORTAN D MINING	CIAL ORDERS AND IN	PORTANT DECISIONS
WEATHER CONDITIONS:	OTHER SPE	CIAL ORDERS AND IN	PORTANT DECISIONS

Safety training-0544-10

ENVIRONMENTAL ACTION, INC.

DAILY FIELD ACTIVITY LOG

SUPERVISOR: Keith Samp	son	DATE: 01/21/2021		Page 1 of 1
PROJECT NAME: Anadarko	/ Mille	er Theater	ROJECT NO. 64	
FIELD ACTIVITY SUBJECT: L	ine d	ump trailers for wet dem	10	10
DESCRIPTION OF DAILY ACT	TIVITIE	S AND EVENTS:		
TOND THE TERUES OF O	7159	Next trailer lines	(and Indian	started.
75d 100A out 6/0805	ling	· next trailer.		Signica.
3 = load out @ 0836	, N.	ext frucks only 1	metal /090	owind SSE
0925 prepnext tr	aile	r. 1015 4th 100	ad leaves	12.1.4
1047 Ine next tr	alle	11/10 5th /0	rd leaves	
11145 lunch 1245				
1300 - Wind E 2	man I			
Prepline a	tra	(5)		
	r,	A CONTRACTOR OF THE PROPERTY O	res 6th	
line trailer	/	355 7th lood 1		
1410 Structure 1	1 0	o on the armin	eaves	
445-line trailer	, 15	wath I di	ves	
530-line trailer	16	on 9th load loo	100	
615 line trailer	160	10 10th trailer 1	adad hud le	WIGH Town
2 3 11911 11 6-1151	1650	11th trailer la	eded	MOCK II FUFRE F
01 - Supervisor				
209-Workers				
ISITORS ON SITE: NA		CHANGES FROM PLANS	AND SPECIFICATIO	ONS, AND
		OTHER SPECIAL ORDERS	S AND IMPORTANT	DECISIONS:
		NA		
/EATHER CONDITIONS:		IMPORTANT TELEPHONE	CALLS:	
SW 4mph		NA		
PERSONNEL ON SITE:	Istec		i-	
IGNATURE: Keith Sampa	neu.		TE: 01/21/2021	

9-loads to landfill
2-loaded for transport in morning

SUPERVISOR: Paul INCS	S DATE: /-22-	71	Domo	
PROJECT NAME: Miller 7	1 /	PROJECT	Page	of
FIELD ACTIVITY SUBJECT:	lown & David	THOUSE.	10.10416	
DESCRIPTION OF DAILY ACT	IVITIES AND EVENTS			
		*		
to Run G TI	liser quenters m	riderit		,
7:20 0	COCK 1	, , ,		
Bigg Fine	NOK OAKIE CREW to	START TRY	0	
1 loaded an	none Tavels			
12:00 / m	METROCK Zout			
	1			
210001	nextles out 2	ON SPEPILL	rele	
3/5 9//	3 Tacks out	10		11
4,00 2	Touck in + pop	check		
	ofo stry ousile			
1 - (6)	EFINA			
5100 0	1/3/10		-	
5/all ()	1/3/16			
5/W B	1/3/16			
5/00/0	1/3/16			
5/00/0	1/3/16			*
				g.
	CHANGES FROM	A PLANS AND SP	ECIFICATIONS,	AND
	CHANGES FROM OTHER SPECIAL	A PLANS AND SP. . ORDERS AND II	ECIFICATIONS, MPORTANT DEC	AND
VISITORS ON SITE:	CHANGES FROM	A PLANS AND SP. . ORDERS AND II	ECIFICATIONS,	AND
VISITORS ON SITE:	CHANGES FROM OTHER SPECIAL NAME	. OKDERS AND II	MPORTANT DE	AND
VISITORS ON SITE: NONE WEATHER CONDITIONS:	CHANGES FROM OTHER SPECIAL NAME IMPORTANT TE	LEPHONE CALLS	MPORTANT DE	AND
VISITORS ON SITE: NONE WEATHER CONDITIONS: (a) 9,00 4/P	CHANGES FROM OTHER SPECIAL RUNG. IMPORTANT TE	LEPHONE CALLS	MPORTANT DE	AND
VISITORS ON SITE: NONE WEATHER CONDITIONS: Lugary 7mp 9:00	CHANGES FROM OTHER SPECIAL NAME IMPORTANT TE	LEPHONE CALLS	MPORTANT DE	AND
VISITORS ON SITE: NONE WEATHER CONDITIONS: (a) 9,00 4/0	CHANGES FROM OTHER SPECIAL RUNG. IMPORTANT TE	LEPHONE CALLS	MPORTANT DE	AND

SUPERVISOR: PAUL INESS	DATE: /-	23-7/	Page of
PROJECT NAME: Miller They	of po	PROJEC	
THEED ACTIVITY SUBJECT: PAR	en Toint	- J	
DESCRIPTION OF DAILY ACTIVI	TIES AND EVENTS		
	is queste		
2 TRUK CO	it wind spa	of they	
Biao crew L	o prep 3 Tour	Ye Ye	
1000 gil 30	24 4		
12:00 hunch			
	sonk on 2	Towells	
2:10 Beffe	TAUKS out	minels coul	ilms
3:4 2 mg	or Trucks	IN IN	r ing
9 . 200		F	
4:10 2 7	ruck to pre	N	· · · · · · · · · · · · · · · · · · ·
Threek in	Ull story our	6	
Jim offs			40
*			
		T	
VISITORS ON SITE:	CITANOT		
VIDITUIES ON BITE.	OTHER S	S FROM PLANS AND S PECIAL ORDERS AND	PECIFICATIONS, AND IMPORTANT DECISIONS
appe		vel	THE OTELANT DECISIONS
	100		
WEATHER CONDITIONS:	IMPORTA	NT TELEPHONE CAL	
48 at 10:00	neu	4	
1	100		
IH PERSONNEL ON SITE:	hund Belther		
SIGNATURE: False	1 110	DATE: /-/	72-11
		1	2) 21

SUPERVISOR: Tow / I Mess	DATE: 1-25-21		Donne
PROJECT NAME: Millen Theathe	- NON	PROJECT N	Page of
TELD ACTIVITY SUBJECT: Dawl 111	and In Dethack	TROSDOTT	0.64/4
DESCRIPTION OF DAILY ACTIVITIE	S AND EVENTS:		
	visen onsite Burn	10.	
	with TRUCK 5 WO	163	
+0 1/4 2	RUCK 5 WC	IN DES	
	IK) HAVE Prep + 54	100	
loading win	1 100 Pap + 541	Herch	
1 arao lunch	Ne year / mys		
8	truck out		
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3 '00 all		FOT /2/2/2	
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			<u> </u>
TSITORS ON SITE:	CHANGES FROM PLA	NS AND SPEC	TEICATIONS AND
Nove	OTHER SPECIAL ORI	DERS AND IMP	ORTANT DECISIONS
	merch		
VEATHER CONDITIONS:	IMPORTANT TELEPH	HONE CALLS:	
U L A AA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	1		
Rown morning	an and		
50° R:00			
HPERSONNEL ON SITE: Richard IGNATURE: Park	Bettur		

SUPERVISOR: Pan Inco	DATE: /-26-	21	Page of
PROJECT NAME: Phas MON	Il loved Truesc	PROJECT	Page of PNO64/6
TOTAL TOUDSDOIL . J	miller leater	+ DEMO	1100716
DESCRIPTION OF DAILY ACTI	VITIES AND EVENTS:	WEMO	
7:00 / 31	URHNIAL QUIDAK	als placific	,
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FINAL CION	UCFSIAA Comme	1 -1 500 -	Fil.
1.00 3 m	TENE TRUIT IN 2.	A wind	Aual Q.np
11.00 N PING	Complex		To Only
12:00 /m	ol		
1:00 47	Three BACK crews	to Prep	
2500 CAlled	Levek BACK crows	DUSPALTINA	
F01 1=38	9:00		
5:04 01	FF51Ke		
			- A
			grit.
VISITORS ON SITE:	CHANGES FROM	í PLANS AND SF	PECIFICATIONS AND
	CHANGES FROM OTHER SPECIAL	Í PLANS AND SE . ORDERS AND I	PECIFICATIONS, AND MPORTANT DECISION
VISITORS ON SITE:	CHANGES FROM OTHER SPECIAL WMX	Í PLANS AND SE . ORDERS AND I	PECIFICATIONS, AND MPORTANT DECISION
none	CHANGES FROM OTHER SPECIAL WM	Í PLANS AND SE . ORDERS AND I	PECIFICATIONS, AND MPORTANT DECISION
none	CHANGES FROM OTHER SPECIAL WINNE	, ORDERS AND I	MPORTANT DECISION
none	OTHER SPECIAL WIND	, ORDERS AND I	MPORTANT DECISION
WEATHER CONDITIONS: Cial 4 2	OTHER SPECIAL NO PORTANT TEI	, ORDERS AND I	MPORTANT DECISION

PROTECTIONS TO THE TANK	DATE: 1-21-	2/	Page of
PROJECT NAME: /w//ex /	heated		NO. 62/6
FIELD ACTIVITY SUBJECT:			11/2
DESCRIPTION OF DAILY ACTIV			* ,
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O PROCK	to leave my		
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7:00 w.	indy Spoon 12.	np	
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may Bo	cold tochau		
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miduos	of to Back DANG	3 lookidy its	TA
5:00 dt	Rite		
			and the second s
VISITORS ON SITE:	CHANGES EDO	MADE AND AND CORRE	
Nout	OTHER SPECIA	M PLANS AND SPEC L ORDERS AND IMP	CIFICATIONS, AND PORTANT DECISIONS:
WEATHER CONDITIONS:	IMPORTANT TE	ELEPHONE CALLS:	
rold 320		ELLI HONE CALLS.	
H PERSONNEL ON SITE:	olun Hill	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE:	Will All Control	DATE: 1 - 2	1 / 1 /
The state of the s		DATE: 1 d/	

SUPERVISOR: Paul Turke	DATE: /-29-2/	Page of
PROJECT NAME: Miller The		PROJECT NO. 64/6
FIELD ACTIVITY SUBJECT: (mag	I Emporting & man	
DESCRIPTION OF DAILY ACTIVITY	TIES AND EVENTS:	31/0
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Reigns 5	Lmove Decor	
9:00 DC	of consite all	Food
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VISITORS ON SITE:	CHANGES FROM PL	ANS AND SPECIFICATIONS, AND
DOL	OTHER SPECIAL OF	DERS AND IMPORTANT DECISIONS
DOL Grag Honnes	rall	
() / /		1
WEATHER CONDITIONS:	IMPORTANT TELEP	HONE CALLS:
IH PERSONNEL ON SITE: Non	P -	
SIGNIA TITLE:	The state of the s	A.TT
SIGNATURE. July		ATE: /-28-21

1000	OCATION	DAY	D	ATE	SH	EET
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1	LOCATION DAY			ATE	SHEET				
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-1		VAME	IN	OUT	IN	OUT			
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				Collec	ction Date:		1/	20/2021			Client:	E	EAL	Jenks,	OK 7403	7 (918)	298-4080	
4	PTI	ECH			Activities:		WE	T DEMO)		Contact	Name:		PA	UL INE	SS		
E	ASBI	ESTOS SUPPORT		Project Location:			201 W MAIN STREET				Contac	t Info:	Job Supervisor-405-570-2614					
				Proj	ect Name:		MILLE	R THEA	ΓER		Contrac	tor:	EAI	- (DARV	VIN CHE	ESTNU	Γ)	
P.O	Box 771 Bland	chard, OK. 73010 4	05.618.7660	Addr	ess:	1	ANADAI	RKO, OF	ζ.		Supervis	sor:		PAU	L INESS	5		
Sample I.D.		Sampling Location /		Start	End Time	Total Minutes	Start	End Flow	Average Flow	Total Volume	Fiber Count	Fields	F/mm ²	F/cc	L.C.L.	U.C.L	Detection Limit	
		ALFREDO		08: 30	16: 45	495	2.50	2.30	2.40	1188	8.5	100	10.828	B.D.L.	0.002	0.005	0.004	
700		RUBEN		08: 30	16: 45	495	2.50	2.30	2.40	1188	10.0	100	12.739	0.004	0.003	0.006	0.004	
188		INSIDE CAB		08: 30	16: 45	495	2.50	2.20	2.35	1163	4.5	100	5.732	B.D.L.	0,001	0.003	0.004	
699 402		BY ROLL OFF		08: 30	16: 45	495	2.50	2.30	2.40	1188	6.0	100	7.643	B.D.L.	0.002	0.003	0.004	
		UP WIND		08: 30	16: 45	495	2.50	2.40	2.45	1213	3.5	100	4.459	B.D.L.	0.001	0.002	0.004	
396 3086		DOWN WIND		08: 30	16: 45	495	2.50	2.30	2.40	1188	8.0	100	10.191	B.D.L.	0.002	0.005	0.004	
		DECON-		08: 30	16: 45	495	2.50	2.30	2.40	1188	4.0	100	5.096	B.D.L.	0.001	0.002	0.004	
215		DECON-NEG AI	R	08: 30	16: 45	495	2.50	2.30	2.40	1188	1.0	- 100	1.274	B.D.L.	0.000	0.001	0.004	
6792	SHORT TE	RM EXCURSION-A	BLE BELTRAN	08: 30	09: 00	30	2.50	2.50	2.50	75	3.0	100	3.822	B.D.L.	0.012	0.027	0.065	
788		FIELD-BLANK				#VALUE!	NA	NA	19	- 2	NC	100		-		-		
-		LAB-BLANK				#VALUE!	NA	NA	lien i	4	NC	100	-	-	-	1.5	7	
Percona	l Protective	EMPLOYEES	Analytical Method	:	NIC	SH 7400		Field T	echnician	Richard	Belcher						5	
6 20 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ipment		AIHA PAT ID#		212	734				D.	1 -	1 /	1-1					
T	yvek		Microscope:		100			Analys	t (Print):				blcl					
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PREVIOUS	COUNT Ø		Field Area:		0.01	[,		Analyst	Signature	: 6	NO.	has	De	Ich	2		_	
SAMPLE		1	P.O.# / JOB N	UMBER=														

				Callant	ion Date:		1/2	1/2021			Client:	Е	AI	Jenks, O	K 74037	(918) 2	298-4080
4		-011	1		ctivities:		WET	DEMO			Contact	Name:		PAU	JL INES	SS	
4	ASBE	STOS SUPPORT	1	Project Location:			201 W M				Contact	Info:	Job Supervisor-405-570-2614				
	TECH	NOLOGIES, INC.		Proje	ect Name:		MILLEF	R THEAT	ER		Contract	or:	EAI -	- (DARW	IN CHE	STNUT)
		+ 1 OV 72010 40	os 618 7660	Addre	ess:	Α	NADAR	KO, OK			Supervis	or:	4.	PAUI	INESS		Detectio
P.O. Sample		chard, OK. 73010 40 Sampling Location / 7		Start	End Time	Total Minutes	Start Flow	End Flow	Average Flow	Total Volume	Fiber Count	Fields	F/mm ²	F/cc	L.C.L.		Limit
I.D.				08: 15	16: 32	497	2.50	2.20	2.35	1168	11.0	100	14.013	0.005	0.003	0.006	0.004
700		LE RODRIGUEZ -HF				497	2.50	2.40	2.45	1218	9.5	100	12.102	B.D.L.	0.002	0.005	0.004
188	RU	JBEN ARANDA-HF-	-402614	08: 15	16: 32	16.7	2.50	2.30	2.40	1193	5.0	100	6.369	B.D.L.	0.001	0.003	0.004
699		INSIDE CAB		08: 15	16: 32	497		1 7 7 7	2.40	1193	4.5	100	5.732	B.D.L.	0.001	0.003	0.004
		BY ROLL OFF		08: 15	16: 32	497	2.50	2.30	-		3.0	100	3.822	B.D.L.	0.001	0.002	0.004
402		UP WIND		08: 15	16: 32	497	2,50	2.20	2.35	1168	-	1312		B.D.L.	0.002	0.004	0.004
396		DOWN WIND		08: 15	16: 32	497	2.50	2.10	2.30	1143	6.5	100	8.280		77.24	0.002	0.004
3086		DECON		08: 15	16: 32	497	2.50	2.40	2.45	1218	3.0	100	3.822	B.D.L.	0.001	-	
215			ın.	08: 15	16: 32	497	2.50	2.30	2.40	1193	0.5	100	0.637	B.D.L.	0.000	0.000	0.004
6792		DECON-NEG A			09: 00	45	2.50	2.50	2.50	113	4.0	100	5.096	B.D.L.	0.011	0.024	0.044
788	SHORT EX	CURSION-CEASR S	SAMANO-401593	08: 15	100	#VALUE!	NA	NA			NC	100	-		1	-(-0)	-
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	al Protective uipment	EMPLOYEES	Analytical Method: AIHA PAT ID#		217	OSH 7400 2734			st (Print):		Chur Rec	di	20 /c	hev			
-	Гуvek		Microscope:		100			Analys	st (Fintt).	bl.	10-	-1		11			
	Face APR		Filter Area:		38.			Analys	st Signatu	re:	Kec	has	12	Ich	an	,	-
PREVIOU	IS COUNT 11		Field Area: P.O.# / JOB NU		0.0	71		1									

	0					Collec	ction Date:		1/	22/2021			Client:	E	EAI	Jenks, C	OK 7403	7 (918)	298-4080
9		П	ΞC	: -	1		Activities:		WE	T DEMO)		Contact	Name:		PA	UL INE	ss	
	7		ESTOS SU HNOLOGIE			Project	Location:	on: 201 W MAIN STREET			Contac	t Info:	Jo	Job Supervisor-405-570-2614					
						Proj	ect Name:		MILLE	R THEA	TER		Contract	tor:	EAI	- (DARW	/IN CHI	ESTNU	Γ)
	P.O.	Box 7	71 Blanchar	d, OK.	73010 405.618.7660	Addr	ess:		ANADA	RKO, OF	C.		Supervis	sor:		PAU	LINESS	3	
Sample I.D.			Sam	pling I	Location / Type	Start Time	End Time	Total Minutes	Start Flow	End Flow	Average Flow	Volum	Fiber Count	Fields	F/mm ²	F/cc	L.C.L.	U.C.L	Detection Limit
700			CEASR S	AMAI	NO-HF-APR 401593	07: 05	17: 15	610	2.50	2.20	2.35	1434	13.0	100	16.561	0.004	0.003	0.006	0.003
188			RUBEN A	RANI	DA-HF-APR-402614	07: 05	17: 15	610	2.50	2.40	2.45	1495	11.0	100	14.013	0.004	0.002	0.005	0.003
699				INSI	DE CAB	07: 05	17: 15	610	2.50	2.30	2.40	1464	6.5	100	8.280	B.D.L.	0.001	0.003	0.003
402				BYR	OLL OFF	07: 05	17: 15	610	2.50	2.30	2.40	1464	5.0	100	6.369	B.D.L.	0.001	0.002	0.003
396				UP	WIND	07: 05	17: 15	610	2.50	2.20	2.35	1434	2.0	100	2.548	B.D.L.	0.000	0.001	0.003
3086				DOW	N WIND	07: 05	17: 15	610	2.50	2.10	2.30	1403	7.0	100	8.917	B.D.L.	0.001	0.003	0.003
215				DI	ECON	07: 05	17: 15	610	2.50	2.40	2.45	1495	2.5	100	3.185	B.D.L.	0.001	0.001	0.003
6792			E	ECON	I-NEG AIR	07: 05	17: 15	610	2.50	2.30	2,40	1464	1.0	100	1.274	B.D.L.	0.000	0.000	0.003
788	SHOR	T EX	CURSION-	ABUN	DIO BELTRAIN HF-APR 274067	07: 05	07: 35	30	2.50	2.50	2.50	75	3.5	100	4.459	B.D.L.	0.014	0.032	0.065
				FIELD)-BLANK	100	ч.н		NA	NA	L Let	-	NC	100		-	-		(9)
4 7			-	LAB-	BLANK				NA	NA			NC	100		121	1		4
Personal	Protectiv	e	10 1		Analytical Method:		NIO	SH 7400		Field Te	chnician:	Richard	Belcher						
Equi	pment				AIHA PAT ID#		2127	34											
Ту	vek				Microscope:		100			Analyst	(Print):								
Full Fa	ace APR				Filter Area:		385												
REVIOUS	COUNT	22			Field Area:		0.01			Analyst	Signature:								
SAMPLE C	OUNT=	33			P.O.# / JOB NUMBER=														27 10



			April Ab
Collection Date:	01-25-2021	Client:	EAI
Activities:	WET DEMO	Contact Name:	DARWIN CHESNUT
Project Number:		Contact Info.:	
Project Name:	MILLER THEATER	Contractor:	EAI
Address:	201 WEST MAIN ANADARKO, OK	Supervisor:	PAUL INESS

P.O. Box 771 Blanchard, OK. 73010 405.618.7660

Sample	Sampling Location	Start Time	End Time	Total Minutes	Start Flow	End Flow	Average Flow	Total Volume	Fiber Count	Fields	F/mm ²	F/cc	L.C.L.	U.C.L.	Detection Limit
I.D. 1	CEASR SAMANO-HF-APR 401593	07: 33	16: 52	559.00	2.31	2.15	2.23	1246.57	11.0	100	14.0127	0.0043	0.003	0.006	0.0039
	RUBEN ARANDA-HF-APR-402614	08: 07	16: 52	525.00	2.31	2.15	2.23	1170.75	9.5	100	12.1019	B.D.L.	0.002	0.005	0.0042
2	INSIDE CAB	07: 38	16: 48	550.00	2.31	2.15	2.23	1226.5	7.5	100	9.5541	B.D.L.	0.002	0.004	0.0040
3		07: 37	16: 48	551.00	2.31	1.95	2.13	1173.63	5.5	100	7.0064	B.D.L.	0.001	0.003	0.0042
4	BY ROLL OFF	07: 30	16: 50	560.00	2.31	2.15	2.23	1248.8	3.5	100	4.4586	B.D.L.	0.001	0.002	0.0039
5	UP WIND	07: 37	16: 51	554.00	2.31	1.95	2.13	1180.02	6.0	100	7.6433	B.D.L.	0.002	0.003	0.0042
6	DOWN WIND	07: 32	16: 49	557.00	2.31	1.95	2.13	1186.41	8.5	100	10.8280	B.D.L.	0.002	0.005	0.004
7	DECON	**********		557.00	2.31	2.15	2,23	1242.11	1.0	100	1.2739	B.D.L.	0.000	0.001	0.003
8	DECON-NEG AIR	07: 32	16: 49		2.31	2.31	2.31	71.61	1.5	100	1.9108	B.D.L.	0.006	0.014	0.068
9	EXCURSION-ABUNDIO BELTRAIN	07: 35	08: 06	31.00	2,31	2.31	2.51	10101	0	100					
10	BLANK					-			0	100					
11	BLANK						-	-	0	100					
						-									
			-							1					
										1		_			

Personal P Equip	
Tyv	ek
Half Fac	e APR

Analytical Method:	NIOSH 7400
AIHA PAT ID#	212734
Microscope:	100
Filter Area:	385
Field Area:	0.01

Field Technician:	RODNEY HILL
Analyst (Print):	RODNEY HILL
Analyst Signature:	Date: 01-25-2021



	Asbestos Daily Air Monitoring Forms				
G. H. Ham Datas	01-25-2021	Client:	EAI		
	WET DEMO	Contact Name:	DARWIN CHESNUT		
		Contact Info.:			
Collection Date: Activities: Project Number: Project Name:	MILLER THEATER	Contractor:	EAI		
	201 WEST MAIN ANADARKO, OK	Supervisor:	PAUL INESS		
Address:	201 WEST MAIN AND MAIS, T		Detection		

P.O. Box 771 Blanchard, OK. 73010 405.618.7660

	Trojecti		na-al-			25.4-545					PA	UL INESS	5
0	Address:		201 WE	EST MAIN	IANADA	RKO, OK		Supervis	or:				
_	Start	End	Total	Start	End	Average	Total	Fiber	Fields	F/mm ²	F/cc	L.C.L.	U.C.
	Time	Time	Minutes	Flow	Flow	Flow	Volume	Count	100	14.0127	0.0043	0.003	0.00

P.O. Box 77	1 Blanchard, OK. 73010 405.618.7660	Start	End	Total	Start	End	Average	Total	Fiber	Fields	F/mm ²	F/cc	L.C.L.	U.C.L.	Detection Limit
Sample I.D.	Sampling Location	Time	Time	Minutes	Flow	Flow	Flow	Volume 1246.57	Count 11.0	100	14.0127	0.0043	0.003	0.006	0.0039
1	CEASR SAMANO-HF-APR 401593	07: 33	16: 52	559.00	2.31	2.15	2.23		9.5	100	12.1019	B.D.L.	0.002	0.005	0.0042
2	RUBEN ARANDA-HF-APR-402614	08: 07	16: 52	525.00	2.31	2.15	2.23	1170.75			9.5541	B.D.L.	0.002	0.004	0.0040
3	INSIDE CAB	07: 38	16: 48	550.00	2.31	2.15	2.23	1226.5	7.5	100		B.D.L.	0.001	0.003	0.0042
	BY ROLL OFF	07: 37	16: 48	551.00	2.31	1.95	2.13	1173.63	5.5	100	7.0064			0.002	0.0039
4	UP WIND	07: 30	16: 50	560.00	2.31	2.15	2.23	1248.8	3.5	100	4.4586	B.D.L.	0.001	1.50.00.00	
5	322 331 3	07: 37	16: 51	554.00	2.31	1.95	2.13	1180.02	6.0	100	7.6433	B.D.L.	0.002	0.003	0.0042
6	DOWN WIND		16: 49	557.00	2.31	1.95	2.13	1186.41	8.5	100	10,8280	B.D.L.	0.002	0.005	0.0041
7	DECON	07: 32	1 2 7 12	557.00	2.31	2.15	2.23	1242.11	1.0	100	1.2739	B.D.L.	0.000	0.001	0.0039
8	DECON-NEG AIR	07: 32	16: 49		-	2.31	2.31	71.61	1.5	100	1.9108	B.D.L.	0.006	0.014	0.0685
9	EXCURSION-ABUNDIO BELTRAIN	07: 35	08: 06	31.00	2.31	2.31	2.51	7	0	100					
10	BLANK					-	-	-	0	100	-				
11	BLANK							-	-	100					7
- 11									-	-	-	-			
										-	-	-			-
										1	-	-	-	-	-
															1

Persona	Protective
Equ	ipment
T	yvek
Half	Face APR

Analytical Method:	NIOSH 7400
AIHA PAT ID#	212734
Microscope:	100
Filter Area:	385
Field Area:	0.01

Field Technician:	RODNEY HILL	
Analyst (Print):	RODNEY HILL	
Analyst Signature:	Date: 01-25	-2021



Α	sbestos Daily Air Monitoring Forms		EAI	
	01-26-2021	Client:		
Collection Date:	WET DEMO	Contact Name:	DARWIN CHES	
Activities:	WEI Danie	Contact Info.:		
Project Number:	- CONTROL OF THE CONT	Contractor:	EAI	
Project Name:	MILLER THEATER		PAUL INESS	
1 Address:	201 WEST MAIN ANADARKO, OK	Supervisor:	21 [101]	

Blanchard, OK. 73010 405.618.7660 Sampling Location	Start	-					T-40	Fiber	to the same of	2	T'/	1 (
Sampling Location	Start	End	Total	Start	End	Average Flow	Total Volume	Count	Fields	F/mm	1200	L.C
	Time	Time	Minutes	Flow 2.31	Flow 2.15	2.23	1226.5	8.5	100	10.8280	B.D.L.	0.0
CEASR SAMANO-HF-APR 401593	07: 39	16: 49	550.00		1.95	2.13	1171.5	10.5	100	13.3758	0.0044	0.0
CEASK SCHAP AND A-HF-APR-402614	07: 39	16: 49	550.00	2.31		-		7.0	100	8.9172	B.D.L.	0.0
	07: 43	16: 42	539.00	-	-			9,5	100	12.1019	B.D.L.	0.0
	07: 38	16: 42	544.00	2.31	-	-			100	4.4586	B.D.L.	0.0
The state of the s		16: 43	546.00	2.31							B.D.L.	0.0
		16: 40	539.00	2.31	2.15	-	-	-	-			0.
				2.31	1.95	2.13		-	-			+
DECON		1	304.40	2.31	2.15	2.23	1230.96	-	-	-		+
DECON-NEG AIR		+		2.31	2.31	2.31	71.61	1.0	100	1.2739	B.D.L.	+
EXCURSION-ABLE BELTRAIN	09: 41	10: 12	3	-				0	100			+
BLANK				+	+	1		0	100			+
BLANK				+	+	+						1
				-	-	-		1				1
				-	+	+	-	1	1			
					4			-				7
									4			_
	RUBEN ARANDA-HF-APR-402614 INSIDE CAB BY ROLL OFF UP WIND DOWN WIND DECON DECON-NEG AIR EXCURSION-ABLE BELTRAIN BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 INSIDE CAB 07: 43 BY ROLL OFF 07: 38 UP WIND 07: 37 DOWN WIND 07: 41 DECON 07: 36 DECON-NEG AIR 07: 36 EXCURSION-ABLE BELTRAIN 09: 41 BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 INSIDE CAB 07: 43 16: 42 BY ROLL OFF 07: 38 16: 42 UP WIND 07: 37 16: 43 DOWN WIND 07: 41 16: 40 DECON 07: 36 16: 48 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 BLANK BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 INSIDE CAB 07: 43 16: 42 539.00 BY ROLL OFF 07: 38 16: 42 544.00 UP WIND 07: 37 16: 43 546.00 DOWN WIND 07: 41 16: 40 539.00 DECON 07: 36 16: 48 552.00 DECON-NEG AIR 07: 36 16: 48 552.00 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 INSIDE CAB 07: 43 16: 42 539.00 2.31 BY ROLL OFF 07: 38 16: 42 544.00 2.31 UP WIND 07: 37 16: 43 546.00 2.31 DOWN WIND 07: 41 16: 40 539.00 2.31 DECON 07: 36 16: 48 552.00 2.31 DECON-NEG AIR 07: 36 16: 48 552.00 2.31 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 BLANK BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 2.31 2.15 INSIDE CAB 07: 43 16: 42 539.00 2.31 2.15 BY ROLL OFF 07: 38 16: 42 544.00 2.31 2.15 UP WIND 07: 37 16: 43 546.00 2.31 2.15 DOWN WIND 07: 41 16: 40 539.00 2.31 2.15 DECON 07: 36 16: 48 552.00 2.31 1.95 DECON-NEG AIR 07: 36 16: 48 552.00 2.31 2.15 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 BLANK BLANK BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 2.31 2.15 2.23 BY ROLL OFF 07: 38 16: 42 544.00 2.31 2.15 2.23 BY ROLL OFF 07: 37 16: 43 546.00 2.31 2.15 2.23 UP WIND 07: 41 16: 40 539.00 2.31 2.15 2.23 DOWN WIND 07: 36 16: 48 552.00 2.31 1.95 2.13 DECON 07: 36 16: 48 552.00 2.31 2.15 2.23 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 2.31 BLANK BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 2.31 2.15 2.23 1201.97 INSIDE CAB 07: 38 16: 42 544.00 2.31 2.15 2.23 1213.12 BY ROLL OFF 07: 38 16: 42 544.00 2.31 2.15 2.23 1217.58 UP WIND 07: 37 16: 43 546.00 2.31 2.15 2.23 1201.97 DOWN WIND 07: 41 16: 40 539.00 2.31 2.15 2.23 1201.97 DECON 07: 36 16: 48 552.00 2.31 1.95 2.13 1175.76 DECON-NEG AIR 07: 36 16: 48 552.00 2.31 2.15 2.23 1230.96 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 BLANK BLANK BLANK	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 2.31 2.15 2.23 1201.97 7.0 INSIDE CAB 07: 43 16: 42 539.00 2.31 2.15 2.23 1213.12 9.5 BY ROLL OFF 07: 38 16: 42 544.00 2.31 2.15 2.23 1217.58 3.5 UP WIND 07: 37 16: 43 546.00 2.31 2.15 2.23 1217.58 3.5 DOWN WIND 07: 41 16: 40 539.00 2.31 2.15 2.23 1201.97 8.0 DOWN WIND 07: 36 16: 48 552.00 2.31 1.95 2.13 1175.76 7.5 DECON 07: 36 16: 48 552.00 2.31 2.15 2.23 1230.96 2.0 DECON-NEG AIR 07: 36 16: 48 552.00 2.31 2.15 2.23 1230.96 2.0 DECON-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 0	RUBEN ARANDA-HF-APR-402614 07: 39 10: 49 500 2.31 2.15 2.23 1201.97 7.0 100 INSIDE CAB 07: 43 16: 42 539.00 2.31 2.15 2.23 1213.12 9.5 100 BY ROLL OFF 07: 38 16: 42 544.00 2.31 2.15 2.23 1213.12 9.5 100 UP WIND 07: 37 16: 43 546.00 2.31 2.15 2.23 1217.58 3.5 100 DOWN WIND 07: 41 16: 40 539.00 2.31 2.15 2.23 1201.97 8.0 100 DECON 07: 36 16: 48 552.00 2.31 1.95 2.13 1175.76 7.5 100 DECON-NEG AIR 07: 36 16: 48 552.00 2.31 2.15 2.23 1230.96 2.0 100 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 100 BLANK 09: 41 10: 12 31.00 100 100 100 100 100 100 100 100 100	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 2.31 2.15 2.23 1201.97 7.0 100 8.9172 INSIDE CAB 07: 43 16: 42 539.00 2.31 2.15 2.23 1213.12 9.5 100 12.1019 BY ROLL OFF 07: 38 16: 42 544.00 2.31 2.15 2.23 1213.12 9.5 100 12.1019 UP WIND 07: 37 16: 43 546.00 2.31 2.15 2.23 1217.58 3.5 100 4.4586 UP WIND 07: 41 16: 40 539.00 2.31 2.15 2.23 1201.97 8.0 100 10.1911 DOWN WIND 07: 36 16: 48 552.00 2.31 1.95 2.13 1175.76 7.5 100 9.5541 DECON 07: 36 16: 48 552.00 2.31 2.15 2.23 1230.96 2.0 100 2.5478 DECON-NEG AIR 07: 36 16: 48 552.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739	RUBEN ARANDA-HF-APR-402614 07: 39 16: 49 539.00 2.31 2.15 2.23 1201.97 7.0 100 8.9172 B.D.L. INSIDE CAB 07: 43 16: 42 539.00 2.31 2.15 2.23 1213.12 9.5 100 12.1019 B.D.L. BY ROLL OFF 07: 37 16: 43 546.00 2.31 2.15 2.23 1217.58 3.5 100 4.4586 B.D.L. UP WIND 07: 37 16: 43 539.00 2.31 2.15 2.23 1201.97 8.0 100 10.1911 B.D.L. DOWN WIND 07: 41 16: 40 539.00 2.31 1.95 2.13 1175.76 7.5 100 9.5541 B.D.L. DECON 07: 36 16: 48 552.00 2.31 1.95 2.13 1175.76 7.5 100 9.5541 B.D.L. DECON-NEG AIR 07: 36 16: 48 552.00 2.31 2.15 2.23 1230.96 2.0 100 1.2739 B.D.L. EXCURSION-ABLE BELTRAIN 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 B.D.L. BLANK BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 B.D.L. BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 B.D.L. BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 B.D.L. BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 B.D.L. BLANK 09: 41 10: 12 31.00 2.31 2.31 2.31 71.61 1.0 100 1.2739 B.D.L.

Personal Protective Equipment	1
Tyvek	
Half Face APR	

Analytical Method:	NIOSH 7400
AIHA PAT ID#	212734
Microscope:	100
Filter Area:	385
Field Area:	0.01

Field Technician:

RODNEY HILL

Analyst (Print):

RODNEY HILL

Analyst Signature:

Date:

Asbestos Daily Air Monitoring Forms



Collection Date:	01-27-2021	Client:	EAI
Activities:	FINAL CLEAN & MASTIC REMOVAL SLAB	Contact Name:	DARWIN CHESNUT
Project Number:		Contact Info.:	
Project Name:	MILLER THEATER	Contractor:	EAI
Address	201 WEST MAIN ANADARKO, OK	Supervisor:	PAUL INESS

P.O. Box 771 Blanchard, OK. 73010 405.618.7660 Address:

Sample I.D.	Sampling Location	Start	End Time	Total Minutes	Start	End Flow	Average	Total Volume	Fiber Count	Fields	F/mm ²	F/cc	L.C.L.	U.C.L.	Detection Limit
1	CEASR SAMANO-HF-APR 401593	07: 42	14: 17	395.00	2.31	2.15	2.23	880.85	7.0	100	8.9172	B.D.L.	0.002	0.005	0.0056
2	RUBEN ARANDA-HF-APR-402614	07: 42	14: 17	395.00	2.31	2.31	2.31	912.45	6.5	100	8.2803	B.D.L.	0.002	0.005	0.0054
3	INSIDE CAB (BOBCAT)	07: 38	14: 14	396.00	2.31	2.15	2.23	883.08	7.5	100	9.5541	B.D.L.	0.003	0.006	0.0056
4	BY ROLL OFF IN PIT	07: 35	14: 16	401.00	2.31	2.15	2.23	894.23	5.5	100	7.0064	B.D.L.	0.002	0.004	0.0055
5	UP WIND	07: 35	14: 16	401.00	2.31	2.15	2.23	894.23	2.0	100	2.5478	B.D.L.	0.001	0.002	0.0055
6	DOWN WIND	07: 40	14: 14	394.00	2.31	1.95	2.13	839.22	4.5	100	5.7325	B.D.L.	0.002	0.004	0.0058
7	DECON	07: 32	14: 18	406.00	2.31	2.15	2.23	905.38	5.0	100	6.3694	B.D.L.	0.002	0.004	0.0054
8	DECON-NEG AIR	07: 32	14: 18	406.00	2.31	1.95	2.13	864.78	1.5	100	1.9108	B.D.L.	0.001	0.001	0.0057
9	EXCURSION-ABLE BELTRAIN	08: 20	08: 50	30.00	2.31	2.31	2.31	69.3	0.5	100	0.6369	B.D.L.	0.002	0.005	0.0708
10	BLANK								0	100					
11	BLANK								0	100					
							1								

I	Personal Protective
	Equipment
	Tyvek
	Half Face APR

Analytical Method:	NIOSH 7400
AIHA PAT ID#	212734
Microscope:	100
Filter Area:	385
Field Area:	0.01

Field Technician:	RODNEY HILL		
Analyst (Print):	RODNEY HILL_		
Analyst Signature:	30Hel	Date:	01-27-2021

WC1000 (Rev. 12/11)

White - Dectination 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. 29478

Pink - Transporter Retain Goldenrod - Generator Retain

Connect with the Future®	
Section I GENERATOR (Gen	erator completes all of Section I)
a. Generator Name City of Aux 145 Ko	b. Generating Location/Rig. DRMPR MILLER Therefore
c. Address 501 Megrin A	d. Well Name & Number: 202 W MAIN
ANADARKO ONA 13005	AFE#: AUACIARKO OKHA 73005
e. Phone No. 405 941 2481	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z 2 1 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM DP - BAG
j. Description of Waste: Sectors NA 22/2 RO 11 5	k. Quantity Units No. TYPE 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 state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	n for transportation according to applicable regulations; AND, if the e Land Disposal Restrictions, I certify and warrant that the waste
Section II TRANSPORTER (Generat	Transporter I complete e-g) or complete a-d; Transporter II complete h-n)
a. Name:	i. Address:
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to f. Name of Authorized Agent Signature	the best of my knowledge the foregoing is true and accurate. Receipt Date
Section IV ASBESTOS (Generator of	ompletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name:	b. Shipper's* Phone No.: 2/2 / 1/3 / 4/3 / 2/3
CERTIFICATION: I hereby declare that the contents of this consignment are fully and acc labeled/placarded, and are in all respects in proper condition for transport according to a	curately described above by proper shipping name and are classified, packaged, marked, and applicable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency: ODE G TOZ M Ruh	1056/2 5/5/ 0 Date
	le % nonfriable
g Friable; Non-friable; Both% friable *Shipper refers to the company which owns, leases, operates, controls, or supervises the fac	

Green - Return to Generator Canary - Return to Operator



WC1000 (Rev. 12/11)

White - Destination 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. 29482

Connect with the Future®	
Section I GENERATOR (Gene	erator completes all of Section I)
	b. Generating Location/Rig Terrete my the Thrate
from a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d. Well Name & Number: 202 MA MA MA
AUADINEKO OKLA 73005	AFE# INBOLARKO MILLA 7 3005
e. Phone No. 105 247 3491	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	n rightione No., = 1
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
j. Description of Waster ASS NA 72/2 RQ116	k. Quantity Containers Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a ha	O - OTHER
state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	for transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste ra hazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS M³ - CUBIC METERS
MAUTHESS from	Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature Section II TRANSPORTER (Generator	Shipment Date Transporter I complete e-q)
TRANSPORTER I	or complete a-d; Transporter II complete e-g) TRANSPORTER II TRANSPORTER II
a. Name: MANNEST 113 Departing Co	
b. Address: Pa By 141668	i. Address: A by 1029
OKC OKIA	and the second second
c. Driver Name/Title:	
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	
Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
9/ 0/27/4/	In. Later 9/2721
Driver Signature Shipment Date	Driver Signature Shipment Date
	npletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.:405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator com	npletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: East Medital Action	b. Shipper's* Phone No.: 48 33 46
c. Shipper's* Address: Po By 1029 3 reaks of	4 74637
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accura labeled/placarded, and are in all respects in proper condition for transport according to app	ately described above by proper shipping name and are classified, packaged, marked, and plicable international and national governmental regulations.
e. Shipper's* Name & Title: Pau Mars S	b. Shipper's* Phone No.: 5647 3/5/6 / 777 /
f. Name and Address of Responsible Agency: 2DE 9 702 Al Robins	SOU OLC OF LA
g. Friable; Non-friable; Both % friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	

Green - Return to Generator Canary - Return to Operator Pink - 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. 29487

	, complete only Sections I, II and III.
GENERATOR (General	ator completes all of Section I)
a. Generator Name: CITY OF ADACIADED b.	Generating Location/Right DRIMER MITTER Through 4
c. Address 301 // KQIN/A	Well Name & Number 62 W MAIN
CINKING OKIA 7700 B	AFE#ANANARICO OMA 73005
e. Phone No.: If owner of the generating facility differs from the generator, provide: f.	Rig Phone No.:
a Oumaria Nama	Owner of Plants
	Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: 1555 NAZZIZ Ra III k.	Quantity Containers Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
CENEDATORIO DEDIFICIONALIA	58 3 0 1 BA T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haza state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Lar has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a h	ardous waste as defined by 40 CFR Part 261 or any applicable transportation according to applicable regulations; AND, if the
DNUL INCSS July	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator c	omplete a-d; Transporter I complete e-g) Transporter II complete h-n)
a. Name: MIdwast WReacking Co	TRANSPORTER II
b. Address: A BX 141662	h. Name! - NY/RONMPUTA ACTION
D. Address.	i. Address: Pa By 1024
c. Driver Name/Title: Lance Bishop	JEUKS OK 74037
	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
g. Lance Bishop = 0/8821	n. Tank m. 01/2631
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator comple	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
p. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
	AICA, ON 13002
e. Discrepancy Indication Space:	
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the beautiful to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the	
B. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the back. Name of Authorized Agent Signature	
B. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the back. Name of Authorized Agent Signature	best of my knowledge the foregoing is true and accurate. Receipt Date
a. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator comple	best of my knowledge the foregoing is true and accurate. Receipt Date tes a-d; f, g, Shipper* completes e.
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator complements) Shipper's* Name:	best of my knowledge the foregoing is true and accurate. Receipt Date
I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator comple as Shipper's* Name: Shipper's* Address: Shipper's* Address:	best of my knowledge the foregoing is true and accurate. Receipt Date tes a-d; f, g, Shipper* completes e.
I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator comple a. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately	best of my knowledge the foregoing is true and accurate. Receipt Date Ples a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: 298 4/150
I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator comple a. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information:	best of my knowledge the foregoing is true and accurate. Receipt Date tes a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: // described above by proper shipping name and are classified, packaged, marked, and ble international and national governmental regulations.
I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator comple as Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately abeled/placarded, and are in all respects in proper condition for transport according to applicate	best of my knowledge the foregoing is true and accurate. Receipt Date Ples a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: 298 4/150
I hereby certify that the above named material has been accepted and to the base of Authorized Agent Section IV ASBESTOS (Generator completed as Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applicate that the contents of this consignment are fully and accurately beled/placarded.	best of my knowledge the foregoing is true and accurate. Receipt Date tes a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: / described above by proper shipping name and are classified, packaged, marked, and ble international and national governmental regulations. b. Shipper's* Phone No.:

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



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. 29479

Connect with the Future®	c, complete only Sections 1, It and III.
	erator completes all of Section I)
CVI a E ALIVE LARV	b. Generating Location/Rig: Femal miller Throng
toller of to	d. Well Name & Number: 202 W MAjal
ANAGROKOKIA- 7300 5	AFE#14/ACIALO OKIA 73025
e. Phone No. 105 247 243 1	
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
g. Owner's Name: h	n. Owner's Phone No.:
i. WC WASTE CODE	421007 DM - METAL DRUM
j. Description of Wasters NOSTOS NA 22/2 ROLLD k	Containers Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a har	O - OTHER
state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the L has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	or transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 281 Y - YARDS
Generator Authorized Agent Name Signature	M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator	
TRANSPORTER I	TRANSPORTED II
a. Name: mklukst uksarkwa Co	h. Name: Fueremental Action
b. Address: 6 Bx MIdo8	i. Address: By 1029
OKC OKIA	JANKS OKHA 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g	n. Driver Signature Shipment Date
	- Inplicate Bate
a. Site Name:Southern Plains Landfill	pletes a-d; destination site completes e-f.
b. Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355
	Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	a heat of my knowledge the favorage.
	s desired my knowledge the foregoing is true and accurate.
f	
n d mar	Receipt Date
a: Shipper's* Name: Earlife and Pattel Action	letes a-d; f, g, Shipper* completes e,
	b. Shipper's* Phone No.:
c. Shipper's* Address: 15 54 1019 Touth of the	14037
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	Hy described above by proper shipping name and are classified, packaged, marked, and cable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
g. Friable; Non-friable; Both% friable	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility be WC1000 (Rev. 12/11)	

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

If waste is asbestos waste, complete Sections $\mathrm{I},\mathrm{II},\mathrm{III}$ and $\mathrm{IV}.$

WASTE CONNECTIONS INC. If waste is NOT asbestos waste	e, complete only Sections I, II and III. NO. 29480
	rator completes all of Section I)
a Committee N. C. 1441 - 6 a sun land	o. Generating Location/Rig/Formal Miller Therefore
	I. Well Name & Number: 202 W MA lui
ANADARKO OKLA 72005	AFE#AUNDOR KO OK 77205
e. Phone No.: 405 2472481	
If owner of the generating facility differs from the generator, provide:	Rig Phone No.:
g. Owner's Name: h.	. Owner's Phone No.:
i. WC WASTE CODE	L21007 DM - METAL DRUM
j. Description of Wasterschool NA 2217 Roll / J.	Containers B - BAG Quantity Units No. TYPE BA - 6 MILE PLASTIC BAG
C/A559	or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition to	S S S S S S S S S S S S S S S S S S S
waste is a treatment residue of a previously restricted hazardous waste subject to the La 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. P POUNDS Y POUNDS Y POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator of	complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Midwat Wagacking	h. Name: - Ny 18 us Marital Action
b. Address: Po By 14662	i. Address: 10 Bx 1629
- ORC OKFA	Jenks OKIA 74037
c. Driver Name/Title: LEACE ASSESSES	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
. Vehicle License No./State:	m. Vehicle License No./State:
3. F. 6 012721	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator comple	etes a-d; destination site completes e-f.
Site Name: Southern Plains Landfill	
. Physical Address: 3198 Country Street 2910	B O B
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355 Alex, OK 73002
. Discrepancy Indication Space:	Alex, OR 73002
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate
	The and accurate.
Name of Authorized Agent Signature	
1 4 717	Receipt Date
ASDES TOS (Generator comple	etes a-d; f, g, Shipper* completes e.
Shipper's* Name: FAUIRON MENTAL ACTION	b. Shipper's* Phone No.: 26298 408 6
Shipper's* Address: VOBX 1029 Jours alli	14037
Shipper's* Special Handling Instructions and additional information:	No. of the second secon
ERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately beled/placarded, and are in all respects in proper condition for transport according to applica	y described above by proper shipping name and are classified, packaged, marked, and
Shipper's* Name & Title: Your Title S	and international and national governmental regulations.
Name and Address of Responsible Agency: ODE Q 707 N Rebruse	b. Shipper's* Phone No.: 5642 3/5/
Friebles New Wilds	CA TO Select Sugar.
Friable; Non-friable; Both% friable hipper refers to the company which owns, leases, operates, controls, or supervises the facility heli	% nonfriable
, while the facility had been superated and the facility had been superated as a	HIT CHAMPAUROOK OF PORCYPTON W

WC1000 (Rev. 12/11) renovated, or the demolition or renovation operation, or both. White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain



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.

Connect with the Future®	action of the control
	enerator completes all of Section I)
a. Generator Name: City of ANACARMO	b. Generating Location/Rig: Frank Mills Thanks
c. Address Solvieging	J. Maria D. C. M.
Anadorka often 73005	AFE#: ANAMAN COLLA 73005
e. Phone No.: 405 247 2481	1/1
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Shesters NA 22/2 Railb	Containers B - BAG . White No. TYPE BA - 6 MIL. PLASTIC BAG BAG .
Clasa 9	or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a	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 waste is a treatment residue of a previously restricted hazardous waste subject to the bas been treated in accordance with the requirements of 40 CFR Part 268 and is no long	the Land Disposal Restrictions, I certify and warrant that the waste upon a hazardous waste as defined by 40 CFR Part 261. Y - YARDS
PAULTURSS Solar	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (General	ator complete a-d; Transporter I complete e-g)
TRANSPORTER I	TRANSPORTER II
a. Name or day of 111 Drancking Co	h. Name: Engilemental Action
b. Address: Po Bx 14668	i. Address: 1129
OKC OKIA	Jenks OKIM 74037
c. Driver Name/Title: Shu Charse's	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g	n. ————————————————————————————————————
- Input Date	Driver Signature Shipment Date
O-W DI LIVE (GENERAL)	ompletes a-d; destination site completes e-f.
a. Site Name:Southern Plains Landfill b. Physical Address:3198 Country Street 2910	
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355
	Alex, OK 73002
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to	the hest of my knowledge the favoring in the
	The best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	
n	Receipt Date ompletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENVIRONMENTAL Action	
Shipper's* Address: An Bx 1029 Starks of 14	b. Shipper's*.Phone No. 18 4/8 4080
d. Shipper's* Special Handling Instructions and additional information:	17021
	westeh, desailed to the first
abeled/placarded, and are in all respects in proper condition for transport according to a	curately described above by proper shipping name and are classified, packaged, marked, and applicable international and national governmental regulations.
e. Shipper's* Name & Title: Haul Takes	b. Shipper's* Phone No. 25 6423151 01370
Name and Address of Responsible Agency: ODEO Toz Wholin	Sent OKC OK/Man
J. Friable; Non-friable; Both% friable	e% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility VC1000 (Rev. 12/11)	

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



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. 29477

Connect with the Future®	ste, complete only Sections I, II and III.
Section I GENERATOR (Gen	nerator completes all of Section I)
a Community of the ST Allendar St	per la company de la company d
a Address Soil II concert of	b. Generating Location/Right Revenue Millon Thanks
ANACHANO OKLA 73005	d. Well Name & Number:
Dhana N. 2105 2117 21101	AFE# HUNDAR CON 14 73005
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
j. Description of Waste: Share MA 22/2 Re 110	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a his state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	for transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature	Shipment Date Shipment Date
Section II TRANSPORTER (Generate	or complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Namero Churst WREACKING Co	h. Name/EnvilRenmential action
o. Address: 16 Bx 14868	i. Address: 4 Bx 1029
- OKC OKIA	July 01/4 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n
Section III DESTINATION (Generator com	Shipment Date spletes a-d; destination site completes e-f.
. Site Name: Southern Plains Landfill	405 705 0000
Physical Address: 3198 Country Street 2910	D. C.
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355 Alex, OK 73002
Discrepancy Indication Space:	AIGA, OR 73002
I hereby certify that the above named material has been accepted and to th	ne best of my knowledge the foregoing is true and accurate
	The state and according.
Name of Authorized Agent Signature	Receipt Date
Section IV ASRESTOS (Concretes com-	
	pletes a-d; f, g, Shipper* completes e.
Shipper's* Name:	b. Shipper's* Phone No.: 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
Shipper's* Address:	17037
Shipper's* Special Handling Instructions and additional information:	
ERTIFICATION: I hereby declare that the contents of this consignment are fully and accurat beled/placarded, and are in all respects in proper condition for transport according to appli	tely described above by proper shipping name and are classified, packaged, marked, and licable international and national governmental regulations.
Shipper's* Name & Title: //au/ Turo SS	b. Shipper's* Phone No. 1999 10 10 10 10 10 10 10 10 10 10 10 10 10
Name and Address of Responsible Agency: ODKO TOZ XI. P. Luiz	Date
Friable; Non-friable; Both% friable	% nonfriable
hipper refers to the company which owns, leases, operates, controls, or supervises the facility b C1000 (Rev. 12/11)	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 Goldenrod - Generator 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. 29476

Section I GENERATOR (Generation of Control o	rator completes all of Section I)
a. Generator Name: CityoF ANADALLO	o. Generating Location/Rig: EMER muller Theath -
tal ideal	d. Well Name & Number: 202 101 Maje!
ANADARIO OKIA 73005	AFE#ANDIARY OKIA 73005
alow all aster 1	
If owner of the generating facility differs from the generator, provide:	Rig Phone No.:
g. Owner's Name:	n. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waster Stris NA-22/2 RELID H	Containers B - BAG C. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG OF WRAP
C/455 9	58 130 1 BA T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a ha state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the L has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer at	zardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the and Disposal Restrictions Locality and warrant that the weets
Generator Authorized Agent Name Signature	Shipment Date
	complete a-d; Transporter I complete e-g) transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Mychaest uspeaching Co	h. Name: FANIACAMONTAL ACTION
b. Address: Po Bx 14668	i. Address: A Pax 1029
OKC OKLAD	Juke OKIA 74037
c. Driver Name/Title: Shawn Share-ty-	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g. Driver Signature Shipment Date	n. Tala 2/2621
	Driver Signature Shipment Date
0 - 4 - 51 - 1 - 1711	pletes a-d; destination site completes e-f.
	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	o hoot of my lenguisday the foresting is two
Thorough sorting that the above harried material has been accepted and to the	e best of my knowledge the folegoing is true and accurate.
f. Name of Authorized Agent Signature	
	Receipt Date pletes a-d; f, g, Shipper* completes e.
TION SO (CONTINUE OF I)	
a. Shipper's* Name: Fishing Mental Action	b. Shipper's* Phone No.
c. Shipper's* Address: 10 5x 1029 3exiks 0	KIA 74037
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accura labeled/placarded, and are in all respects in proper condition for transport according to appl	tely described above by proper shipping name and are classified, packaged, marked, and icable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Cal Ole Olla
g. Friable; Non-friable; Both% friable _	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility WC1000 (Rev. 12/11)	being demolished or renovated, or the demolition or renovation operation, or both.

Pink - Transporter Retain

Goldenrod - Generator Retain

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

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. 29475

Connect with the Future®	to, semplete only coolons i, it and iii.
Section I GENERATOR (Gene	erator completes all of Section I)
a series of Alla Hall	b. Generating Location/Rights Muller Thanks
2 Addition 501 1/1/00 1114	d. Well Name & Number: 202 14/ MA 181
ANAJARKO OKLA 72005	AFE#FANACIARIO OK 7805
e. Phone No.445 A 47 2481	f. Rig Phone No.: Al/A
If owner of the generating facility differs from the generator, provide:	i. hig Prione No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	L Z / O O 7 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Wasters hesters NA 2212 RQ 11b	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a his state law, has been properly described classified and packaged, and is in access and it is	O - OTHER
waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 288 and is no longer	for transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature	O 1 2 6 2 1 Shipment Date
	r compilete a-d; Transporter I complete e-g) Transporter II complete in comple
TRANSPORTER I	TRANSPORTER II
a. Name: Michilet warehug	h. Name: EANIROWMYN + Al Action
b. Address: 15 By 14668	i. Address: lo Bx 1029
OKC OKIA	JANKS OKIA 74137
c. Driver Name/Title: LONN CNOSIC	j. Driver Name/Title:
d. Phone No.:	k. Phone No.:i. Truck No.:
f. Vehicle License No./State: 70	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g. Driver Signature Shipment Date	n
Section III DESTINATION (Generator com	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.; 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: Fine poumon / fal Action	b. Shipper's* Phone No?!! 298-4/190
c. Shipper's* Address: Andress: Andress	14 74127
d. Shipper's* Special Handling Instructions and additional information:	750/
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate abeled/placarded, and are in all respects in proper condition for transport according to applia	tely described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title: Vari Tabos	the weather and the
Name and Address of Responsible Agency: ODE 9 102 N Robin	b. Shipper's* Phone No. 12621 Date
	THE STATE OF THE
	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility t	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 Goldenrod - Generator 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. 29474

Connect with the Future®	toto, complete only dections i, ii and iii.
Section I GENERATOR (Ger	nerator completes all of Section I)
a. Generator Name: City of ANADARKO	b. Generating Location/Rig. MINR miller Throte
c. Address 501 VIRGUA	d. Well Name & Number 22 M MA 131
ANADARKO AKLA 73005	AFE#WHATOOKIA 73005
e. Phone No.: 405 347 2481	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	i. nig mione No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Wastershot NIA 2217 Pall	or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a state law, has been properly described classified and packaged and in its attribute.	O - OTHER
waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	in for transportation according to applicable regulations; AND, if the lack Land Disposal Restrictions, I certify and warrant that the waste er a hazardous waste as defined by 40 CFR Part 261. M³ - CUBIC METERS
Generator Authorized Agent Name Signature	Y° - CUBIC YARDS O - OTHER
	Shipment Date Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II TRANSPORTER II
a. Name: Michael Weaking Po	
b. Address: Po By 1400	i. Address:
ore other	JENKSOKIA 74037
c. Driver Name/Title: CANCO B. 1	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	i. Huck No
Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n - 11621
. Simplify Bate	Driver Signature Shipment Date Shipment Date
a. Site Name:Southern Plains Landfill	mpletes a-d; destination site completes e-f.
b. Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355
	Alex, OK 73002
Discrepancy Indication Space: Hereby certify that the above named material has been accepted and to the second s	the heat of my length of a the f
in a secopied and to the	the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	
G at The	Receipt Date
AGBESTOS (Generator com	npletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: FAMIRONMENTAL ACTION	b. Shipper's* Phone No. 8 398 4080
Shipper's* Address: 10 13x 1029 Jenks of	KIA 74037
I. Shipper's* Special Handling Instructions and additional information:	
The second in proper condition for transport according to app	rately described above by proper shipping name and are classified, packaged, marked, and plicable international and national governmental regulations.
Shipper's* Name & Title: 1901 11 E 55	b. Shipper's* Phone No. 5 642 3/5 3/1 3/6 2/1
Name and Address of Responsible Agency: ODEO 702 N Robin	SON OKC OKING 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

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



White - Destination 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. 29473

Connect with the Future®	o i dobooloo wablo, coi	inplote only cooliene 1, if and	m.	5 C Mar
Section I GEN	IERATOR (Generator	completes all of Section I)		
a. Generator Name: City of ANACIAR Ko	b. Ge	enerating Location/Rig	re miller	Taggfaz
c. Address 50/ VID 9/24		ell Name & Number: 202	2 W MAIN	
ANAJARYO OKIA 72001	5 AF	E#/WESTAR KO O.	MA 7 700	4
e. Phone No.: 405 847 2487	f. Ric	Phone No.: No.:	4	
If owner of the generating facility differs from the generator	r, provide:			-
g. Owner's Name:	h. Ow	vner's Phone No.:		
i. WC WASTE CODE	SPL	21007	D	TYPE M - METAL DRUM P - PLASTIC DRUM
j. Description of Waster Shesses NA 221	2 8 9 1 1 6k. Qu	uantity Units	Ontainers B No. TYPE B	A - 6 MIL. PLASTIC BAG
C/455 9		58 4	OI BA T	of WRAP - TRUCK - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above no state law, has been properly described, classified and packaged, ar waste is a treatment residue of a previously restricted hazardo has been treated in accordance with the requirements of 40 CFR P.	nd is in proper condition for trans	sportation according to applicable reg Disposal Restrictions, I certify and war	gulations; AND, if the rant that the waste	UNITS - POUNDS - YARDS - YARDS - CUBIC METERS
Generator Authorized Agent Name Signature	cher	O/ 26 a	3 I	
		plete a-d; Transporter I complete Transporter II complete	e-g)	
TRANSPORTER I			RANSPORTER II	
a. Name: midulest when King Co	, 5 h	n. Name: En 12/Acome at	HAI Action	A
b. Address: Pa Bx 14668	1.	Address: Po Bx 102	29	¥
OKC OKLA		Janks OKI	47403	7
c. Driver Name/Title:	j.	Driver Name/Title:		
d. Phone No.: e. Truck	No.: 776 k	c. Phone No.:	í. T	ruck No.:
f. Vehicle License No./State:	n	m. Vehicle License No./State:_		
Acknowledgment of Receipt of Materials:	12121	Acknowledgment of Receipt	of Materials:	919191
g. Driver Signature	Shipment Date	n. Driver Signature		Shipment Date
Section III DESTINATION	ON (Generator completes	s a-d; destination site complete	es e-f.	
a. Site Name: Southern Plains Landfill			785-2060	
b. Physical Address: 3198 Country Street 291	0	The state of the s	Box 355	
Ninnekah, OK 73067			OK 73002	
e. Discrepancy Indication Space:				
I hereby certify that the above named material has bee	n accepted and to the bea	st of my knowledge the foregoi	ing is true and accurat	e.
f((((. ()	10/2	1	
Name of Authorized Agent Signature		Receipt Date		
Section IV ASBEST	OS (Generator complete	s a-d; f, g, Shipper* completes	е,	
a. Shipper's* Name: FUUIRONMYNHHI	netion	b. Shipper's* Phone No.	3 298-40	50
c. Shipper's* Address: Pa Bx 1029 3	Talks olle	74037	50	
d. Shipper's* Special Handling Instructions and additional	information:	* - /		
CERTIFICATION: I hereby declare that the contents of this consignn labeled/placarded, and are in all respects in proper condition for train	nent are fully and accurately d	lescribed above by proper shipping a international and national governm	name and are classified, pental regulations.	packaged, marked, and
e. Shipper's* Name & Title: PAIN TAKE	35	b. Shipper's* Phone No.	64123157	017/01
f. Name and Address of Responsible Agency ODEO 702 A	Rhiver	lore orla	and the second	Date
g. Friable; Non-friable; Both	% friable	% nonfriable		-
"Shipper refers to the company which owns, leases, operates, controls, WC1000 (Rev. 12/11)			olition or renovation operat	ion, or both.

Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

WC1000 (Rev. 12/11)

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 IV.

No. 29467

Connect with the Future®	s, complete only Sections I, II and III.	
Section I GENERATOR (Gener	rator completes all of Section I)	
Calledon Calledon Colonia	o. Generating Location/Rig	
a Address & State & St	I. Well Name & Number 202 101 MAIR's	
AFERNACIANO OKIA 13005 AFERNACIAN VA CKIA 13005		
e. Phone No.: 405 847 248/	Rig Phone No.:	
in owner of the generating facility unlers from the generator, provide:	riig i none No	
g. Owner's Name: h.	Owner's Phone No.:	
i. WC WASTE CODE SPL j. Description of Waste: SWS +13 PAZZ/2 Rq 11b k.	TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL PLASTIC BAG	
CIASSI	S & B O I B A T - TRUCK	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	ardous waste as defined by 40 CFR Part 261 or any applicable r transportation according to applicable regulations; AND, if the	
Generator Authorized Agent Name Section II TRANSPORTED (Caranthum	Shipment Date	
TRANSPORTER (Generator of TRANSPORTER I	Complete a-d; Transporter I complete e-g) Transporter II complete h-n)	
a. Name miditude in Areal and Ca b. Address: 14 By 141068	i. Address: A By 1029	
c. Driver Name/Title:		
d, Phone No.: e. Truck No.:	j. Driver Name/Title:	
f. Vehicle License No./State:	k. Phone No.: I. Truck No.:	
Acknowledgment of Receipt of Materials: g. Driver Signature Shipment Date	m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n. Driver Signature Shipment Date	
Section III DESTINATION (Generator complete	etes a-d, destination site completes e-f.	
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060	
b. Physical Address:3198 Country Street 2910	d. Mailing Address.: P.O. Box 355	
Ninnekah, OK 73067	Alex, OK 73002	
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	
Section IV ASBESTOS (Generator comple	etes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name - NUIQUNMANTAL Action	b. Shipper's* Phone No.: 918 398 4080	
c. Shipper's* Address of 18x 1029 Tents of	4 74037	
d. Shipper's* Special Handling Instructions and additional information:		
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately abeled/placarded, and are in all respects in proper condition for transport according to applicate the condition of transport according to the conditio	y described above by proper shipping name and are classified, packaged, marked, and able international and national governmental regulations.	
e. Shipper's* Name & Title: //AU/ T/JESS	b. Shipper's* Phone No. 2 642 3/5/	
Name and Address of Responsible Agency: ONEQ 702 N BANAS	can oke oklit Date	
Friable; Non-friable; Both% friable	% nonfriable	
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility bei		

White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - 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. 29465

Section I Generator (Generator I	ator completes all of Section I)	67403
a Generator Namos Para Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-		
C Address Follows A		Thrafae
ANANAOVI ATIA 32005	. Well Name & Number: 202 IN MA,	A
e. Phone No. 405 A217 3481	AFE# PANENCHAR ON THE	2005
f owner of the generating facility differs from the generator, provide:	Rig Phone No.:	
Owner's Name:	Owner's Phone No.:	
. WC WASTE CODE	Owner's Priorie No.:	
1 5 4 4	-21007	DM - METAL DRUM
Description of Waste South NA 37/2 Bo 11h . k.	Quantity Units No. TYPE	DP - PLASTIC DRUM B - BAG
C/ASS 9	Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BA or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above passed and its	5750188	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haze state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the lag	indisportation according to applicable regulations. All is al-	UNITS
waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a little to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a little to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a little to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a little to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer as the latest th	nd Disposal Restrictions, I certify and warrant that the waste nazardous waste as defined by 40 CFR Part 261	P - POUNDS Y - YARDS
JANI INDES KING	012121	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date	O - OTHER
Section II TRANSPORTER (Generator of	omplete a-d; Transporter II complete e-g) Transporter II complete h-n)	
THANSPORTERI	TRANSPORTER II	
Name: Misselfunct will rechange Con	h. Name: ENVIRONMENTAL	Action
Address: 10 13 x 14668	i. Address: Lake 1079	
- OLE OK14.	July OKIN	4
Driver Name/Title: Shawa Shamake	j. Driver Name/Title:	-
Phone No.: e. Truck No.:	k. Phone No.: I.	
Vehicle License No./State:	m. Vehicle License No./State:	Truck No.:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:	
Driver Signature Shipment Date	n	012621
		Shipment Date
Shipment bate		Shipment Date
DESTINATION (Generator comple	tes a-d; destination site completes e-f.	Shiphlent Date
ection III DESTINATION (Generator comple Site Name: Southern Plains Landfill	tes a-d; destination site completes e-f. c. Phone No.: 405-785-2060	Shipheni Date
cection III DESTINATION (Generator comple Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355	Shiphient Date
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067	tes a-d; destination site completes e-f. c. Phone No.: 405-785-2060	Shiphent Date
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the beautiful and the second street and second	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 dest of my knowledge the foregoing is true and accurate	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bound of Authorized Agent Signature	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the box of Authorized Agent Signature Signature ASBESTOS (Generator complete	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the boundary Street Signature Name of Authorized Agent Signature Shipper's* Name: ASBESTOS (Generator complete Shipper's* Name)	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the box of Authorized Agent Signature Signature ASBESTOS (Generator complete	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date es a-d; f, g, Shipper* completes e.	
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bound of Authorized Agent Signature Signature Schipper's* Name: Address: Shipper's* Address: Shipper's* Special Handling Instructions and additional information:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date es a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.:	ate.
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bound of Authorized Agent Signature Schipper's* Name: ASBESTOS (Generator complete Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ASSISTION: I hereby declare that the contents of this description of the contents of this description.	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date es a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.:	ate.
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bound of Authorized Agent Signature Signature Schipper's* Name: Address: Shipper's* Address: Shipper's* Special Handling Instructions and additional information:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date b. Shipper's completes e. b. Shipper's* Phone No.: described above by proper shipping name and are classified, le international and national governmental regulations.	ate.
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bound of Authorized Agent Signature Sction IV ASBESTOS (Generator complete Shipper's* Name) Shipper's* Address: Shipper's* Special Handling Instructions and additional information: RIFICATION: I hereby declare that the contents of this consignment are fully and accurately eled/placarded, and are in all respects in proper condition for transport according to applicable	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date es a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.:	ate.
Site Name: Southern Plains Landfill Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best certify that the above named material has been accepted and to the best certify that the above named material has been accepted and to the best certify that the above named material has been accepted and to the best certification IV ASBESTOS (Generator complete Shipper's* Name) Shipper's* Special Handling Instructions and additional information: Shipper's* Special Handling Instructions of this consignment are fully and accurately eled/placarded, and are in all respects in proper condition for transport according to applicabe Shipper's* Name & Title: Name and Address	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 est of my knowledge the foregoing is true and accurate Receipt Date b. Shipper's completes e. b. Shipper's* Phone No.: described above by proper shipping name and are classified, le international and national governmental regulations.	packaged, marked, and

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

WC1000 (Rev. 12/11)

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

No. 29466

Connect with the Patures	te, complete only Sections 1, It and III.
Section I GENERATOR (Gene	erator completes all of Section I)
a. Generator Name: Coty of ANACIARYO	b. Generating Location/Rig frame & miller Therefore
	d. Well Name & Number: 202 M M M M
ANADARKOONIA 12005	AFE#ANANAR KOOKIA 73005
e. Phone No.: 405 247 848 /	f. Rìg Phone No.:
if owner of the generating facility differs from the generator, provide:	The file hour and the file has been a file and the file has been a file and the file has been a file and the
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE 50 50 50 50 50 50 50 50 50 50 50 50 50	TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG BA - 6 MIL. PLASTIC BAG
-Classy	S & B O / B A T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a has state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 258 and is no longer	azardous waste as defined by 40 CFR Part 261 or any applicable for transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature Section II TRANSPORTER (Concrete	Shipment Date
TRANSPORTER I	Corripicte a-d, transporter if complete h-n)
a. Name in which weaking	h. Name: Evuloum Action
b. Address: 10 By 14 1660	_ i. Address & Bx 1029
OKC OKLA	Jest's OKIA 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. 2601
	Driver Signature Shipment Date
Coult District (Generally Coll)	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	no hoot of my limpulation that
/ / / / Door accepted and to an	the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	
G AA	Receipt Date
ASBESIUS (Generator com	pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: All Method Method Action	b. Shipper's* Phone No.:
c. Shipper's* Address: 10 by 1029 Jenits OKI	9 74051
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accura labeled/placarded, and are in all respects in proper condition for transport according to appl	itely described above by proper shipping name and are classified, packaged, marked, and licable international and national governmental regulations.
e. Shipper's* Name & Title: HAUI TIPE	b. Shipper's* Phone No. 5 (412 3/5/ 0 / 2 6 0/
f. Name and Address of Responsible Agency: ODEQ 102 N Robins	Date Date
g. Friable; Non-friable; Both% friable_	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	

White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - 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. 29464

Connect with the Future®	aste, complete only Sections I, II and III.
Section I GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name City F AMD DAG No.	
a Address Francisco Company	b. Generating Location/Rig
ANACIAN NO OKIM 73005	The state of the s
e. Phone No.: If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
a Oumorio Nieses	
	h. Owner's Phone No.:
i. WC WASTE CODE	DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Shrstos NA 22/2/1/2/16	or WRAP
OFNEDATORIO CONTINUE DE CONTIN	S S S S S S S S S S S S S S S S S S S
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CER Parkeds and is no long	a hazardous waste as defined by 40 CFR Part 261 or any applicable on for transportation according to applicable regulations; AND, if the
has been treated in accordance with the requirements of 40 CFR Part 268 and is no long	let a nazardous waste as defined by 40 CFR Part 261
WAU INFSS Truling	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (General	tor complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTERI	TRANSPORTER II
a. Name Milyer & Les Dock in a Co	h. Name: Englermental action
b. Address: 16 By 146620	i. Address: 1029
OKC OKLA	- Walter and the second
c. Driver Name/Title:	
d. Phone No.: e. Truck No.:	j. Driver Name/Title:
. Vehicle License No./State:	k. Phone No.: I. Truck No.:
Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
6/262	1 n. Paul 10055 01242
Driver Signature Shipment Date	Driver Signature Shipment Date
O Property of the Control of the Con	
Section III DESTINATION (Generator con	mpletes a-d; destination site completes e-f.
DESTINATION (Generator con	405 705 0000
a. Site Name:Southern Plains Landfill	c. Phone No.:405-785-2060
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067	c. Phone No.:405-785-2060
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 b. Discrepancy Indication Space:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002
a. Site Name:Southern Plains Landfill b. Physical Address:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002
a. Site Name:Southern Plains Landfill b. Physical Address:3198 Country Street 2910 Ninnekah, OK 73067 b. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the street of	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate.
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 b. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to have of Authorized Agent Name of Authorized Agent Signature	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 b. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to have of Authorized Agent Section IV ASBESTOS (Generator contents)	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date mpletes a-d; f, g, Shipper* completes e.
A. Site Name: Southern Plains Landfill D. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to share of Authorized Agent Name of Authorized Agent Section IV ASBESTOS (Generator conditions) Shipper's* Name:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date
Site Name: Southern Plains Landfill Description of Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to have of Authorized Agent Section IV ASBESTOS (Generator con Shipper's* Name: Shipper's* Address: Shipper's* Address:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date mpletes a-d; f, g, Shipper* completes e.
a. Site Name:	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date mpletes a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: 44
a. Site Name:	c. Phone No.: d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date mpletes a-d; f, g, Shipper' completes e. b. Shipper's* Phone No.: Best Of Month and Accurate and Accurate.
a. Site Name:	c. Phone No.: d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date mpletes a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: B. Shipper's* Phone Phone No.: B. Shipper's* Phone P
a. Site Name:	c. Phone No.: d. Mailing Address.: P.O. Box 355 Alex, OK 73002 the best of my knowledge the foregoing is true and accurate. Receipt Date mpletes a-d; f, g, Shipper* completes e. b. Shipper's* Phone No.: b. Shipper's* Phone No.: prately described above by proper shipping name and are classified, packaged, marked, and uplicable international and national governmental regulations.
Site Name:	c. Phone No.:

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



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. 29472

Connect with the Future®	" Wadto to NOT aspestos wa	aste, complete only Sections I, II and III.	
Section I	GENERATOR (Ge	enerator completes all of Section I)	
a. Generator Name: 14 0 F	ANALARKO	b. Generating Location/Rigidal Mills	* The
c. Address _50/ 1/14	WIN M	d. Well Name & Number: 202 U/ M &	1 Megrelo
ANNACIAEKO OK	14 73005	AFE# MANAGER ON A T	H. C.
e. Phone No.: 405 24	72481	f. Rig Phone No.:	SCRIS
If owner of the generating facility diffe	rs from the generator, provide:	i. nig Friorie No.:	
g. Owner's Name:		h. Owner's Phone No.:	
i. WC WASTE CODE	56	121007	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waster	NA 2 2/2 Rollb	k. Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
CENEDATORIO CENTIFICATION		584301BA	T - TRUCK O - OTHER
		hazardous waste as defined by 40 CFR Part 261 or any applicable on for transportation according to applicable regulations; AND, if the	
waste is a treatment residue of a previous has been treated in accordance with the re-	rusly restricted hazardous waste subject to the equirements of 40 CFR Part 268 and is no longer	on for transportation according to applicable regulations; AND, if the ne Land Disposal Restrictions, I certify and warrant that the waste er a hazardous waste as defined by 40 CFR Part 261.	P - POUNDS Y - YARDS
PAULTUES!	11/		M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name	Signature	Shipment Date	O - OTHER
Section II	TRANSPORTER (General	tor complete a-d; Transporter I complete e-g) Transporter II complete h-n)	
TRANS	PORTER I	TRANSPORTER II	
a. Name: Mullips of 111)	Courting G	h. Name ENVIRON MANTAL ACT	ham)
b. Address: 6 Bx 146	68 0	i. Address A 1029	
0400	LIA	Jents OKLA	
c. Driver Name/Title:	7647 175.	j. Driver Name/Title:	
d. Phone No.:	e. Truck No.:	k. Phone No.: I.	
f. Vehicle License No./State:	49)) OH	m. Vehicle License No./State:	Truck No.:
Acknowledgment of Receipt of Mat	erials:	Acknowledgment of Receipt of Materials:	
g Driver Signature	Shipment Date	n. Prince State St	0/4621
Section III	12-10 6 11-10 (11-10)	Driver Signature	Shipment Date
	Plains Landfill	mpletes a-d; destination site completes e-f.	
b. Physical Address: 3198 Cour		c. Phone No.: 405-785-2060	
Ninnekah,		d. Mailing Address.: P.O. Box 355	
	OK 73067	Alex, OK 73002	
Discrepancy Indication Space: I hereby certify that the above name	ed material has been accepted and to	the best of my knowledge the foregoing is true and accu	
		the best of my knowledge the foregoing is true and accu	ırate.
f. Name of Authorized Agent	Signature		
Section IV	O WEST STATE OF THE STATE OF TH	Receipt Date	
6	ASBESTOS (Generator con	mpletes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name:	WITH NOTIN	b. Shipper's* Phone No.:	4140
c. Shipper's* Address: 15y	WINT DENIS DKI	7-14037	1.18
d. Shipper's* Special Handling Instruct			
The second secon	itents of this consignment are fully and accur roper condition for transport according to app	rately described above by proper shipping name and are classifie plicable international and national governmental regulations.	d, packaged, marked, and
e. Shipper's* Name & Title:	when Allen ton S	b. Shipper's* Phone No. 5-642315	1012621
f. Name and Address of Responsible Agency:	A TOZ N Robins	SON OLC OKIA	Date
g. 🎜 Friable; 🗌 Non-friable; [Both% friable	% nonfriable	
Shipper refers to the company which owns, least WC1000 (Rev. 12/11)		y being demolished or renovated, or the demolition or renovation ope	ration, or both.

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

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 I

No. 29463

	e, complete only Sections I, II and III.
Consented Name of the	rator completes all of Section I)
a Address 3 En 1/1/10 al 10	o. Generating Location/Rig: Fall Me R. Millett. Theories
	. Well Name & Number: 202 M MAIN
e. Phone No.:405 247-249.1	AFE# 1911 AND 1916 11 12 73005
If owner of the generating facility differs from the generator, provide:	Rig Phone No.:
a Owner's Name:	. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM
j. Description of Waster State NA 2312 Roll k.	Containers DP - PLASTIC DRUM B - BAG
019559	. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
GENERATOR'S CERTIFICATION II	5 8 4 3 0 1 8 A T - TRUCK 0 - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Lahas been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	ardous waste as defined by 40 CFR Part 261 or any applicable r transportation according to applicable regulations; AND, If the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261 Y - YARDS
PAUL INESS Poly	M³ - CUBIC METERS Yª - CUBIC YARDS
Generator Authorized Agent Name Signature	O - OTHER
Section II TRANSPORTER (Generator	Complete a-d; Transporter I complete e-g) Transporter II complete h-n)
THANSPORTER I	TRANSPORTER II
a. Name: Manage Compare Compar	h. Name: 1141Bannet Action
b. Address: 6x 14668	i. Address: 6 6 1029
- OCC OC	JrnKs 0K14 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
or OIA4AI	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator complete	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator comple	etes a-d; f, g. Shinner* completes e
a. Shipper's* Name ENUIROM + Hal Action	
c. Shipper's* Address: PO BY 1029 Janks of	b. Shipper's* Phone No.: 1/2 / 4/28 3
d. Shipper's* Special Handling Instructions and additional information:	7703
CERTIFICATION: I hereby declare that the contents of this consignment are fully and populately	y described above by proper chiralian
labeled/placarded, and are in all respects in proper condition for transport according to applica	ble international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No: 5 (4/2 3/5) 0 / 3 / 3
f. Name and Address of Responsible Agency: ODEQ 703 N RS	NSON SKC SKIA Date
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility bel WC1000 (Rev. 12/11)	ng 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 Goldenrod - Generator Potein

Waste Connections Inc.

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. 29462

Country forto for Lange.	to, complete only dections 1, II and III.
Section I GENERATOR (Gene	erator completes all of Section I)
Cil. I marked	b. Generating Location/Rightness Miller Theology
and the second	d. Well Name & Number 22 WM BIN
ANADIAN LO ON A 73005	AFE#PARAMANKOOKIA
e. Phone No. 405 347 343/	
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z 2 1 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM
CIASS 7	k. Quantity Units No. TYPE 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 histate law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	azardous waste as defined by 40 CFR Part 261 or any applicable for transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature	O - OTHER Shipment Date
Section II TRANSPORTER (Generator	r complete a-d; Transporter II complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Nameniduus t wheeless C	h. Name: Frans personal tral potion
b. Address: 1466 %	i. Address 6 8 4 107 9
OKCOKIA	Jouks okla 14037
c. Driver Name/Title: Michael Full Land	
d. Phone No.: 4 4 9 6 Truck No.: 26	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g. Driver Signature Shipment Date	of entry DIRERI
	Driver Signature Shipment Date
	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	_ or more non-
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENVIRONMENTAL ALTER	b. Shipper's* Phone No. 12 49 40 50
Shipper's* Address: Lo Au 1074 Take Alla	1405 Tillione No. 2007 Toller
d. Shipper's* Special Handling Instructions and additional information:	<i>#21</i>
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accura-	tely described shove by proper chinging game and are classified, problemed, and are
A American	icable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 564/25/5/
Name and Address of Responsible Agency: ODEQ TOZN Robinson	z okc akla
g. Friable; Non-friable; Both % friable	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility to	

White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator 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. 29454

Connect with the Future®	, complete only Sections I, II and III.
Section I Generator (Generator Generator Gener	ator completes all of Section I)
all a caralali	Generating Location/Rig: Same & Miller Throthe
TALLA	. Well Name & Number 202 111 MAAN
ANADARKO BKIA 73005	AFE#FALACIAR KO OKLA 73005
e. Phone No.: 405 247 248/	Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	Tilg Floric No.
g. Owner's Name: h.	. Owner's Phone No.:
i. WC WASTE CODE 5/12 j. Description of Waste 5/12 S NA 22/2 Re 1/b k.	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waster	Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazz state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a longer and the property of the conditions of the property of the	r transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature Section II TRANSPORTER (Concretor of the Concretor of the Concr	Shipment Date Transporter Loomplete 8-0)
TRANSPORTER I	Complete a-d; Transporter I complete e-g) Transporter II complete h-n)
a. Namerindwect wheelin Co	h. Name Euvocume Har I Action
b. Address: In Bx 14669	i. Address: Ba Bx 1129
OKC OKLA	- 11 - 41
c. Driver Name/Title: 1 000 c Bishop	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	k. Phone No.: I. Truck No.:
Acknowledgment of Receipt of Materials:	m. Vehicle License No./State:
g. Driver Signature Shipment Date	n frefre . 0/8621
	Driver Signature Shipment Date
	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	host of any language start of the first of t
and the state of t	best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	
	Receipt Date
ACCIONACIONE (Generator comple	etes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENTROVMENTAL ACTION	b. Shipper's* Phone No.:
c. Shipper's* Address: 1029 Jewis office	+ 14051
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applications.	ly described above by proper shipping name and are classified, packaged, marked, and able international and national governmental regulations.
e. Shipper's* Name & Title: Pall I TMISS	b. Shipper's* Phone No. 15-642 35 0 1 2 6 5 1
f. Name and Address of Responsible Agency: Deg 702 N Robins	ON BKC OKIA Date
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility be WC1000 (Rev. 12/11)	

Pink - Transporter Retain

Goldenrod - Generator Retain

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

WC1000 (Rev. 12/11)

White - Destination 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. 29461

Connect with the Future®	, complete only decitors I, II and III.
Section,I Generator (Gener	ator completes all of Section I)
and the state of t	o. Generating Location/Rig: France Mulling Throther
and the second	I. Well Name & Number 202 W M W /1
ANAGARK ON A 73005	AFE#4 Madella CVC A
e. Phone No. 445 347248/	Rig Phone No.:
owner of the generating facility differs from the generator, provide:	riig Filotie No.:
g. Owner's Name: h	. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste k	. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG
-CITSS 7	S & S S S B B T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition fo waste is a treatment residue of a previously restricted hazardous waste subject to the Lambas been treated in accordance with the requirements of 40 CFB Part 268 and is no longer a	rardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature	9 / 9 / 2 / Y3 - CUBIC YARDS O - OTHER
	Shipment Date Transporter I complete e-o)
TRANSPORTER I	complete a-d; Transporter I complete e-g) Transporter II complete h-n) TRANSPORTER II
a. Name Midwood well office C	
b. Address: Po By 14668	i. Address Av 1029
OKC OKIA	Saike akla 74/137
c. Driver Name/Title: TOMMIE NOBLE	j. Driver Name/Title:
d. Phone No.: 4 5 84 8 e. Truck No.: 5	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	40E 70E 0000
b. Physical Address: 3198 Country Street 2910	D.O. D. CORN.
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355 Alex, OK 73002
e. Discrepancy Indication Space:	AIGA, UN 13002
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate
	, and an account.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comple	etes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: Full Roum sailed action	
c. Shipper's* Address: Po Bx 1029 Janks 50/4	b. 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 accurate labeled/placarded, and are in all respects in proper condition for transport according to applications.	ly described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title:	b. Shipper's* Phone No. 5 Land 12 21 5 10 11 1
f. Name and Address of Responsible Agency: (30 f. 3)	Date
g. Friable; Non-friable; Both% friable	% nonfriable
% Inable	

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

White - Destination 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. 29460

Section I GENERATOR	a, amplete any costonia i, it and in.
GENERATOR (Gene	erator completes all of Section I)
	b. Generating Location/Rig: The Miller Throthe
c. Address SOL HIRAINA	d. Well Name & Number: 22 WMAIN
1 WHURE 6 BKIR 1 4005	AFE# PANAGARKO OK IA
e. Phone No.: If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
a Oumania Nama	h. Owner's Phone No.:
i. WC WASTE CODE	Laioo7 DM - METAL DRUM
j. Description of Waster Sos NA 22/2 RO 11b	k. Quantity Containers No. TYPE B - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a has state law, has been properly described, classified and packaged, and is in proper condition in waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer.	tor transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS M³ - CUBIC METERS
Generator Authorized Agent Name Signature	Y* - CUBIC YARDS O - OTHER
	Shipment Date r complete a-d; Transporter II complete e-d) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name My Was 4 WR = 4 Pins Co	h. Name Environs mental Action
b. Address: ## Bx 14ldo8	i. Address: Po Ry 1029
OKC OKLA	Freks OKIA 74037
c. Driver Name/Title: Shawn Shakmaka	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License Nd./State:	m. Vehicle License No./State:
Adknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Tres 0/8681
Onlyment bate	Driver Signature Shipment Date
DEGINATION (Generator comp	pletes a-d; destination site completes e-f.
b. Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060
	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	a boot of my lenguished at the f
A A A Copied and to the	s best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	- [1/12/42/]
Gast Mr	Receipt Date
a. Shipper's* Name: ENJIROUMPUTAL ACTION	pletes a-d; f, g, Shipper* completes e.
Shipper's* Address: 6 by 1029 3 with 2014	b. Shipper's* Phone No.:
	1005/
Shipper's* Special Handling Instructions and additional information: Shipper's* Special Handling Instructions and additional information:	
ERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate abeled/placarded, and are in all respects in proper condition for transport according to applic	aly described above by proper shipping name and are classified, packaged, marked, and cable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
Name and Address of Responsible Agency 20FQ TON Robussian	oke oklas Date
Friable; Non-friable; Both% friable	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility by (C1000 (Rev. 12/11)	eing demolished or renovated, or the demolition or renovation operation, or both.

Green - Return to Generator Canary - Return to Operator Pink - 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

No. 29458

Connect with the Future®	ste, complete only Sections I, II and III.
Section I GENERATOR (Gen	nerator completes all of Section I)
as Community and the first of the same of	
a Address Still Market	
ANADARKO OKIA 73005	d. Well Name & Number:
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
a Oumor's News	h. Owner's Phone No.:
i. WC WASTE CODE	L 2 I 0 0 7 DM - METAL DRUM
j. Description of Waster Shore 5 1/422/2 RQ1/16	k. Quantity Containers Containers DP - PLASTIC DRUM B - BAG RA - 6 MIL PLASTIC PAGE
Class 9	S & Wale R A T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a h state law, has been properly described, classified and packaged, and is in proper condition	nazardous 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 waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261 Y - YARDS
Generator Authorized Agent Name Signature	0/2521 WP - CUBIC METERS YY - CUBIC YARDS O - OTHER
	Shipment Date Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	
a. Name Midwest wheat was Co	h. Name: Epun engagement of Actions
b. Address: Po Bx 14668	
OKE OKIA	
c. Driver Name/Title:	
d. Phone No.: e. Truck No.:	, , , , , , , , , , , , , , , , , , , ,
f. Vehicle License No./State: e. Truck No.:	ii Hack No.
Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
91	n. tach
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator comp	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name FAUL ROWN ENTAL ACTION	b. Shipper's* Phone No.: 918 293, 4485
c. Shipper's* Address: Holer 1029 Jenks nith	7 40 37
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurat labeled/placarded, and are in all respects in proper condition for transport according to appli	tely described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title: Paul ZN755	b. Shipper's* Phone No. 244 2 3/5/
f. Name and Address of Responsible Agency: DDF4 702 N Rehalfsel	D. Snipper's Phone No.
Press David	and the same of the first
/o mable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility b WC1000 (Rev. 12/11)	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 Goldenrod - Generator Potein

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. 29459

Connect with the Future® Section I GENERATOR (2)	
GENERATOR (Gener	rator completes all of Section I)
En/ live in	b. Generating Location/Riged Mel willer Thanks
ANACIARYO AMIA 73005	d. Well Name & Number: 202 W MAIN
The state of the s	AFE#HANACHARKO CIKIA
e. Phone No	Rig Phone No.:
a Owner's Name:	n. Owner's Phone No.:
j. Description of Waste: 15/15/15 UA 22/2 RO 11 b k	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Clacs ?	C. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition fo waste is a treatment residue of a previously restricted hazardous waste subject to the Li has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	zardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste is hazardous waste as defined by 40 CFR Part 261. William
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator	Complete a-d; Transporter I complete e-g) Transporter II complete h-h)
a. Name: MICHIPST WIREAR GUO CO	TRANSPORTER II
11 11/16	h. Name: Explica Means Action
b. Address: Polyx 14668	i. Address: 16 6 x 1029
DRE OLIA	Jaks OKIM 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No./State:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator compl	letes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	_ c. Phone No.: 405-785-2060
D. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator complete	etes a-d; f, g, Shipper* completes e.
. Shipper's Name: Envilate are ful Actions	b. Shipper's* Phone No.: 918 298 4080
Shipper's* Address: BRV 1079 Janks	o. onlipper's Friorie No.:
. Shipper's* Special Handling Instructions and additional information:	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ERTIFICATION: I hereby declare that the contents of this consignment are fully and accuratel beled/placarded, and are in all respects in proper condition for transport according to applicate	ly described above by proper shipping name and are classified, packaged, marked, and
Shipper's* Name & Title: PAUL TUP <	able international and national governmental regulations.
	b. Shipper's* Phone No. 5642 3/5/
Name and Address	Date
· I I'm manage -	Date Oate

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

No. 20/67

0 +	e, complete only Sections I, II and III. NO. 29457
a. Generator Name	rator completes all of Section I)
c. Address 5 8/1 1/189/199	o. Generating Location/Rig: Tourist miller Theories
	d. Well Name & Number: 202 W MAIN
ANADARIO OKIA 73055	AFE#: NAMARKO OK 12005
e. Phone No:	. Rig Phone No.:
g. Owner's Name:	. Owner's Phone No.:
i. WC WASTE CODE	21007 DM - METAL DRUM
j. Description of Wester 1995 A/A 22/2 Ro 1/6 k	Containers Units No. TYPE DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition to	T - TRUCK O - OTHER
state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Le has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261 Y - YARDS
Generator Authorized Agent Name Signature	M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
digitative	Shinment Date
TRANSPORTER I	Complete a-d; Transporter I complete e-g) Transporter II complete h-n)
a. Namer Montest asker king Co	TRANSPORTER II
b. Address: Ro By 14668	h. Name: ENVIRONMENTAL ACTION
CHE OKLA	i. Address: 4 134 1029
The ORING	JONES OK 14 74037
c. Driver Name/Title: Bishop	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No /State
g. Annue Bald and 12 5 1 1	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Julius 0/2521
Section III DESTINATION (Generator complete	Driver Signature Shipment Date
a. Site Name: Southern Plains Landfill	40
b. Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355
	Alex, OK 73002
e. Discrepancy Indication Space: I hereby certify that the above named material has been account.	
I hereby certify that the above named material has been accepted and to the t	pest of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	
Section IV ASBESTOS (Generator complete	Receipt Date
a. Shipper's* Name TWIROLAMPENTAL Actions	b. Shipper's* Phone No. 25 - 4030
c. Shipper's* Address: Pobx 1029 Japk's okla 74	6. Shipper's Phone No.: 16 2/3 4/150
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately labeled/placarded, and are in all respects in proper condition for transport according to applicable.	described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title: /w// INF	b. Shipper's* Phone No.: 5 6 4 2 7/5/
f. Name and Address of Responsible Agency: OBEQ TOL M RUBIN	SWOKE OK JA Date
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being WC1000 (Rev. 12/11)	g demolished or renovated, or the demolition or renovation operation, or both.
White - Destination Retain Green - Return to Generator Canary - Return to	O Operator Pink - Transporter Potein Coldanial Octavia

Waste Connections Inc.

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. 29455

Connect with the Future®	
Section I GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name: City of ANAMALKa	b. Generating Location/Rig: James Miller Through &
c. Address 50/ VIRGINA	d. Well Name & Number: 202W MAIN
ANACLARKO DHIM 73005	AFEHAUADARYOOK 73005
e. Phone No.:405-347-248/	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	P L 2 1 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM
Description of Waste: AS ISSUE NA2212Rg/11b	or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	to hazardous wasta as defined by 40 CER Part 261 or any applicable
state law, has been properly described, classified and packaged, and is in proper condit waste is a treatment residue of a previously restricted hazardous waste subject to has been treated in accordance with the requirements of 40 CFR Part 268 and is no lor	ition for transportation according to applicable regulations; AND, if the the Land Disposal Restrictions, I certify and warrant that the waste and hazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date Transporter I complete e-g)
Section II TRANSPORTER (Gener TRANSPORTER I	rator complete a-d; Transporter II complete a-g) TRANSPORTER II
a. Name: Midwest II Meaking Co	7 1
b. Address: 10 Bx 141668	i. Address: 16 By 1029
OKC OKIA	1 11 11 11 11 11 11 11 11 11 11 11 11 1
Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
6 ml many 01252	1 n. True 1 25 2 1
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator of	completes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator	completes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: Fill walmental Action	b. Shipper's* Phone No.: 918 398 4030
c. Shipper's* Address: Poby 1029 Jenks ak	14 74037
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and a	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	1/25/1132/19
e. Shipper's* Name & Title:	b. Shipper's* Phone No.
f. Name and Address of Responsible Agency. 2009 7/12 2/ Killing	used oke okly
g. Friable; Non-friable; Both% fria	able% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the fit	
and the same of th	

WC1000 (Rev. 12/11)
White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

WC1000 (Rev. 12/11)

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. 29456

Connect with the Future®			
Section I	GENERATOR (Gen	nerator completes all of Section I)	
a. Generator Name: Chy of	MMHEKO	b. Generating Location/Rig	of theorie
c. Address 30/ 1/29/	N PS	d. Well Name & Number 202 W MAIN	J
AVANARYO ONA	73005	AFE#WAGIRKO OK THE	96
e. Phone No.: 405 247	2487	f. Rig Phone No.:	
If owner of the generating facility diff	iers from the generator, provide:	ii nig more non	×
g. Owner's Name:		h. Owner's Phone No.:	· ·
I. WC WASTE CODE	30	Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste 5	SN422/9/16	k. Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
state law, has been properly described,	classified and packaged, and is in proper condition viously restricted hazardous waste subject to the e requirements of 40 CFR Part 268 and is no longer	hazardous waste as defined by 40 CFR Part 261 or any applicable on for transportation according to applicable regulations; AND, if the ne Land Disposal Restrictions, I certify and warrant that the waste er a hazardous waste as defined by 40 CFR Part 261. Shipment Date	P - POUNDS Y - YARDS M° - CUBIC METERS Y° - CUBIC YARDS O - OTHER
Section II	TRANSPORTER (Genera	Transporter I complete e-g) tor complete a-d; Transporter II complete h-n)	
TRAN	NSPORTER I	TRANSPORTER I	I,
a. Name Muse 57 uses	Aina Co	h. Name William Act	ion/
b. Address 6 At 1460	68	i. Address & Bx 1029	
OKE OK	14	Janks OK/A 74037	!
C Driver Name/Title:	an Bright	j. Driver Name/Title:	
	e. Truck No.:		
f. Vehicle License No./State:	o. Hackiton	m. Vehicle License No./State:	
Acknowledgment of Receipt of M	Materials:	Acknowledgment of Receipt of Materials:	
g	0/252	n. Taolin	- GIKOKI
Driver Signature	Shipment Date	Driver Signature	Shipment Date
Section III	DESTINATION (Generator co	ompletes a-d; destination site completes e-f.	
a. Site Name:Souther	n Plains Landfill	c. Phone No.: 405-785-2060	*
b. Physical Address: 3198 Co	ountry Street 2910	d. Mailing Address.: P.O. Box 355	
Ninneka	ah, OK 73067	Alex, OK 73002	
e. Discrepancy Indication Space:_			
I hereby certify that the above n	amed material has been accepted and to	o the best of my knowledge the foregoing is true and ac	curate.
f			
Name of Authorized Agent	Signature	Receipt Date	
Section IV	ASBESTOS (Generator o	completes a-d; f, g, Shipper* completes e.	
OU LAN ENDO	was weld whim	b. Shipper's* Phone No.:	
a. Shipper's* Name:	1029 Jeuks OFIN	3 740 37	* €
d. Shipper's* Special Handling Ins	tructions and additional information:		
CERTIFICATION: I hereby declare that the labeled/placarded, and are in all respects	e contents of this consignment are fully and ac s in proper condition for transport according to	curately described above by proper shipping name and are class applicable international and national governmental regulations.	sified, packaged, marked, and
e. Shipper's* Name & Title:	ul Iurss	b. Shipper's* Phone No.	4012521
f. Name and Address of Responsible Agency:	FQ 702 KODIN	sonole oxla	Date
g. Friable; Non-friable;	Both% friab	ole% nonfriable	
*Shipper refers to the company which own	s, leases, operates, controls, or supervises the far	cility 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 Goldenrod - Generator Retain



WC1000 (Rev. 12/11)

White - Destination 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. 29453

Goldenrod - Generator Retain

Connect with the Future®	so made, complete only coolerto i, it and in.
	R (Generator completes all of Section I)
oil maladalla	b. Generating Location/Rig. Some Muller Throther
c. Address 501 Viagina	
ANACHEROCKIA 73005	AFE#BUADARKO OK TEOS
e. Phone No. 405 247 2481	f. Rig Phone No.: A 14
if owner of the generating facility differs from the generator, provide:	with the rest of the rest
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Wasters of Mary Roll	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material	is not a hazardous waste as defined by 40 CER Part 261 or any applicable.
state law, has been properly described, classified and packaged, and is in proper waste is a treatment residue of a previously restricted hazardous waste subjiches been treated in accordance with the requirements of 40 CFR Part 268 and is Generator Authorized Agent Name Signature	condition for transportation according to applicable regulations; AND, if the
	renerator complete a-d; Transporter I complete e-g) Transporter II complete h-n)
a. Name: b. Address: c. Driver Name/Title: d. Phone No.: f. Vehicle License No./State: Acknowledgment of Receipt of Materials: g. Driver Signature Section III DESTINATION (General Southern Plains Landfill) b. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067 e. Discrepancy Indication Space:	i. Address: j. Driver Name/Title: k. Phone No.: m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n.
	Receipt Date
a. Shipper's* Name: ASBESTOS (General ASBESTOS) c. Shipper's* Address: Assessing the state of th	b. Shipper's* Phone No.: 2/8 A98-4/08 O
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully an labeled/placarded, and are in all respects in proper condition for transport according	nd accurately described above by proper shipping name and are classified, packaged, marked, and ng to applicable international and national governmental regulations.
e. Shipper's* Name & Title: Jul TNP55	b. Shipper's* Phone No. 15 (04/1 3/5/ 01 7 5 7/
f. Name and Address of Responsible Agency: One one of Alexandra Address	iuson of ONIA Date
g. Friable; Non-friable; Both%	friable% nonfriable
	the facility being demolished or renovated, or the demolition or renovation operation, or both

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



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. 29451

Connect with the Future®	
	enerator completes all of Section I)
a. Generator Name: City of Avadable	b. Generating Location/Rig: Feether Milled Thompson
c. Address 501 Diegina	d. Well Name & Number: 202 W MA in
ANADARKO OKIA 73005	AFE# FUNCTOR ON 13005
e. Phone No. 405 347 342/	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Wasters was was 2212 Roll b	k. Quantity Units No. TYPE 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 state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 258 and is no long	a hazardous waste as defined by 40 CFR Part 261 or any applicable ion for transportation according to applicable regulations; AND, if the the Land Disposal Restrictions, I certify and warrant that the waste iger a hazardous waste as defined by 40 CFR Part 261. O
Generator Authorized Agent Name Signature Signature	Shipment Date Transporter I complete e-g)
Section II TRANSPORTER (General TRANSPORTER I	rator complete a-d; Transporter i complete a-g) TRANSPORTER II
a. Name: Midwest w Reckilly Co	h. Name: Experimental Action
b. Address: Po BY 1H lalo B	17 4 10-12
b. Address: To King Office	T. V. ON 4 14037
e. Driver Name/Title: Shawn Shaem-Ke	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
	m. Vehicle License No./State:
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator of	completes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	* * * * * * * * * * * * * * * * * * * *
I hereby certify that the above named material has been accepted and t	to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	completes a-d; f, g, Shipper* completes e.
E winder And	b. Shipper's* Phone No.: 218-248-4080
a. Shipper's* Name: A Market Shipper's* Address: A Market Shipper's* A Market Shipper's A Market Shipper's* A M	0. Snippers Phone No.: 272 276
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and a labeled/placarded, and are in all respects in proper condition for transport according to	ccurately described above by proper shipping name and are classified, packaged, marked, and paplicable international and national governmental regulations.
e. Shipper's* Name & Title: Turk Turk	b. Shipper's* Phone No. 5 6411 341 0 / 2 5 2 1
f. Name and Address of Responsible Agency OPO 702 N Robin SOA	O OKE OKLA
g. Friable; Non-friable; Both% friable	ble % nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the fa	

WC1000 (Rev. 12/11)

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



WC1000 (Rev. 12/11)

White - Destination Retain Green - Return to Generator

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. 29450

Connect with the Future®	7, 75, 75, 75
Section I GENERATOR (6	Generator completes all of Section I)
a. Generator Name City of AvadApko	b. Generating Location/Rig. Server Miller There
c. Address 501 VIDINA	
ANADARNO OKLA 73055	AFE#: ANAMARKO OK 73005
e. Phone No.: 405 347 348 If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	PL 2 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waster Spectos MA2212 Rep 11 b	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no state law, has been properly described, classified and packaged, and is in proper cond waste is a treatment residue of a previously restricted hazardous waste subject that been treated in accordance with the requirements of 40 CFR Part 268 and is no longer than the property of the prop	dition for transportation according to applicable regulations; AND, if the to the Land Disposal Restrictions, I certify and warrant that the waste
	erator complete a-d; Transporter II complete e-g) Transporter II complete h-n)
a. Name: b. Address: c. Driver Name/Title: d. Phone No.: e. Truck No.: f. Vehicle License No./State:	i. Address: Ay1039 Jewis Okla 74037 j. Driver Name/Title:
Acknowledgment of Receipt of Materials: Driver Signature Shipment Date	Acknowledgment of Receipt of Materials: n. 2/12/52/1
Section III DESTINATION (Generator	r completes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and	d to the best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator	r completes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENVIRONMENTAL Action	b. Shipper's* Phone No.: 918 298 4080
c. Shipper's* Address: 10 by 10 29 5 mults 5 kg	# 72/037
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and labeled/placarded, and are in all respects in proper condition for transport according	accurately described above by proper shipping name and are classified, packaged, marked, and to applicable international and national governmental regulations.
e. Shipper's* Name & Title: VAULTWYS	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency: DPCQ 102 N Robins	SON OKC OKINE Date
g. Friable; Non-friable; Both% frie	table% nonfriable facility being demolished or renovated, or the demolition or renovation operation, or both.

Canary - Return to Operator

Pink - Transporter Retain

Goldenrod - Generator Retain



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. 29448

Connect with the Future®	complete only occitorio 1, if the in.
	ator completes all of Section I)
a. Generator Name: Offy of ANAJARIO b.	Generating Location/Rig: Felmer Miller Thurstne
	Well Name & Number: 202 10 MAIN
ANADARILO OKTA 73005	AFE# PAUNDARKO AK 73005
e. Phone No.: 405247 ~ 2481 f.	Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owner's Phone No.:
I. WC WASTE CODE	DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste 13 he s + 5 A 4 2 2 1 2 kg/lb k.	Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	S 3 9 0 1 8 0 - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition to waste is a treatment residue of a previously restricted hazardous waste subject to the Lahas been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a Generator Authorized Agent Name Signature	r transportation according to applicable regulations; AND, if the and Disposal Restrictions. I certify and warrant that the waste
	Transporter I complete e-g) complete a-d; Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Middlest WROCLING Co	h. Name Essisconstruttal Action Tric.
b. Address: 16 by 14668	i. Address: 1029
OKC DIC	JONK OK 74037
jo: Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator comp	letes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
t	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	oletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name Filingery Aren's Action	b. Shipper's* Phone No. 215 298 - 4180
c. Shipper's* Address: 2 124 1029 Trule of 740	37
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accura labeled/placarded, and are in all respects in proper condition for transport according to appl	
e. Shipper's* Name & Title:	b: Shipper's* Phone No.:
f. Name and Address of Responsible Agency: DEA 102 At Abinised	ott otto
g. Friable; Non-friable; Both% friable _	% nonfriable
	being demolished or renovated, or the demolition or renovation operation, or both.

WC1000 (Rev. 12/11)

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



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. 29409

Connect with the Future®	
Section I GENERATOR	(Generator completes all of Section I)
a. Generator Name: CITY OF ANADARKO	b. Generating Location/Rig: FORMER MOTER THEATER
c. Address SOI VERGINA	d. Well Name & Number: 203 W MATA
ANADARKO OK 73005	AFE#: ANARAKKO OK 73005
	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: ASSESTON NA 2212 RG11	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is	15 db 10 Db
GENERATOR'S CENTIFICATION: I hereby certify that the above named material is state law, has been properly described, classified and packaged, and is in proper compared to the state of a previously restricted hazardous waste subject has been treated in accordance with the requirements of 40 CFR Part 268 and is not applied to the state of the	rondition for transportation according to applicable regulations; AND, if the ct to the Land Disposal Restrictions, I certify and warrant that the waste loo longer a hazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS M³ - CUBIC METERS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Ge	Transporter I complete e-g) enerator complete a-d; Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MIDWEST WREACKERS CO	h. Name: ENVELONMENTAL ACTION THE
b. Address: P.G. Bx 14668	i. Address: P. 6 Gx 1029
OKE OK	JENKS OK 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State;	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g	Otto n. Files evalue
Divor dignature	ator completes a-d; destination site completes e-f.
	c. Phone No.: 405-785-2060
a. Site Name: Southern Plains Landfill	c. Phone No.: P.O. Roy 355
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355 Alex, OK 73002
Ninnekah, OK 73067	Alex, OR 75002
e. Discrepancy Indication Space:	and to the best of my knowledge the foregoing is true and accurate.
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (General	ator completes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: EAUVELOMMENTAL ACTOR	5. Shipper's* Phone No.: 918 298 4080
c. Shipper's* Address: P.O. By 1029 JEN/A	16 DK 74037
d. Shipper's* Special Handling Instructions and additional information	M NONE
	and accurately described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
	% friable% nonfriable
g masie, _ masie,	the facility being demolished or renovated, or the demolition or renovation operation, or both.
Onlipper releas to the company which owns, leases, operates, controls, or supervises	THE CONTROL OF THE CO

WC1000 (Rev. 12/11) White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain



WC1000 (Rev. 12/11)

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. 29452

Connect with the Future®			
Section I GENERATOR (C	Generator completes all of Section I)		
a. Generator Name Stry OF ANADARYO	b. Generating Location/Rig: FRAMER MILLOR Theories		
c. Address Sol ViegiNA			
MUNDARKOOKIA 73005	AFE#ALMOMANOK.73005		
e. Phone No.: 405 247 248/	f. Rig Phone No.:		
If owner of the generating facility differs from the generator, provide:			
g. Owner's Name:	h. Owner's Phone No.:		
i. WC WASTE CODE	DM - METAL DRUM DP - PLASTIC DRUM		
j. Description of Waster (1997)	or WRAP		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no	et a hazardara waste as defined by 40 CED Part 201 or any spellesble.		
state law, has been properly described, classified and packaged, and is in proper concursed is a treatment residue of a previously restricted hazardous waste subject that has been treated in accordance with the requirements of 40 CFR Part 268 and is no local treatments.	dition for transportation according to applicable regulations; AND, if the to the Land Disposal Restrictions, I certify and warrant that the waste		
Generator Authorized Agent Name Signature	Shipment Date Transporter Learning Scrip		
Section II TRANSPORTER (Gene TRANSPORTER I	erator complete a-d; Transporter II complete 6-d) Transporter II complete 6-h) TRANSPORTED II		
	h. Name Little out an Gold A Control of the Control		
b. Address: 20 By 14468	1 D 14 2 C		
OVC Ollia	Texts OKIH 74037		
c. Driver Name/Title: Lance Bishop	j. Driver Name/Title:		
d. Phone No.: e. Truck No.:			
f. Vehicle License No./State:	m. Vehicle License No./State:		
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:		
Driver Signature Shipment Date	n. Driver Signature Shipment Date		
Section III DESTINATION (Generator	r completes a-d, destination site completes e-f.		
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060		
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355		
Ninnekah, OK 73067	Alex, OK 73002		
e. Discrepancy Indication Space:	9		
I hereby certify that the above named material has been accepted and	d to the best of my knowledge the foregoing is true and accurate.		
1			
Name of Authorized Agent Signature	Receipt Date		
Section IV ASBESTOS (Generator	r completes a-d; f, g, Shipper* completes e.		
a. Shipper's* Name: Lukoum*U+A Action	b. Shipper's* Phone No.:		
c. Shipper's* Address: W BY P24 SCNKS ON IA	14051		
d. Shipper's* Special Handling Instructions and additional information:			
CERTIFICATION: I hereby declare that the contents of this consignment are fully and labeled/placarded, and are in all respects in proper condition for transport according	accurately described above by proper shipping name and are classified, packaged, marked, and to applicable international and national governmental regulations.		
e. Shipper's* Name & Title: Mul Tures S	b. Shipper's* Phone No. 2 647 3151 0 / 2 5 2 1		
f. Name and Address of Responsible Agency OPA TOZ N Reparts	Date Date		
g. Friable; Non-friable; Both% fri	riable% nonfriable		
*Shipper refers to the company which owns leases operates controls or supervises the	e 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 Goldenrod - Generator 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. 29449

Connect with the Future®				
Section I GENERATOR (G	denerator completes all of Section I)			
a. Generator Name: The SE ANACHAR Vo	b. Generating Location/Rig. Servel miller Tourhoe			
c. Address 501 VIRGINIA	d. Well Name & Number: 202 w MA(8)			
ANADARKO BULA 73005	AFE#ANAJANKO AK 17605			
e. Phone No.: 405 347 248 If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.;			
g. Owner's Name:	h. Owner's Phone No.:			
i. WC WASTE CODE	P L 3 / 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM			
j. Description of Waste 45 host of A 22/2 Ra 11b	L. Quantity Containers No. TYPE 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 state law, has been properly described, classified and packaged, and is in proper condi waste is a treatment residue of a previously restricted hazardous waste subject to has been treated in accordance with the requirements of 40 CFR Part 268 and is no long Generator Authorized Agent Name Signature	itition for transportation according to applicable regulations; AND, if the pounds of the Land Disposal Restrictions, I certify and warrant that the waste			
Section II TRANSPORTER (Gene	Transporter I complete e-g) Prator complete a-d; Transporter II complete h-n)			
ta. Name: b. Address: c. Driver Name/Title: d. Phone No.: f. Vehicle License No./State: Acknowledgment of Receipt of Materials: g. Driver Signature TRANSPORTER I e. Truck No.: f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	j. Driver Name/Title: k. Phone No.: m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n. Driver Signature i. Truck No.: Shipment Date			
	completes a-d; destination site completes e-f.			
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060			
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355			
Ninnekah, OK 73067	Alex, OK 73002			
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			
Section IV ASBESTOS (Generator	completes a-d; f, g, Shipper* completes e.			
a. Shipper's* Name! Nurse unsul Adion	b. Shipper's* Phone No.: 918 298 4085			
c. Shipper's* Address: lo By 1029 Jenike ak/x	2 74637			
d. Shipper's* Special Handling Instructions and additional information:				
	accurately described above by proper shipping name and are classified, packaged, marked, and to applicable international and national governmental regulations.			
e. Shipper's* Name & Title: 1941 TW 55	b. Shipper's* Phone No.:			
f. Name and Address of Responsible Agency OD 89 702 N Robinson	Date DEC ON A			
g. Friable; Non-friable; Both% fria	able% nonfriable			

WC1000 (Rev. 12/11)
White Postination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

WC1000 (Rev. 12/11)

White - Destination Retain

Green - Return to Generator

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. 29447

WASTE CONNECTIONS INC. If Wa	ste is NOT asbestos waste,	, complete only Sections I,	II and III.	.0776
Section I	GENERATOR (Genera	ator completes all of Section	1)	
a. Generator Name: CTTV OF AM	+DARKO b.	Generating Location/Rig:	FORMS ME	IKK TIEATOS
c. Address Sol VERGILE	1	Well Name & Number:	166	
ANADARKO OK 73005		AFE#: AMANGE I	4 4	
e. Phone No.: 405 247 24	4 -	Rig Phone No.:		
If owner of the generating facility differs from the generating	enerator, provide:	rtig i none ito		
g. Owner's Name:	h.	Owner's Phone No.:	-	
i. WC WASTE CODE	SPL	21007		TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste:	212 RQ116 k.	Quantity U	Containers nits No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the state law, has been properly described, classified and pact waste is a treatment residue of a previously restricted has been treated in accordance with the requirements of 4 Generator Authorized Agent Name	kaged, and is in proper condition for hazardous waste subject to the La	ardous waste as defined by 40 CFr r transportation according to applic	able regulations; AND, if the and warrant that the waste CFR Part 261.	O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y² - CUBIC YARDS O - OTHER
	NSPORTER (Generator			
a. Name: PB Rx 14668 b. Address: PB Rx 14668		h. Name: EMATES	TRANSPORTER II MENUR AC 1029 OK 7402	DON THE
& Driver Name/Title:		i. Driver Name/Title:		
d. Phone No.: e.	Truck No.:	k. Phone No.:		Truck No :
f. Vehicle License No./State:	13	m. Vehicle License No./Si		Huck No
Acknowledgment of Receipt of Materials: 9	O 1 2 5 2 1 Shipment Date	n. Driver Signature	eceipt of Materials:	012527 Shipment Date
Section III DESTI	NATION (Generator compl		moletes e-f.	
a. Site Name: Southern Plains La			105-785-2060	
b. Physical Address: 3198 Country Stree	And an	_ C. I HOHE NO	P.O. Box 355	
Ninnekah, OK 7306		_ u, ividining Address	Mex, OK 73002	- ance
e. Discrepancy Indication Space:	-			
I hereby certify that the above named material h	nas been accepted and to the	best of my knowledge the f	oregoing is true and acc	urate.
f. Name of Authorized Agent Sig	nature	- L Receip	ot Date	
Section IV ASE	BESTOS (Generator compl			
a. Shipper's* Name FUVELOWE AS	L Articl	_ b. Shipper's* Phone No		3 4nd
c. Shipper's* Address: Po Rx 102	9 JUK OK	74037		8 60 E3 Hor
d. Shipper's* Special Handling Instructions and ad	ditional information:	,, ,,		1
CERTIFICATION: I hereby declare that the contents of this of labeled/placarded, and are in all respects in proper condition	consignment are fully and accurate	ely described above by proper sh able international and national go	ipping name and are classifi overnmental regulations.	ed, packaged, marked, and
e. Shipper's* Name & Title:	great con-	b. Shipper's* Phone No	12 - 1112 0232	1011511
f. Name and Address of Responsible Agency:	2 N ROBIAS	ON OKE OF	10000	Date
g. Friable; Non-friable; Both	% friable	% nonfriable		
*Shipper refers to the company which owns, leases, operates,	controls, or supervises the facility b	eing demolished or renovated, or ti	he demolition or renovation on	eration or both

Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator 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. 29446

Connect with the Future® of	If waste is NOT aspestos was	ste, complete only Sections I, II and III.	8 8 8 W
Section I -	GENERATOR (Gen	erator completes all of Section I)	
a. Generator Name: c. Address e. Phone No.: If owner of the generating facility dir g. Owner's Name:	F ANADACKS KTATA K 7300S 17 2 4 9 1 ffers from the generator, provide:	b. Generating Location/Rig:	TYPE
GENERATOR'S CERTIFICATION: I hell state law, has been properly described,	, classified and packaged, and is in proper condition	hazardous waste as defined by 40 CFR Part 261 or any applicable	DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
waste is a treatment residue of a pre	eviously restricted hazardous waste subject to the	e Land Disposal Restrictions, I certify and warrant that the waste of a hazardous waste as defined by 40 CFR Part 261. Shipment Date	P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II	TRANSPORTER (Generat	or complete a-d; Transporter I complete e-g) Transporter II complete h-n)	
b. Address: PB BX Driver Name/Title: Lanc	e. Truck No.:	h. Name: i. Address: j. Driver Name/Title: k. Phone No.: m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n. Driver Signature	01252
Section III	•		Shipment Date
Souther		mpletes a-d; destination site completes e-f.	
2400.0	n Plains Landfill	c. Phone No.: 405-785-2060	
	ountry Street 2910	d. Mailing Address.: P.O. Box 355	
	ah, OK 73067	Alex, OK 73002	
e. Discrepancy Indication Space: _ I hereby certify that the above n f Name of Authorized Agent Name of Authorized Agent	amed material has been accepted and to Signature	the best of my knowledge the foregoing is true and acc	urate.
Section IV	ASBESTOS (Generator co	mpletes a-d; f, g, Shipper* completes e.	and the second second
CERTIFICATION: I hereby declare that the	tructions and additional information:e contents of this consignment are fully and accurate in proper condition for transport according to ap	b. Shipper's* Phone No.:	ed, packaged, marked, and
e. Shipper's* Name & Title: f. Name and Address of Responsible Agency:	DEQ 702 N RE	b. Shipper's* Phone No.: 105640315	Date Date
g. Friable; Non-friable;	Both% friable	% nonfriable	peration, or both

WC1000 (Rev. 12/11)
White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator 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. 29445

Pink - Transporter Retain Goldenrod - Generator Retain

Connect with the Future®		complete only decides 1, it and in.	
Section I		tor completes all of Section I)	160
a. Generator Name:	U.	Generating Location/Rig:	VER THEATRE
c. Address		Well Name & Number:	IALIV
ANADARKO OK	73005	AFE#: AND DALKO BK. 73	
e. Phone No.:	2481	Rig Phone No.:	
If owner of the generating facility differs for the generating facility differs for the content of the generating facility differs for the generating facility differs facility differs for the generating facility differs for the generating facility differs facility differs facility differs facility differs facilities for the generating facilities fac		Owner's Phone No.:	38 J. F.
g. Owner's Name.	"	Owner's Frione No	TYPE
i. WC WASTE CODE	SPL	Containers	DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: 4859	SMA2212 Rallak	Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
state law, has been properly described, classif waste is a treatment residue of a previously	fied and packaged, and is in proper condition for y restricted hazardous waste subject to the La	ardous waste as defined by 40 CFR Part 261 or any applicable transportation according to applicable regulations; AND, if the ind Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261.	O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS
MAUL ENESS	Proliknosi-	012521	O - OTHER
Generator Authorized Agent Name	Signature TDANCPORTER (0)	Shipment Date Transporter Loomplete e-g)	
Section II TRANSPO		Complete a-d; Transporter I complete e-g) Transporter II complete h-n) TRANSPORTER II	
	ECKEM CO	h. Name: ENVIRONMENTAL A	レアロルンモド
00 Du 1/1	110	Da Q 1-00	And the second s
b. Address:	06 0	i. Address:	937
arc or		320K3 OK 11	was t
c. Driver Name/Title:		j. Driver Name/Title:	
d. Phone No.:	e. Truck No.:	k. Phone No.: I.	Truck No.:
f. Vehicle License No./State:	ials: OIASQI Shipment Date	m. Vehicle License No./State:Acknowledgment of Receipt of Materials: n	O 1 2 5 2 (
Driver Signature			
Section III		40E 70E 20C0	
A SILO FIGURE	lains Landfill		
	try Street 2910	d. Mailing Address.: P.O. Box 355	
Ninnekah, (OK 73067	Alex, OK 73002	
e. Discrepancy Indication Space:			
I hereby certify that the above named	material has been accepted and to the	e best of my knowledge the foregoing is true and acc	urate.
X			La Company
Name of Authorized Agent	Signature	Receipt Date	
Section IV	ASBESTOS (Generator comp	oletes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: ENUTION	MICHTAL ACTION	b. Shipper's* Phone No.:	4080
c. Shipper's* Address: Po RX	1029 JENKS &	ok 74037	
d. Shipper's* Special Handling Instruction	ons and additional information:		
CERTIFICATION: I hereby declare that the cont	tents of this consignment are fully and accurat	tely described above by proper shipping name and are classificable international and national governmental regulations.	ied, packaged, marked, and
e. Shipper's* Name & Title:	INGH	b. Shipper's* Phone No. 15642315	1010501
f. Name and Address of Responsible Agency:	9 702 NRCB	TAJSON OKE OF	Date
	Both % friable _	% nonfriable	
g. Friable; Non-triable; Shipper refers to the company which owns, leas			

Canary - Return to Operator

Green - Return to Generator

White - Destination Retain

Waste Connections Inc.

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. 29441

Connect with the Future®		complete only Sections 1, II and III.	
Section I	GENERATOR (Genera	ator completes all of Section I)	
a. Generator Name	VACIARES b.	Generating Location/Rig:	Ver Throthe
c. Address 501 VIE 4	<i>219</i> d.	Well Name & Number: 202 W M	9 in
MUNDARKO DK TS	895	AFE#: ANTHONO OF TO	7005
e. Phone No.: 405 247 34 If owner of the generating facility differs from	the generator, provide:	Rig Phone No.:	
g. Owner's Name:	h.	Owner's Phone No.:	-
i. WC WASTE CODE	501	21007	TYPE DM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Ask 1	14 22/2 RQ 110 k	Quantity Units No. TYPE	B - BAG BA - 6 MIL PLASTIC BAG or WRAP T - TRUCK O - OTHER
state law, has been properly described, classified a	nd packaged, and is in proper condition for tricted hazardous waste subject to the La	ardous waste as defined by 40 CFR Part 261 or any applicable transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261. Shipment Date	UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
	FRANSPORTER (Generator)	Complete a-d; Transporter I complete e-g)	
a. Name March Starkers b. Address: P.B. 14668 c. Driver Name/Title: Sha W	Shoermaker	i. Address: Pa By 10 Z 9	dian
d. Phone No.:		j. Driver Name/Title:	
f. Vehicle License No./State: Acknowledgment of Receipt of Materials: g.	012521	m. Vehicle License No./State:	0/252/
Driver Signature	Shipment Date	Driver Signature	Shipment Date
		etes a-d; destination site completes e-f.	
a. Site Name: Southern Plain		c. Phone No.: 405-785-2060	
b. Physical Address: 3198 Country S	DITY ON THE STATE OF THE STATE	d. Mailing Address.: P.O. Box 355	
Ninnekah, OK	'3067	Alex, OK 73002	
e. Discrepancy Indication Space:		-	
f	erial has been accepted and to the	best of my knowledge the foregoing is true and ac	curate.
Name of Authorized Agent	Signature	Receipt Date	
Section IV	ASBESTOS (Generator comp	letes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: FUNROUM	putal Action	b. Shipper's* Phone No.	1/190
c. Shipper's* Address: A Av Inc	9 Jeuksok 7	4037	The State of
d. Shipper's* Special Handling Instructions a	nd additional information		-
CERTIFICATION: I hereby declare that the contents of	f this consignment are fully and accurate	ely described above by proper shipping name and are classi able international and national governmental regulations.	fied, packaged, marked, and
e. Shipper's* Name & Title:	INCS S	b. Shipper's* Phone No.: 5 4 2 - 31	
f. Name and Address of Responsible Agency 10F9 7	2 N Robinson	OFC OF 10	Date
g. Friable; Non-friable; Bo	oth% friable	% nonfriable	
*Shipper refers to the company which owns, leases, op WC1000 (Rev. 12/11)	arates, controls, or supervises the facility b	eing demolished or renovated, or the demolition or renovation of	operation, or both.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

If waste is NOT aspestos waste complete only Sections I, II and III.

No. 29444

Connect with the Future®	ii wada la wa i abbasios wasta	, complete only Sections I, II and III.	8 8 8
Section I	GENERATOR (Gener	ator completes all of Section I)	
GENERATOR'S CERTIFICATION: I hereby ce state law, has been properly described, classifi waste is a treatment residue of a previously	f. form the generator, provide: tify that the above named material is not a hazed and packaged, and is in proper condition for the larger flux waste subject to the larger flux waste flux	Rig Phone No.: Owner's Phone No.: Quantity Units No. TYPE Transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261.	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name	Signature	Shipment Date	O - OTHER
section II TRANSPO a. Name: b. Address: c. Driver Name/Title: d. Phone No.: f. Vehicle License No./State: Acknowledgment of Receipt of Materia g. Driver Signature	e. Truck No.:	i. Address: j. Driver Name/Title: k. Phone No.: Acknowledgment of Receipt of Materials: n. Driver Signature	Truck No.: Shipment Date
Section III	DESTINATION (Generator comp	letes a-d; destination site completes e-f.	
a. Site Name: Southern Pla b. Physical Address: 3198 Countr Ninnekah, O	ains Landfill y Street 2910	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002	
e. Discrepancy Indication Space: I hereby certify that the above named f. Name of Authorized Agent	material has been accepted and to the	e best of my knowledge the foregoing is true and accu	urate.
Section IV a. Shipper's* Name: c. Shipper's* Address: d. Shipper's* Special Handling Instruction CERTIFICATION: I hereby declare that the contellabeled/placarded, and are in all respects in prope. Shipper's* Name & Title: f. Name and Address of Responsible Agency:	and additional information:	b. Shipper's* Phone No.: b. Shipper's* Phone No.: ely described above by proper shipping name and are classified cable international and national governmental regulations. b. Shipper's* Phone No.	ad, packaged, marked, and Date
g. Friable; Non-friable;	Both% friable	% nonfriable	



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. 29440

Connect with the Future®		
Section I GENERATOR (General	ator completes all of Section I)	
	Generating Location/Rig: FORMER MILIED TI-EATAC	
	Well Name & Number: 202 W M ATA	
AND DARKO OK 73005	AFE#: ANADARYO OK 73005	
e. Phone No.: 405 247 2481 f.	Rig Phone No.:	
If owner of the generating facility differs from the generator, provide:		
g. Owner's Name: h.	Owner's Phone No.:	
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM	
j. Description of Waste: ACRSCOCIJA 2012 RQ 116 k.	Quantity Containers B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haza	O - OTHER	
state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	r transportation according to applicable regulations; AND, If the	
Generator Authorized Agent Name Signature	Shipment Date	
	Complete a-d; Transporter I complete e-g) Transporter II complete h-n)	
TRANSPORTER I	TRANSPORTER II	
a. Name: MIDLEST WRECK INC, SO	h. Name: ENUTRONMENTA ACTION THE	
b. Address: Po Bx 14668	i. Address: Po Bx 1029	
oke nk	JENKS OK 74037	
Mriver Name/Title:		
d. Phone No.: e. Truck No.:		
f. Vehicle License No./State:	m. Vehicle License No./State:	
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:	
9 Driver Signature Shipment Date	n. Driver Signature Shipment Date	
	letes a-d; destination site completes e-f.	
Could am District to dell	40E 70E 20C0	
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910	C. Priorie No	
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355 Alex, OK 73002	
	AIGA, OR TOUCE	
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	
	eletes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name:	b. Shipper's* Phone No.:	
c. Shipper's* Address:	1701/	
d. Shipper's* Special Handling Instructions and additional information:		
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applied.	ely described above by proper shipping name and are classified, packaged, marked, and cable international and national governmental regulations.	
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 65 642 3151 0 1 2 3 2 1	
f. Name and Address of Responsible Agency:	Source Date	
g. 🗾 Friable; 🗌 Non-friable; 🗎 Both% friable	% nonfriable	
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility b	being demolished or renovated, or the demolition or renovation operation, or both	

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

No 29436

WASTE CONNECTIONS INC. Connect with the Future®	If waste is NOT asbestos waste,	complete only Sections I, II and III.	
Section I		tor completes all of Section I)	
a. Generator Name: CTTY OF	ANADARKO b.	Generating Location/Rig: Fall MER MEI	IER THEATRS
c. Address Sol VERGE			ATU
ALADARKO OF	73005	AFE#: ANADAPKO OK 73	205
e. Phone No.: 405 247 If owner of the generating facility differs fro	2481	Rig Phone No.: NA	
g. Owner's Name:		Owner's Phone No.:	
i. WC WASTE CODE	584	21007	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste:	NATOR ROLLER	Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
state law, has been properly described, classifie waste is a treatment residue of a previously	d and packaged, and is in proper condition for restricted hazardous waste subject to the Lar	ardous waste as defined by 40 CFR Part 261 or any applicable transportation according to applicable regulations; AND, if the nd Disposal Restrictions, I certify and warrant that the waste nazardous waste as defined by 40 CFR Part 261. Shipment Date	O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y⁴ - CUBIC YARDS O - OTHER
Section II		omplete a-d; Transporter I complete e-g) Transporter II complete h-n)	
b. Address: Po By 1466 Okc. Ok. c. Driver Name/Title:	e. Truck No.:	i. Address: j. Driver Name/Title: k. Phone No.: Acknowledgment of Receipt of Materials: n. Driver Signature	57
Section III	DESTINATION (Generator comple	etes a-d; destination site completes e-f.	
a. Site Name: Southern Pla		c. Phone No.: 405-785-2060	*
b. Physical Address: 3198 Country	/ Street 2910	d. Mailing Address.: P.O. Box 355	
Ninnekah, O	K 73067	Alex, OK 73002	
e. Discrepancy Indication Space: I hereby certify that the above named r f. Name of Authorized Agent	naterial has been accepted and to the Signature	best of my knowledge the foregoing is true and acco	urate.
Section IV	ASBESTOS (Generator comple	etes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: Po Ry 10 c. Shipper's* Address: Po Ry 10 d. Shipper's* Special Handling Instruction CERTIFICATION: I hereby declare that the content	s and additional information: ts of this consignment are fully and accurate	b. Shipper's* Phone No.: 238 238	ed, packaged, marked, and
e. Shipper's* Name & Title:	er condition for transport according to applic	able international and national governmental regulations. b. Shipper's* Phone No. 5 5 2 3 1 5 1	-012221
f. Name and Address of Responsible Agency:	TO N PARTY	iow are ar	Date
g. Friable; Non-friable;	Both% friable	% nonfriable	paration or both

WC1000 (Rev. 12/11) Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

WC1000 (Rev. 12/11)

White - Destination Retain

Green - Return to Generator

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. 29435

Connect with the Future®	of complete only coolerio 1, 12 and 11.	
Section I GENERATOR (Gene	erator completes all of Section I)	
a. Generator Name: CITY OF ANADARKS	b. Generating Location/Rig: FORMER MIT	USR THEATHS
	선생님이 아이를 하는데 아이를 하는데 하는데 하는데 그렇게 되었다. 그는 아이에 바다 그 모습니다.	トエル
ANADARKO OF 73005	AFE#: AMADARKO OF 730	2000
	f. Rig Phone No.:	
If owner of the generating facility differs from the generator, provide:	in this Hollo Ho.	No.
g. Owner's Name:	h. Owner's Phone No.:	-8
i. WC WASTE CODE	(21007	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: 435770S NA 3213 RQ 16	k. Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a his state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	azardous waste as defined by 40 CFR Part 261 or any applicable for transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261.	O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date Transporter I complete e-g) Transporter II complete h-n)	
Section II TRANSPORTER (Generato	or complete a-d; Transporter II consplete h-ñ) TRANSPORTER II	
a. Name: MTN/KST URICKTUS CO		and the same of th
b. Address: FO By 19668	i. Address: 0 8x 1029	3-7
Driver Name/Title: Shann Shanaka	j. Driver Name/Title:	No.
d. Phone No.: e. Truck No.:		Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:	Track Hon
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:	
Driver Signature Shipment Date	n. Driver Signature	Shipment Date
Section III DESTINATION (Generator com	npletes a-d; destination site completes e-f.	
a. Site Name: Southern Plains Landfill	40E 70E 2060	
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355	
Ninnekah, OK 73067	Alex, OK 73002	
		-
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to t	the best of my knowledge the foregoing is true and acc	urate.
Name of Authorized Agent Signature	Receipt Date	
	npletes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: ENTROUMS WIN ACTION I	b. Shipper's* Phone No.: 917 292 4	4 80
c. Shipper's* Address: Po By 1029 TENKS Of	74037	
d. Shipper's* Special Handling Instructions and additional information:	· · · · · · · · · · · · · · · · · · ·	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and acculabeled/placarded, and are in all respects in proper condition for transport according to ap	rately described above by proper shipping name and are classifi plicable international and national governmental regulations.	ed, packaged, marked, and
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 454 3151	-012221
f. Name and Address of Responsible Agency: ODE Q TO ROLLAR	son oke ok	Date
g. Friable; Non-friable; Both% friable	% nonfriable	
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	ty being demolished or renovated, or the demolition or renovation or	peration or both

Canary - Return to Operator

Pink - Transporter Retain Goldenrod - Generator Retain

WC1000 (Rev. 12/11)

White - Destination 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. 29434

WASTE CONNECTIONS INC. If waste is NOT asbestos waste, (Connect with the Future®	complete only Sections I, II and III.
Section I GENERATOR (Generate	or completes all of Section I)
c. Address SOL VILLEGENTA d.	Well Name & Number: 202 W MATA AFE#: AVADALKO OK 13095
	Rig Phone No.:
민생님 생님 그렇게 되었다면 하다 보고 하는 그들이 많아 나를 하는 것이 없어 없었다.	Owner's Phone No.:
i. WC WASTE CODE	21007 DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASSESTOS ANA 23 D. ROLLD k.	Quantity Units No. TYPE 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 hazar state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Lan has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a h	transportation according to applicable regulations; AND, if the DOUNDS and Disposal Restrictions, I certify and warrant that the waste
Generator Authorized Agent Name Signature	Shipment Date Transporter Loomplete (2-0)
TRANSPORTER (Generator of TRANSPORTER I a. Name: 1468 b. Address: 066	i. Address: Po By 1029
d. Phone No.: e. Truck No.: f. Vehicle License No./State:	j. Driver Name/Title:
Acknowledgment of Receipt of Materials: Driver Signature Shipment Date	n. Driver Signature Acknowledgment of Receipt of Materials: Shipment Date
Section III DESTINATION (Generator complete	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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 Section IV ASBESTOS (Generator complete)	Receipt Date
	letes a-d; f, g, Shipper* completes e. 4 b. Shipper's* Phone No.: 918 99 40 80
d. Shipper's* Special Handling Instructions and additional information:	3
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	ely described above by proper shipping name and are classified, packaged, marked, and cable international and national governmental regulations.
e. Shipper's* Name & Title: Park Amass	b. Shipper's* Phone No: 156413151 012221
f. Name and Address of Responsible Agency:	Soul of ok
g. Friable; Non-friable; Both% friable *Shipper refers to the company which owns, leases, operates, controls, or supervises the facility by	% nonfriable eing demolished or renovated, or the demolition or renovation operation, or both.

Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

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

No 29AZZ

Connect with the Futire®	ii waste is NOT aspestos was	iste, complete only Sections I, II and III.	09799
Section I	GENERATOR (Ge	nerator completes all of Section I)	
a. Generator Name: CTTY			R THE ATRE
c. Address Sol UTR	GINTA	d. Well Name & Number:	K ITTE /TIES
ANADARKO OK	73065	AFE#: AUXOARKO ok 7300	10
e. Phone No.: 465 24	7 2481	4 4 49	
If owner of the generating facility d	liffers from the generator, provide:	f. Rig Phone No.:	
g. Owner's Name:		h. Owner's Phone No.:	
i. WC WASTE CODE	505 NA 2212 ROLLO	L 2 1 6 0 7	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
CLASS 9		58 801 BA	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
waste is a treatment residue of a pr	 classified and packaged, and is in proper condition evicusiv restricted bazardous waste subject to the 	hazardous waste as defined by 40 CFR Part 261 or any applicable on for transportation according to applicable regulations; AND, if the le Land Disposal Restrictions, I certify and warrant that the waste er a hazardous waste as defined by 40 CFR Part 261.	P - POUNDS Y - YARDS M³ - CUBIC METERS
TAUL TOKSS	- HULLNONS	- 012221	Y ³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Section II	Signature	Shipment Date	
	IRANSPURIER (Generat	tor complete a-d; Transporter I complete e-g) Transporter II complete h-n)	
a. Name: Address: Do Bx	WREEKENS CO	i. Address: Po By 10.29	CITAN) INC
- 086		- JENKS OK 7403	
Oriver Name/Title:	A TOWNS ASSESSMENT	j. Driver Name/Title:	
	e. Truck No.: 306	k. Phone No.: I.	Truck No.:
 f. Vehicle License No./State: Acknowledgment of Receipt of Inches 	Materiale:	m. Vehicle License No./State:	
or Whan Gilds	01222	Acknowledgment of Receipt of Materials:	0113291
Driver Signature	Shipment Date	Driver Signature	Shipment Date
Section III	DESTINATION (Generator col	mpletes a-d; destination site completes e-f.	
a. Site Name: Souther	rn Plains Landfill	40F 70F 0000	
o. Physical Address: 3198 Co	ountry Street 2910	d, Mailing Address.: P.O. Box 355	
	ah, OK 73067	Alex, OK 73002	W Al
e. Discrepancy Indication Space:_			
I hereby certify that the above n	amed material has been accepted and to	the best of my knowledge the foregoing is true and accu	urate.
Name of Authorized Agent	Signature	Receipt Date	1
Section IV	ASBESTOS (Generator co	mpletes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name:			
	& INDERTIFICATIONS	b. Shipper's* Phone No.: 1192084	10 80
Shipper's* Address:	7	14037	
	tructions and additional information:		
GERTIFICATION: I nereby declare that the abeled/placarded, and are in all respects	3 contents of this consignment are fully and accurate in proper condition for transport according to ap	urately described above by proper shipping name and are classifie oplicable international and national governmental regulations.	d, packaged, marked, and
e. Shipper's* Name & Title:	e Anges	b. Shipper's* Phone Not: 65 6 40 3151	
Name and Address of Responsible Agency:	EQ 701 N ROBE	ison of of	Date
g. Friable;	Both% friable	% nonfriable	
		ity being demolished or renovated or the demolition or renovation on	protion or beth



White - Destination Retain

Green - Return to Generator

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. 29432

Conner with the Future® Section I GENERATOR (General Conners of	ator completes all of Section I)
a. Generator Name: Address b. c. Address 3005 e. Phone No.: 465 248 f. If owner of the generating facility differs from the generator, provide:	Generating Location/Rig: Well Name & Number: AFE#: Rig Phone No.: Owner's Phone No.: Containers Quantity Units No. TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER ardous waste as defined by 40 CFR Part 261 or any applicable r transportation according to applicable regulations; AND, if the and Disposal Restrictions. Locatify and warrant that the waste UNITS P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date
a. Name: b. Address: c. Driver Name/Title: d. Phone No.: f. Vehicle License No./State: Acknowledgment of Receipt of Materials: Driver Signature TRANSPORTER I e. Truck No.: Shipment Date	m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n. Driver Signature Shipment Date
	letes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910 Ninnekah, OK 73067	c. Phone No.: 405-785-2060 d. Mailing Address.: P.O. Box 355 Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the Mame of Authorized Agent Signature	e best of my knowledge the foregoing is true and accurate. Receipt Date
Section IV ASBESTOS (Generator comp	lletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name. 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 accurat labeled/placarded, and are in all respects in proper condition for transport according to applie e. Shipper's* Name & Title:	b. Shipper's* Phone No: ely described above by proper shipping name and are classified, packaged, marked, and cable international and national governmental regulations. b. Shipper's* Phone No:
f. Name and Address of Responsible Agency: ODE O TO A PORTASOL) okc ok
g. Friable; Non-friable; Both% friable *Shipper refers to the company which owns, leases, operates, controls, or supervises the facility by WC1000 (Rev. 12/11)	% nonfriable eing demolished or renovated, or the demolition or renovation operation, or both.

Canary - Return to Operator Pink - Transporter Retain

Goldenrod - Generator Retain

White - Destination 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. 29431

Connect with the Future®	, rempete city decited in the city of the
Section I GENERATOR (Generation I	ator completes all of Section I)
	Generating Location/Rig: FORMER MILKE THEATES
The state of the s	Well Name & Number: 202 W MATO
ANADARKO OK 73005	AFE#: ANADARKO OK 73005
e. Phone No.: 465 247 248 f. If owner of the generating facility differs from the generator, provide:	Rig Phone No.:
	. Owner's Phone No.:
	. TYPE
i. WC WASTE CODE	DM - METAL DRUM DP - PLASTIC DRUM B - PLASTIC DRUM DP - PLASTIC DRUM
j. Description of Waste: ASS MA222 RQ k.	Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz	ardous 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 fo waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	r transportation according to applicable regulations; AND, if the
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator	Transporter I complete e-g) Complete a-d; Transporter Π complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MEDILEST WEEACKTAK CO	h. Name AUTROUMENTAL ACTION TAKE
b. Address: Po By 14668	i. Address:
Driver Name/Title: Saw Johnson	JENKS GK 7403)
d. Phone No.: 405 416 - 3150 e. Truck No.:	j. Driver Name/Title:
f. Vehicle License No./State:	k. Phone No.: I. Truck No.:
Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
Jan Jahrson 012221	n. Tel Inas 012221
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator comp	letes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	_ c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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.
t	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	letes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: EN TOWMENTAL ACTION TO	2 b. Shipper's* Phone No.: 918 298 4080
c. Shipper's* Address: Pa Ry 1029 354115 OF	7/1637
d. Shipper's* Special Handling Instructions and additional information:	-1731
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	ely described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title:	b. Shipper's* Phone No.
f. Name and Address of Responsible Agency:	or) old ok
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility b	The state of the s

Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain



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. 29430

Generator Name:	Connect with the Future®	ii waste is NOT aspestos waste	e, complete only Sections I, II and III.	
Actives Southern Palars Landfill Name: Address: P By Liphon No.: TRANSPORTER I	Section I	GENERATOR (Gene	rator completes all of Section I)	Langue on Version Co.
Address: Phone No.: Rigi phone No.: WC WASTE CODE Description of Waster Anne: WC WASTER CODE DESCRIPTION OF THE WASTER CONTROL OF THE WASTER CODE WASTER CODE DESCRIPTION OF THE WA	. Generator Name: CITI	of ANAMAKO	b. Generating Location/Rig: Falms ws	IEA THEATES
Phone No.: 4.3. 4.4. 4.5. 4.5. 4.5. 4.5. 4.5. 4.5.	. Address Sol VE			TAI
Phone No.: 4.3. 4.4. 4.5. 4.5. 4.5. 4.5. 4.5. 4.5.	AUADARKA O	k 73005	AFE#: ANA DARKO OK	7.7cm5
Owner's Name: No. WASTE CODE Description of Waste: A Secretary Containers GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRR part 281 or any applicable to a secretary of the property described, classified and packaged, and is in proper condition for transportations recording to applications regulations. AND 1. TRAINSPORTER (Generators completes add) TRAINSPORTER (Generators completes add) TRAINSPORTER I TRAINSPORTER II Name: TRAINSPORTER II Name: TRAINSPORTER II Name: Trainsport of Receipt of Materials: Driver Signature Signature Sinjament Date Trainsport of Receipt of Materials: Driver Signature Sinjament Date Trainsport of Receipt of Materials: Driver Signature Sinjament Date Acknowledgment of Receipt of Materials: Driver Signature Sinjament Date Trainsport Date Trainsport Date Acknowledgment of Receipt of Materials: Driver Signature Sinjament Date Trainsport Date Trainsport Date Trainsport Date Trainsport Date Trainsport Date Trainsport Date Destribution III DESTINATION (Generators completes add) Minimekah, OK 73067 Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Sinjament Date Acknowledge of the description of Property Street 2910 Assessment Signature Sinjament Date Trainsport Date Trai	Phone No.: 405 241 owner of the generating facility diffe	2481	f. Rig Phone No.:	
Description of Waste: PARTA DRIVEN Description of W	열차 이 모든 사람이 이번에 비로 기술에 되면 구입하다 모르겠습니다.		h. Owner's Phone No.:	
Description of Waste: A. & Country Dints No. TYPE GRAND Control of the Country Street Country St	WC WASTE CODE	SP	421007	DM - METAL DRUM DP - PLASTIC DRUM
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 provisiously restricted state are provided by the foreign and warrant has the waste has been residued and provided regulations; AND, if the P - P.	Description of Waste: ACC	105 MA 2212 RQ 1161	k. Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
Generator Authorized Agent Name Signature TRANSPORTER I N. Name: Address: Phone No.: Phone No.: Phone No.: Driver Name/Title: Phone No.: Phone No.: Signature Signature In Name: Southern Plains Landfill Co. Phone No.: Signature Southern Plains Landfill Co. Phone No.: Adknowledgment of Receipt of Materials: Name: Southern Plains Landfill Co. Phone No.: Adknowledgment of Receipt of Materials: Nimekah, OK 73067 Nimekah, OK 73067 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 Signa	state law, has been properly described, of waste is a treatment residue of a previous	lassified and packaged, and is in proper condition f	for transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste	P - POUNDS Y - YARDS M³ - CUBIC METERS
TRANSPORTER I TRANSPORTER I TRANSPORTER I TRANSPORTER I Name: Address: Phone No.: Phone No.: Phone No.: Phone No.: Phone No.: Priver Signature Transporter in Complete sed. Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Section III DESTINATION (Generator completes add. estimation site completes add. pestignature Section III Discrepancy Indication Space: I hareby 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 ASBESTOS (Generator completes add.f.g., g. Shipper's Phone No.: Shipper's "Address: Shipper's "Special Handling Instructions and additional information: ERTIFICATION: 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 beledyplacarded, and are in all respects in proper condition to transport according to applicable international and national governmental regulations. Name and Address of Responsible Agency: Date	PAUL INESS	Pail anes	012221	
TRANSPORTER I Name: TRANSPORTER II Name: Address: PAB 44 Driver Name/Title:			E WELLEY OF THE	
Name: Address: Address: Addr				
Address: Address: Address:				
Driver Name/Title: Phone No.: Physical License No./State: Acknowledgment of Receipt of Materials: Phone No.: Physical Receipt of Materials: Physical Address: Phone No.: Physical Address: Phone No.: Physical Address: Physical Address: Physical Address: Phone No.: Physical Address: Physical	Name:	LITERAL CO	h. Name: CAVIII DOI 12 JULIA	Com I Shelled her Rellen
Driver Name/Title: Phone No.: Pho	Address: PO DX /	4668		
Phone No.: e. Truck No.: k. Phone No.: I. Truck No.:	OKC O	K .	SENKS OK 75	1037
Phone No.:	Driver Name/Title:		i. Driver Name/Title:	\$ ·- · · · · · ·
Vehicle License No./State: Acknowledgment of Receipt of Materials: Driver Signature Shipment Date A05-785-2060 Mailing Address: P.O. Box 355 Alex, OK 73002 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 Shipper's Name: Shipper's Name: Shipper's Phone No: Shipper's Phone No: Shipper's Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's Name & Title: b. Shipper's Phone No: Date		e Truck No :		
Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Shipment Date Shipment Date Shipment Date Driver Signature Shipment Date Shipment Date Shipment Date Driver Signature Shipment Date Shipment Date Shipment Date Shipment Date Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Shipment Date Shipment Date Shipment Date Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Shipment Date Shipment Date Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Shipment Date Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Shipment Date Acknowledgment of Receipt of Materials: Driver Signature Acknowledgment of Receip				Truck (10)
Driver Signature Shipment Date Driver Signature Driver Signature ship and destination site completes e-f. Driver Signature Shipper Shook Sall Sall Sall Sall Sall Sall Sall Sal		aterials:		
Driver Signature Shipment Date Driver Signature Driver Signature ship and destination site completes e-f. Driver Signature Shipper Shook Sall Sall Sall Sall Sall Sall Sall Sal	,	0 12221	n told mass.	01222
Site Name: Southern Plains Landfill c. Phone No.: 405-785-2060 Physical Address: 3198 Country Street 2910 d. Mailing Address.: P.O. Box 355 Ninnekah, OK 73067 Alex, OK 73002 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 Section IV ASBESTOS (Generator completes a-d; f, g, Shipper's completes e. Shipper's Name: Shipper's Phone No.: Shipper's Phone No.: ERRIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's Name & Title: b. Shipper's Phone No.: Date Date		Shipment Date	Driver Signature	Shipment Date
Physical Address: 3198 Country Street 2910 d. Mailing Address:: P.O. Box 355 Ninnekah, OK 73067 Alex, OK 73002 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 ASBESTOS (Generator completes a-d; f, g, Shipper's completes e. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: EstriFication: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: b. Shipper's* Phone No. Date Date	ection III	DESTINATION (Generator com	pletes a-d; destination site completes e-f.	
Ninnekah, OK 73067 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 ASBESTOS (Generator completes a-d; f, g, Shipper's completes e. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date Date	Site Name: Southern	n Plains Landfill	c. Phone No.: 405-785-2060	
Ninnekah, OK 73067 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 ASBESTOS (Generator completes a-d; f, g, Shipper's completes e. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date Date	Physical Address: 3198 Col	untry Street 2910	d Mailing Address . P.O. Box 355	
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 ASBESTOS (Generator completes a-d; f, g, Shipper's completes e. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: b. Shipper's* Phone No. Date of Responsible Agency:	7.19			
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 ASBESTOS (Generator completes a.d. f, g, Shipper's completes e. Shipper's* Name: Shipper's* Phone No.: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable International and national governmental regulations. Shipper's* Name & Title: b. Shipper's* Phone No. Date On the proper of the foregoing is true and accurate. Beceipt Date Date Date Date		,		
Name of Authorized Agent Signature ASBESTOS (Generator completes a-d; f, g, Shipper's completes e. Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date Date	I hereby certify that the above na	med material has been accepted and to the	he best of my knowledge the foregoing is true and acc	curate.
Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date				7 / M =
Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date	No. of Automotive Contract	6/		
Shipper's* Name: Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date				
Shipper's* Address: Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date	ection IV	ASBESTOS (Generator com	npletes a-d; f, g, Shipper* completes e.	
Shipper's* Special Handling Instructions and additional information: ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date	Shipper's* Name;	OUNCETA! ACTISE	6. Shipper's* Phone No.: 18 494	4080
ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date	Shipper's* Address:	4 1029 TEAKS	of 74037	
ERTIFICATION: 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 beled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper's* Name & Title: Date Date	Shipper's* Special Handling Instr	uctions and additional information:		
Name and Address of Responsible Agency: Date	ERTIFICATION: I hereby declare that the	contents of this consignment are fully and accur	rately described above by proper shipping name and are classif plicable international and national governmental regulations.	ied, packaged, marked, and
of Responsible Agency:	. Shipper's* Name & Title:	Duss	b. Shipper's* Phone No. 45 6423	01222
	Name and Address of Responsible Agency:	Q 702 N RARTH	ISMI DKCOK	Date
	. Friable; Non-friable;	☐ Both % friable	% nonfriable	



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. 29429

Goldenrod - Congretor Detain

Connect with the Future®	, somplete only sections 1, it and in.
	ator completes all of Section I)
a. Generator Name; CTTV OF AVADALLO b.	
	. Well Name & Number: 202 W MATA
ANADARKO OK 73065	AFE#: ANANARLO OF 73005
e. Phone No.: f. If owner of the generating facility differs from the generator, provide:	Rig Phone No.: NA
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name;h.	. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: ASBS SDS n/A 2 2/2 RQ 116 k.	. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
CLASS 9	S 8 3 0 1 8 7 - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition fo waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a Generator Authorized Agent Name Signature	or transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste
	complete a-d; Transporter I complete e-g) Transporter I complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MEDWEST WESACKTUA CO	h. Name: ENUI PONMENTAL ACTION INC
b. Address: PO Bx 14468	i. Address: Po Rx 1029
OKC GK	JENKS OK 74037
Driver Name/Title: 1000 Bishop	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator comp	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	oletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENUTRON MENTAL ACTION	Shipper's* Phone No. 9 18 298 40 80.
c. Shipper's* Address: Po Bx 1029 JEMS	. GK 74037
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accural labeled/placarded, and are in all respects in proper condition for transport according to applia	
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 105 6 4 2 3 5 0 1 2 2 2 1
f. Name and Address of Responsible Agency: ODEA 762 N Roll Roll Roll Roll Roll Roll Roll Ro	SON OKE OK
g. 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.

Milita Postination Potain Green - Peturn to Generator Canany - Return to Onerator Pink - Transporter Retain

WC1000 (Rev. 12/11)

White - Destination 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. 29423

Connect with the Future®	o, domplote only decitoris i, if and iii.
	rator completes all of Section I)
	o. Generating Location/Rig: Follow / MILER THATKS
	d. Well Name & Number: 262 W MAEA
ANADARKO OK 73005	AFE# ANADARKO OK 73005
e. Phone No.: 405 247 Q481	f. Rig Phone No.: NA
If owner of the generating facility differs from the generator; provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z 1 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: ASSESTOS NA2212 ROLL k	K. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG OF WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a has state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the L has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	uzardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the and Disposal Restrictions I certify and warrant that the waste
Generator Authorized Agent Name Signature	Shipment Date Yº - CUBIC YARDS O - OTHER
· · · · · · · · · · · · · · · · · · ·	complete a-d; Transporter If complete e-g) Transporter If complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MEDIUST WESACKERS CO	h. Name: ENVIRONMENTAL ACTEMN THE
b. Address: Po Bx 14668	i. Address: PO By 1029
OKE OK	JENKS OK 74037
Priver Name/Title: Shawa Shoems	
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Driver Signature Shipment Date pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	405 795 2060
b. Physical Address: 3198 Country Street 2910	D.O. Para OFF
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355 Alex, OK 73002
(
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
	Receipt Date pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENURWING ATAL ACTION TO	UCb. Shipper's* Phone No.: 918 298 4080
c. Shipper's* Address: Po Rv 1020 JENKS	ok 14037
d. Shipper's* Special Handling Instructions and additional information:	3404
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accural labeled/placarded, and are in all respects in proper condition for transport according to appli-	itely described above by proper shipping name and are classified, packaged, marked, and licable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone Nd. 105 642 3151 0 1 2 2 1
f. Name and Address of Responsible Agency: ONEQ 702 N ROB	THON OKE OK Date
g. Friable; Non-friable; Both% friable _	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	

Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

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

No. 29422

Connect with the Future®	te, complete only Sections I, II and III.
Section I GENERATOR (Gene	erator completes all of Section I)
a. Generator Name: CETY OF ANADALKO	b. Generating Location/Rig: FORMER MENER TIKATRE
	d. Well Name & Number: 203 (A) MATA)
ANADALKO OF 73005	AFE#: ALADARED OK 73095
e. Phone No.: 405 2 47 2481	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z 2 1 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASSESTOS AJA 2212 RQ116	k. Quantity Units No. TYPE 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 his state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	azardous waste as defined by 40 CFR Part 261 or any applicable for transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261. UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS
YALL ENESS TOO Brown	O 1 2 2 1 Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Section II TBANSPORTER (Generator	Shipment Date Transporter I complete e-g)
TRANSPORTER I	Transporter I complete e-g) Transporter II complete h-n) Transporter II complete h-n)
a. Name: MFA LAST LAKE ACKTUS CO	h. Name: LANSPORTER II
b. Address: Po By 14668	i. Address: Po Bx 1629
OKC OK	
C Driver Name/Title:	
	2
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
	npletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	405.795.2060
b. Physical Address: 3198 Country Street 2910	D.O. Poy 255
Ninnekah, OK 73067	d. Mailing Address.: P.O. BOX 333
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
f	Receipt Date
Section IV ASBESTOS (Generator com	npletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENVRONMENTAL ACTION C	NC b. Shipper's* Phone No.: 918 298 4680
c. Shipper's* Address: Po By 1029 JENKS	ok 74037
d. Shipper's* Special Handling Instructions and additional information:	UOWE
CERTIFICATION: I hereby declare that the contents of this consignment are fully-and accur labeled/placarded, and are in all respects in proper condition for transport according to app	rately described above by proper shipping name and are classified, packaged, marked, and plicable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 465 642 3151 0 1 2 2 2 1
f. Name and Address of Responsible Agency: GDEQ 702 N RoBs	ENSON OKC OK Date
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns leases operates controls or supervises the facility	



White - Destination Retain Green - Return to Generator

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. 29437

Connect with the Future® Section I General General	tor completes all of Section I)
	Generating Location/Rig: Folmse MTHER THEFTES
	Well Name & Number: 303 W MATU
	AFE#: ANADARKO OK 73005
	Rig Phone No.: A) A
If owner of the generating facility differs from the generator, provide:	ng Fliotie No.:
g. Owner's Name: h.	Owner's Phone No.:
i. WC WASTE CODE	2 1 0 0 7 DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASSSTOS NA2212 RQ 116 k.	Containers B - BAG Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
CLASS 9	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haza state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer as hazardous waste subject to the Lat has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer as hazardous waste subject to the Lat hazardous waste sub	urdous waste as defined by 40 CFR Part 261 or any applicable transportation according to applicable regulations; AND, if the nd Disposal Restrictions, I certify and warrant that the waste nazardous waste as defined by 40 CFR Part 261. Wilton And Company Company
Section II TRANSPORTER (Generator of	
TRANSPORTER I	TRANSPORTER II
a. Name: MIDLUEST WRECKING CO	h. Name: ENVIRONMENTAL ACTION TINC
b. Address: Po Bx 14668	i. Address: Do Bx 1029
okc ok	JENKS OK 74037
Driver Name/Title: Lance Rishop	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k: Phone No.: I. Truck No.;
f. Vehicle License No./State: Acknowledgment of Receipt of Materials: Driver Signature Shipment Date	m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n. Driver Signature Shipment Date
Section III DESTINATION (Generator compl	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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.
1 ((())	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	letes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENUTRONME ATAL ACTOWN	b. Shipper's* Phone No.: 918 298 4000
c. Shipper's* Address: Do By 1029 SENKS OK 7	WA2 7
d. Shipper's* Special Handling Instructions and additional information:	7 - 4
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applied	
e. Shipper's* Name & Title: Atul LineA	b. Shipper's* Phone No. 465 6 40 3151 0 1 3 3 1
f. Name and Address of Responsible Agency: DOEQ 702 N ROBINS	ow oke ok
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility b WC1000 (Rev. 12/11)	

Canary - Return to Operator Pink - Transporter Retain

Goldenrod - Generator Retain



White - Destination Retain Green - Return to Generator

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. 29421

Connect with the Future®	
Section I GENERATOR (Gener	rator completes all of Section I)
a. Generator Name: TTV 05 ANA DAIKA b	o. Generating Location/Rig: TWMS / MT 115 R TWATRS
· · · · · · · · · · · · · · · · · · ·	d. Well Name & Number: 202 W. MATA
AWA-DARYA OK 7705C	AFE#: ANADADVO OK TICOS
e. Phone No.: 465 247 2481 f.	Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	- 1.ig 1 Hoto 115.i
g. Owner's Name:	n. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASS TO S MA2212 RG 110 k	Containers B - BAG K. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
12833	5 8 1/3 0 1 8 A T - TRUCK 0 - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a ha	zardous 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 waste is a treatment residue of a previously restricted hazardous waste subject to the L	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	a nazardous waste as defined by 40 CFR Part 261. M³ - CUBIC METERS
MAULTAKSS fool down	O - OTHER
Generator Authorized Agent Name Signature TRANSPORTER (Generator	Shipment Date Transporter I complete e-g) complete a-d; Transporter II complete h-n)
TRANSPORTER I	Complete a-d; Transporter II complete h-h) TRANSPORTER II
a. Name: MEALVEST WESACKEAU GO	h. Name: ENDARONIE NTO ACTION THE
b. Address: PA Rox 14469	i. Address: Do Ry 1029
D. Address.	
e: Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g:	n. Rul Your 012121
	Driver Signature Shipment Date
	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ie best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator com	pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: Entitled MINTAL ACTION 1	b. Shipper's* Phone No.: 318 298 4036
c. Shipper's* Address: DS 1020 TEAKS OK T	14637
d. Shipper's* Special Handling Instructions and additional information:	MNE
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accura labeled/placarded, and are in all respects in proper condition for transport according to app	ately described above by proper shipping name and are classified, packaged, marked, and licable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 405 640 3151
f. Name and Address of Responsible Agency:	SON OK OK Date
g. Friable; Non-friable; Both % friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	

Canary - Return to Operator

Pink - Transporter Retain



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. 29420

Connect with the Future			
Section I	GENERATOR (Gener	ator completes all of Section I)	
a. Generator Name:	A CALL		UTP THEATES
c. Address	I I see a second	I. Well Name & Number: 2 h) W	A April A
AMAD	MARYA OU 73005		2001
e. Phone No.: 46			
	ting facility differs from the generator, provide:	Hig Phone No.:	
g. Owner's Name:	h	. Owner's Phone No.:	
i. WC WASTE CODE		21007	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Wast	e: ASBESTOC NA 2)12 RQ116k	Containers . Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG
A District Author Strawn	CLASS 9		or WRAP
CENEDATODIO OFFIT	SIGNATION 11	58 13 01 8 4	T - TRUCK O - OTHER
waste is a treatment re	FICATION: I hereby certify that the above named material is not a haz perly described, classified and packaged, and is in proper condition for esidue of a previously restricted hazardous waste subject to the La cordance with the requirements of 40 CFR Part 268 and is no longer a	or transportation according to applicable regulations; AND, if the	P - POUNDS Y - YARDS
Par	CHESS All look	0110101	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized A		Shipment Date	O - OTHER
Section II		complete a-d; Transporter II complete e-g) Transporter II complete in complete	
	TRANSPORTER I	TRANSPORTER II	
a. Name:	WEST WREACUTERS CO	h. Name: FMKR) ACTAL AC	TON INC
b. Address:	Bx 14668 -	i. Address:	
0	KC OK	JENILS OK 74	977
C Driver Name/Title:_	Plant Committee	j. Driver Name/Title:	
	e. Truck No.:		
f. Vehicle License No.		m. Vehicle License No./State:	Truck No.:
Acknowledgment of	f Receipt of Materials:	Acknowledgment of Receipt of Materials:	
g Driver Signature		n	0 2 1 2 1
	Shipment Date	Driver Signature	Shipment Date
Section III		letes a-d; destination site completes e-f.	
a. Site Name:		_ c. Phone No.: 405-785-2060	
b. Physical Address: _	3198 Country Street 2910	d. Mailing Address.: P.O. Box 355	
-	Ninnekah, OK 73067	Alex, OK 73002	
e. Discrepancy Indicat	ion Space:		
I hereby certify that	the above named material has been accepted and to the	best of my knowledge the foregoing is true and according	urate.
f			
Name of Authorized Ag	gent Signature	Receipt Date	Î
Section IV	ASBESTOS (Generator comp	letes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name:	SWARNING ALTEN TO	b. Shipper's* Phone No.: 99	1 the
c. Shipper's* Address:	DA MARGINE OF	b. Shipper's Priorie No.:	70.50
	Handling Instructions and additional information:		-
		Our described should be used to the state of	
labeled/placarded, and are	declare that the contents of this consignment are fully and accurat in all respects in proper condition for transport according to appli	ary described above by proper snipping name and are classificable international and national governmental regulations.	eo, packaged, marked, and
e. Shipper's* Name &		b. Shipper's* Phone No.: 15 641	- 3 - 0 - 2 -
 f. Name and Address of Responsible Ager 	ncy: ODS 0 702 13 BBF	was okcok	Date
g. 🖊 Friable; 🔲	Non-friable; Both% friable	% nonfriable	
*Shipper refers to the compa WC1000 (Rev. 12/11)	any which owns, leases, operates, controls, or supervises the facility b	eing demolished or renovated, or the demolition or renovation op-	peration, or both.



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. 29419

Connect with the Future [®]	
Section I GENERATOR (General	tor completes all of Section I)
a. Generator Name; CTTV OF ANA DARKO b.	Generating Location/Rig: FORMEA MEHEL THEATRE
The second secon	Well Name & Number:
ANA DARMA OK 73005	AFE#: ANADARUM OK TRADS
	Rig Phone No.: A A
If owner of the generating facility differs from the generator, provide:	Tilg I fiolic No.
g. Owner's Name: h.	Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASBSST05 NA 2212 KB116k.	
CLACS 9	S & S O R A T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haza	a se sa o comen
state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a h	transportation according to applicable regulations; AND, if the nd Disposal Restrictions, I certify and warrant that the waste nazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS M³ - CUBIC METERS
MAUL TUESS TOUR MEST	O 1 2 1 2 1
Generator Authorized Agent Name Signature	Shipment Date Transporter Leamplete e-a)
Section II TRANSPORTER (Generator of TRANSPORTER I	omplete a-d; Transporter I complete e-g) Transporter II complete h-n) Transporter II complete h-n)
C 7 // OCC 25 C GGS C GGG C G	h. Name: AUTHOR MARKATAN ACTION TIVE
	A 24 - A 45
b. Address; TO San Address	i. Address:
c. Driver Name/Title:	JENKS OK TYNZ7
	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
0 1 2 1 2 1	n Rel 2000 012121
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator complete Comp	etes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator compl	letes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: (A) That MWAL ACTIVE TA	b. Shipper's* Phone No.: 918 298 40 86
c. Shipper's* Address: PO By 1629 JENKS OF	b. Shipper's Priorie No
	male
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	
e. Shipper's* Name & Title:	b. Shipper's* Phone No. 405 642 3151 6 1 2 1 2 1
f. Name and Address of Responsible Agency:	INSON aks ok
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility b	



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. 29439

Connect with the Future®	II waste is NOT aspestos wa	aste, complete only sections 1, It and III.	
Section I	GENERATOR (Ge	enerator completes all of Section 1)	
a. Generator Name: CITY O	FAWADARKO	b. Generating Location/Rig: Folkmen Mails	SP THEATRE
c. Address SOI UTRG	CUTA	d. Well Name & Number: 202 WMA	TAI
ANANARKO OK	73005	AFE#: DAMDARKO OK 730	700
e. Phone No.: 405 24	72481	f. Rig Phone No.:	:
If owner of the generating facility diffe	ers from the generator, provide:	i. Tilg t flotto flot.	
g. Owner's Name:		h. Owner's Phone No.:	
i. WC WASTE CODE		PL 21007 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	9 RQ116	k. Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
state law, has been properly described, o waste is a treatment residue of a previ	classified and packaged, and is in proper conditi iously restricted hazardous waste subject to	a hazardous waste as defined by 40 CFR Part 261 or any applicable ion for transportation according to applicable regulations; AND, if the the Land Disposal Restrictions, I certify and warrant that the waste ager a hazardous waste as defined by 40 CFR Part 261.	P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS
PAUL INSS		012221	O - OTHER
Generator Authorized Agent Name Section II	Signature TRANSPORTER (Concernity)	Shipment Date Transporter I complete e-g) ator complete a-d; Transporter II complete h-n)	
	SPORTER I	ator complete a-d; Transporter II complete h-h) TRANSPORTER II	
	AIRSCHTUS CA	h. Name: ENUTRONMENTAL AC	CITAN TAK
a. realic.	110 V	i. Address: Po By 102 9	
b. Address: PO 8x 14	255		037
Driver Name/Title:		j. Driver Name/Title:	
d. Phone No.: 405 - 4/6 - 3	7 150 e. Truck No.:	k. Phone No.:	Truck No.:
f. Vehicle License No./State:		m. Vehicle License No./State:	
Acknowledgment of Receipt of M		Acknowledgment of Receipt of Materials:	010001
Driver Signature	Shipment Date	n. Driver Signature	Shipment Date
Section III	•		Ompinent Date
Cdb		completes a-d; destination site completes e-f. 405-785-2060	
0.100.0	n Plains Landfill	C. Friorie No	
	untry Street 2910	u. Mailing Address	
Ninneka	h, OK 73067	Alex, OK 73002	
e. Discrepancy Indication Space:	med metavial has been essented and	to the heat of my knowledge the foregoing is true and see	urata
i nereby certify that the above ha	med material has been accepted and t	to the best of my knowledge the foregoing is true and acc	urate.
	you litely		(1118)
Name of Authorized Agent	Signature	Receipt Date	
Section IV	ASBESTOS (Generator of	completes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: SAUTRO	WAS STAL ACTION ?	b. Shipper's* Phone No.: 918 298	4000
c. Shipper's* Address: No B	4 1029 JENKS OK	74677	
d. Shipper's* Special Handling Instr	uctions and additional information:	, ,,,,	
CERTIFICATION: I hereby declare that the	contents of this consignment are fully and ac	ccurately described above by proper shipping name and are classift papplicable international and national governmental regulations.	ied, packaged, marked, and
e. Shipper's* Name & Title:	2 Smood	b. Shipper's* Phone No. 642 315	1012221
f. Name and Address of Responsible Agency:	EQ 702 NI ROBIN	ason oke ok	Date
g. Friable; Non-friable;	Both% frial	ble% nonfriable	
		acility being demolished or renovated, or the demolition or renovation of	peration, or both.



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. 29418

Connect with the Future®	, 100, 100, 100, 100, 100, 100, 100, 10
Section I GENERATOR (Generation I	ator completes all of Section I)
a. Generator Name: OTTV OF ANA DALLO b	Generating Location/Rig: Falus A MIBR THATE
	I. Well Name & Number: 202 141 MATAI
ANANALKO OK 73005	AFE#: ANADARKA OK 73005
	Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	Rig Phone No.:
g. Owner's Name: h	. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste:	T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the L has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	zardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261. UNITS P - POUNDS Y - YARDS P - YA
TRULTAKSS TRULDINGER	O 1 2 1 2 1 O - OTHER
Generator Authorized Agent Name Signature	Shipment Date Transporter I complete e-d)
Section II TRANSPORTER (Generator TRANSPORTER I	complete a-d; Transporter I complete e-g) Transporter II complete h-n) Transporter II complete h-n)
a. Name: MEDUKS WESACKENS CO	h. Name: AVERNAMS CAL ACTE AND THE
b. Address: FOBX 14668	i. Address: PA Bx 1029
OKC OK	JENKS OK 74037
of Driver Name/Title: Show Make	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.;
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g	n. fall limeds 012121
	Driver Signature Shipment Date
2 = 2 : at 2 : at 2 (a contraint) do nip	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	<u> </u>
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	pletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: EN STABOLITAL ACTION I	Cb. Shipper's* Phone No.: 318 298 4040
c. Shipper's* Address: Make 1009 TENKLOK	14037
d. Shipper's* Special Handling Instructions and additional information:	JOAK
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurat labeled/placarded, and are in all respects in proper condition for transport according to appli	tely described above by proper shipping name and are classified, packaged, marked, and icable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
g. Friable; Non-friable; Both % friable	9/ nonfrights
	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility to	being demonstred or renovated, or the demolition or renovation operation, or both.

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 I

No. 29417

Connect with the Future®	" Wasie is NOT aspesios was	te, complete only Sections I, II and III.	
Section I		erator completes all of Section I)	
a. Generator Name: CTTV OF	Jakob a St.	b. Generating Location/Rig:	euch The en
c. Address _ Sol Val Star	A.	d. Well Name & Number: 202 W	LIKK ITTLAK
ANADARYA OK	73055		der fl. f
e. Phone No.: 403 247	ALICAL		3045
f owner of the generating facility differs from	the generator, provide:	f. Rig Phone No.:	
g. Owner's Name:		h. Owner's Phone No.:	1
. WC WASTE CODE	SPL	2 0 0 7	TYPE DM - METAL DRUM
. Description of Waste:	MAZOD ROMA	K. Quantity Units No. TYPE	DP - PLASTIC DRUM B - BAG
CLASE 9	4 + 0	Units No. TYPE	BA - 6 MIL. PLASTIC BAC or WRAP
GENERATOR'S CERTIFICATION: I hereby certify	that the above need	50808	T - TRUCK O - OTHER
Waste is a treatment recidue of a province-	The same is in proper deligitable	uzardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the	UNITS
has been treated in accordance with the requireme	ents of 40 CFR Part 268 and is no longer	or transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261.	P - POUNDS Y - YARDS
MALY INESS	The David	017:71	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name	Signature	Shipment Date	O - OTHER
Section II	TRANSPORTER (Generator	Complete a-d; Transporter I complete e-g) Transporter II complete h-n)	
TRANSPORTE	-RI	TO A VICE A VICE A TO A VICE A TO A VICE	
Name:	Alkan Co	h. Name: FARROWNERAL ACT	TOU TWE
Address:		i. Address: AO By 162 g	
- OKC OK		SENKS OK 74A	
Driver Name/Title:		j. Driver Name/Title:	
Phone No.:	e. Truck No.:	k. Phone No.: I.	Total Ma
Vehicle License No./State:		m. Vehicle License No./State:	Truck No.:
Acknowledgment of Receipt of Materials:	010101	Acknowledgment of Receipt of Materials:	
Driver Signature	Shipment Date	n	01121121
ection III DE		letes a-d; destination site completes e-f.	Shipment Date
Site Name: Southern Plains	1 16:11		
Physical Address: 3198 Country S			
Ninnekah, OK 7		d. Mailing Address.: P.O. Box 355	
Discrepancy Indication Space:	3007	Alex, OK 73002	
I hereby certify that the above named mate	rial has been accepted and to the	best of my knowledge the foregoing is true and accura	
- (A A	best of my knowledge the foregoing is true and accura	ate.
Name of Authorized Agent	Signature		
		Receipt Date	
e de la companya della companya della companya de la companya della companya dell	ASPESIUS (Generator compl	etes a-d; f, g, Shipper* completes e.	
Shipper's* Name:	VILL ACTON DA	b. Shipper's* Phone No.:	1080
Shipper's* Address:	19 CRAKT OK	74037	
Shipper's* Special Handling Instructions and	d additional information:	JON'S '	
B 15 13	this consignment are fully and accurate adition for transport according to applic	ly described above by proper shipping name and are classified, able international and national governmental regulations.	packaged, marked, and
Shipper's* Name & Title:	077	b. Shipper's* Phone No.: 405 6403151	A 1 4 1 4 1
Name and Address of Responsible Agency:	707 N. KOTTER	SON OKE OK	Date
Friable; Non-friable; Both	% friable	0/ novicials	
		% nonfriable ing demolished or renovated, or the demolition or renovation operat	

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



White - Destination Retain

Green - Return to Generator

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. 29416

Section I GENERATOR (General Control of Cont	rator completes all of Section I)
Carlo Alana	No. of the second secon
FAI LERON THE A	b. Generating Location/Rig:
ANA DACKO OK 7300 C	d. Well Name & Number:
11 0112 01101	AFE#: ANADARIO OK 7.2605
e. Phone No.: If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
	n. Owner's Phone No.:
A 100	TYPE
j. Description of Waste:	DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	c. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
~ FW3.3	T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a har state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the L has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	or transportation according to applicable regulations; AND, if the
PAIN JAKSS -BY DIEST	M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature Section II TRANSPORTER (Generator	Shipment Date Transporter Learning a cl
TRANSPORTER I	complete a-d; Transporter I complete e-g) Transporter II complete h-n)
a. Name: MTALLYST WATACKELS GO	h. Name:
b. Address: PA Ky 1469	
D. Addiess.	i. Address:
c. Driver Name/Title:	1 - 31AM OK 170.5/
d. Phone No.: e. Truck No.:	
	ii iiidkittiii
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
g	n Driver Signature Shipment Date
On the Bill I will	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	a book of must be assistant at the first
the say solary and the above harried material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
fName of Authorized Agent Signature	
0 : ***	Receipt Date Dietes a-d; f, g, Shipper* completes e.
a. Shipper's* Name:	
c. Shipper's* Address:	b. Shipper's* Phone No.:
	And the second of the second o
d. Shipper's* Special Handling Instructions and additional information:	N: 0/2
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurat labeled/placarded, and are in all respects in proper condition for transport according to applie	ely described above by proper shipping name and are classified, packaged, marked, and cable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility b WC1000 (Rev. 12/11)	peing demolished or renovated, or the demolition or renovation operation, or both.

Canary - Return to Operator Pink - Transporter Retain

Goldenrod - Generator Retain



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. 29415

Connect with the Future®	ners to the t debectos wast	o, complete only Sections 1, II and III.	
Section I	GENERATOR (Gene	rator completes all of Section I)	
a. Generator Name: CITY OF ANI	4DALKO	o. Generating Location/Rig: FORMER M	THE THE
c. Address SOI VIRGINIA		d. Well Name & Number: 203 W. M	
ANADARKO OK 7300	3.5	AFE#: BANDALKO OK	
e. Phone No.: 405 247 24	181	Dia Dhana Nation A 1 A	1-1-5-5
e. Phone No.: 403 247 249 If owner of the generating facility differs from the g	generator, provide:	. Hig Phone No.:	
g. Owner's Name:	h	n. Owner's Phone No.:	
i. WC WASTE CODE	S. Carrie	121007	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASSESTAS / 1/4	2212 RQ116		B - BAG
GENERATOR'S CERTIFICATION: I hereby certify that the	a above named wateriel is seen	58 301BA	O OTHER
	hazardous waste subject to the	zardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261.	P - POUNDS Y - YARDS
PAUL TUESS		012121	M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
	•	Shipment Date Transporter I complete e-g) Transporter II complete h-n)	
TRANSPORTER I	NOT STITLE (Generalor	TRANSPORTER	т.
a. Name: MANUEST WRACKE	MY CO.	h. Name: ENVERONMENTAL ACT	
b. Address: P.O Box 14668		i. Address: Po 15x 1029	2012
OKG OK		TOURS OF T	VARY -
c. Driver Name/Title:	9 .s	Driver Many (Title	
d. Phone No.: e.	Truck No :		
f. Vehicle License No./State:	Huck No		I. Truck No.:
Acknowledgment of Receipt of Materials:		m. Vehicle License No./State: Acknowledgment of Receipt of Materials:	
g Driver Signature	0 1 2 1 2 1	n. All look	01212
	Shipment Date	Driver Signature	Shipment Date
		letes a-d; destination site completes e-f,	
a. Site Name: Southern Plains La	100000000000000000000000000000000000000	c. Phone No.: 405-785-2060	
D. Physical Address: 3198 Country Street	t 2910	d. Mailing Address.: P.O. Box 355	
Ninnekah, OK 7306	7	Alex, OK 73002	
e. Discrepancy Indication Space:			
I hereby certify that the above named material h	ias been accepted and to the	best of my knowledge the foregoing is true and ac	curate.
(_			
Name of Authorized Agent Sig	nature	Receipt Date	
Section IV ASE	SESTOS (Generator comp	letes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: AND RANGE COMP	L ACTIVITIES	ald pas	UNUN
c. Shipper's* Address:	27 - CIALUS -	b. Shipper's* Phone No.:	1-0-
	A W	1 1 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0	
d. Shipper's* Special Handling Instructions and add		P	
abeled/placarded, and are in all respects in proper condition	onsignment are fully and accurate n for transport according to applic	ely described above by proper shipping name and are classi cable international and national governmental regulations.	fied, packaged, marked, and
e. Shipper's* Name & Title:		b. Shipper's* Phone No.: 466 672 315	1012121
Name and Address of Responsible Agency:	> NA RESTA	ion off of	Date
J. Friable; Non-friable; Both	% friable	% nonfriable	
Shipper refers to the company which owns, leases, operates, over 1000 (Rev. 12/11)	controls, or supervises the facility be	eing demolished or renovated, or the demolition or renovation of	peration, or both.

WC1000 (Rev. 12/11)

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

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. 29428

Pink - Transporter Retain Goldenrod - Generator Retain

Connect with the Future®	, complete only occions I, II and III.
	ator completes all of Section I)
ALASA ON A MARINA	Generating Location/Rig: FORMER MILICE THEATES
(A) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Well Name & Number: 202 W MATAI
ANADARKO OF 73005	AFE#: ANADARKO OK 73005
e. Phone No.: 485 247 2481 f	Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	nig Filotie No
g. Owner's Name: h.	. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASBSCTOS NA 22 2 RQ II bk.	or WRAP
	S & N B A T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haze state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	r transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261. Y ARDS
Generator Authorized Agent Name Signature	M³ - CUBIC METERS Y² - CUBIC YARDS O - OTHER
	complete a-d; Transporter I complete e-g) Transporter II complete h-m)
TRANSPORTER I	TRANSPORTER II
a. Name: MIDWEST WREACHTUS CO	h. Name: ENTROUMENTAL ACTION THE
b. Address: PO By 14668	i. Address: Po By 1029
oke ok	JENKS OK 74037
Driver Name/Title: Shore Shore Te	
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator complete)	etes a-d; destination site completes e-f.
a. Site Name:Southern Plains Landfill	ADE 705 0000
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	7 HONG ON 1000Z
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	7.00
Name of Authorized Agent Signature	- Receipt Date
Section IV ASBESTOS (Generator comple	etes a-d; f, g, Shipper* completes e.
	_b. Shipper's* Phone No.: 918 298 4080
c. Shipper's* Address: DO Rx 1029 35NKS OK	1403
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurated labeled/placarded, and are in all respects in proper condition for transport according to applications.	ly described above by proper shipping name and are classified, packaged, marked, and able international and national governmental regulations
e. Shipper's* Name & Title: Dale And A	b. Shipper's* Phone No. 405 642 3151 0 1 2 1 2 1
f. Name and Address of Responsible Agency: ODEQ 701 N Robbass	Date
	Design to the second se
4.5 Million of State of the Charlettening of the Ch	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility be	ing demoissned or renovated, or the demolition or renovation operation, or both.

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. 29427

Connect with the Future®	ii waste is NOT aspestos waste,	, complete only Sections I, II and III.	9 1 60 8
Section I	GENERATOR (Genera	ator completes all of Section I)	
a. Generator Name: CTTY dF	· A . N	Generating Location/Rig: FORMER MT	-VEA THEATH
c. Address 501 DIG	A STATE OF THE PARTY OF THE PAR		MATEN
ANADARKO OK	73005	AFE#: ANADORED OK 73	200
e. Phone No.: 405 24-	7 2481	Rig Phone No.: NA	
If owner of the generating facility differs fro	m the generator, provide:		
g. Owner's Name:	h.	Owner's Phone No.:	
i. WC WASTE CODE	5PL	. 2 1 0 0 7 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	DIFERIZ ROTTO K	Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certification	y that the above named material is not a haze	ardous waste as defined by 40 CFR Part 261 or any applicable	O - OTHER
waste is a treatment residue of a previously r	d and packaged, and is in proper condition for estricted hazardous waste subject to the La	transportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261.	UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS
PAUL FUESS	TO DRIVE	012221	Y° - CUBIC YARDS O - OTHER
Generator Authorized Agent Name	Signature.	Shipment Date	O - OTHER
Section II		omplete a-d; Transporter I complete e-g) Transporter II complete h-n)	
TRANSPOR	KERKENS CO	TRANSPORTER II	
OA D. 111	1 LO	h. Name ENUTION MENTAL AC	1401 44
b. Address:	L	i. Address: NO N	The state of the s
Clark		JENES OF 740	31
by Driver Name/Title:	ochler	j. Driver Name/Title:	
d. Phone No.:	_ e. Truck No.: _ 3 Olo	k. Phone No.:	Truck No.:
 f. Vehicle License No./State:	E ()	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:	
or Christalt	012221	n Tail Inose	012221
Driver Signature	Shipment Date	Driver Signature	Shipment Date
Section III	ESTINATION (Generator compl	etes a-d; destination site completes e-f.	
a. Site Name: Southern Plai	ns Landfill	c. Phone No.: 405-785-2060	
b. Physical Address: 3198 Country	Street 2910	d. Mailing Address.: P.O. Box 355	
Ninnekah, Ok	73067	Alex, OK 73002	
e. Discrepancy Indication Space:	1		i
I hereby certify that the above named m	aterial has been accepted and to the	best of my knowledge the foregoing is true and accurate	ırate.
f.			
Name of Authorized Agent	Signature	Receipt Date	E A.
Section IV	ASBESTOS (Generator compl	etes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: ENUTROW	YEUTAL ACTION E	Lb. Shipper's* Phone No.: 918 298 4	(a sta)
c. Shipper's* Address: Po Rx	1029 TOURS	sk 74037	Court, or of the court
d. Shipper's* Special Handling Instructions	and additional information:	. , , , ,	
CERTIFICATION: I hereby declare that the contents labeled/placarded, and are in all respects in proper	of this consignment are fully and accurate condition for transport according to applic	ely described above by proper shipping name and are classifie able international and national governmental regulations.	d, packaged, marked, and
e. Shipper's* Name & Title:	Mass	b. Shipper's* Phone No. 1560 3151	01221
f. Name and Address of Responsible Agency: ODE Q	702 N ROB	www oke ok	Date
g. Friable; Non-friable; I	Both% friable	% nonfriable	
*Shipper refers to the company which owns, leases, WC1000 (Rev. 12/11)	operates, controls, or supervises the facility be	eing demolished or renovated, or the demolition or renovation ope	eration, or both.



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. 29426

© Connect with the Fature®	complete only Sections 1, It and III.	5 6 66 66
Section I General Gene	ator completes all of Section I)	
a. Generator Name: CTTY of ANA ARKO b.	Generating Location/Rig: TARMER MILI	KA THEATER
c. Address 501 UTRGIATA d.	Well Name & Number: 202 W M/	ATU
ANADALKO OK 7300	AFE#: ANADARKO OK 7	700[
e. Phone No.: 465 247 2481 f.	Rig Phone No.: NA	-
If owner of the generating facility differs from the generator, provide: g. Owner's Name:		
g. Owner's Name: h.	Owner's Phone No.:	TVDE
i. WC WASTE CODE	2 1 0 0 7 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: ASSIOS MAZZIZ ROJE k.	Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haze state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the La has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a light of the control of the con	ardous waste as defined by 40 CFR Part 261 or any applicable ransportation according to applicable regulations; AND, if the and Disposal Restrictions, I certify and warrant that the waste hazardous waste as defined by 40 CFR Part 261.	O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
3	Shipment Date Transporter I complete e-g) Transporter II complete h-n)	
TRANSPORTER I	TRANSPORTER II	
a. Name: MEDLIEST LIKER KETK CO	h. Name: EM STOMMENTAL AC	TEN TUC
b. Address: Po Bx 14668	i. Address: PO Dx /029	
OKE OK	JENKS OK 74	037
or Driver Name/Title:	j. Driver Name/Title:	
d. Phone No.: e. Truck No.:		Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:	, IVaak IVa.
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:	
Driver Signature Shipment Date	n. Driver Signature	Chiamant Data
	letes a-d; destination site completes e-f,	Shipment Date
a. Site Name: Southern Plains Landfill	40E 70E 20C0	Y 123
b. Physical Address: 3198 Country Street 2910	c. Phone No.: 405-765-2060 d. Mailing Address.: P.O. Box 355	
Ninnekah, OK 73067	Alex, OK 73002	
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 accu	urate.
f		*
Name of Authorized Agent Signature	Receipt Date	J
Section IV ASBESTOS (Generator compl	letes a-d; f, g, Shipper* completes e.	
a. Shipper's* Name: EUVANOMENTAL ACTEM TO	L b. Shipper's* Phone No.: 918 298	4080
c. Shipper's* Address: PO By 1029 JENKS OK	74037	
d. Shipper's* Special Handling Instructions and additional information:	NOWE	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	ely described above by proper shipping name and are classificable international and national governmental regulations.	ed, packaged, marked, and
e. Shipper's* Name & Title: Par Sulfation	b. Shipper's* Phone No: 45 642 3 5	-012221
f. Name and Address of Responsible Agency: ODEQ 701 N Ro81	won oke ok	Date
g. Friable; Non-friable; Both% friable	% nonfriable	
*Shinner refers to the company which owns leases operates controls or supervises the facility b		Canada and Cast

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. 29425

G /: T	erator completes all of Section I)
a Concrete News Call Control of the	
c Address SOL LATOSTLATO	b. Generating Location/Rig: The ATES
ANADARKO OK 73005	d. Well Name & Number: 202 () MAT()
a Phone No. 1100 0117 Allas	AFE#: ANADALKO OK 73005
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.: 114
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM
j. Description of Waste: ASBS STOC NA2212 ROLL B	Containers Containers Containers DP - PLASTIC DRUM B - BAG BA - 6 MII PLASTIC BAG BA - 6 MII PLASTIC BAG
CLASS 9	S B V3 O I D O T WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a ha state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Lease been treated in accordance with the requirements of 40 CFR Part 268 and is no longer at the condition of	azardous waste as defined by 40 CFR Part 261 or any applicable or transportation according to applicable regulations: AND if the
Generator Authorized Agent Name Signature	O 2 2 2 1 PARDS O - OTHER
	Shipment Date Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MEDWST WREACKERS CO	h. Name; SNUROVIMENTAL ACTION TAK
b. Address: PO by 14662	i. Address: PORx 1029
OKC OK	JENKS OK 74037
Driver Name/Title: Sam Take Son	j. Driver Name/Title:
d. Phone No.: 415-416-3 56 e. Truck No.: 37	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. 746 Smods 9/22 a1
Simplified Ballo	Driver Signature Shipment Date
Scattle District Generator comp	eletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill b. Physical Address: 3198 Country Street 2910	0.0.0
Ninnekah, OK 73067	d. Mailing Address.: P.O. Box 355
	Alex, OK 73002
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	hoot of my knowledge the f
	roest of my knowledge the foregoing is true and accurate.
f	
G-A'-W	Receipt Date letes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: SUVERON ME JAK ACTION T	Nb: Shipper's* Phone No. 918 298 (1880)
c. Shipper's* Address: DO BY 1019 JENKS OF	TYOUR PRINTER PRINTER NO.: 110 248 248 25
d. Shipper's* Special Handling Instructions and additional information:	nint
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	ely described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title: Eth Small	b. Shipper's* Phone No.
f. Name and Address of Responsible Agency: ODEA 702 N ROBIN	Kol) ok ok
g. Friable; Non-friable; Both% friable	% nonfriable
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility be WC1000 (Rev. 12/11)	sing demolished or renovated, or the demolition or renovation operation, or both.

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. 29424

Connect with the Future®	iste, complete only sections I, II and III.
Section I GENERATOR (Ger	nerator completes all of Section I)
a. Generator Name: CTTY OF ANADALKO	
c. Address SOI VERGENTA	
ANADALKO OK 73005	
	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	i. rig rione No
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE 5 p	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description or Waste:	k. Quantity Units No. TYPE 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 state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	thazardous waste as defined by 40 CFR Part 261 or any applicable on for transportation according to applicable regulations; AND, if the ne Land Disposal Restrictions, I certify and warrant that the waste er a hazardous waste as defined by 40 CFR Part 261.
Generator Authorized Agent Name Signature	M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPORTER (General	tor complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MOUEST WREACKENS CO	h. Name: ENUTRONMENTAL ACTION THE
b. Address: Po Rv 14668	i. Address: Po Bx 1029
oke ok	JEA)KS OK 74037
Driver Name/Title: LOACE BISKY	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n
Section III DESTINATION (Generator con	ompletes a-d; destination site completes e-f,
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator con	ompletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENUTRON ME WAL ACTION 1	b. Shipper's* Phone No.: 918 298 4080
c. Shipper's* Address: PO By 1029 TAKS OK	C 74027
d. Shipper's* Special Handling Instructions and additional information:	DONE
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accu	urately 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 ap	pplicable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.: 12 2 2 1
f. Name and Address of Responsible Agency: ODEQ 702 /U ROBT	WSON OKC OK Date
g. Friable; Non-friable; Both% friable	
*Shipper refers to the company which owns, leases, operates, controls, or supervises the facili WC1000 (Rev. 12/11)	ity being demolished or renovated, or the demolition or renovation operation, or both.



White - Destination Retain

Green - Return to Generator

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. 29414

Goldenrod - Generator Retain

Section I GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name: CITY OF ANADAKIKO	b. Generating Location/Rig: FORMISE MENTER THE ATES
c. Address VILGINIA	d Well Name & Number: 201 (4) (1) 25-4
ANA PARKO OK 73000	AFE#: AMADARKA OK 73005
e. Phone No.:	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	i. hig Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
j. Description of Waste: ASS 500 AVA 2212 ROLL	k. Quantity Containers B - BAG BA - 6 MIL. PLASTIC BAG
L = 11-3-2	S B B G A R G T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a state law, has been properly described, classified and packaged, and is in proper and its	a hazardous waste as defined by 40 CFR Part 261 or any applicable
waste is a treatment residue of a previously restricted because with proper condition	on for transportation according to applicable regulations; AND, if the
, and a second and a no longer	el a flazardous waste as defined by 40 CFR Part 261.
Generator Authorized Agent Name Signature	1 O IIILI
J.g. materi	Shipment Date Transporter L complete e-n)
TRANSPORTER I	tor complete a-d; Transporter II complete e-g) Transporter II complete h-n)
a. Name: MIGUEST LVKS, KKEV	TRANSPORTER II
b. Address: P.O. Bx 14668	h. Name: ELVARAMETAL ACTION TIKE
200	
c. Driver Name/Title:	j. Divol Namo nuo.
d. Phone No.: e. Truck No.:	k. Phone No.: l. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
6. She Bell 012121	n
Driver Signature Shipment Date	Driver Signature Shipment Date
Section III DESTINATION (Generator cor	mpletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator con	mpletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name:	b. Shipper's* Phone No.:
c. Shipper's* Address:	L 1908 I
d. Shipper's* Special Handling Instructions and additional information:	2NS
and the second state of th	rately described above by proper shipping name and are classified, packaged, marked, and policable international and national governmental regulations.
s. Shipper's* Name & Title:	b. Shipper's* Phone No.: Carry 100 100 100 100 100 100 100 100 100 10
f. Name and Address of Responsible Agency:	Date
g. Friable; Non-friable; Both % friable	O/ mansfield.
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	- TOTAL MADIO

Canary - Return to Operator Pink - Transporter Retain



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

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. 2

Section I GENERATOR (Gene	erator completes all of Section I)
A STATE OF THE PARTY OF THE PAR	b. Generating Location/Rig: FORMSE MILER THATES
- ALL 5 1 1/20 000	d. Well Name & Number: 200 WATH
ANADARWO OK 73905	AFE#: ANA DAKKO OK 73030
LIST DUE DUE	
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
a Owner's Name	h. Owner's Phone No.:
i. WC WASTE CODE	
j. Description of Waste:	k. Quantity Containers No. TYPE DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a has state law, has been properly described, classified and packaged, and is in proper condition of waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer of the conditions of the conditi	azardous waste as defined by 40 CFR Part 261 or any applicable for transportation according to applicable regulations; AND, if the Land Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS
	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	O - OTHER Shipment Date
TRANSPORTER (Generator	r complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER IT
a. Name: PRINTER CO	h. Name:
b. Address: Pa Bx 14664	
olc_ok	TTENKS OF TUNEY
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n, Driver Signature Shipment Date
Section III DESTINATION (Generator comp	pletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
e. Discrepancy Indication Space:	AIEX, OR 73002
I hereby certify that the above named material has been accepted and to the	e hest of my knowledge the foregoing is true and account
	s seek of my knowledge the foregoing is true and accurate.
f	
Signature Community	Receipt Date
ASDESTOS (Generator comp	pletes a-d; f, g, Shipper* completes e.
A second	b. Shipper's* Phone No.:
c. Shipper's* Address:	1 7 K 37
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurat abeled/placarded, and are in all respects in proper condition for transport according to appli	tely described above by proper shipping name and are classified, packaged, marked, and icable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
g. Friable; Non-friable; Both % friable % friable	% nonfriable peing demolished or renovation or renovation, or both.



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 a

No. 29407

Connect with 10t 1 mixe	c, complete only Sections 1, II and III.
Section I GENERATOR (Gener	rator completes all of Section I)
a. Generator Name: SETV OF ANADALKO b	o. Generating Location/Rig: FORMER MAJISP THE ATIES
c. Address SO VIR GIAM	d. Well Name & Number: 202 LUEST MATH
HAVADAKKA OK 7300S	AFF#: ANADARKE OU TROOF
e. Phone No.:	Rig Phone No : A / A
	ng i nono ison
g. Owner's Name: h	n. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: ASSESTIONS AJA 2217 RQ 116k	Containers B - BAG Units No. TYPE BA - 6 MIL. PLASTIC BAG
CLASS ?	or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz	O - OTHER
state law, has been properly described, classified and packaged, and is in proper condition to waste is a treatment residue of a previously restricted hazardous waste subject to the Links been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a	or transportation according to applicable regulations; AND, if the
PAULITIESS FUL DIER	Y ³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator	complete a-d; Transporter II complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MEDWEST WEEKSKING CO	4 20
b. Address:	i. Address:
OKC OK	JENKS OF 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g	n. Driver Signature Shinment Date
	Simplified Battle
South and District Annual (denerator compr	letes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	
b. Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator compl	letes a-d; f, g, Shipper* completes e.
a. Shipper's* Name:	b. Shipper's* Phone No.: 918 218 4080
c. Shipper's* Address:	74037
d. Shipper's* Special Handling Instructions and additional information:	ONIF
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurate labeled/placarded, and are in all respects in proper condition for transport according to applic	ely described above by proper shipping name and are classified, packaged, marked, and able international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
g. 🗆 Friable; 🗀 Non-friable; 🗀 Both % friable	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility be	

WC1000 (Rev. 12/11)

White - Destination Retain

Green - Return to Generator

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. 20419

Contact with the Future®	and m.
Section I GENERATOR (Ge	enerator completes all of Section I)
a. Generator Name: CETY OF ANADARIZE	b. Generating Location/Rig: FORMS & MILIER THEAT CE
c. Address	d. Well Name & Number: 202 L.J. M4 IN
ANADARKO OK 73005	AFF# ANADADUO OK TRAC
e. Phone No.: 405 247 2481	f. Rig Phone No.:
If owner of the generating facility differs from the generator, provide:	i. Tilg (Tibrie No.,
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: <u>A58257051442213</u> RQ/16	k. Quantity Containers B - BAG BA - 6 MIL. PLASTIC BAG
CLASS 9	S 9 1 R A T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a state law, has been properly described classified and packaged and is in properly described.	O - OTHER
state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no long	on for transportation according to applicable regulations; AND, if the the Land Disposal Restrictions, I certify and warrant that the waste ger a hazardous waste as defined by 40 CFR Part 261. P - POUNDS Y - YARDS
PAUL TNESS PRULLIESE	
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (General	ator complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MODUEST WREAKKING CO	h. Name: ENTHORMENTAL ACTION THE
b. Address: P.O. Rx 14668	i. Address: Po Bx 1027
- OKG OK	JENKS OK 74037
c. Driver Name/Title: LONCE RISKS*	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
g, Driver Signature	n. Pail. Smars 012 21
Simplified Bale	Driver Signature Shipment Date
BEOTHERITON (Generator co	ompletes a-d; destination site completes e-f.
a. Site Name: Southern Plains Landfill	
b Physical Address: 3198 Country Street 2910	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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
Section IV ASBESTOS (Generator co	impletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENUTROWNEUTAL ACTION:	L b. Shipper's* Phone No.: 918 298 4086
c. Shipper's* Address: Po By 1029 JENKS	OK 74637
d. Shipper's* Special Handling Instructions and additional information:	IAME
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accur	urately described above by proper shipping name and are classified, packaged, marked, and
abeled/placarded, and are in all respects in proper condition for transport according to ap Bhipper's* Name & Title:	opplicable international and national governmental regulations.
	b. Shipper's* Phone No.:
Name and Address of Responsible Agency: 707 N 10870	SON OKE OK
,	
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	ty being demolished or renovated, or the demolition or renovation operation, or both.

Canary - Return to Operator

Pink - Transporter Retain Goldenrod - Generator Retain



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. 29411

Connect with the Future®	, and the state of
Section I GENERATOR (Gen	nerator completes all of Section I)
· C A ABABA	b. Generating Location/Rig: FORMER MILISE TIKATE
c. Address SOI VIRGINIA	d. Well Name & Number: 202 W MATN
ANADARKA OK TROOS	AFE#: ANADARUA OK 73005
	f. Rig Phone No.: A
If owner of the generating facility differs from the generator, provide:	I. Rig Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. WC WASTE CODE	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
j. Description of Waste: ASRESTOS NA 2212 RQ 116	k. Quantity Containers No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG BA - 6 MIL. PLASTIC BAG
CLASS 9	5 % VJ O R A T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a h	O · OTHER
state law, has been properly described, classified and packaged, and is in proper condition waste is a treatment residue of a previously restricted hazardous waste subject to the has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer	of transportation according to applicable regulations; AND, if the
PAUL INESS I tal Amose	Y - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
	or complete a-d; Transporter I complete e-g). Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: MEALUEST LUREACITARY CO	h. Name: EANT CODAL ACTUE THE
b. Address: V.0 8x 1466 8	_ i. Address:
OKC OK	T3NKS OK 74037
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: Acknowledgment of Receipt of Materials:	m. Vehicle License No./State:
	Acknowledgment of Receipt of Materials:
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generator com	opletes a-d; destination site completes e-f,
a. Site Name: Southern Plains Landfill	c. Phone No.: 405-785-2060
b. Physical Address: 3198 Country Street 2910	D.O. Post OFF
Ninnekah, OK 73067	d. Mailing Address.: P.O. BOX 355 Alex, OK 73002
e. Discrepancy Indication Space;	PHONG ON FOODE
I hereby certify that the above named material has been accepted and to the	he best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator com	npletes a-d; f, g, Shipper* completes e.
a. Shipper's* Name: ENVIRONMENTAL ACTION THE	
c. Shipper's* Address: PO BX 1029 JENKS OK	b. Shipper's* Phone No.: 18 218 4080
	Alans
d. Shipper's* Special Handling Instructions and additional information:	MONC
abeled/placarded, and are in all respects in proper condition for transport according to app	ately described above by proper shipping name and are classified, packaged, marked, and plicable international and national governmental regulations.
e. Shipper's* Name & Title: Pall Lyakk	b. Shipper's* Phone No.: 405 6 42 301
f. Name and Address of Responsible Agency: ODE Q 707 N. Rosauso	N OKC OK Date
g. Friable; Non-friable; Both % friable	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the facility	

White - Destination Retain Green - Return to Generator Canant - Return to Operator

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.

A	erator completes all of Section I)
a. Generator Name:	b. Generating Location/Rig: FORMER METHER
C. Address	d Well Name 9 Number
ANADARKI OK 73005	d. Well Name & Number:
e. Phone No.: If owner of the generating facility differs from the generator, provide:	*AFE#:
If owner of the generating facility differs from the generator, provide:	f. Rig Phone No.:
	h. Owner's Phone No.:
i. WC WASTE CODE	L DM - METAL DRIM
Description of Waste: ASBS STAS NA 2212 R	THE BA TO WILL PLASTIC BAG
	5 % or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a ha state law, has been properly described, classified and packaged, and is in proper condition for waste is a treatment residue of a previously restricted hazardous waste subject to the Las been treated in accordance with the requirements of 40 CFR Part 268 and is no longer at	a. and Disposal Restrictions, I certify and warrant that the waste a hazardous waste as defined by 40 CFR Part 261 Y - YARDS
General Authorized Aut	M³ - CUBIC METERS Y³ - CUBIC YARDS
Generator Authorized Agent Name Signature	Shinment Date
TRANSPORTER :	Complete a-d; Transporter II complete e-g) Transporter II complete h-n)
TRANSPORTER I Name: MIDWEST WREACKING CO.	TRANSPORTER II
Address: PO Box 11668	
Address: FU BUX 1788	
	JENKS OK
Driver Name/Title:	j. Driver Name/Title:
Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:	Acknowledgment of Receipt of Materials:
Driver Signature Shipment Date	n. Driver Signature
	onipinent Date
Cartham Diales I - 1991	letes a-d; destination site completes e-f.
Physical Address: 3198 Country Street 2910	c. Phone No.: 405-785-2060
	d. Mailing Address.: P.O. Box 355
Ninnekah, OK 73067	Alex, OK 73002
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	
o Signature	Receipt Date
ASBESTOS (Generator compl	etes a-d; f, g, Shipper* completes e.
Shipper's* Name:	b. Shipper's* Phone No.: 112 272 40 80
Shipper's* Address:	ppor o i nono reon 3 see a
Shipper's* Special Handling Instructions and additional information:	M4 -
RTIFICATION: I hereby declare that the contents of this consignment are fully and accurate eled/placarded, and are in all respects in proper condition for transport according to applicate the content of the content	
Shipper's* Name & Title:	and manufactural and manufact governmental regulations.
Name and Address	b. Shipper's* Phone No.:
of Responsible Agency:	Date
of Responsible Agency:	% nonfriable



