

**Patch II**  
**10-0133**

2010.126

# South Dakota Spill Report Form

BM

2010.126

Dept. of Ag. Case No. \_\_\_\_\_

State Case No. \_\_\_\_\_

Reported: (mm/dd/yy) <u>6/24/10</u>		Time: _____		Recorded By: <u>Bob McPhail</u>		
<b>A. REPORTER</b>	Reported By: <u>NRC Incident Report via fax</u>					
	Organization Name: _____					
	Organization: <input type="checkbox"/> discharger <input type="checkbox"/> public <input type="checkbox"/> state <input type="checkbox"/> local <input type="checkbox"/> federal					
	Address: _____					
City: _____		County: _____		State: _____		
Zip: _____		Phone: _____				
<b>B. DISCHARGER</b> <small>(Responsible Party)</small>	Name: <u>Bob Baumgartner - Keystone Pipeline</u>					
	Address: <u>13710 FNB Parkway</u>					
	City: <u>Omaha</u>		County: _____		State: _____	
	Zip: <u>68154</u>		Phone: <u>(402) 492-7464</u>			
<b>C. INCIDENT LOCATION</b>	As Above in B Street or Approx. Location: <u>(402) 960-0983 (cell)</u>					
	<u>Roswell pump station 42592 236 st.</u>					
	Survey Description: _____ Sec _____ T _____ R _____					
	City: <u>Howard Roswell</u>		County: <u>Miner</u>		State: _____	
<b>D. DATE</b>	Spill Date: (mm/dd/yy) <u>6/23/10</u>			Spill Time: _____		
	<b>E. MATERIAL</b>	Material Type (Code/Name): <u>Crude Oil</u>		Quantity Spilled: <u>100</u>	Spilled in Water: _____	
		<input type="checkbox"/> hazardous substance <input type="checkbox"/> material unknown <input type="checkbox"/> oil <input type="checkbox"/> other			Units (Check 1)	
					<input type="checkbox"/> lb. <input type="checkbox"/> bbl. <input checked="" type="checkbox"/> gal. <input type="checkbox"/> oth. <input type="checkbox"/> lb. <input type="checkbox"/> bbl. <input type="checkbox"/> gal. <input type="checkbox"/> oth. <input type="checkbox"/> lb. <input type="checkbox"/> bbl. <input type="checkbox"/> gal. <input type="checkbox"/> oth.	
<b>F. SOURCE</b>	Source of Spill: <input type="checkbox"/> AST <input type="checkbox"/> UST <input type="checkbox"/> railway <input type="checkbox"/> vessel <input type="checkbox"/> fixed facility <input type="checkbox"/> pipeline <input type="checkbox"/> highway <input type="checkbox"/> air transport					
	Description: <u>leaking pump station</u>					
<b>G. MED.</b>	Medium Affected: <input type="checkbox"/> air <input type="checkbox"/> land <input type="checkbox"/> water <input type="checkbox"/> groundwater <input type="checkbox"/> within facility only					
	Waterway Affected: _____					
<b>H. CAUSE</b>	Reported Cause: <input type="checkbox"/> transportation accident <input type="checkbox"/> operational error <input type="checkbox"/> dumping <input type="checkbox"/> Other <input type="checkbox"/> equipment failure <input type="checkbox"/> natural phenomenon <input type="checkbox"/> unknown					
	Description: _____					
<b>I. DAMAGE</b>	Damages: No. of injuries _____ No. of deaths _____ Property damage > \$50,000 _____					
	<input type="checkbox"/> Evacuation Response Action Taken: _____					
<b>J. ACTIONS</b>	<u>Appr. 80 gallons already recovered</u>					
	Responding Agency: <input type="checkbox"/> DENR <input type="checkbox"/> DOA <input type="checkbox"/> discharger <input type="checkbox"/> federal <input type="checkbox"/> EPA <input type="checkbox"/> local					
<b>K. NOTIFIED</b>	Agencies Notified: _____					
	Comments: <u>Contaminated gravel/soil/will be excavated &amp; disposed of. Post excavation sampling to be done</u>					

43.965346  
-97.694305

2010. 126

DEPARTMENT of ENVIRONMENT  
and NATURAL RESOURCES

PMB 2020  
JOE FOSS BUILDING  
523 EAST CAPITOL  
PIERRE, SOUTH DAKOTA 57501-3182  
denr.sd.gov



June 25, 2010

Robert Baumgartner  
TransCanada Keystone  
13710 FNB Parkway  
Omaha, NE 68154

Subject: Department of Environment and Natural Resources File Number –  
2010.126 – Oil Spill @ Roswell Pump Station

Dear Mr. Baumgartner:

The Department of Environment and Natural Resources is contacting you regarding the above referenced event. This office has recorded the information provided about this event on an initial spill report form (enclosed for your review). The procedures for assessment and remediation of a release such as this were developed to prevent pollution of the waters of the State. In this situation, the following steps must be taken:

- By July 23, 2010, please complete and return the attached Written Contamination Incident Follow Up Report form (this is a standard form so some questions will not apply to this situation, just skip those questions).
- Please also provide this office with a narrative of actions taken in response to this event, to include: waste disposal receipts & sample analyses.

I have been assigned as the project manager of this case. Once I have reviewed all of the information on this case I will contact you to discuss any further actions that may be needed. If you have any questions or need additional information, please do not hesitate to contact me. If you have questions regarding the appropriate disposal of impacted substances contact our Waste Management Program at (605) 773-3153.

Thank you for your environmental stewardship and willingness to document the response efforts.

Sincerely,

  
Bob McDonald  
Ground Water Quality Program  
Phone: (605) 773-3296

Enclosures

cc: Bob Calmus, Miner County Emergency Management, Howard, SD

**WRITTEN CONTAMINATION INCIDENT FOLLOW-UP REPORT**

(Page 1 of 2)

**RECEIVED**

RETURN  
COMPLETED  
FORM  
TO

SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
GROUND WATER QUALITY PROGRAM  
JOE FOSS BUILDING  
523 EAST CAPITOL AVENUE  
PIERRE SD 57501-3182

JUL 23 2010

DEPT. OF ENVIRONMENT &  
NATURAL RESOURCES,  
GROUND WATER PROGRAM

SITE NAME: TransCanada Keystone Pipeline-Roswell Pump Station

SPILL LOCATION: 42592 236th Street, Roswell, SD

LATITUDE: 43.965346 LONGITUDE: -97.694305

LEGAL LOCATION (TOWNSHIP/RANGE): SE 1/4 SEC.20, T106N, R57W

RESPONSIBLE PARTY: TransCanada Keystone Pipeline, LP

MAILING ADDRESS: 13710 FNB Parkway

CITY: Omaha STATE: NE ZIP: 68154

TELEPHONE: \_\_\_\_\_ (HOME) (402) 492-7300 (WORK)

DATE OF SPILL OR WHEN DETECTED: 6/23/2010 TIME: 12 noon, CDT

WHAT WAS THE DURATION OF THE RELEASE? Approx. 3 seconds of oil spray on 6/23/2010

SUBSTANCE(S) RELEASED: Crude Oil

QUANTITY RELEASED: Approximately 100 gallons

CHEMICAL NAME: Canadian Sour Crude CAS #: \_\_\_\_\_  
CAS # 8002.05.09

IS SUBSTANCE ON THE "SARA 302 LIST"? YES \_\_\_\_\_ NO  DON'T KNOW \_\_\_\_\_  
"CERCLA HAZARDOUS SUBSTANCE LIST"? YES \_\_\_\_\_ NO  DON'T KNOW \_\_\_\_\_  
"SOUTH DAKOTA REGULATED SUBSTANCE"? YES  NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

CONSULTANT: URS Corporation

IDENTIFY KNOWN HEALTH RISKS: None known

WHAT PERTINENT MEDICAL ADVICE WAS ISSUED? None required

LAND USE (RESIDENTIAL, INDUSTRIAL, RURAL, OTHER): Rural

UTILITIES INVESTIGATED (WATER, SEWER, TELEPHONE, CATV, STORM WATER, OTHER):

Release occurred in rural setting. No utilities.

# RECEIVED

JUL 23 2010

**FOLLOW-UP REPORT CONTINUED**

(Page 2 of 2)

DEPT. OF ENVIRONMENT &  
NATURAL RESOURCES,  
GROUND WATER PROGRAM DENR FILE #: 2010.126

ENVIRONMENTAL MEDIA IMPACTED (SURFACE SOIL, SUBSURFACE SOIL > 3' BELOW GROUND, GROUND WATER, SURFACE WATER, INDOOR AIR, OUTDOOR AIR, ETC.):

Surface soil and surface rain water only.

DISTANCE TO AND NAME OF CLOSEST SURFACE WATER OR DRAINAGE:

Road ditch along 236th Street with Twin Lakes 1 mile west of site.

DEPTH/DISTANCE TO AND NAME OF CLOSEST AQUIFER: 25-50 feet/0 feet to Floyd Aquifer

DEPTH/DISTANCE TO NEAREST DRINKING WATERWELL: Suspect farm 2 miles south

CUBIC YARDS OF SOIL EXCAVATED/TREATED: Approximately 200

WAS FREE PHASE OR POOLED PRODUCT PRESENT? Yes

DIMENSIONS OF EXCAVATION: 60 ft. by 110 ft.

CONTAMINATED MATERIALS DISPOSAL SITE: Waste Management-Spruce Ridge LF

DATE MATERIAL WAS DISPOSED OF: To be determined. Scheduled for late July, 2010.

IMMEDIATE CORRECTIVE ACTION TAKEN AND ADDITIONAL WORK PLANNED:

See attached text.

FORM COMPLETED BY: Hubert Huls, URS Corporation DATE: July 20, 2010



Closure 2010.126

**DEPARTMENT of ENVIRONMENT  
and NATURAL RESOURCES**

PMB 2020  
JOE FOSS BUILDING  
523 EAST CAPITOL  
PIERRE, SOUTH DAKOTA 57501-3182  
denr.sd.gov

September 8, 2010

Bob Baumgartner  
TransCanada Keystone Pipeline  
13710 FNB Parkway  
Omaha, NE 68154

Subject: Closure of Department of Environment and Natural Resources File Number  
2010.126 – Oil Spill at Roswell Pump Station.

Dear Mr. Baumgartner:

The Department of Environment and Natural Resources has conducted a review of the information that has been provided concerning this site. Based upon that information, the department has determined that the file can be closed.

The information provided to date indicates that the release was cleaned up immediately and the contaminated materials were disposed of properly. DENR does not anticipate any additional remediation to be performed at this site. Please be aware that if future environmental problems arise as a result of this event, TransCanada Keystone Pipeline may be required to conduct additional assessment and cleanup. Should you have any questions concerning this letter, please contact Bob McDonald of my staff.

Sincerely,

Bill Markley, Administrator  
Ground Water Quality Program  
(605) 773-3296

cc: Bob Calmus, Miner County Emergency Management, Howard, SD

**McDonald, Robert**

**From:** Robert Baumgartner [robert\_baumgartner@transcanada.com]  
**Sent:** Saturday, August 28, 2010 12:21 PM  
**To:** McDonald, Robert  
**Cc:** Robert Baumgartner  
**Subject:** RE: Roswell - SD DENR Incident Follow-Up Report File # 2010.126

Bob, find attached the soil disposal receipts and manifests related to the Roswell Pump Station Incident #2010.126. Fourteen roll-off boxes of soil totaling 161.28 tons were transported for disposal at the Waste Management Spruce Ridge Landfill in Glencoe, MN. Because of transportation availability limitations the trans/disposal occurred from July 23 through August 23, 2010.

Also find attached a copy of the Safety Kleen receipt for disposal of 2,500 gallons of oily water on July 9, 2010. Please note the entry on the receipt under the Purchase Order field showing "rswl ps", this represents Roswell Pump Station as the liquids origin.

Please let me know if you have any questions.

Thank you,

Robert M. Baumgartner  
 Sr. Environmental Specialist  
 TransCanada Keystone US Operations  
 402.492.7464 office  
 402.492.7491 fax  
 402.960.0483 cell  
[robert\\_baumgartner@transcanada.com](mailto:robert_baumgartner@transcanada.com)

**From:** Hubert\_Huls@URSCorp.com [mailto:Hubert\_Huls@URSCorp.com]  
**Sent:** Friday, July 23, 2010 12:44 PM  
**To:** robert.mcdonald@state.SD.US  
**Cc:** Steve\_McManamon@URSCorp.com; Robert Baumgartner  
**Subject:** Roswell - SD DENR Incident Follow-Up Report File # 2010.126

Bob McDonald,

Attached files are the Contamination Incident Follow-Up Report and all attachments except for the landfill tickets and manifests which will be sent later when soil disposal is completed. This report is submitted on behalf of TransCanada/ Keystone Pipeline for the release incident along the pipeline in the Roswell, SD pump station. If you have any questions, feel free to contact us. Thanks.

*(See attached file: Roswell-SpillsFollowUpReport 072010.pdf)(See attached file: Analytical Summary Table Roswell 071410.pdf)(See attached file: Figure1.pdf)(See attached file: Figure2.pdf)(See attached file: Figure3.pdf)(See attached file: Remediation Corrective Action Section Text Final 072310.pdf)(See attached file: Roswell oily water disposal receipt.pdf)*

Hubert H. Huls, PE  
 Principal Environmental Engineer  
 URS Corporation  
 100 South Fifth Street, Suite 1500  
 Minneapolis, MN 55402  
 Tel: 612-370-0700  
 Direct: 612-373-6805  
 Fax: 612-370-1378  
[hubert\\_huls@urscorp.com](mailto:hubert_huls@urscorp.com)

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08/30/2010

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WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

279129-6097  
279131-2075  
Manifest No. 56068

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA/KEYSTONE PIPELINE  
42592 236th STREET

i) Generating Location (Name):

b) Generator's Address: HOWARD, SD 57349

k) Address:

c) Generator's Representative: WAYNE BARRETH

d) Telephone Number:

d) Telephone Number: (701) 770-6540

e) WASTE MANAGEMENT APPROVAL CODE 101682MN

f) Common Name of Waste: INDUSTRIAL

m) Asbestos ONLY -  Friable;  Both;  % friable  % non-friable

g) Description of Waste: OILY CONT. SOIL

Non-friable;  N/A

h) Disposal Volume: 6.09  
 Tons  Cubic Yards  Other

n) Type of Containers:   How many \_\_\_\_\_

TYPE OF CONTAINERS	
TR	- TRUCK
DM	- METAL DRUM
DP	- PLASTIC DRUM
BA	- BAG
BB	- 6 MIL PLASTIC BAG
BC	- 12 MIL PLASTIC BAG

i) Number of Containers: 2  
c) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type): Roobrick McMillin

Signature of Generator's Authorized Agent: [Signature]

Shipment Date: 7-26-10

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY (Complete if applicable)

a) Transporter's Name: Waste Management

a) Transfer Facility's Name:

b) Transporter's Address: Wasted

b) Transfer Facility's Address:

c) Telephone Number:

c) Telephone Number:

d) Vehicle License No./State: A93PS

d) Vehicle License No./State:

e) Trailer or Container No.:

e) Trailer or Container No.:

f) Name of Driver (print/type): Adam Saska

f) Name of Transfer Facility's Authorized Agent (print/type):

g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.

g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.

Signature of Driver: [Signature] Date of Receipt: 7-26-10

Signature of Transfer Facility's Authorized Agent: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.

h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.

Signature of Driver: [Signature] Date of Delivery: 7-26-10

Signature of Transfer Facility's Authorized Agent: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

SECTION 4

TRANSPORTER 2 (Complete if applicable)

SECTION 5

DISPOSAL FACILITY (Complete if applicable)

a) Transporter's Name:

a) Disposal Facility's Name: SPRICE RIDGE LF

b) Transporter's Address:

b) Physical Address: 12755 137th AVE GLENCOE, MN 55336

c) Telephone Number:

c) Telephone Number: 320-864-5503

d) Vehicle License No./State:

d) Mailing Address: SAME

e) Trailer or Container No.:

e) Name of Disposal Facility's Authorized Agent (print/type): Kelly Harrison

f) Name of Driver (print/type):

f) The material delivered by the transporter has been received at the Disposal Facility. [Signature] 7-26-10

g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.

g) The material delivered by the transporter has been rejected at the Disposal at the Disposal Facility.

Signature of Driver: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Signature of Disposal Facility's Authorized Agent: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.

Signature of Disposal Facility's Authorized Agent: \_\_\_\_\_ Date of Rejection: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_ Date of Rejection: \_\_\_\_\_

SECTION 6

OPERATOR (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_

b) Operator's Address: \_\_\_\_\_

d) Recommended special handling instructions and additional information: \_\_\_\_\_

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.

Operator's Name (print/type): \_\_\_\_\_ Signature of Operator's Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

f) Responsible Agency: \_\_\_\_\_ Name and Address: \_\_\_\_\_

WRITE DESTINATION (Disposal Facility) CAP \_\_\_\_\_



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENDOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279129

Customer Name	WM-UPSTREAM	Carrier	WMWINSTED WM-WINSTED
Ticket Date	07/26/2010	Vehicle#	486 Volume
Payment Type	Credit Account	Container	
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000502
State Waste Code		Gen EPA ID	
Manifest	56068	License	YBA9398/X
Destination	6 PHASE		
PO			
Profile	101682MN (OILY CONTAMINATED SOIL)		
Generator	148-TRANSCANADAKEYSTONE TRANS-CANADA/KEYSTONE PIPELINE		

	Time	Scale	Operator	Gross	43540 lb
In	07/26/2010 17:00:42	Scale	Kel	Tare	31360 lb
Out	07/26/2010 17:11:52	Scale	Kel	Net	12180 lb
				Tons	6.09

Comments transcanada-cont soil

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	6.09	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Total Tax  
 Total Ticket

Driver's Signature \_\_\_\_\_



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279131

Customer Name	WM-UPSTREAM	Carrier	WMWINSTED WM-WINSTED
Ticket Date	07/26/2010	Vehicle#	486 Volume
Payment Type	Credit Account	Container	
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000502
State Waste Code		Gen EPA ID	
Manifest	56058	License	YBA9398/X
Destination	6 PHASE		
PD			
Profile	101582MN (OILY CONTAMINATED SOIL)		
Generator	148-TRANSCANADAKEYSTONE TRANS-CANADA/KEYSTONE PIPELINE		

	Time	Scale	Operator	Gross	57680 lb
In	07/26/2010 17:20:09	Scale	Kel	Tare	33140 lb
Out	07/26/2010 17:20:45	Scale	Kel	Net	24540 lb
				Tons	12.27

Comments transcanada-cont soil

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	12.27	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Total Tax  
 Total Ticket

Driver's Signature \_\_\_\_\_





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1,2,3,4, and 5.

279229-14.11  
279232-10.88T 59555  
Manifest No.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: PAN SCHWAB/KEystone PIPELINE Generating Location (Name):  
42592 236TH ST  
 b) Generator's Address: HOWARD RD 50 57349 k) Address:  
 c) Generator's Representative: MARK d) Telephone Number:  
 e) WASTE MANAGEMENT APPROVAL CODE 101682MN  
 f) Common Name of Waste: INDUSTRIAL m) Asbestos ONLY -  Friable;  Both;  % friable  % non-friable  
 Non-friable;  N/A  
 g) Description of Waste: DILY CONT. S/L  
 h) Disposal Volume: 14.11 / 10.00 n) Type of Containers:  How many \_\_\_\_\_  
 i) Number of Containers: 2  
 j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.  
 X Rodrick McGillivray Signature of Generator's Authorized Agent X 7-27-10 Shipment Date

TYPE OF CONTAINERS

TR - TRUCK
DM - METAL DRUM
DP - PLASTIC DRUM
BA - BAG
BB - 6 MIL PLASTIC BAG
BC - 12 MIL PLASTIC BAG

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Waste Management  
 b) Transporter's Address: 1045  
 c) Telephone Number:  
 d) Vehicle License No./State: A9398  
 e) Trailer or Container No.:  
 f) Name of Driver (print/type) Adam Saska  
 g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.  
[Signature] Date of Receipt 7-27-10  
 h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.  
[Signature] Date of Delivery 7-27-10

SECTION 3

TRANSFER FACILITY - (Complete if applicable)

a) Transfer Facility's Name:  
 b) Transfer Facility's Address:  
 c) Telephone Number:  
 d) Vehicle License No./State:  
 e) Trailer or Container No.:  
 f) Name of Transfer Facility's Authorized Agent (print/type):  
 g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.  
[Signature] Date of Receipt  
 h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.  
[Signature] Date of Delivery

SECTION 4

TRANSPORTER 2 - (Complete if applicable)

a) Transporter's Name:  
 b) Transporter's Address:  
 c) Telephone Number:  
 d) Vehicle License No./State:  
 e) Trailer or Container No.:  
 f) Name of Driver (print/type):  
 g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.  
[Signature] Date of Receipt  
 h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.  
[Signature] Date of Delivery

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: SPRUCE RIDGE LF SW6  
 b) Physical Address: 12755 137th AVE GLENCOE, MN 55336  
 c) Telephone Number: 320-864-5503  
 d) Mailing Address: SAME  
 e) Name of Disposal Facility's Authorized Agent (print/type) Felix Wittenjohn  
 f) The material delivered by the transporter has been received at the Disposal Facility.  
[Signature] Date of Receipt 7-27-10  
 g) The material delivered by the Transporter has been rejected at the Disposal Facility.  
[Signature] Date of Rejection

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: \_\_\_\_\_ c) Telephone Number: \_\_\_\_\_  
 b) Operator's Address: \_\_\_\_\_  
 d) Recommended special handling instructions and additional information: \_\_\_\_\_  
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.  
 Operator's Name (print/type) \_\_\_\_\_ Signature of Operator's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
 f) Responsible Agency Name and Address: \_\_\_\_\_

WRITE DESTINATION (Disposal Facility) CARRY-GENERATOR PRINT-TRANSPORTER GROSS-GENERATOR



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENDOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279232

Customer Name WM-UPSTREAM  
 Ticket Date 07/27/2010  
 Payment Type Credit Account  
 Manual Ticket#  
 Hauling Ticket#  
 Route  
 State Waste Code  
 Manifest 59555  
 Destination 6 PHASE  
 PO

Carrier WMWINSTED WM-WINSTED  
 Vehicle# 486 Volume  
 Container  
 Driver  
 Check#  
 Billing # 0000502  
 Gen EPA ID  
 License YBA9398/X

Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 140-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE

Time	Scale	Operator	Gross
In 07/27/2010 16:41:27	Scale	Kel	54780 lb
Out 07/27/2010 16:52:51	Scale	Kel	Tare 33020 lb
			Net 21760 lb
			Tons 10.88

Comments transcanada-cont soil

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	10.88	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Total Tax  
 Total Ticket

Driver's Signature \_\_\_\_\_





MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279229

Customer Name	WM-UPSTREAM	Carrier	WMWINSTED WM-WINSTED
Ticket Date	07/27/2010	Vehicle#	486 Volume
Payment Type	Credit Account	Container	
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000502
State Waste Code		Gen EPA ID	
Manifest	59555	License	YBA9398/X
Destination	6 PHASE		
PO			
Profile	<del>101682MN (DILY CONTAMINATED SOIL)</del>		
Generator	148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE		

	Time	Scale	Operator	Gross	61620 lb
In	07/27/2010 16:16:28	Scale	Kel	Tare	33400 lb
Out	07/27/2010 16:28:47	Scale	Kel	Net	28220 lb
				Tons	14.11

Comments Driver Name: adam, Route: wmupstream-industrial waste, hauling from South Dak

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	14.11	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Driver's Signature 

Total Tax  
 Total Ticket



279461 - 14.64 ton



*Thruell*

### NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.  
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

Manifest No. **59556**

#### SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA / KEYSTONE PIPELINE  
42592 236th STREET  
 b) Generator's Address: HOWARD, SD 57349  
 c) Generator's Representative: WAYNE BARRETH  
 d) Telephone Number: (701) 770-6540  
 e) WASTE MANAGEMENT APPROVAL CODE 101682MN  
 f) Common Name of Waste: INDUSTRIAL  
 g) Description of Waste: OILY CONT. SOIL  
 h) Disposal Volume: \_\_\_\_\_  
 \_\_\_\_\_ Tons \_\_\_\_\_ Cubic Yards \_\_\_\_\_ Other \_\_\_\_\_  
 i) Number of Containers: \_\_\_\_\_

j) Generating Location (Name): \_\_\_\_\_  
 k) Address: \_\_\_\_\_  
 d) Telephone Number: \_\_\_\_\_

m) Asbestos ONLY -  Friable;  Both; \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable  
 Non-friable;  N/A

n) Type of Containers:   How many \_\_\_\_\_

TYPE OF CONTAINERS
TR - TRUCK
DM - METAL DRUM
DP - PLASTIC DRUM
BA - BAG
BB - 6 MIL PLASTIC BAG
BC - 12 MIL PLASTIC BAG

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.  
 X RODRICK MCGILLIVRAY X [Signature] X 7-29-10  
 Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

#### SECTION 2 TRANSPORTER 1

a) Transporter's Name: Waste Management Marshall  
 b) Transporter's Address: \_\_\_\_\_  
 c) Telephone Number: \_\_\_\_\_  
 d) Vehicle License No./State: PRY-6903  
 e) Trailer or Container No.: CET-3093  
 f) Name of Driver (print/type): Pat Maxwell  
 g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.  
[Signature] 7-29-10  
 Signature of Driver Date of Receipt  
 h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.  
 Signature of Driver Date of Delivery

#### SECTION 3 TRANSFER FACILITY (Complete if applicable)

a) Transfer Facility's Name: \_\_\_\_\_  
 b) Transfer Facility's Address: \_\_\_\_\_  
 c) Telephone Number: \_\_\_\_\_  
 d) Vehicle License No./State: \_\_\_\_\_  
 e) Trailer or Container No.: \_\_\_\_\_  
 f) Name of Transfer Facility's Authorized Agent (print/type): \_\_\_\_\_  
 g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.  
 Signature of Transfer Facility's Authorized Agent Date of Receipt  
 h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.  
 Signature of Transfer Facility's Authorized Agent Date of Delivery

#### SECTION 4 TRANSPORTER 2 (Complete if applicable)

a) Transporter's Name: Waste Management  
555 Channel Pkwy, Marshall MN  
 b) Transporter's Address: \_\_\_\_\_  
 c) Telephone Number: (507) 926-3770  
 d) Vehicle License No./State: PRY 6903 / MN  
 e) Trailer or Container No.: 20-611  
 f) Name of Driver (print/type): Bill Bloodaw  
 g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.  
[Signature] 7/30/10  
 Signature of Driver Date of Receipt  
 h) I hereby warrant that the above named and described material was delivered on the date of delivery referenced below.  
[Signature] 7/30/10  
 Signature of Driver Date of Delivery

#### SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: SPRUCE RIDGE LF SW-6  
 b) Physical Address: 12755 137th AVE GLENCOE, MN 55336  
 c) Telephone Number: \_\_\_\_\_  
 d) Mailing Address: \_\_\_\_\_  
 e) Name of Disposal Facility's Authorized Agent (print/type): Fax Bruckchen  
 f) The material delivered by the Transporter has been received at the Disposal Facility.  
[Signature] 7-30-10  
 Signature of Disposal Facility's Authorized Agent Date of Receipt  
 g) The material delivered by the Transporter has been rejected at the Disposal Facility.  
 Signature of Disposal Facility's Authorized Agent Date of Rejection  
 Signature of Driver Date of Rejection

#### SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: \_\_\_\_\_ c) Telephone Number: \_\_\_\_\_  
 b) Operator's Address: \_\_\_\_\_  
 d) Recommended special handling instructions and additional information: \_\_\_\_\_

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.

Operator's Name (print/type) \_\_\_\_\_ Signature of Operator's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
 f) Responsible Agency Name and Address: \_\_\_\_\_

WASTE MANAGEMENT APPROVAL CODE CANARY-GENERATOR PINK-TRANSPORTER GOLD-GENERATOR



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279461

Customer Name WM-MARSHALL  
 Ticket Date 07/30/2010  
 Payment Type Credit Account  
 Manual Ticket#  
 Hauling Ticket#  
 Route  
 State Waste Code  
 Manifest 59556  
 Destination 6 PHASE  
 PO  
 Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE-TRANS-CANADA/KEYSTONE-PIPELINE

Carrier WMMarshall WMMARSHALL  
 Vehicle# 243 Volume  
 Container  
 Driver  
 Check#  
 Billing # 0000390  
 Gen EPA ID  
 License PRY6903/4X

	Time	Scale	Operator	Gross	63720 lb
In	07/30/2010 11:36:33	Scale	faye	Tare	34440 lb
Out	07/30/2010 11:52:03	Scale	faye	Net	29280 lb
				Tons	14.64

Comments cont soil



Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	14.64	Tons				SDAK

Total Tax  
 Total Ticket

Driver's Signature

*Bill Blawie*



2-14253-19.241



### NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.  
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

Manifest No. **59557**

#### GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA / KEYSTONE  
42592 236th ST  
HOWARD, SD 57349

b) Generator's Address:

c) Generator's Representative:

d) Telephone Number:

e) WASTE MANAGEMENT APPROVAL CODE 101682MN

f) Common Name of Waste: ASBESTOS

g) Description of Waste: SILY CONCRETE 11.50

h) Disposal Volume: 11.50

i) Generating Location (Name):

k) Address:

l) Telephone Number:

m) Asbestos ONLY -  Friable;  Both;  % friable  % non-friable  
 Non-friable;  N/A

n) Type of Containers:   How many \_\_\_\_\_

TYPE OF CONTAINER
TR - TRUCK
DM - METAL DRUM
DP - PLASTIC DRUM
BA - BAG
BB - 6 MIL. PLASTIC BAG
BC - 12 MIL. PLASTIC BAG

Number of Containers: \_\_\_\_\_ Tons 10 Cubic Yards \_\_\_\_\_ Other \_\_\_\_\_

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

X Rodrick McMillinay  
 Generator's Authorized Agent Name (print/type)

X [Signature]  
 Signature of Generator's Authorized Agent

X 7-26-2010  
 Shipment Date

a) Transporter's Name: Waste Management  
 b) Transporter's Address: 2221 E. Rice St Sioux Falls S.D.  
 c) Telephone Number:  
 d) Vehicle License No./State: RY6767  
 e) Trailer or Container No.: 20-960  
 f) Name of Driver (print/type): Bill Sowell

a) Transfer Facility's Name:  
 b) Transfer Facility's Address:  
 c) Telephone Number:  
 d) Vehicle License No./State:  
 e) Trailer or Container No.:  
 f) Name of Transfer Facility's Authorized Agent (print/type):

g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.  
[Signature] 7-26-10  
 Signature of Driver Date of Receipt

g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.  
 Signature of Transfer Facility's Authorized Agent Date of Receipt

h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.  
[Signature] 7-27-2010  
 Signature of Driver Date of Delivery

h) I hereby warrant that the above named and described material was delivered to the transporter without incident of contamination on the date of delivery referenced below.  
 Signature of Transfer Facility's Authorized Agent Date of Delivery

a) Transporter's Name:  
 b) Transporter's Address:  
 c) Telephone Number:  
 d) Vehicle License No./State:  
 e) Trailer or Container No.:  
 f) Name of Driver (print/type):

a) Disposal Facility's Name: SPRUCE RIDGE LF SW-6  
 b) Physical Address: 12755 137th AVE GLENDOE, MN 55336  
 c) Telephone Number: 320-864-5503  
 d) Mailing Address: SAME  
 e) Name of Disposal Facility's Authorized Agent (print/type): Kelly Kusteron  
 f) The material delivered by the transporter has been received at the Disposal Facility.  
[Signature] 7-27-10  
 Signature of Disposal Facility's Authorized Agent Date of Receipt

g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.  
 Signature of Driver Date of Receipt  
 h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.  
 Signature of Driver Date of Delivery

g) The material delivered by the transporter has been rejected at the Disposal Facility.  
 Signature of Disposal Facility's Authorized Agent Date of Rejection  
 Signature of Driver Date of Rejection

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:  
 b) Operator's Address:  
 c) Telephone Number:

d) Recommended special handling instructions and additional information:  
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.

Operator's Name (print/type) \_\_\_\_\_ Signature of Operator's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

f) Responsible Agency Name and Address: WHITE-DESTINATION (Disposal Facility) CANARY-GENERATOR PINK-TRANSPORTER GOLD-GENERATOR



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279233

Customer Name	WM-UPSTREAM	Carrier	WMSOUTHDAKOTA WM-SOUTH DAKOTA
Ticket Date	07/27/2010	Vehicle#	498
Payment Type	Credit Account	Container	
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000502
State Waste Code		Gen EPA ID	
Manifest	59557	License	PRY6767/4X-SD
Destination	6 PHASE		
PO			

Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE

	Time	Scale	Operator	Gross	72760 lb*
In	07/27/2010 16:52:21	Scale	Kel	Tare	33760 lb
Out	07/27/2010 17:27:17	Scale	Kel	Net	39000 lb
			* Manual Weight	Tons	19.50

Comments transcanada-cont soil

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	C&D INDUSTRIAL-Ton	100	19.50	Tons			SDAK
2	FUEL-Fuel Surcharg	100	%				SDAK
3	EVF-L-Standard Env	100	1	Load			SDAK

Total Tax  
 Total Ticket

Driver's Signature *[Signature]*



278951-10.06T



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1,2,3,4, and 5.

Manifest No. 59560

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA/KEystone PIPELINE  
 42592 236th STREET  
 b) Generator's Address: HOWARD, SD 57349  
 i) Generating Location (Name):  
 k) Address:  
 c) Generator's Representative: WAYNE BARRETH  
 d) Telephone Number:  
 e) WASTE MANAGEMENT APPROVAL CODE 101682MN  
 f) Common Name of Waste: INDUSTRIAL  
 m) Asbestos ONLY:  Friable;  Both; \_\_\_ % friable \_\_\_ % non-friable  
 Non-friable;  N/A  
 g) Description of Waste: OILY CONT. SOIL  
 n) Type of Containers:   How many \_\_\_  
 h) Disposal Volume: 10.00  
 Tons \_\_\_ Cubic Yards \_\_\_ Other \_\_\_  
 j) Number of Containers: 1

TYPE OF CONTAINERS	
TR	- TRUCK
DM	- METAL DRUM
DP	- PLASTIC DRUM
BA	- BAG
BB	- 6 MIL. PLASTIC BAG
BC	- 12 MIL. PLASTIC BAG

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.  
 Generator's Authorized Agent Name (print/type) CODRICK MCGILLIVRAY  
 Signature of Generator's Authorized Agent [Signature]  
 Shipment Date 7/22/10

SECTION 2 TRANSPORTER 1

SECTION 3 TRANSFER FACILITY (Complete if applicable)

a) Transporter's Name: Waste Management  
 b) Transporter's Address: 905 channel pkway Marshall  
 c) Telephone Number: 507 929-5770  
 d) Vehicle License No./State: MN/PRV6103 (409243)  
 e) Trailer or Container No.: 205  
 f) Name of Driver (print/type): Bill Bloodaw  
 g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.  
 Signature of Driver [Signature] Date of Receipt 7/22/10  
 h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.  
 Signature of Driver [Signature] Date of Delivery 7/23/10

a) Transfer Facility's Name:  
 b) Transfer Facility's Address:  
 c) Telephone Number:  
 d) Vehicle License No./State:  
 e) Trailer or Container No.:  
 f) Name of Transfer Facility's Authorized Agent (print/type):  
 g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.  
 Signature of Transfer Facility's Authorized Agent \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
 h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.  
 Signature of Transfer Facility's Authorized Agent \_\_\_\_\_ Date of Delivery \_\_\_\_\_

SECTION 4 TRANSPORTER 2 - (Complete if applicable)

SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:  
 b) Transporter's Address:  
 c) Telephone Number:  
 d) Vehicle License No./State:  
 e) Trailer or Container No.:  
 f) Name of Driver (print/type):  
 g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.  
 Signature of Driver \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
 h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.  
 Signature of Driver \_\_\_\_\_ Date of Delivery \_\_\_\_\_

a) Disposal Facility's Name: SPRUCE RIDGE LF SW-6  
 b) Physical Address: 12756 137th AVE GLENCOE, MN 55336  
 c) Telephone Number: 320-864-5503  
 d) Mailing Address:  
 e) Name of Disposal Facility's Authorized Agent (print/type): Kelly Lutzinger  
 f) The material delivered by the Transporter has been received at the Disposal Facility.  
 Signature of Disposal Facility's Authorized Agent [Signature] Date of Receipt 7-23-10  
 g) The material delivered by the Transporter has been rejected at the Disposal Facility.  
 Signature of Disposal Facility's Authorized Agent \_\_\_\_\_ Date of Rejection \_\_\_\_\_  
 Signature of Driver \_\_\_\_\_ Date of Rejection \_\_\_\_\_

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.  
 a) Operator's Name: \_\_\_\_\_ c) Telephone Number: \_\_\_\_\_  
 b) Operator's Address: \_\_\_\_\_  
 d) Recommended special handling instructions and additional information: \_\_\_\_\_  
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.  
 Operator's Name (print/type) \_\_\_\_\_ Signature of Operator's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
 f) Responsible Agency Name and Address: \_\_\_\_\_

WHITE-DESTINATION (Disposal Facility) CANARY-GENERATOR MILK-TRANSPORTER GOLD-GENERATOR

205



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 278951

Customer Name	WM-UPSTREAM	Carrier	WMarshall WMMARSHALL
Ticket Date	07/23/2010	Vehicle#	243
Payment Type	Credit Account	Container	Volume
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000502
State Waste Code		Gen EPA ID	
Manifest	<del>56057</del> 59560	License	PRY6903/4X
Destination	6 PHASE		
PO			
Profile	101682MN (OILY CONTAMINATED SOIL)		
Generator	148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE		

Time	Scale	Operator	Gross	
In 07/23/2010 09:45:33	Scale	Kel	56880	lb
Out 07/23/2010 09:59:43	Scale	Kel	36760	lb
			20120	lb
			10.06	Tons

Comments transcanada-cont soil

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	10.06	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Total Tax  
 Total Ticket

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

Manifest No. 59554

280812-8.089  
20014-8.17

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA / KEYSTONE PIPELINE  
b) Generator's Address: 42592 236th Street, Howard, SD 57349  
c) Generator's Representative: WAYNE BARRETH  
d) Telephone Number: (701) 770-6540  
e) WASTE MANAGEMENT APPROVAL CODE: 101682MN  
f) Common Name of Waste: INDUSTRIAL  
g) Description of Waste: OILY CONT. SOIL  
h) Disposal Volume: 8.089 / 0.17 Tons  
i) Number of Containers: 2 Loads  
j) Generating Location (Name):  
k) Address:  
l) Telephone Number:  
m) Asbestos ONLY - Friable:  Both:  % friable:  % non-friable:   
n) Type of Containers:  How many:   
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.  
X RODRICK MCGILLIVRAY  
Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent X 8-10-2010 Shipment Date

TYPE OF CONTAINERS  
TR - TRUCK  
DM - METAL DRUM  
DP - PLASTIC DRUM  
BA - BAG  
BB - 6 MIL. PLASTIC BAG  
BC - 12 MIL. PLASTIC BAG

SECTION 2

TRANSPORTER 1

i) Transporter's Name: Waste Management  
j) Transporter's Address: 221 E. Rice St Sioux Falls SD.  
k) Telephone Number:  
l) Vehicle License No./State: PR46267 SD.  
m) Trailer or Container No.: 20-025  
n) Name of Driver (print/type): Bill Sowell  
o) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.  
Signature of Driver: [Signature] Date of Receipt: 8-10-2010  
p) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.  
Signature of Driver: [Signature] Date of Delivery: 8-10-2010

SECTION 3

TRANSFER FACILITY (Complete if applicable)

e) Transfer Facility's Name:  
f) Transfer Facility's Address:  
g) Telephone Number:  
h) Vehicle License No./State:  
i) Trailer or Container No.:  
j) Name of Transfer Facility's Authorized Agent (print/type):  
k) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.  
Signature of Transfer Facility's Authorized Agent: [Signature] Date of Receipt:  
l) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.  
Signature of Transfer Facility's Authorized Agent: [Signature] Date of Delivery:

SECTION 4

TRANSPORTER 2 - (Complete if applicable)

a) Transporter's Name: Waste Management  
b) Transporter's Address: Marshall, MN  
c) Telephone Number:  
d) Vehicle License No./State: PR4-6903  
e) Trailer or Container No.: C21-3033  
f) Name of Driver (print/type): Pat Maxwell  
g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.  
Signature of Driver: [Signature] Date of Receipt: 8-20-10  
h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.  
Signature of Driver: [Signature] Date of Delivery: 8-23-10

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: SPRUCE RIDGE LF  
b) Physical Address: 12755 137th AVE GLENKOE, MN 55336  
c) Telephone Number: 320-864-5503  
d) Mailing Address: SAME  
e) Name of Disposal Facility's Authorized Agent (print/type): Elyse Bruchschien  
f) The material delivered by the Transporter has been received at the Disposal Facility.  
Signature of Disposal Facility's Authorized Agent: [Signature] Date of Receipt: 8-23-10  
g) The material delivered by the Transporter has been rejected at the Disposal Facility.  
Signature of Disposal Facility's Authorized Agent: [Signature] Date of Rejection:  
Signature of Driver: [Signature] Date of Rejection:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.  
a) Operator's Name:  
b) Operator's Address:  
c) Telephone Number:  
d) Recommended special handling instructions and additional information: 101682MN  
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.  
Operator's Name (print/type) Signature of Operator's Authorized Agent Date  
f) Responsible Agency Name and Address:

WHITE-DESTINATION (Disposal Facility) CAVART-GENERATOR MNR-TRANSPORTER GOLD-GENERATOR



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 280814

Customer Name	WM-MARSHALL	Carrier	WMMarshall WMMARSHALL
Ticket Date	08/23/2010	Vehicle#	243
Payment Type	Credit Account	Container	
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000390
State Waste Code		Gen EPA ID	
Manifest	59554	License	PRY6903/4X
Destination	6 PHASE		
PD			
Profile	101682MN (DILY CONTAMINATED SOIL)		
Generator	148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE		

Time	Scale	Operator	Gross	
In 08/23/2010 08:23:14	Scale	Kel	Tare	52920 lb
Out 08/23/2010 08:35:48	Scale	Kel	Net	36580 lb
			Tons	16340 lb
				8.17

Comments transcanada-cont soil

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton 100		8.17	Tons				SDAK

Total Tax  
 Total Ticket

Driver's Signature





MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 280812

Customer Name WM-MARSHALL	Carrier WMMarshall WMMARSHALL
Ticket Date 08/23/2010	Vehicle# 243 Volume
Payment Type Credit Account	Container
Manual Ticket#	Driver
Hauling Ticket#	Check#
Route	Billing # 0000390
State Waste Code	Gen EPA ID
Manifest 59554	License PRY6903/4X
Destination 6 PHASE	
PO	

Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE

Time	Scale	Operator	Gross	51980 lb
In 08/23/2010 07:58:29	Scale	faye	Tare	34200 lb
Out 08/23/2010 08:12:04	Scale	kel	Net	17780 lb
			Tons	8.89

Comments cont soil- transcanada/keystone pipeline

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	8.89	Tons				SDAK

Total Tax  
 Total Ticket

Driver's Signature

402WM



279432-13.27h  
279439-11.81h



### NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.  
If waste is NOT asbestos waste, complete only Sections 1,2,3,4, and 5.

Manifest No. **56062**

#### SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **TRANSCANADA/KEYSTONE PIPELINE**  
**42592 236TH STREET**

b) Generator's Address: **HOWARD, SD 57349**

c) Generator's Representative: **WAYNE BARRETH**

d) Telephone Number: **(701) 770-6540**

e) WASTE MANAGEMENT APPROVAL CODE **101682MN**

f) Common Name of Waste: **INDUSTRIAL**

g) Description of Waste: **OILY CONT. SOIL**

h) Disposal Volume: **13.27 / 11.81**  
 Tons  Cubic Yards  Other

i) Number of Containers: **2**

j) Generating Location (Name): \_\_\_\_\_

k) Address: \_\_\_\_\_

d) Telephone Number: \_\_\_\_\_

m) Asbestos ONLY -  Friable;  Both; \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable  
 Non-friable;  N/A

n) Type of Containers:   How many \_\_\_\_\_

TYPE OF CONTAINERS
TR - TRUCK
DM - METAL DRUM
DP - PLASTIC DRUM
BA - BAG
BB - 6 MIL. PLASTIC BAG
BC - 12 MIL. PLASTIC BAG

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

*Robert McMillen* x *Robert McMillen* x **7-30-10**  
 Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

#### SECTION 2 TRANSPORTER 1

a) Transporter's Name: **W.M. PCW**

b) Transporter's Address: **as noted**

c) Telephone Number: \_\_\_\_\_

d) Vehicle License No./State: **56336**

e) Trailer or Container No.: \_\_\_\_\_

f) Name of Driver (print/type): **BRETT SLIMBERT**

g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.

*Brett Slimbert* **7-30-10**  
 Signature of Driver Date of Receipt

h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.

*Brett Slimbert* **7-30-10**  
 Signature of Driver Date of Delivery

#### SECTION 3 TRANSFER FACILITY (Complete if applicable)

a) Transfer Facility's Name: \_\_\_\_\_

b) Transfer Facility's Address: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_

d) Vehicle License No./State: \_\_\_\_\_

e) Trailer or Container No.: \_\_\_\_\_

f) Name of Transfer Facility's Authorized Agent (print/type): \_\_\_\_\_

g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.

Signature of Transfer Facility's Authorized Agent Date of Receipt

h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.

Signature of Transfer Facility's Authorized Agent Date of Delivery

#### SECTION 4 TRANSPORTER 2 - (Complete if applicable)

a) Transporter's Name: \_\_\_\_\_

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_

d) Vehicle License No./State: \_\_\_\_\_

e) Trailer or Container No.: \_\_\_\_\_

f) Name of Driver (print/type): \_\_\_\_\_

g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.

Signature of Driver Date of Receipt

h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.

Signature of Driver Date of Delivery

#### SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **SPRUCE RIDGE LF**

b) Physical Address: **12755 137th AVE GLENCOE, MN 55336**

c) Telephone Number: **320-864-5503**

d) Mailing Address: **SAME**

e) Name of Disposal Facility's Authorized Agent (print/type): **Faye Bruckschen**

f) The material delivered by the Transporter has been received at the Disposal Facility.  
*Faye Bruckschen* **7-30-10**  
 Signature of Disposal Facility's Authorized Agent Date of Receipt

g) The material delivered by the Transporter has been rejected at the Disposal at the Disposal Facility.

Signature of Disposal Facility's Authorized Agent Date of Rejection

Signature of Driver Date of Rejection

#### SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: \_\_\_\_\_ c) Telephone Number: \_\_\_\_\_

b) Operator's Address: \_\_\_\_\_

d) Recommended special handling instructions and additional information: \_\_\_\_\_

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.

Operator's Name (print/type) \_\_\_\_\_ Signature of Operator's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

f) Responsible Agency Name and Address: \_\_\_\_\_

MANUFACTURER HAZARDOUS WASTE GENERATOR HAZARDOUS WASTE TRANSPORTER HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITY



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279432

Customer Name WM-WINSTED  
 Ticket Date 07/30/2010  
 Payment Type Credit Account

Carrier WMWINSTED WM-WINSTED  
 Vehicle# 756 Volume

Manual Ticket#  
 Hauling Ticket#  
 Route  
 State Waste Code  
 Manifest 56062  
 Destination 6 PHASE  
 PD

Container  
 Driver Brett  
 Check#  
 Billing # 0000040  
 Gen EPA ID  
 License YAS6336/3X

Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE-TRANS-CANADA/KEYSTONE PIPELINE

Time  
 In 07/30/2010 09:22:09  
 Out 07/30/2010 09:32:43

Scale Operator  
 Scale faye  
 Scale faye

Gross 60940 lb  
 Tare 34400 lb  
 Net 26540 lb  
 Tons 13.27

Comments oily cont soil



Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton 100		13.27	Tons				SDAK

Total Tax  
 Total Ticket

Driver's Signature





MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 854-5503

Original  
 Ticket# 279439

Customer Name WM-WINSTED  
 Ticket Date 07/30/2010  
 Payment Type Credit Account

Carrier WMWINSTED WM-WINSTED  
 Vehicle# 756 Volume  
 Container

Manual Ticket#  
 Hauling Ticket#  
 Route  
 State Waste Code  
 Manifest 56062  
 Destination 6 PHASE  
 PO

Driver Brett  
 Check#  
 Billing # 0000040  
 Gen EPA ID  
 License YAS6336/3X

Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE

	Time	Scale	Operator	Gross	58560 lb
In	07/30/2010 09:41:46	Scale	faye	Tare	34940 lb
Out	07/30/2010 09:55:17	Scale	faye	Net	23620 lb
Comments	cont soil- south dakota			Tons	11.81



Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton 100		11.81	Tons				SDAK

Total Tax  
 Total Ticket

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

Manifest No. 56064

279470 - 10.12

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA/KEYSTONE PIPELINE
42592 236th STREET
b) Generator's Address: HOWARD, SD 57349
c) Generator's Representative: WAYNE BARRETH
d) Telephone Number: (701) 770-6540
e) WASTE MANAGEMENT APPROVAL CODE: 101682MN
f) Common Name of Waste: INDUSTRIAL
g) Description of Waste: OILY CONT. SOIL
h) Disposal Volume: 10.12
i) Number of Containers: 1

j) Generating Location (Name):
k) Address:
d) Telephone Number:
m) Asbestos ONLY - Friable; Both; % friable % non-friable
n) Type of Containers: How many
TYPE OF CONTAINERS: TR - TRUCK, DM - METAL DRUM, DP - PLASTIC DRUM, BA - BAG, BB - 5 ML. PLASTIC BAG, BC - 12 ML. PLASTIC BAG

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type): ROBRICK McILLIVRAY

Signature of Generator's Authorized Agent: [Signature]

Shipment Date: 7-29-10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Waste Management
b) Transporter's Address: Marshall, MN
c) Telephone Number:
d) Vehicle License No./State: PRY-6903
e) Trailer or Container No.: 20-611
f) Name of Driver (print/type): KET MASQUELL
g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 7-29-10
h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Delivery: [Signature]

SECTION 3

TRANSFER FACILITY - (Complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Transfer Facility's Authorized Agent (print/type):
g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.
Signature of Transfer Facility's Authorized Agent: [Signature] Date of Receipt: [Signature]
h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.
Signature of Transfer Facility's Authorized Agent: [Signature] Date of Delivery: [Signature]

SECTION 4

TRANSPORTER 2 - (Complete if applicable)

a) Transporter's Name: Waste Management
b) Transporter's Address: 905 Channel Pkwy Marshall MN
c) Telephone Number: 507 929-3770
d) Vehicle License No./State: PRY 6903 MN
e) Trailer or Container No.: 3011
f) Name of Driver (print/type): Bill Bloodaw
g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 7/30/10
h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.
Signature of Driver: [Signature] Date of Delivery: 7/30/10

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: SPRUCE RIDGE LF SW-6
b) Physical Address: 12755 137th AVE GLENCOE, MN 55336
c) Telephone Number: 320-864-5503
d) Mailing Address: SAME
e) Name of Disposal Facility's Authorized Agent (print/type): Faye Bruckescher
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Disposal Facility's Authorized Agent: [Signature] Date of Receipt: 7-30-10
g) The material delivered by the Transporter has been rejected at the Disposal Facility.
Signature of Disposal Facility's Authorized Agent: [Signature] Date of Rejection: [Signature]
Signature of Driver: [Signature] Date of Rejection: [Signature]

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.
Operator's Name (print/type):
Signature of Operator's Authorized Agent:
Date:
f) Responsible Agency Name and Address:

WHITE-DESTINATION (Disposal Facility) CANARY-GENERATOR PINK-TRANSPORTER GOLD-GENERATOR



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279470

Customer Name	WM-MARSHALL	Carrier	WMMarshall WMMARSHALL
Ticket Date	07/30/2010	Vehicle#	243
Payment Type	Credit Account	Container	Volume
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0000390
State Waste Code		Gen EPA ID	
Manifest	56064	License	PRY6903/4X
Destination	6 PHASE		
PO			
Profile	101682MN (OILY CONTAMINATED SOIL)		
Generator	148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE		

Time	Scale	Operator	Gross	56880 lb
In 07/30/2010 12:01:03	Scale	faye	Tare	36520 lb
Out 07/30/2010 12:28:44	Scale	faye	Net	20360 lb
Comments cont soil			Tons	10.18



Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton 100		10.18	Tons				SDAK

Driver's Signature

*Brian Bloodaw*

Total Tax  
 Total Ticket



WASTE MANAGEMENT

If waste is asbestos waste, complete all sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

Manifest No. 000000

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: TRANSCANADA/KESTONE PIPELINE
42592 236th STREET
b) Generator's Address: HOWARD, SD 57349
c) Generator's Representative: WAYNE BARRETH
d) Telephone Number: (701) 770-6540
e) WASTE MANAGEMENT APPROVAL CODE 101682MN

i) Generating Location (Name):
k) Address:
d) Telephone Number:

# 56066

f) Common Name of Waste: INDUSTRIAL
g) Description of Waste: OILY CONT. SOIL
h) Disposal Volume: 10.53
i) Number of Containers:

m) Asbestos ONLY - [ ] Friable; [ ] Both; [ ] % friable [ ] % non-friable
[ ] Non-friable; [ ] N/A
n) Type of Containers: [ ] [ ] How many

TYPE OF CONTAINERS
TR - TRUCK
DM - METAL DRUM
DP - PLASTIC DRUM
BA - BAG
BB - 8 MIL. PLASTIC BAG
BC - 12 MIL. PLASTIC BAG

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

SECTION 3 TRANSFER FACILITY - (Complete if applicable)

a) Transporter's Name: Waste Management
b) Transporter's Address: Winsted
c) Telephone Number:
d) Vehicle License No./State: A9398
e) Trailer or Container No.:
f) Name of Driver (print/type) Adam Saskin
g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Delivery

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Transfer Facility's Authorized Agent (print/type)
g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.
Signature of Transfer Facility's Authorized Agent Date of Receipt
h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.
Signature of Transfer Facility's Authorized Agent Date of Delivery

SECTION 4 TRANSPORTER 2 (Complete if applicable)

SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver (print/type)
g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.
Signature of Driver Date of Delivery

a) Disposal Facility's Name: SPRUCE RIDGE LF SWP
b) Physical Address: 12755 137th AVE GLENKOE, MN 55336
c) Telephone Number: 320-864-5503
d) Mailing Address: IS SAME
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Disposal Facility's Authorized Agent Date of Receipt
g) The material delivered by the Transporter has been rejected at the Disposal Facility.
Signature of Disposal Facility's Authorized Agent Date of Rejection
Signature of Driver Date of Rejection

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:

WHITE-DESTINATION (Disposal Facility) CANARY-GENERATOR PINK-TRANSPORTER GOLD-GENERATOR



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 279293

Customer Name WM-UPSTREAM  
 Ticket Date 07/28/2010  
 Payment Type Credit Account  
 Manual Ticket#  
 Hauling Ticket#  
 Route  
 State Waste Code  
 Manifest 56066  
 Destination 6 PHASE  
 PD  
 Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE

Carrier WMWINSTED WM-WINSTED  
 Vehicle# 486 Volume  
 Container  
 Driver  
 Check#  
 Billing # 0000502  
 Gen EPA ID  
 License YBA9398/X

	Time	Scale	Operator	Gross	
In	07/28/2010 14:19:29	Scale	Kel	Tare	55020 lb
Out	07/28/2010 14:32:41	Scale	Kel	Net	33960 lb
				Tons	21060 lb
					10.53

Comments transcanada-cont soil

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	10.53	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Total Tax  
 Total Ticket

Driver's Signature \_\_\_\_\_



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

278943-11.425  
Manifest No. 56067

**SECTION 1: GENERATOR INFORMATION (generator to complete)**

a) Generator's Name: TRANSCANADA/KEYSTONE PIPELINE  
42592 236th STREET

b) Generator's Address: HOWARD, SD 57349

c) Generator's Representative: WAYNE BARRETH

d) Telephone Number: (701) 770-6540

e) WASTE MANAGEMENT APPROVAL CODE 101682MN

f) Common Name of Waste: INDUSTRIAL

g) Description of Waste: OILY CONF. SOIL

h) Disposal Volume: 11.425  
Tons \_\_\_\_\_ Cubic Yards \_\_\_\_\_ Other \_\_\_\_\_

i) Number of Containers: 1

j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Rodrick McGilivray  
Signature of Generator's Authorized Agent [Signature]  
Shipment Date 7/22/10

m) Asbestos ONLY -  Friable;  Both; \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable  
 Non-friable;  N/A

n) Type of Containers:   How many \_\_\_\_\_

TYPE OF CONTAINERS	
TR	- TRUCK
DM	- METAL DRUM
DP	- PLASTIC DRUM
BA	- BAG
BB	- 8 MIL. PLASTIC BAG
BC	- 12 MIL. PLASTIC BAG

**SECTION 2: TRANSPORTER 1**

a) Transporter's Name: Waste Management

b) Transporter's Address: 905 channel RKY Marshall

c) Telephone Number: 507.929-3770

d) Vehicle License No./State: MN PAJ 6903 (409243)

e) Trailer or Container No.: 2032

f) Name of Driver (print/type) BRN Blawie

g) I hereby warrant that the above named and described material was received from the generator on the date of delivery referenced below.

Signature of Driver [Signature] Date of Receipt 7/22/10

h) I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver [Signature] Date of Delivery 7/23/10

**SECTION 3: TRANSFER FACILITY (Complete if applicable)**

a) Transfer Facility's Name: \_\_\_\_\_

b) Transfer Facility's Address: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_

d) Vehicle License No./State: \_\_\_\_\_

e) Trailer or Container No.: \_\_\_\_\_

f) Name of Transfer Facility's Authorized Agent (print/type) \_\_\_\_\_

g) I hereby warrant that the above named and described material was received from the transporter on the date of receipt referenced below.

Signature of Transfer Facility's Authorized Agent \_\_\_\_\_ Date of Receipt \_\_\_\_\_

h) I hereby warrant that the above named and described material was delivered to the transporter without incident or contamination on the date of delivery referenced below.

Signature of Transfer Facility's Authorized Agent \_\_\_\_\_ Date of Delivery \_\_\_\_\_

**SECTION 4: TRANSPORTER 2 (Complete if applicable)**

a) Transporter's Name: \_\_\_\_\_

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_

d) Vehicle License No./State: \_\_\_\_\_

e) Trailer or Container No.: \_\_\_\_\_

f) Name of Driver (print/type) \_\_\_\_\_

g) I hereby warrant that the above named and described material was received on the date of receipt referenced below.

Signature of Driver \_\_\_\_\_ Date of Receipt \_\_\_\_\_

h) I hereby warrant that the above named and described material was delivered on the delivery date referenced below.

Signature of Driver \_\_\_\_\_ Date of Delivery \_\_\_\_\_

**SECTION 5: DESTINATION (Disposal Facility)**

a) Disposal Facility's Name: SPRUCE RIDGE LF SW-6

b) Physical Address: 12755 137th AVE GLENCOE, MN 55336

c) Telephone Number: 320-864-5503

d) Mailing Address: \_\_\_\_\_

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Disposal Facility's Authorized Agent [Signature] Date of Receipt 7.23.10

g) The material delivered by the Transporter has been rejected at the Disposal Facility.

Signature of Disposal Facility's Authorized Agent \_\_\_\_\_ Date of Rejection \_\_\_\_\_

Signature of Driver \_\_\_\_\_ Date of Rejection \_\_\_\_\_

**SECTION 6: ASBESTOS (operator to complete)**

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: \_\_\_\_\_

b) Operator's Address: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_

d) Operator's authorized special handling instructions and additional information: \_\_\_\_\_

e) Operator's certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules and/or standards.

Operator's Name (print/type) \_\_\_\_\_ Signature of Operator's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

f) Responsible Agency Name and Address: \_\_\_\_\_

WRITE DESTINATION (Disposal Facility) CANARY GENERATOR RWBY GENERATOR RWBY GENERATOR

2032



MN/IA Landfills - Spruce Ridge RMF  
 12755 137TH ST  
 GLENCOE, MN, 55336  
 Ph: (320) 864-5503

Original  
 Ticket# 278943

Customer Name WM-UPSTREAM  
 Ticket Date 07/23/2010  
 Payment Type Credit Account

Carrier WMarshall WMMARSHALL  
 Vehicle# 243 Volume

Manual Ticket#  
 Hauling Ticket#  
 Route  
 State Waste Code  
 Manifest 56067  
 Destination 6 PHASE  
 PO

Container  
 Driver  
 Check#  
 Billing # 0000502  
 Gen EPA ID  
 License PRY6903/4X

Profile 101682MN (OILY CONTAMINATED SOIL)  
 Generator 148-TRANSCANADAKEYSTONE TRANS CANADA/KEYSTONE PIPELINE

	Time	Scale	Operator	Gross	
In	07/23/2010 09:25:05	Scale	Kel	59280 lb	
Out	07/23/2010 09:37:51	Scale	Kel	36440 lb	
Comments	transcanada-cont soil			Net	22840 lb
				Tons	11.42

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 C&D INDUSTRIAL-Ton	100	11.42	Tons				SDAK
2 FUEL-Fuel Surcharg	100		%				SDAK
3 EVF-L-Standard Env	100	1	Load				SDAK

Total Tax  
 Total Ticket

Driver's Signature

*Bill Blouin*



The location of the release is a pump station owned and operated by TransCanada Keystone Pipeline, LP (TransCanada). The pump station is in a rural area located at 42592 236th Street near the intersection with 426th Avenue (Figure 1), approximately three miles south of Roswell, South Dakota. The release of petroleum was entirely contained on TransCanada property.

The release occurred from a loose fitting on an above ground damper system associated with an injection pump. Oil was released from the loose fitting for an approximate 3 second period until the system was manually shut down. An estimated 100 gallons of oil sprayed over an area of approximately 60 feet by 110 feet within the pump station location.

TransCanada personnel were onsite at time of the oil release, the injector pump was immediately shut down and containment and recovery activities initiated. A maintenance team mobilized to the site upon notification of the release on June 23, 2010 at 12 noon CDT. A vac truck, skid-steer loader, hydrovac, and other equipment were mobilized to the site along with qualified response team personnel.

The site had been exposed to heavy rainfall prior to the release event. As such, saturated conditions were encountered below grade in the surface gravel at the site. The area of the spill was de-watered using shallow excavation sumps constructed to prevent the spread of product along the ground surface. Collected free product was pumped from shallow surface sumps and 80 gallons was recovered during initial response operations. Collected product was transferred to the on-site sump tank. Oily water was collected via vacuum truck and transported offsite for storage and proper disposal at a permitted facility.

Residual oil had accumulated around pipelines, cable racks, pump foundations and other structures, and over a portion of the gravel covered pump station yard. Visually stained soils were excavated around the structures using a hydrovac truck and the stained gravel yard area was scraped using an excavator. Impacted soil was placed in roll-off containers for later transfer to an approved landfill facility. All excavations were less than three feet in depth and groundwater was not encountered.

Soils were screened using a photoionization detector (PID) with 10.6 eV lamp after excavation and hydrovac removal activities to determine the required limits of excavation. In addition, the scraped surface yard was screened using the PID. This included four potholes locations dug to confirm clean conditions. Confirmation soil samples were collected at eight locations after excavation was completed. Sampling and PID screening locations and excavation areas are shown in Figures 2 and 3. Confirmation sample ROS-8 is a composite of three discrete samples collected in the south grass mowed area as shown in Figure 2.

The field PID screening and laboratory analytical results for benzene, toluene, ethylbenzene and xylenes (BTEX), naphthalene, and Total Petroleum Hydrocarbons as Diesel (TPH-Diesel) are summarized on Table 1 and Table 2. In addition, two composite

waste soil samples were collected from the soil stockpiles and laboratory analysis results are shown in Table 2.

Based on field observations, measurements, and analytical data, the response excavation efforts have mitigated impacts to the surface and subsurface soils to below SD DENR Tier 1 action levels for BTEX, naphthalene, and TPH-Diesel. The excavated areas have been backfilled with clean material and no additional work is planned.

A total of 2,500 gallons of oily water was transported on July 7, 2010 by Safety-Kleen Systems for disposal at ESI in Indianapolis, IN. A receipt from Safety-Kleen is attached to this submittal. A total of approximately 200 cubic yards of impacted soil was stockpiled in roll-off containers and is waiting transport to the disposal landfill. The soils are planned to be hauled during late July, 2010 to the Waste Management - Spruce Ridge Landfill for disposal. Waste manifests and landfill tickets will be sent to SD DENR when disposal is completed.

**Table 1 - Laboratory Analysis Soil Verification  
TransCanada Keystone Pipeline  
Roswell Pump Station; Roswell, South Dakota**

Location	Units	ROS-1	ROS-2	ROS-3	ROS-4	ROS-5	ROS-6	ROS-7	ROS-8-COMP	Tier 1 Action Level
Sample Date		6/27/10	6/27/10	6/27/10	6/27/10	6/27/10	6/27/10	6/27/10	6/28/10	
Lithology		Gravel	Top soil							
Depth	(feet)	<3	<3	<3	<3	<3	<3	<3	<3	
PID	(ppm)*	0.20	0.20	0.35	2.55	36.00	2.35	0.60	0.0	
<b>Chemical of Concern</b>										
Benzene	µg/kg	<23.4	<25.1	<24.2	<22.0	<22.0	<23.4	<22.1	<25.9	200
Ethylbenzene	µg/kg	<58.5	<62.8	<60.4	<55.0	<55.0	<58.4	<55.2	<64.9	1,500
Toluene	µg/kg	<58.5	<62.8	<60.4	<55.0	<55.0	<58.4	<55.2	<64.9	1,000
Xylene (Total)	µg/kg	<176	<189	<181	<165	<165	<175	<165	<195	300,000
Naphthalene	µg/kg	<234	<251	<242	<220	<220	<234	<221	<259	25,000
Diesel Components	mg/kg	<11.5	<12.6	<13.3	<11.2	20	<11.5	<11.0	<13.2	500**

NOTES: mg/kg = Milligrams per kilogram, equivalent to parts per million (ppm) dry weight  
µg/kg= Micrograms per kilogram dry weight  
<x = Not detected to reporting limits of x  
\* = Total organic vapors (ppm as benzene)  
\*\* = Tier 1 "Trigger Level" for total petroleum hydrocarbons  
COMP = Composite of three samples  
< 3= less than three feet of excavation

**Table 2 - Yard (Pothole) Area PID Screening and Waste Soil Analysis  
TransCanada Keystone Pipeline  
Roswell Pump Station; Roswell, South Dakota**

Location	Units	East-1 Pothole	East-2 Pothole	South-3 Pothole	West-4 Pothole	GS-75	GS-30	ROS-1 Waste Comp	ROS-2 Waste Comp	Tier 1 Action Level
Sample Date		6/26/10	6/26/10	6/26/10	6/26/10	6/25/10	6/25/10	6/30/10	6/30/10	
Lithology		Gravel	Gravel	Gravel	Gravel	Gravel	Gravel	Gravel	Gravel	
Depth	(feet)	<3	<3	<3	<3	<3	<3			
PID	(ppm)*	0.00	0.00	0.00	0.00	0.00	0.00			
<b>Chemical of Concern</b>										
Benzene	µg/kg							<22.0	<22.1	200
Ethylbenzene	µg/kg							208	<55.2	1,500
Toluene	µg/kg							104	<55.2	1,000
Xylene (Total)	µg/kg							1280	280	300,000
Diesel Components	mg/kg							895	1510	500**

NOTES: mg/kg = Milligrams per kilogram, equivalent to parts per million (ppm) dry weight  
<x = Not detected to reporting limits of x  
\* = Total organic vapors (ppm as benzene)  
\*\* = Tier 1 "Trigger Level" for total petroleum hydrocarbons  
COMP = Composite of several samples  
< 3= less than three feet of excavation

URS Corporation V:\Envir Mngt\Projects\TransCanada\Roswell, SD\Technical\GIS\Figure1.mxd Date: 7/15/2010 10:21:36 AM Name: tim\_schutz



2,000

Feet

Source:  
USGS Bitter Lake, SD.  
Quad dated 1973



**SITE LOCATION MAP**  
**TRANSCANADA KEYSTONE PIPELINE**  
**ROSWELL, SOUTH DAKOTA**

7th Street Towers  
100 South 7th Street,  
Suite 1500  
Minneapolis, MN 55412  
612.370.0700 Tel  
612.370.1378 Fax



DRN BY: TS  
CHKD BY: HH

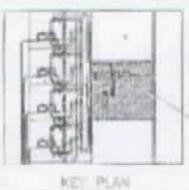
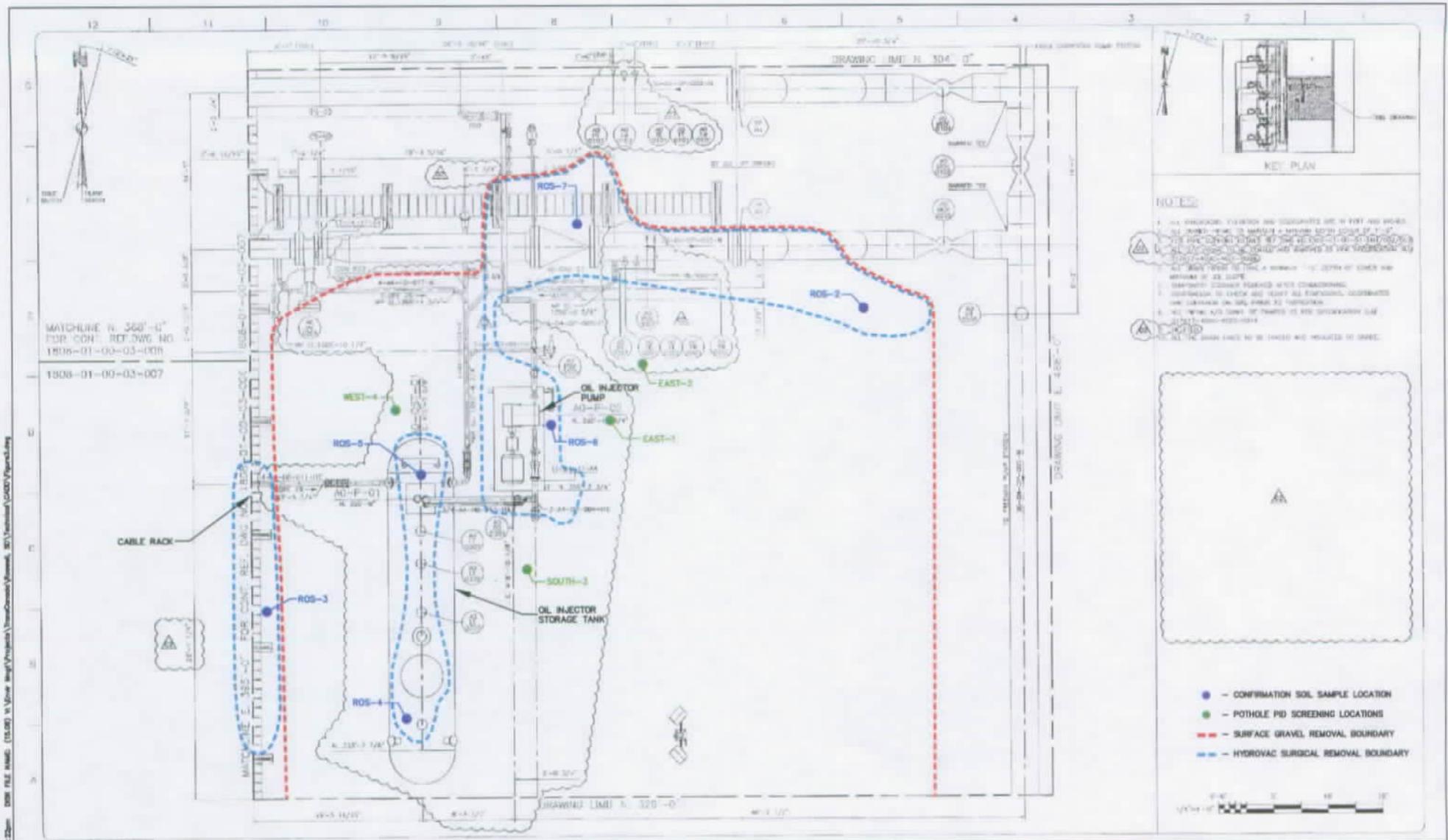
DATE: 5/17/10  
DATE: 5/17/10

PROJECT NO.  
31810187

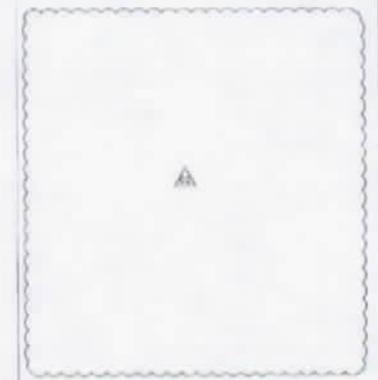
FIG. NO.  
1



PLOT DATE: Nov 26, 2007 2:22pm DBF FILE NAME: (E:\03 V:\proj\mgf\Project\TransCanada\mmsd\25\Technical\CD07\Figures.dwg



- NOTES:**
1. ALL PROPOSED EXCAVATION AND SCREENING ARE TO BE AT THE POINTS AND BOUNDARIES SHOWN ON THIS DRAWING. A PRELIMINARY EXCAVATION AND SCREENING REPORT IS TO BE SUBMITTED TO THE CONTRACTOR BY THE END OF THE PROJECT.
  2. ALL EXCAVATION SHALL BE TO A MINIMUM 12" DEPTH OF COVER UNLESS OTHERWISE NOTED.
  3. CONTRACTOR SHALL VERIFY ALL EXISTING UTILITIES AND RECORD THEM ON THE AS-BUILT AS SHOWN ON THE DRAWING.
  4. ALL EXCAVATION SHALL BE TO BE PROTECTED AND REINSTATED TO ORIGINAL CONDITION.



- - CONFIRMATION SOIL SAMPLE LOCATION
- - POT HOLE PID SCREENING LOCATIONS
- - - SURFACE GRAVEL REMOVAL BOUNDARY
- - - HYDROVAC SURGICAL REMOVAL BOUNDARY



		<b>PUMPING STATION PLAN</b> <b>SOIL SAMPLING, PID SCREENING LOCATIONS &amp; EXCAVATION AREAS</b> <b>TRANSCANADA KEYSTONE PIPELINE</b> <b>ROSWELL, SOUTH DAKOTA</b>		25% SCALE 1/4" = 1'-0"
		DRN BY: TS CHK'D BY: HH	DATE: 7/15/10 DATE: 7/15/10	PROJECT NO. 31810187

NATIONAL RESPONSE CENTER 1-800-424-8802

\*\*\*GOVERNMENT USE ONLY\*\*\*GOVERNMENT USE ONLY\*\*\*

Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 945213

## INCIDENT DESCRIPTION

\*Report taken by: MST1 RICHARD LAYMAN at 18:03 on 23-JUN-10  
 Incident Type: FIXED  
 Incident Cause: EQUIPMENT FAILURE  
 Affected Area:  
 Incident was discovered on 23-JUN-10 at 12:00 local incident time.  
 Affected Medium: LAND GRAVEL

## REPORTING PARTY

Name: DANIEL CERKONEY  
 Organization: KEYSTONE PIPELINE  
 OMAHA, NE  
 KEYSTONE PIPELINE reported for the responsible party.  
 PRIMARY Phone: (701)2901176  
 Type of Organization: PRIVATE ENTERPRISE

## SUSPECTED RESPONSIBLE PARTY

Name: DANIEL CERKONEY  
 Organization: KEYSTONE PIPELINE  
 OMAHA, NE  
 PRIMARY Phone: (701)2901176

## INCIDENT LOCATION

42592 236ST County: MINER  
 City: HOWARD State: SD  
 ROSWELL PUMP STATION

## RELEASED MATERIAL(S)

CHRIS Code: OIL Official Material Name: OIL: CRUDE  
 Also Known As:  
 Qty Released: 20 GALLON(S)

## DESCRIPTION OF INCIDENT

THE CALLER REPORTED THAT THERE WAS A LEAK AT A PUMP STATION WHICH RESULTED IN A SPILL OF 20 GALLONS OF CRUDE OIL. NO WATERWAYS WERE IMPACTED.

## SENSITIVE INFORMATION

## INCIDENT DETAILS

Package: N/A  
 Building ID:  
 Type of Fixed Object: OTHER  
 Power Generating Facility: NO  
 Generating Capacity:  
 Type of Fuel:  
 NPDES:  
 NPDES Compliance: UNKNOWN

Dam

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Hospitalized: Empl/Crew: Passenger:  
 FATALITIES: NO Empl/Crew: Passenger: Occupant:  
 EVACUATIONS: NO Who Evacuated: Radius/Area:

Damages: NO

Closure Type	Description of Closure	Hours Closed	Direction of Closure
Air:	N		
Road:	N		Major Artery: N
Waterway:	N		
Track:	N		

Environmental Impact: UNKNOWN

Media Interest: NONE Community Impact due to Material:

#### REMEDIAL ACTIONS

IMPACTED GRAVEL WILL BE PLACED INTO CONTAINMENT AND REMOVED

Release Secured: YES

Release Rate:

Estimated Release Duration:

#### WEATHER

Weather: SUNNY, ||F

#### ADDITIONAL AGENCIES NOTIFIED

Federal: NONE  
 State/Local: NONE  
 State/Local On Scene: NONE  
 State Agency Number: NONE

#### NOTIFICATIONS BY NRC

DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)  
 23-JUN-10 18:09 (202)3661863  
 U. S. EPA VIII (MAIN OFFICE)  
 (303)2931788  
 IA U. S. ATTORNEY'S OFFICE (INTELLIGENCE OFFICER)  
 23-JUN-10 18:09 (515)4739345  
 NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)  
 23-JUN-10 18:09 (202)2829201  
 NOAA RPTS FOR SD (MAIN OFFICE)  
 23-JUN-10 18:09 (206)5264911  
 NTSB PIPELINE (MAIN OFFICE)  
 23-JUN-10 18:09 (202)3146293  
 PIPELINE & HAZMAT SAFETY ADMIN (OFFICE OF PIPELINE SAFETY (AUTO))  
 23-JUN-10 18:09 (202)3660568  
 SOUTH DAKOTA DENR (MAIN OFFICE)  
 23-JUN-10 18:09 (605)7793296  
 DOI/OEPC DENVER (MAIN OFFICE)  
 23-JUN-10 18:09 (303)4452500

#### ADDITIONAL INFORMATION

NO ADDITIONAL INFORMATION.

\*\*\* END INCIDENT REPORT #945213 \*\*\*