

ENVIROTECH CARRIERS
PO BOX 271428
CORPUS CHRISTI TX 78427
361-299-7774 PH 78427

PAYMENT TERMS: NET 30
\$25 LATE FEE

Invoice #
88057

Invoice Date
7/13/10

Bill To

HIDALGO SHERIFFS DEPT
PO BOX 1228
EDINBURG TX 78540

Service Address
HIDALGO SHERIFFS DEPT
701 E CIBOLO RD
EDINBURG TX 78539

Cust#: 2 - 7170 0

Please detach here & include with your payment.

THANK YOU

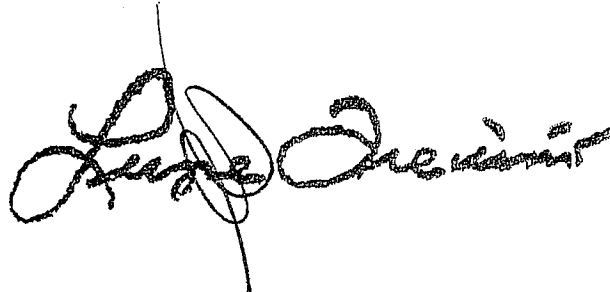
\$ Amount Enclosed

ENVIROTECH CARRIERS
Date Description

Qty	Rate	Total
6.00	19.000	114.00
2.00		
2.00		
20.00	14.000	280.00

7/12/10 PER BOX - ROUTED MONTHLY
 7/12/10 MANIFEST 131915
 7/12/10 BIO-WASTE BOX
 7/12/10 40X46X1.5 LARGE RED BAGS
 7/12/10 BD#305517 SHARPS CONTNR 1-CASE

P.O. #: 6316582
 Invoice Received By: V. Rodriguez on: 7-15-10
 Good/Services Received By: P. Orusco on: 7-12-10
 0-1100-423-21-280-002-0-421



PO# 500085

Please pay INVOICE TOTAL
D 394.00

Cust#: 2 - 7170 0
Service Address: 701 E CIBOLO RD

Inv#: 88057

TRANSPORTER MANIFEST/WASTE SHIPPING DOCUMENT

131915

DATE <u>7/12/10</u>	ACCT # <u>7170</u>	REGULATED MEDICAL WASTE 6.2, UN3291, PG II	
NAME HIDALGO SHERIFFS DEPT.		RED BAG P/U	PICK UP COMMENTS
LOCATION		CONTAINER	
ADDRESS 500 E. CIBOLO RD.		STOP # <u>19646</u>	
CITY STATE ZIP EDINBURG, TEXAS 78539		(-)START # <u>19641</u>	
PHONE <u>556-353-5114</u> SITE CONTACT		EQUALS	
		(+1)	
		= TOTAL <u>6</u>	

GENERATOR

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR, Part 260.10 or any applicable state laws, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. I certify that the information provided above is true and correct.

Authorized Generator (Print) Victor Arco Signature [Signature] Date 7/12/10

PRIMARY TRANSPORTER

TRANSPORTER: ENVIROTECH CARRIERS, INC., 2403 AGNES ST., CORPUS CHRISTI, TX 78405
 TCEQ REGISTRATION #: 50019 TRAILER #: 20 PHONE #: (361) 299-7774
 # OF CONTAINERS COLLECTED 6 TOTAL WGT OF CONTAINERS COLLECTED _____

I certify that the information provided above is true and correct and that only untreated Regulated medical wastes are contained in this load. I am aware that falsification of this manifest may result in the forfeiture of my transporter's registration and/or privilege of utilizing State authorized facilities.

Driver's Name (Print) FRANCO Driver's Signature [Signature] Date 7/12/10

TREATMENT FACILITY

Company Name BioMedical Waste Solutions Phone # 877-974-1300
 Address 9665 Jade Ave., Port Arthur, Texas 77642
 TCEQ Permit # 40231 Date waste destroyed _____ Total weight destroyed _____
 Discrepancy/indication space _____

I certify that I have been authorized by the Texas Commission On Environmental Quality to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.

NAME OF COMPANY REPRESENTATIVE (PRINT) _____ SIGNATURE _____ DATE _____

DELIVERED ITEMS

DESCRIPTION	U/M	QTY	SHARPS CONTAINERS			
			PROTEC	QTY.	WINFIELD	QTY.
<input checked="" type="checkbox"/> BOXES	EA	<u>2</u>	[] 1 GAL		[] 1 GAL	
<input checked="" type="checkbox"/> LINERS (100/CASE) 38X45X1.5	EA	<u>2</u>	[] 2 GAL		[] 2 GAL	
[] LINERS (500/CASE) 23X23X1.5	EA		[] 3 GAL		[] 8 GAL	
			[] 5 GAL		[] 16 GAL	
<input checked="" type="checkbox"/> OTHER: <u>310-CX3</u>		<u>4</u>	BD305	QTY.	KENDALL	QTY.
<input checked="" type="checkbox"/> OTHER: <u>"40x46"</u>		<u>4</u>	<input checked="" type="checkbox"/> 317	<u>Case</u>	[] #8513	
			[]		[] #8516	



Purchase Order

COUNTY OF HIDALGO

PO#: 636582

DATE: 03/01/10

Page No 1 Of 1

VENDOR: 175099

REQ:00171469

Email:

BUYER: VRODRIGUEZ

Phone: (361)299-7774

ENVIROTECH CARRIERS, INC.

P.O. BOX 271428

CORPUS CHRISTI TX 78427

SHIP TO: HIDALGO COUNTY JAIL

701 EL CIBOLO RD

EDINBURG Tx 78539

Vendor Acct:

CONTACT: Virginia Rodriguez (956)393-6023

SITE: HIDALGO COUNTY JAIL

Contract No:

Special Instructions:

VENDOR NOTES

1. DO NOT ADD TO, OR ALTER THIS PURCHASE ORDER. THIS ORDER IS NOT RENEWABLE.
2. TAX EXEMPTION: THIS PURCHASE ORDER MAY BE ACCEPTED IN LIEU OF EXEMPTION CERTIFICATE.
3. THIS ORDER IS ALSO PLACED F.O.B. DESTINATION. VENDOR MUST REPAY ALL SHIPPING COSTS.
4. INVOICE EACH PURCHASE ORDER SINGLY. ORIGINAL INVOICES ARE REQUIRED CUSTOMER COPY MAY BE ACCEPTED. OUT NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, AND PACKAGES.
5. PAYMENT WILL BE MADE ONLY FOR A BONA FIDE AND FULLY COMPLETED ORDER, UNLESS OTHERWISE ATTACHED.

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		C-09-005-03-03 EXPIRES 3/2/10;		
1	LOT	BLANKET P.O. FOR BIOHAZARD PICK UP	1,000.00	1,000.00
1		SHARP CORRUGATED CARDBOARD CONTAINER @ \$19.00	.00	.00
		CONTAINER/BOX		
1		SHARP CONTAINERS COST WILL VARY BASED ON SIZE	.00	.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Total		1,000.00

		For Hidalgo County use only		
		0-1100-423-21-280-002-0-421	1,000.00	
		Approved		

COPY

Authorized by: Martín L. Salazar