

Ward Septic Tank and Backhoe Service

P.O. Box 1322 • Georgetown, TX 78627
 (512) 863-6918 • Mobile (512) 635-5161 • Fax (512) 868-0453
 wardseptic@yahoo.com

NAME

Williamson County

ADDRESS

3101 SE Jones Loop

SOLD BY

Jos. Tail Grease Traps

PH. NO.

DATE

7-14-18

CASH

C.O.D.

CHARGE

ON ACCT.

MDSE RETD.

PAID OUT

QTY.

DESCRIPTION

PRICE

AMOUNT

Cleanout greas trap

6000 Gall

Inspected tank

found two holes

in tank

Moved main line

from first greas trap

two second greas trap

Paid \$5000 7-14-18

\$10,000.00

due 5000

RECEIVED BY

TAX

TOTAL

\$10,000.00

No. 006656

ALL CLAIMS AND RETURNED GOODS
 MUST BE ACCOMPANIED BY THIS BILL.

City of Austin / Travis County
Austin Water Utility
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1017978**

Generator Info	Name: <u>W C SD</u>		Address: <u>502 Rock St</u>	
	City: <u>B-Town</u>	State: <u>TX</u>	Zip Code: _____	Phone: _____
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = <u>3000</u> (gal.) <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: _____		Date Removed: <u>7-14-18</u>	
	As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: <u>[Signature]</u> Signature: <u>[Signature]</u>			
Transporter Info	Business Name: <u>Superior</u>		Address: <u>8 2nd Madison</u>	
	City: <u>Rock</u>	State: <u>TX</u>	Zip Code: <u>78664</u>	Phone: <u>2446300</u>
	TCEQ Registration No.: <u>20500</u>		Vehicle License No.: <u>AW3 7241</u>	
	COA Permit No.: <u>42</u>	Gallons Transported: <u>3000</u>	Date Relinquished: <u>7-14-18</u>	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: <u>[Signature]</u> Signature: <u>[Signature]</u>			
Transfer Info	Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred to the vehicle identified above from a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred from the vehicle identified above to a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle accepting this waste and initiate a new Manifest / Trip Ticket including the new "Transporter Info" and the original "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.: _____		New Vehicle License No.: _____	
	Gallons Transferred: _____		Transfer Date: _____	
Receiver Info	As the representative for the transporter receiving this transferred waste , I certify that the information provided is true and correct. Printed Name: _____ Signature: _____			
	Facility Name: _____		Address: _____	
	City: _____	State: _____	Zip Code: _____	Phone: _____
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ OR TCEQ Registration No.: _____	
	Gallons Received: _____	Date Received: _____	Time Received: _____	
Receiver Info	As the representative for the facility receiving this waste, I certify that: <ul style="list-style-type: none"> The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; The waste was received by this facility on the date and time indicated; and The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility. 			
	Printed Name: _____		Signature: _____	

City of Austin / Travis County
Austin Water Utility
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1017977**

Generator Info	Name: <u>W C SD</u>		Address: <u>504 Rock St</u>	
	City: <u>Bonington</u>	State: <u>TX</u>	Zip Code: _____	Phone: _____
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = <u>3000</u> (gal.) <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>3000</u>		Date Removed: <u>7-14-18</u>	
	As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: <u>Dale Rutledge</u> Signature: <u>[Signature]</u>			
Transporter Info	Business Name: <u>Superior</u>		Address: <u>8 Ind. Menden</u>	
	City: <u>Rock</u>	State: <u>TX</u>	Zip Code: <u>78667</u>	Phone: <u>244/300</u>
	TCEQ Registration No.: <u>20500</u>		Vehicle License No.: <u>AW37201</u>	
	COA Permit No.: <u>42</u>	Gallons Transported: <u>3000</u>	Date Relinquished: <u>7-14-18</u>	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: <u>Gale Rock</u> Signature: <u>[Signature]</u>			
Transfer Info	Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred to the vehicle identified above from a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred from the vehicle identified above to a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle accepting this waste and initiate a new Manifest / Trip Ticket including the new "Transporter Info" and the original "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.: _____		New Vehicle License No.: _____	
	Gallons Transferred: _____		Transfer Date: _____	
	As the representative for the transporter receiving this transferred waste , I certify that the information provided is true and correct. Printed Name: _____ Signature: _____			
Receiver Info	Facility Name: _____		Address: _____	
	City: _____	State: _____	Zip Code: _____	Phone: _____
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ OR TCEQ Registration No.: _____	
	Gallons Received: _____	Date Received: _____	Time Received: _____	
	As the representative for the facility receiving this waste, I certify that: • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility. Printed Name: _____ Signature: _____			