

- 18470

NONHAZARDOUS WASTE CONTROL TICKET
TRANSPORTER INFORMATION

Name of Transporter: JS Septic Services Corp. Registration #: 23593
Address: P.O. Box 11399 • Houston, TX 77293 Phone #: (281) 372-0707
License Plate #: JGT8168 Truck No. 3 Truck Capacity: 4000

GENERATOR INFORMATION
(One Ticket for Each Generator)

Date of Pick-up: 5-25-18 Name: X WAYNE CARRELL
Address: 22631 fm 199 Montsorey TX 77386 Phone #: 936-276-0611
Capacity of Tank/Trap: 1000 Quantity of Waste Removed (Gallons): 1000
Waste Removed From: Grease Trap _____ Septic Tank X Other: _____
Chemical Toilet _____ Grit Trap _____ Specify: _____
Municipal Wastewater Treatment Plant Sludge _____
Municipal Water Treatment Plant Sludge _____
Domestic Holding Tank _____

I hereby certify that the waste is as described.

Generator's Signature: X [Signature]

TRANSPORTER CERTIFICATION

I certify to the best of my knowledge that this load contains no chemical or hazardous waste material. I am aware that falsification of this ticket may result in forfeiture of my transporter's registration and/or the privilege of utilizing state permitted disposal facilities. I also understand that falsification of these type records is a felony offense in the State of Texas and may result in the revocation of my waste transportation permit, criminal prosecution and/or civil penalties of up to \$25,000 per violation.

Truck Driver's Signature: [Signature]

STATEMENT OF DISPOSAL SITE OPERATOR

Disposal Site Name: _____ Permit No. _____

I certify that I have been authorized by the State of Texas to accept the above type wastes and that I have disposed of the above indicated wastes in accordance with the requirements outlined in that authorization.

Site Operator's Name: _____ Print

(Signature) (Date)

Original to Generator at time of pick-up • White Copy to Disposal Site • Yellow Copy for Transporter's Records
Blue Copy Mail to Generator after completion by Disposal Site Operator • Green Copy to Local Authority

ORIGINAL - TO GENERATOR @ TIME OF PICKUP

JS SEPTIC SERVICES CORP


P.O. Box 11399
Houston, TX 77293
Off. 281-372-0707 / Cell 281-704-8839

WORK ORDER

3605

Sold By: _____ Order Date: _____

Key Map #: _____ P. O. #: _____

<input type="checkbox"/> FULL PUMP - Price Per Gal. _____		<input type="checkbox"/> SKIM		<input type="checkbox"/> HYDROJET		<input type="checkbox"/> PUMP & HYDROJET	
SERVICES RENDERED				Tentatively Scheduled: Date ___/___/___ Time _____ AM PM			
Pump & etc # 450				CONTACT PERSON: :			
				JOB SITE:			
				Billing Info. - TERMS: <input type="checkbox"/> Cash <input type="checkbox"/> Net 30 <input type="checkbox"/> Check #			
				Name: WAYNE CARROLL			
				Address: 22631 fm 149			
				City: Montgomery		State: TX	Zip: 77356
				Pager: 936			
				Phone: 776-0611		Bus. Phone:	
				I hereby acknowledge the satisfactory completion of the above described work.			
				Authorized Signature: 			
		TOTAL # 450					
Please Add To Route As Follows:							
Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Price Quoted _____							

Thank You