



# **2021 ANNUAL STORMWATER MANAGEMENT REPORT**

for

University of North Texas  
1155 Union Circle #311040  
Denton, Denton County, Texas  
76203-5017

Prepared by

University of North Texas

March 2022



Office of Facilities

March 22, 2022

Stormwater Team Leader  
Texas Water Quality Division  
MC-148  
P.O. Box 13087  
Austin, Texas 78711-3087

Re: Phase II MS4 Annual Report Transmittal for University of North Texas  
TPDES General Permit Authorization: TXR040066

Dear Team Leader:

This letter serves to transmit the required annual report for year two (2) of the Texas Pollutant Discharge Elimination System Small Municipal Separate Storm Sewer System General Permit, Authorization Number TXR040066 for the University of North Texas.

The annual report is for Year 3, which began on January 1, 2021 and ended on December 31, 2021.

A separate Notice of Change has not been submitted based on the fact that changes have not been implemented for the current reporting period. A new Stormwater Management Plan and Permit NOI were submitted to TCEQ on July 18, 2019.

As required by the general permit, a copy of the annual report has been mailed to the TCEQ Region 4 office located in Fort Worth, Texas.

Please address any questions to me at 940-369-8055.

Sincerely,

Karla S. Henson

Environmental Program Manager

## Phase II (Small) MS4 Annual Report Form

TPDES General Permit Number TXR040000

### A. General Information

Authorization Number: TXR040066

Reporting Year (year will be either 1, 2, 3, 4, or 5): 2

Annual Reporting Year Option Selected by MS4:

Calendar Year X

Permit Year \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ Last day of fiscal year: (\_\_\_\_\_)

Reporting period beginning date: (month/date/year) Jan. 1, 2021

Reporting period end date (month/date/year) Dec. 31, 2021

MS4 Operator Level: 2 Name of MS4: University of North Texas

Contact Name: Karla Henson Telephone Number: 940-369-8055

Mailing Address: 1155 Union Circle #310950, Denton, TX 76203-5017

E-mail Address:

karla.henson@unt.edu

A copy of the annual report was submitted to the TCEQ Region

YES X NO \_\_\_\_\_ Region the annual report was submitted. TCEQ

Region IV

## **B. Status of Compliance with the MS4 GP and SWMP**

1. Provide information on the status of complying with permit conditions: (TXR040000 Part IV Section B.2.):

	Yes	No	Explain
Permittee is currently in compliance with the SWMP as submitted to and approved by the TCEQ.	X		UNT has progressed with acting on selected BMPs to reduce and/or prevent illicit stormwater discharges.
Permittee is currently in compliance with recordkeeping and reporting requirements.	X		Continuous recordkeeping has been instituted and practiced and is generally in compliance.
Permittee meets the eligibility requirements of the permit (e.g., TMDL requirements, Edwards Aquifer limitations, compliance history, etc.)	X		UNT does not discharge directly to any bodies of water, impaired or otherwise.
Permittee conducted an annual review of its SWMP in conjunction with preparation of the annual report.	X		UNT reviewed the SWMP to determine if goals were met. Most goals were met during the reporting period, but some goals were affected by the on-going pandemic.



2. Provide a general assessment of the appropriateness of the selected BMPs. You may use the table below (**See Example 1 in instructions**):

MCM(s)	BMP	BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No, and explain.)
1	1.1 Provide Storm Water Permit and Storm Water Management Plan information on UNT identified web-site	Yes. The SWMP and most recent Annual Report are uploaded onto the Risk Management web-site and can be accessed by UNT staff, faculty, students and the public at the following hyperlink. This link provides information about the stormwater management program. The final permit approval is still pending according to TCEQ. <a href="https://riskmanagement.unt.edu/environmental-risk/environmental/water">https://riskmanagement.unt.edu/environmental-risk/environmental/water</a>
1	1.2 Create educational publications to increase on-campus awareness	Yes. Provides public awareness of stormwater protection and issues related to stormwater impairment.
1	1.3 Publish and distribute SWMP awareness materials	Yes. BMP raises community stormwater protection awareness through stormwater brochures (Educational Information for Stormwater Best Management Practices) to campus community. Did not provide to adjacent campus businesses in 2021 due to pandemic. <a href="https://riskmanagement.unt.edu/Environmental-Risk/Environmental/Water">https://riskmanagement.unt.edu/Environmental-Risk/Environmental/Water</a>
1	1.4 Public Notification Outreach	Yes. By publishing educational materials and the SWMP on UNT's web-site, businesses adjacent to the campus and campus communities can be more aware of their impacts to stormwater.
1	1.5 Stormwater Reporting E-mail Address	Yes. A stormwater e-mail address is noted on the Risk Management web-site and can be accessed at <a href="mailto:stormwater@unt.edu">stormwater@unt.edu</a> for the UNT community and the community at large.
1	1.6 Promote Public Trash Collection and Recycling	Yes. Campus actively participated in trash pick-up events to protect stormwater by reducing the effect of wind-blow trash into storm drains. Three events occurred in 2021. Recycling of batteries occurred throughout the year.

<b>MCM(s)</b>	<b>BMP</b>	<b>BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No, and explain.)</b>
2	2.1 Storm Sewer Map Development	Yes. Updated storm drain maps include new, reconstructed, or removed storm drain inlets/outfalls. Updating storm drain maps also shows construction areas with new storm drain/storm sewer tie-ins. No new sources were identified and no changes were made to the maps
2	2.2 Dry Weather Screening	Yes. Dry weather monitoring allows visual observations to determine if flows are carrying more or less trash and debris from upstream sources. Comparisons can be made from previous years utilizing previous year's photographs and dry weather screening forms.
2	2.3 Illicit Discharge Identification and Notification System	Yes. This assists in identifying potential sources of illegal discharges onto/from campus through periodic visual monitoring and dry weather screenings from on-site and off-site construction projects.
2	2.4 Employee Training	Yes. This provides an educational opportunity for employees and staff to be aware of how stormwater can be affected by daily operations on campus.
2	2.5 Litter Inspections and Illegal Dumping	Yes. Inspections address areas where litter accumulates and identifies areas where illegal dumping occurs. It also identifies waste bins with excess trash that can be removed more frequently.
2	2.6 Standard Operating Procedure (SOP) for Violators	Yes. Sets forth guidelines on how to enforce university stormwater policies to violators where litter or illicit discharges occur.
2	2.7 Prevent and Correct Leaking On-site Sewage Disposal Systems	Yes. Identifies on-site sewage disposal systems and prevents overflows near storm sewer curb inlets and outfalls.
3	3.1 Review of Construction Contracts General Terms and Conditions and/or Service Agreements	Yes. Construction contracts have language identifying contractor's stormwater responsibilities. Greater communication between contractors, UNT's construction project managers, and Risk Management allows UNT to prevent or minimize stormwater issues before they occur.
3	3.2 Construction Site Inspections	Yes. Construction site inspections are the best way to identify stormwater violations. They're also helpful in identifying potential violations before they occur.
3	3.3 Construction Site Inspections relating to reported potential violations	Yes. Notifications of potential violations to construction project managers are helpful in identifying problem areas at an active construction site. Six inspections occurred in 2021.

<b>MCM(s)</b>	<b>BMP</b>	<b>BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No, and explain.)</b>
3	3.4 New Construction Stormwater Management Brochure	Yes. A one-page brochure detailing potential stormwater issues that can occur at new construction sites is given to construction contractors and subcontractors to assist in preventing illicit stormwater discharges from a construction site.
3	3.5 Minimize Discharge of Pollutants and Prohibit Illicit Discharges During Construction	Yes. Insure construction contractors understand the importance of stormwater protection. Stormwater fact sheets and construction stormwater brochures discuss ways to prevent discharges and lists best management practices to be used as guidance for their projects.
4	4.1 Permit NOT Notification	Yes. The NOT (notice of termination) provides construction contractors ability to terminate a permit once a site is stabilized or control is transferred to the owner or another contractor.
4	4.2 Post-Construction Stormwater Management Brochure	Yes. A post-construction stormwater management brochure assists the construction site contractor regarding what is expected once construction is complete. It serves as a reminder to the contractor of how a site should be permanently stabilized prior to handing it over to the owner. This brochure emphasize steps needed to ensure pollution prevention upon construction completion.
4	4.3 Implement Procedures for Discharges from New Development and Redevelopment Projects	Yes. BMP seeks to minimize potential discharges from development and/or re-development of university property as needed with procedures aimed at (including, but not limited to) erosion controls, washout/clean out of equipment and tools, fuel and chemical spills, etc.
4	4.4 Insure long-term Operations & Maintenance of Post-Construction Stormwater Control Measures	Yes. BMP will insure owner/operator maintains any remaining stormwater and non-stormwater structural controls if needed.
5	5.1 Employee Training	Yes. BMP insures existing and new employees understand good housekeeping practices and how they relate to stormwater protection. It also provides employees with a web-site to view stormwater information and how it might relate to their job.
5	5.2 Curb Inlet Markers	Yes. Curb inlet markers raise public awareness of stormwater discharge by providing a visual marker on top of stormwater curb inlets/drains.

<b>MCM(s)</b>	<b>BMP</b>	<b>BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No, and explain.)</b>
5	5.3 SPCC Plan and Internal Reporting	Yes. Insures procedures are in place to react to spill incidents, hazardous or otherwise.
5	5.4 Structural Control Maintenance	Yes. Provides information on structural controls for stormwater drainage and how they are to be maintained to insure daily processes won't impact stormwater.
5	5.5 Disposal of Structural Control Maintenance Waste	Yes. Intended to provide documentation/tracking for disposal of waste from structural controls including dredged or contaminated sludge, sediment, floatables, etc. as noted in BMP 5.4 above.
5	5.6 Annual Stormwater Contamination Assessment	Yes. Provides information to Facilities regarding potential stormwater impacts and/or discharges through inspection of materials handling areas, maintenance areas, storage areas, lay-down yards, landscaping maintenance, etc.
5	5.7 Periodic Visual Inspections	Yes. Insures awareness of potential stormwater impacts and/or discharges through periodic walk-throughs of the areas noted in BMP 5.6.
5	5.8 Contractors Compliance with Operating Procedures	Yes. Provides information to contractors for potential stormwater impacts and discharges through good housekeeping practices, operating procedures, and stormwater control measures.
5	5.9 Evaluate O&M Activities	Yes. Provides awareness to contractors and facilities groups for potential stormwater impacts from chemical storage areas, lay-down yards, equipment/vehicle maintenance, washout areas, trash bins/roll-off boxes, soil/sand/gravel piles, lawn and parking lot maintenance, etc.

- Describe progress towards reducing the discharge of pollutants to the maximum extent practicable. Summarize any information used (such as visual observation, amount of materials removed or prevented from entering the MS4, or if required monitoring data, etc.) to evaluate reductions in the discharge of pollutants. You may use the table (**See Example 2 in instructions**):

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
1	1.1 Provide Stormwater Permit and SWMP information on UNT's RMS web-site	Link to web-site and report	1	Each	<p>No. Permit has not been issued although the administrative review is complete. Status is pending.</p> <p>Yes. 2020 Annual Stormwater Report is uploaded to web-site and can provide useful information regarding prevention of stormwater pollution.  <a href="https://riskmanagement.unt.edu/environmental-risk/environmental/water">https://riskmanagement.unt.edu/environmental-risk/environmental/water</a></p>
1	1.2 Create educational publications to increase on-campus awareness	"We Mean Green Fund" sponsored new campus environmental sustainability projects in 2021	3	Projects	<p>Yes. The three projects provide educational opportunities and ideas that can assist in stormwater pollution prevention.</p> <p>1) A community garden to grow food for the UNT Food Pantry. 2) A native pollinator plant bed and border were incorporated in a designated area to reduce the addition of chemicals on an otherwise vacant landscaped area. These projects minimized the use of fertilizers, herbicides, pesticides and reduced the potential for</p>

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
					<p>chemical-laden stormwater runoff.</p> <p>3) A Storm Drain Mural art competition was held in April 2021. Murals had to convey clear and creative educational messages about discouraging litter to protect water health &amp; to illustrate UNT school spirit. Three winners were selected and each painted their designs on one campus storm drain using environmentally friendly paint.</p>
1.3	Publish and Distribute SWMP awareness materials	Construction Brochure and a Stormwater Awareness Brochure	2	Brochures	<p>Yes. A construction stormwater brochure provides new construction contractors helpful information identifying potential stormwater runoff issues that may occur during site construction.</p> <p>An educational stormwater awareness brochure provides tips and useful information that can be used to prevent everyday impacts to stormwater to the campus and surrounding community.</p> <p>A Stormwater Awareness brochure was handed out at the annual</p>

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
					Fall Safety Fair which provides educational information regarding stormwater run-off affects that can occur during every day activities. Both brochures are uploaded on the RMS web-site.
1	1.4 Public Notification Outreach	Stormwater Protection Brochure	1	Brochure	<p>Yes. The brochure outlines some simple best management practices that can be implemented to protect stormwater quality and promote soil conservation.</p> <p>Passed out several at the on-campus Safety Fair in September 2021. Uploaded to RMS web-site at:  <a href="https://riskmanagement.unt.edu/environmental-risk/environmental/water">https://riskmanagement.unt.edu/environmental-risk/environmental/water</a></p>
1	1.5 Stormwater Reporting email address	An email address was generated for the students, staff, faculty, general public to report a stormwater issue emanating from UNT property	1	Stormwater Reporting Email address	<p>Yes. By providing an email address, anyone can report a stormwater issue so that it can be investigated as soon as possible. It is uploaded to the RMS web-site and can be accessed by the campus community and public.</p> <p><a href="https://riskmanagement.unt.edu/environmental-risk/environmental/water">https://riskmanagement.unt.edu/environmental-risk/environmental/water</a></p>

<b>MCM</b>	<b>BMP</b>	<b>Information Used</b>	<b>Quantity</b>	<b>Units</b>	<b>Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)</b>
1	1.6 Public Trash Collection and Recycling	Campus Race to Zero Waste (formerly known as RecycleMania) and Monthly Campus Trash Pick-ups	Several	Pounds	<p>Yes. Litter control through weekly and monthly trash pick-ups, recycling of cardboard, plastic, bottles/cans, etc.</p> <p>UNT measured and reported the weights of paper, cardboard, and bottles/cans recycled on campus on a per person basis from January 31, 2021 to March 27, 2021. The final tally was 1.09 lbs/person/week using a campus population of 38,528.</p> <p>Several student, faculty and staff groups participated in trash pick-up beginning in October 2021. Events were conducted monthly and helped prevent wind-blown trash from entering campus storm drains.</p>
2	2.1 Storm Sewer Map Development	IT generated storm sewer maps for campus	1	Maps	No. Storm sewer maps are updated as needed, typically on an annual basis. However, updated maps can identify new outfalls and remove old outfalls that no longer exist when new construction projects are completed.



<b>MCM</b>	<b>BMP</b>	<b>Information Used</b>	<b>Quantity</b>	<b>Units</b>	<b>Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)</b>
2	2.2 Dry Weather Screening	Outfalls	19	Inspections	<p>Yes. Visual inspections can show changes that occur over time. If an abundance of trash or illegal dumping has occurred, the source may be able to be traced back to the offender. Regardless, the source can be removed and properly disposed. These inspections can be compared to previous inspections to identify increased or decreased pollution.</p>
2	2.3 Illicit Discharge Identification and Notification System	Visual observation at new construction sites	7	Inspections	<p>Yes. If illicit discharges are observed, the site construction contractor and the UNT project manager are notified so the illicit discharge can be removed, repaired or replaced as necessary.</p> <p>New Golf Facility and New Graduate Art Studio were each inspected on 3 occasions, once in May and twice in August. The New Golf Facility did not show any signs of illicit discharge. The BMPs installed by the construction contractor were all in good condition. The New Graduate Art Studio had some challenges with their</p>

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
					BMPs as the construction area foot-print was very close to the silt fence surrounding the site. The silt fence had to be repaired on each of those occasions. It should be noted that the City of Denton also inspected both of these location approximately every 6 to 8 weeks and observed similar BMP failures that were corrected after notification.
3	3.1 Review of Construction Contracts General Terms and Conditions and/or Service Agreements	Contracts with General Terms and Conditions and Service Agreements	1	each	No, not directly. However, during construction contract negotiations, verbiage can be added that address stormwater run-off protections and how the site should be maintained during construction.
3	3.2 Construction Site Inspections	Construction sites	7 by UNT and 22 by City of Denton	Inspections	<p>Yes. Periodic inspections during construction help identify BMPs not being maintained by the contractor and to point out where other operations could affect stormwater run-off during rain events.</p> <p>Yes; final post-development construction project identified an area where vegetation hadn't yet been completed. This</p>

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
					was eventually repaired and no further action was taken.
3	3.3 Construction Site Inspections relating to reported potential violations	Inspections	22	Inspections	Yes. The City of Denton performs periodic inspections and notifies the site construction contractor and UNT if potential violations occur.
3	3.4 New Construction Stormwater Management Brochure	Brochure	1	Each	No. However, a brochure outlining typical BMPs and problems that can arise, the construction contractor can be more aware of situations that can cause soil erosion and runoff into storm drains and waterways.
3	3.5 Minimize Discharge of Pollutants and Prohibit Illicit Discharge During Construction	Fact Sheets	1	Each	No. Fact sheets can outline situations where discharge of pollutants and illicit discharges can occur at construction sites. This information is valuable in reminding the contractor of their pollution prevention obligations.
4	4.1 Permit NOT Notification	Notice of Termination	1	Each	No. A NOT can provide the owner and a regulator when a site has been completed. An inspection by each of the noted parties allows for visual observation of any

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
					remaining problems such as removal and/or disposal of all materials used during construction. This can reduce the potential for pollution from run-off and discharge and insure proper drainage and re-vegetation has been completed.
4	4.2 Post-Construction Stormwater Management Brochure	Post-construction brochure	1	Each	No. The brochure reinforces the need for the site to be free of trash and debris once construction has been completed. It summarizes the proper disposal of trash, cleanup of sidewalks and streets, and the removal and disposal of any remaining temporary structural BMPs.
4	4.3 Implement Procedures for Discharges from New Development and Redevelopment Projects	Procedures	1	Each	No. The procedure aims to prevent discharges from new and re-development projects by providing guidelines for construction contractors and UNT construction project managers. This would provide an indirect way to reduce pollutants if this procedure is followed.

<b>MCM</b>	<b>BMP</b>	<b>Information Used</b>	<b>Quantity</b>	<b>Units</b>	<b>Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)</b>
4	4.4 Ensure long-term Operations & Maintenance of post-construction stormwater control measures	Inspections	6	Total	Yes. Documenting inspections at 25% of the long-term post-construction projects ensures the contractor maintains the appropriate stormwater controls.
5	5.1 Employee Training	On-line Training Document through UNT	1	Annually	No. The on-line training allows staff/employees the opportunity to understand what stormwater is, how it can be affected by our actions at work, and how it affects our daily lives.
5	5.2 Curb Inlet Markers	Markers	75-80% coverage	Each	Yes. Curb inlet markers are visual assurances that reinforce awareness that storm drains shouldn't be used for illicit discharges or a depository for trash.
5	5.3 SPCC Plan and Internal Reporting	SPCC Plan	1	Report	Yes. The SPCC plan is a living document outlining discharge prevention in the event of an oil spill or large chemical spill to the environment. Various pieces of equipment are required to be maintained and inspected throughout the year to insure the potential for a spill is minimized.

<b>MCM</b>	<b>BMP</b>	<b>Information Used</b>	<b>Quantity</b>	<b>Units</b>	<b>Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)</b>
5	5.4 Structural Control Maintenance	Various structural controls outlined in SWPPPs	Several	Numerous	Yes. Structural controls consist of erosion control matting; straw wattle; silt fencing; washout pits; curb inlet protection; catch basins; drain blocks; etc.
5	5.5 Disposal of Structural Control Maintenance Waste	Construction Contractor Reports and Inspections	1	Each	Yes. Removal of structural controls are required for final site stabilization. All inactive areas are required to be stabilized and vegetated or cleaned of debris/sediment.
5	5.6 Annual Stormwater Contamination Assessment	Assessment Form	2	Inspection and Review	Yes. The annual inspection is an opportunity to show Facilities staff where problem spots occur with windblown trash and areas for oil or chemical spill potential.
5	5.7 Periodic Visual Inspections	Inspection Form	1	Each	Yes. Visual inspections occur periodically and after rain events to insure runoff from construction areas are being maintained in accordance with the construction contractor's SWPPP.
5	5.8 Contractors Compliance with Operating Procedures	Inspection Form Notification	1	Each	Yes. Same as 5.7 above. Also includes inspections and follow-up inspections by the City.

4. Provide the measurable goals for each of the MCMs, and an evaluation of the success of the implementation of the measurable goals (**See Example 3 in instructions**):

MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved If goal was not accomplished please explain
1	Upload Annual Stormwater Report; revise stormwater fact sheet; SWMP was previously uploaded to web-site	Goal met for the most part. Permit is still pending from TCEQ. Previously met goal of uploading SWMP. 2020 Annual Report was uploaded. Construction stormwater fact sheet is on the website. A new educational information fact sheet was also uploaded to the website in 2021.
1	Create & produce educational signs/flyers to increase on-campus awareness for pollution prevention	<p>Goal met. Held a stormwater awareness Storm Drain Mural Art contest for students. Three artists were selected to display their murals on three campus selected storm drains using environmentally friendly acrylic paint. Each stormwater mural conveys a message about discouraging litter and litter's impact to stormwater.</p> <p>We Mean Green Fund funded student projects to involve the campus community. Campus Race to Zero Waste (formerly known as RecycleMania), a nationwide challenge competition among universities in the US and Canada, was held from January 31<sup>st</sup> to March 27<sup>th</sup>, 2021. UNT participated in the Stephen K. Gaski Per Capita Challenge where UNT measured and reported the weights of paper, cardboard, and bottles/cans recycled on campus on a per person basis each week. The final tally was an average of 1.09 lbs/person/week using a limited campus population of students/faculty/staff.</p>
1	Publish & distribute SWMP awareness materials	Goal partially met. An educational brochure was uploaded to the web-site and distributed at the Annual Safety Fair in September 2021. Distributing this information to adjacent businesses was not met as most businesses remained closed during the pandemic.
1	Public notification outreach	Same as measurable goal noted directly above.

MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved If goal was not accomplished please explain
1	Stormwater awareness by campus and surrounding community with link to web-site	Stormwater email address link was established in 2020 so goal has been met.
1	Public trash collection and recycling	Met goal. Student, faculty, and staff groups participated in trash collection one day/month starting in October 2021 after classes resumed full-time in late August 2021. Recycling occurs on campus year-around with bins set up for bottles and cans (weights not reported), paper (99 tons), cardboard (74 tons), and metal (weights not reported).
2	Prepare and update storm drain maps depicting drainage systems, drainage direction and receiving waters.	Met goal. Achieved by GIS department in 2020. A review was conducted on March 4, 2021, and all storm drain maps had not changed since last update.
2	Perform dry weather visual monitoring at 30% of the outfalls and sampling from one outfall location semi-annually.	Exceeded goal. Completed dry weather visual screening at 19 of 27 outfall locations (70%). Performed semi-annual water quality sampling at 2 locations and attempted at 11 locations that were either dry or had no flow.
2	Submit violation notice to each violator where litter or illicit discharge occur.	Met goal. A standard operating procedure (SOP) was generated and violators were notified verbally and in writing. Four locations were screened internally by UNT. Two of the locations were inspected twice (New Golf Facility and the New Graduate Art Studio). The City of Denton also inspected the New Golf Facility and the New Graduate Art Studio approximately every 6 weeks. Corrections were made if either site had a stormwater issue that needed to be addressed. UNT has no regulatory authority to enforce violations.



MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved If goal was not accomplished please explain
2	Employee Stormwater Training	Goal was met. An educational on-line training program was created and required for specified staff. However, any faculty, student, or non-required staff can take the training. As of September 2021, 183 staff had completed the required training with only 3 staff who had not yet taken it.
2	Inspections to identify areas of litter accumulation and illegal dumping	Goal was met. Periodic walk-around and windshield inspections were conducted to identify areas with overflowing trash bins and construction areas with wind-blown trash or roll-off boxes with excess trash. Inspections also included areas where litter accumulates.
2	Standard Operating Procedure for Violators	Met goal. A SOP was created setting forth guidelines on implementing university stormwater policies to violators where litter or illicit discharges occur or are an issue. Although UNT has no “regulatory authority” to enforce against violators, cooperation among UNT project construction managers and construction contractors exceeded or met expectations in 2021.
2	Preventing and correcting leaking at on-site sewage disposal systems	Exceeded goal. One new on-site septic system was constructed at the New Golf Facility in 2021. No issues were noted. Two off-site septic systems were inspected in 2021, one at the Water Research Center and one at Rafe’s Astronomy Center, both of which are located off-campus approximately 5 miles west. No issues were noted at either off-site campus locations.
3	Ensure thorough review of 100% construction contracts having language outlining the TPDES Construction General Permit Requirements	Goal met and achieved through UNT System Facilities who have contract language in each construction contract awarded.
3	UNT monthly construction site inspections and within 24 hours of a 2-inch rain.	Goal was mostly met. On-site inspections were conducted at two locations, New Golf Practice Facility and the New Art Graduate Studio. Inspections were to be monthly and within 24 hours of a 2-inch rainfall event. The New Golf Practice

MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved If goal was not accomplished please explain
		Facility was completed in July 2021. Three were conducted. Three were conducted at the New Graduate Art Studio, but wasn't achieved monthly. However, City of Denton also performed inspections.
3	Regulatory enforcement and citizen complaints regarding construction sites.	Goal met. No citizen complaints were received at the construction sites in 2021. Regulatory enforcement did not occur at either site in 2021.
3	New construction stormwater management brochure and fact sheet.	Met goal. Brochure was completed in February 2021 and uploaded to the web-site. Copies can be printed out and made available for each construction contract awarded by the UNT construction project managers.
3	Minimize pollutants and illicit discharges during construction	Goal met. A stormwater fact sheet was included in the construction packet for the construction contractor for the New Graduate Art Studio. The fact sheet lists BMPs and how construction waste should be managed. Inspections found some minor issues, but were corrected in a timely manner.
4	Documented and filed 100% of NOTs	Goal met. There was one NOT filed in 2021 for the New Golf Practice Facility. The City of Denton also received a copy of the NOT.
4	Provide post-construction stormwater brochure for construction contractors	Goal was not met. The brochure was not completed in 2021.
4	Inspections of new development and redevelopment projects to insure discharge procedures are being followed	Goal met. The New Art Graduate Studio was inspected on 3 occasions in 2021 and the New Golf Facility was inspected in 2021 on 3 occasions until it was completed in July.
5	Conduct one training session per year for employees at UNT Facilities and other employees as appropriate	Goal met. 98% training completion rate in 2021.

<b>MCM(s)</b>	<b>Measurable Goal(s)</b>	<b>Explain progress toward goal or how goal was achieved If goal was not accomplished please explain</b>
	and maintain training records	
5	Install new or replace old/damaged curb inlet markers	Goal was not met. Personnel shortages hampered placing new markers. The goal for 2022 is to place new makers on storm drains inlet structures that are missing or damaged.
5	SPCC Plan review and updates for 2021	Met goal. The SPCC Plan was reviewed and updated. New management level personnel were inserted where previous management level personnel had been due to retirements or resignations. No leaks or spills occurred during this time-frame.
5	Repair or replacement and maintenance of structural controls for stormwater drainage	Met goal. Repair or replacement of structural controls was performed by construction contractors for all inspections performed by UNT personnel or City of Denton within 48-72 hours of notification of any corrections.
5	Structural control maintenance waste removal and disposal	Goal met. Inspection of completed New Golf Facility construction site showed no remaining structural control maintenance waste. All dumpsters and trash were removed. The New Graduate Art Studio is still in the construction phase. Silt-fencing has been maintained, but any on-site waste is placed in roll-off boxes until full and then transported for off-site disposal.
5	Conduct annual stormwater contamination assessment at Facilities areas(grounds, fueling, and waste storage) and City of Denton Annual Inspection	Goal met. UNT's inspection was conducted in November 2021 and the City of Denton's annual inspection was conducted in December 2021. No items needed attention.
5	Periodic visual inspections	Goal was met through inspections as previously noted.
5	Maintain list of operating procedures and provide to 100% of contractors and subcontractors. Inspect	Goal met. See MCMs 3 and 4 above.

MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved If goal was not accomplished please explain
	(monthly) contractors/subcontractors jobsites as noted for BMPs 3 and 4.	
5	Evaluation of operations and maintenance areas	Goal met. These were covered in the annual stormwater contamination assessment at Facilities areas (grounds, fueling, and waste storage) as noted above.

## C. Stormwater Data Summary

Periodic visual inspections were conducted at various stormwater outfalls to ensure no noticeable discharges were present. Dry weather screening was also conducted by UNT and the local municipality. Sampling data was performed at two outfalls on or near the UNT campus/owned property. The following locations were sampled for water quality parameters: Main Campus OUT\_MC\_005 and Water Research Center OUT\_WRC\_002. The analytical data did not show any issues with the parameters analyzed.

The following locations were inspected and had visible flow, but were not sampled: OUT\_MC\_001, OUT\_MGV\_001, OUT\_MGV\_003, OUT\_DP\_001, OUT\_DP\_002, and OUT\_MBAC\_001.

The following locations had no visible flow, but were inspected: OUT\_LA\_001, OUT\_LA\_002, OUT\_LA\_003, OUT\_MBAC\_002, OUT\_RUAC\_001, OUT\_WHSQ\_001, OUT\_WHSQ\_002, OUT\_WHSQ\_003, OUT\_WHSQ\_004, OUT\_KFAC\_001, and OUT\_KFAC\_002.

Recycling of used liquid and solid materials was performed to minimize the potential for discharges to stormwater. Hazardous and non-hazardous waste was shipped off-site and disposed of properly through incineration, treatment, and/or land disposal.

## D. Impaired Waterbodies

The University of North Texas does not currently discharge to any impaired water bodies; therefore, no sampling should be required at this time.

## E. Stormwater Activities

Describe stormwater activities the MS4 operator plans to undertake during the next reporting year. You may use the table below (Refer to the MS4 General Permit TXR040000 Part IV Section B.2.(d)):

<b>MCM(s)</b>	<b>BMP</b>	<b>Stormwater Activity</b>	<b>Description/Comments</b>
1	1.3 Publish and distribute Storm Water Materials	Distribute SWMP educational publications to adjacent businesses	Document names of businesses and dates distributed.
1	1.6 Promote Public Trash Collection	Continued emphasis on public trash collection/recycling	Promote public trash collection/recycling with student and staff groups. Work with other staff to document litter control through Adopt-A-Block monthly trash pick-up across campus.
2	2.2 Dry Weather Screening	Regular periodic outfall inspections	Continue visual inspections and periodic water quality sampling at stormwater outfalls. Goal for 2022 is to sample water quality at 6 locations and periodic outfall inspections at 50% of outfalls.
2	2.3 Illicit Discharge Identification and Notification System	Implement system to notify violators of illicit discharges; document violations	Periodic visual inspections of construction sites to notify operators of potential stormwater violations
2	2.4 Employee Training	SWMP training program for select employees	Annual stormwater training
2	2.5 Litter Inspections & Illegal Dumping	Inspect suspected areas of increased litter accumulation and potential illegal dumping	Perform periodic inspections of areas where accumulations of litter and the potential for dumping area occurring
3	3.2 Construction Site Inspections and 3.3 Construction Site Inspections with reported potential violations	Continue regular periodic/monthly construction site inspections in conjunction with local municipality (City of Denton)	Continue visual inspections of exterior construction sites to ensure compliance with university and municipal policies and document as necessary
4	4.2 Post-Construction Stormwater Management Brochure	Provide construction contractors a post-construction stormwater management brochure with each contract awarded	Insure construction contractors receive the "post-construction stormwater management" brochure making them aware of probable stormwater issues post-construction

MCM(s)	BMP	Stormwater Activity	Description/Comments
5	5.1 Employee Training & 5.3 SPCC Plan and Internal Reporting	SPCC Plan Training for employees	Annual SPCC plan training
5	5.2 Curb Inlet Markers	Replace curb inlet markers that are damaged or missing	Document locations of replaced curb inlet markers and locations where no markers exist
5	5.6 Annual Stormwater Contamination Assessment	Conduct annual stormwater assessment at 100% of Facilities Grounds, Fueling, and Waste Storage Areas	Inspect Facilities, Grounds, Fueling, and Waste Storage areas to insure materials and handling areas are being properly maintained and attended
5	5.7 Periodic Visual Inspections	Regular periodic property inspections	Inspect campus at regular periodic intervals to ensure against illicit discharges

## F. SWMP Modifications

1. Changes have been made or are proposed to the SWMP since the NOI or the last annual report, including changes in response to TCEQ's review.

\_\_\_\_ Yes ☒ No

## G. Additional BMPs for TMDLs and I-Plans

## H. Additional Information

1. Is the permittee relying on another entity to satisfy some of its permit obligations? (refer to the MS4 General Permit TXR040000 Part IV Section B.2.(g))

\_\_\_\_ Yes ☒ No

If 'Yes,' provide the name(s) of other entities and an explanation of their responsibilities (add more spaces or pages if needed):

Name and Explanation: N/A

## I. Construction Activities

1. The number of construction activities that occurred in the jurisdictional area of the MS4 (Notices of intent and site notices received; Refer to the MS4 General Permit TXR040000 Part IV Section B.2.(h))

\_\_\_\_\_2\_\_\_\_\_

- 2a. Does the permittee utilize the optional 7<sup>th</sup> MCM related to construction?

\_\_\_\_ Yes ☒ No

## J. Certification


*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name (printed): Chad Crocker Title: Interim Associate Vice President

Signature:  Date: 3-21-2022

Name of MS4 \_\_\_\_\_ University of North Texas

Name (printed): Karla S. Henson Title: Environmental Program Manager

Signature:  Date: 03-22-2022

Name of MS4 \_\_\_\_\_ University of North Texas

**Note:** If this is this a system-wide annual report including information for all permittees, each permittee shall sign and certify the annual report in accordance with 30 TAC §305.128 (relating to Signatories to Reports).

## **Addendum**

- i.** Hazardous Waste Manifests
- ii.** Universal Waste and Recycling Waste Manifests
- iii.** Art Mural Competition Photos
- iv.** Solids Recycling Data
- v.** Used Oil Recycling Ticket(s)
- vi.** Wash Bay Grit Trap Manifest(s)
- vii.** Liquid Waste (FOG) Recycling Manifests
- viii.** Dry Weather Screening Forms  
Sampling Data from Two UNT Outfalls
- ix.** Construction Site Inspection Photos



**i. Hazardous Waste Manifests**

Please print or type.

Form Approved: OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>	2. Page 1 of <b>2</b>	3. Emergency Response Phone <b>877-437-7435</b>	4. Manifest Tracking Number <b>022596188 JJK</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>			Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>						
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>			U.S. EPA ID Number <b>TXD981957236</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood Houston, TX 77087</b>			U.S. EPA ID Number <b>TXD055135388</b>			
Facility's Phone: <b>(713) 645-8710</b>						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. UN2031 Waste Nitric acid 8 (5.1) PGII	1 DF		08	P	D002 D001 0001001H
X	2. UN2014 Waste Hydrogen peroxide, aqueous solution 5.1 (8) PGII	1 DF		02	P	D002 D001 0001001H
X	3. UN3093 Waste Corrosive liquids, oxidizing, n.o.s. 8 (5.1) PGII	1 DF		08	P	D007 D002 D001 0001001H
X	4. UN2810 Waste Toxic liquids, organic, n.o.s. 6.1 PGII	1 DF		19	P	D007 D022 0001001H
14. Special Handling Instructions and Additional Information <b>SET Job# 2101-0806 SWR# 40835 WO# 165215</b> <b>1-151640:LP 01 2-151640:LP 02 3-151640:LP 03 4-151640:LP 04</b> <b>56 56 56 306</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>		Signature <i>Karla Henson</i>		Month Day Year <b>01 20 21</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <b>Dorey Conley</b> Signature: <i>Dorey Conley</i> Month Day Year: <b>01 20 21</b> Transporter 2 Printed/Typed Name: _____ Signature: _____ Month Day Year: _____						
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ 18b. Alternate Facility (or Generator): _____ U.S. EPA ID Number: _____ Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator): _____ Month Day Year: _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. <b>H141</b> 2. <b>H141</b> 3. <b>H141</b> 4. <b>H141</b>						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: <b>Andrea Colon</b> Signature: <i>Andrea Colon</i> Month Day Year: <b>01 22 21</b>						

Please print or type.

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
		TXD064117963	2 of 2	022696188 LUK		
24. Generator's Name University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203 940-565-4751 65034						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	5 UN1325: Waste Flammable solids, organic, n.o.s. (1) PG:III	1	DF	09	P	0001 0001001H
X	6 UN3264: Waste Corrosive liquid, acidic, inorganic, n.o.s. (Sulfuric acid, hydrochloric acid) (1) PG:II	1	DF	256	P	0011 0009 0007 0005 0006105H
X	7 UN3267: Waste Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide, Ammonia) (1) PG:II	1	DF	05	P	0002 0001001H
X	8 UN1992: Waste Flammable liquids, toxic, n.o.s. (Acetone, Methylene Chloride) (6.1) PG:II	1	DF	121	S	0005 0003 0002 0022 0025219H
X	9 UN1993: Waste Flammable liquids, n.o.s. (Acetone, Ethanol) (1) PG:II RQ	2	DM	215	P	0239 0154 0003 0002 0001001H
X	10 UN3175: Solids containing flammable liquid, n.o.s. (Terpentine Resin) (1) PG:II RQ Universal Waste	1	DM	104	P	0001 0001001H UN317409H
X	11 UN3265: Waste Corrosive liquid, acidic, organic, n.o.s. (Sulfuric Acid, Hydrochloric Acid) (1) PG:II	1	DF	29	P	0002 0047119H
	12 Non Regulated Material	3	DM	250	P	0002001H
	13 Non Hazardous Non Regulated Liquids	1	DF	377	P	00411141
32. Special Handling Instructions and Additional Information 5=151640:LP 05 6=101317:Acid Lab Waste (Non Flammable) 7=129654:Base Commodity Pack 8=128863:Flamm. Tox Bulk 9=120656:Flammable Com Pack 10=130602:Paint Resin 11=106983:Acidic Liquids Slam Pack 12=106983:Non Haz Slam Pack 13=124137:Non Hazardous, Non Regulated Liquids 55 G 30 G 3 x 55 G 15 G 2 x 55 G						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy Risk Mgmt. Unit 21 FEB 09 PM 1234						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H141 H141 H141 H141 H141						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064217963</b>	2. Page 1 of <b>3</b>	3. Emergency Response Phone <b>877-437-7455</b>	4. Manifest Tracking Number <b>022596248 JJK</b>		
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310850 Denton, TX 76203</b>				Generator's Site Address (if different than mailing address) <b>Denton, TX 76205</b>			
Generator's Phone: <b>940-369-8055</b>				6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>			
				U.S. EPA ID Number <b>TXD9981957236</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood</b>				U.S. EPA ID Number <b>TXD055135389</b>			
Facility's Phone: <b>Houston, TX 77087</b>				(713) 645-8710			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. UN2213 Waste Formaldehyde 4.1 PGIII	1	DF	04	P	D001	0001001H
X	2. UN3139 Waste Oxidizing liquid, n.o.s. 5.1 PGII	1	DF	03	P	D001	0001001H
X	3. UN1479 Waste Oxidizing solid, n.o.s. 5.1 PGIII	1	DF	02	P	D001	0001001H
X	4. UN1791 Waste Hypochlorite solutions 8 PGIII	1	DF	05	P	D002	0001001H
14. Special Handling Instructions and Additional Information <b>SET Job# 2102-0746 SWR# 40335</b> <b>1=152359:LP 01 2=152359:LP 02 3=152359:LP 03 4=152359:LP 04</b> <b>1x5 1x5 1x5 1x5</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true:							
Generator's/Officer's Printed/Typed Name <b>Karl K. Henson</b>				Signature <i>Karl K. Henson</i>		Month Day Year <b>03 02 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <i>Anthony C. Cole</i>				Signature <i>Anthony C. Cole</i>		Month Day Year <b>03 02 21</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H141</b>		2. <b>H141</b>		3. <b>H141</b>		4. <b>H141</b>	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <i>Andrea Coleman</i>				Signature <i>Andrea Coleman</i>		Month Day Year <b>03 05 21</b>	

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>	22. Page <b>2 of 3</b>	23. Manifest Tracking Number <b>022596248JJK</b>	
24. Generator's Name <b>University of North Texas</b> <b>1155 Union Circle Box 510950</b> <b>Denton, TX 76203</b>		<b>940-369-8055</b>		<b>65034</b>	
25. Transporter Company Name		U.S. EPA ID Number			
26. Transporter Company Name		U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type	29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X 6	UN2810: Waste toxic, liquids, organic, n.o.s. (6.1) PG-II	1 DF	26		U188 U044 U022 0001001H
X 6	UN2789: Waste Acetic acid, glacial (3) PG-II	1 DF	18		0002 0001 0001001H
X 7	UN1992: Waste Flammable liquids, toxic, n.o.s. (6.1) PG-II	1 DM	75		0001 U011 F003 U117 0001001H
X 8	UN1993: Waste Flammable liquids, n.o.s. PG-II	1 DF	07		0001 0001001H
X 9	UN2724: Waste Flammable liquids, corrosive, n.o.s. (Acetone, Sulfuric Acid) (8) PG-II	1 DF	88		0018 0011 0009 0067 0006105H
X 10	UN3267: Waste Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide, Ammonia) PG-II	1 DF	30		0002 0001001H
X 11	UN1992: Waste Flammable liquids, toxic, n.o.s. (Acetone, Methylene Chloride) (6.1) PG-II	3 DF	358		F005 F003 F002 0022 0025219H
X 12	UN1993: Waste Flammable liquids, n.o.s. (Acetone, Ethanol) PG-II	2 DM	215		U239 U154 U003 0002 0001001H
X 13	UN3175: Solids containing flammable liquid, n.o.s. (Terpentine Rags) (1) PG-II Universal Waste	1 DM	90		UNIV409H
X 14	UN3265: Waste Corrosive liquid, acidic, organic, n.o.s. (Sulfuric Acid, Hydrochloric Acid) PG-II	1 DF	97		0002 0047119H
32. Special Handling Instructions and Additional Information: 3=152359 LP 05 6=152359 LP 07 7=152359 LP 07 8=152359 LP 07 9=103184 Acid Lab Waste (Flammable) 10=129654 Base Commodity Pack 11=128863 Flamm. Tox Bulk 12=120656 Flammable Com-Pack 13=120602 Paint Rags 14=106985 Acidic Liquids Slam Pack 3 x 15 2 x 55 1 x 55 1 x 55					
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
H141		H141		H141	
H141		H141		H141	

DESIGNATED FACILITY TO GENERATOR

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>	2. Page 1 of <b>6</b>	3. Emergency Response Phone <b>877-437-7455</b>	4. Manifest Tracking Number <b>022596338 JJK</b>		
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>			Generator's Site Address (if different than mailing address) <b>Denton, TX 76205</b>				
Generator's Phone: <b>940-565-4751</b>							
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>			U.S. EPA ID Number <b>TXD981957236</b>				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood</b>			U.S. EPA ID Number <b>TXD055135388</b>				
Facility's Phone: <b>Houston, TX 77087</b>			<b>(713) 645-8710</b>				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. UN1013 Carbon dioxide 2.2	1	CY	1	P	00347011
	X	2. UN1013 Carbon dioxide 2.2	1	CY	1	P	00347011
	X	3. UN1066 Nitrogen, compressed 2.2	1	CY	1	P	00347011
X	4. UN1956 Compressed gas, n.o.s. (Nitrogen, Oxygen) 2.2	1	CY	1	P	00347011	
14. Special Handling Instructions and Additional Information <b>SET Job# 2104-0322 SWR# 40835</b> <b>1=153122:CY01 2=153122:CY02 3=153122:CY03 4=153122:CY04</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Karla Hanson</b>		Signature <i>Karla Hanson</i>		Month Day Year <b>09/13/21</b>			
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):						
DESIGNATED FACILITY	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name <i>Robert C. Conley</i>		Signature <i>Robert C. Conley</i>		Month Day Year <b>09/13/21</b>		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H129</b>		2. <b>H129</b>		3. <b>H129</b>		4. <b>H141 1700</b>	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name <i>Andree Coleman</i>		Signature <i>Andree Coleman</i>		Month Day Year <b>09/16/21</b>			



Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>	22. Page <b>2 of 5</b>	23. Manifest Tracking Number <b>022596338JJK</b>	
24. Generator's Name <b>University of North Texas</b> <b>1155 Union Circle Box 310950</b> <b>Denton, TX 76203-</b>		<b>940-565-4751</b>		<b>65034</b>	
25. Transporter Company Name				U.S. EPA ID Number	
26. Transporter Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type	29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	5 UN1046: Helium, compressed	1 CY	1	P	00347011
X	6 UN1066: Nitrogen, compressed	1 CY	1	P	00347011
X	7 UN2204: Waste Carbonyl sulfide 2.3 (2.1) Toxic Inhalation hazard zone C	1 CY	1	P	D001 00337011 00328911
X	8 UN1048: Waste Hydrogen bromide, anhydrous 2.3 (8) Toxic Inhalation hazard zone C	1 CY	1	P	D002 00337011
X	9 UN3295: Waste Corrosive liquid, acidic, organic, n.o.s. (Sulfuric Acid, Hydrochloric Acid) 3 PG-II	1 DF	41	P	D002 0047119H
	10 Non Regulated Material	1 DM	115	P	00020011
	11 Non Regulated Material	1 DF	72	P	00020011
	12 Non Hazardous Non Regulated Liquids	2 DF	496	P	00411141
	13 Non Regulated Material (Oil)	3 DF	726	P	00122061
	14 Non Regulated Material (RCRA Empty Containers)	2 DF	41	P	00484061
32. Special Handling Instructions and Additional Information 5=153122:CY05 6=153122:CY06 7=153122:CY07 8=153122:CY08 9=106985:Acidic Liquids Slam Pack 10=106983:Non Haz Slam Pack 11=124925:Non Haz Solids 12=124157:Non Hazardous Non Regulated Liquids 13=109043:Oil 14=141398:RCRA Empty Containers 15 2 x 50 30 3 x 30 55 2 x 55					
33. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name					
34. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
H129		H129		H070	
H141		H141		H141	
H141		H141		H132	



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>	22. Page <b>3 of 6</b>	23. Manifest Tracking Number <b>022596338JJK</b>	
24. Generator's Name <b>University of North Texas</b> <b>1155 Union Circle Box 310950</b> <b>Denton, TX 76203-</b> <b>940-565-4751</b> <b>65034</b>					
25. Transporter _____ Company Name				U.S. EPA ID Number	
26. Transporter _____ Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No.	Type	29. Total Quantity	30. Unit Wt./Vol.
X	16 UN1950: Waste Aerosols 2.1 (D001)	1	DF	16	P
X	16 UN2924: Waste Flammable liquids, corrosive, n.o.s. (Acetone, Sulfuric Acid) 3 (8) PG-II	2	DF	481	P
X	17 UN3264: Waste Corrosive liquid, acidic, inorganic, n.o.s. (Sulfuric acid, hydrochloric acid) 3 PG-II	2	DF	496	P
X	18 UN3264: Waste Corrosive liquid, acidic, inorganic, n.o.s. (Sulfuric acid, hydrochloric acid) 3 PG-II	2	DF	280	P
X	19 UN3267: Waste Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide, Ammonia) 3 PG-II	1	DF	35	P
X	20 UN1993: Waste Flammable liquids, n.o.s. (Acetone, ethyl ether) PG-II	1	DF	138	P
X	21 UN2810: Toxic, liquids, organic, n.o.s. (Ethidium bromide) 3.1 PG-III	1	DF	30	P
X	22 UN1992: Waste Flammable liquids, toxic, n.o.s. (Acetone, Methylene Chloride) 3 (6.1) PG-II	3	DF	694	P
X	23 UN1992: Waste Flammable liquids, toxic, n.o.s. (Acetone, Methylene Chloride) 3 (6.1) PG-II	7	DF	911	P
X	24 UN1993: Waste Flammable liquids, n.o.s. (Acetone, Ethanol) 3 PG-II	1	DM	126	P
32. Special Handling Instructions and Additional Information 15=106953: Waste Aerosols 16=103184: Acid Lab Waste (Flammable) 17=101317: Acid Lab Waste (Non Flammable) 18=101317: Acid Lab Waste (Non Flammable) 19=129654: Base Commodity Pack 20=105719: Bulk Lab Waste 21=101522: Ethidium bromide lab waste 22=128863: Flamm Tox Bulk 23=128863: Flamm Tox Bulk 24=120656: Flammable Com Pack					
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) <b>H141 H141 H141 H141 H141</b>					

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>		22. Page 4 of 6	23. Manifest Tracking Number <b>022596338JJK</b>			
24. Generator's Name <b>University of North Texas</b> <b>1135 Union Circle Box 310950</b> <b>Denton, TX 76203</b> <b>940-565-4751</b> <b>65034</b>								
25. Transporter _____ Company Name					U.S. EPA ID Number			
26. Transporter _____ Company Name					U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	25 UN2810: Waste Toxic, liquids, organic, n.o.s. (Potassium sulfides, Potassium thiosulfate) 3.1 PG-II			1 DF		45	P	D003 0046111H
X	26 UN3098: Waste Oxidizing liquid, corrosive, n.o.s. (Silver Nitrate, sulfuric acid) 5.1 (8) PG-II			1 DF		250	P	D011 D005 D002 D001 0006105H
X	27 UN3175: Solids containing flammable liquid, n.o.s. (Terpentine Rags) 4.1 PG-II Universal Waste			1 DM		79	P	D001 UN1V409H
X	28 UN3260: Waste Flammable liquid, toxic, corrosive, n.o.s. 3 (6.1, 8) PG-II			1 DF		1	P	D002 D001 0001001H
X	29 UN1427: Waste sodium hydride 4.3 PG-I			1 DF		1	P	D003 D001 0001001H
X	30 UN1290: Waste Triethylamine 3 (8) PG-II			1 DF		1	P	D002 D001 0001001H
X	31 UN2928: Toxic solids, corrosive, organic, n.o.s. 3.1 (8) PG-II			1 DF		1	P	D002 D001 0002001H
X	32 UN2213: Waste Paraformaldehyde 4.1 PG-III			1 DF		18	P	D001 0001001H
X	33 UN2912: Waste Corrosive liquids, toxic, n.o.s. 3 (6.1) PG-I			1 DF		1	P	D003 D002 0001001H
X	34 UN2924: Waste Flammable liquids, corrosive, n.o.s. 3 (8) PG-II			1 DF		1	P	D003 D002 D001 0001001H
32. Special Handling Instructions and Additional Information 25=130603: Liver of Sulfur Neutralized 26=129636: Cx Positive Lab Wastes 27=130602: Paint Rags 28=153076: LP 01 29=153076: LP 02 30=153076: LP 03 31=153076: LP 04 32=153076: LP 05 33=153076: LP 06 34=153076: LP 07								
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
35. Discrepancy _____								
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H141 H141 H141 H141 H141 H141 H141 H141 H141 H141								

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>	22. Page <b>5 of 6</b>	23. Manifest Tracking Number <b>022596338.LJK</b>	
24. Generator's Name <b>University of North Texas</b> <b>1155 Union Circle Box 310950</b> <b>Denton, TX 76203-</b>		<b>940-565-4751</b>		<b>65034</b>	
25. Transporter Company Name				U.S. EPA ID Number	
26. Transporter Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.
X	35 UN2845: Waste Pyrophoric liquids, organic, n.o.s. 4.2 PG-I DOT-SP-9168	1	CF	1	P
X	36 UN3393: Waste Organometallic substance, solid, pyrophoric, water-reactive 4.2 (4.3) PG-I DOT-SP-9168	1	CF	1	P
X	37 UN1992: Waste Flammable liquids, toxic, n.o.s. 3 (6.1) PG-II	1	DF	40	P
X	38 UN2810: Waste Toxic liquids, organic, n.o.s. 3.1 PG-II	1	DF	72	P
X	39 UN3426: Waste acrylamide solution 6.1 PG-II	01	DF	2	P
X	40 UN3451: Waste toluidines, solid 6.1 PG-II	01	DF	1	P
X	41 UN3399: Waste organometallic substance, liquid, water-reactive, flammable 4.3 (3) PG-II	01	DF	1	P
X	42 UN1479: Waste oxidizing solid, nos. 5.1 PG-II	01	DF	1	P
X	43 UN1479: Waste oxidizing solid, nos. 5.1 PG-II	01	DF	4	P
X	44 UN2922: Waste corrosive liquid, toxic, nos. 8(6.1) PG-II	01	DF	1	P
32. Special Handling Instructions and Additional Information 30 35 43= LP16 153076 1x5 ERG 140 35=153076:LP 08 36=153076:LP 09 37=153076:LP 10 38=153076:LP 11 39= LP12 153076 1x5 ERG 153 P 41= LP14 153076 1x5 ERG 138 44= LP17 1x5 ERG 140 40= LP13 1x5 ERG 153 42= LP15 1x5 ERG 140					
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
W141 W141 W141 W141 39-H141					
40-H141 41-H141 42-H141 43-H141 44-H141					

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>		22. Page <b>6 of 6</b>	23. Manifest Tracking Number <b>022596338 JJK</b>	
24. Generator's Name <b>University of North Texas</b>						
25. Transporter _____ Company Name _____					U.S. EPA ID Number _____	
26. Transporter _____ Company Name _____					U.S. EPA ID Number _____	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit. Wt./Vol.	31. Waste Codes
		No.	Type			
X	<sup>45</sup> UN 2920 Waste corrosive liquid, Flammable, nos. 8 (3) PG II	01	DF	1	P	D001 D002 0001 001H
X	<sup>46</sup> UN 1990 Waste hydrofluoric acid 8 (6.1) PG II	01	DF	1	P	U134 0001 001H
X	<sup>47</sup> UN 2924 Waste Flammable liquid, corrosive, nos. 3 (8) PG II	01	DF	1	P	D001 D002 D003 0001 001H
X	<sup>48</sup> UN 2031 Waste nitric acid 8 (5.1) PG II	01	DF	37	P	D001 D002 0001 001H
X	<sup>49</sup> UN 2924 Waste Flammable liquid, corrosive, nos. 3 (8) PG II	01	DF	21	P	D002 D003 0001 001H
X	<sup>50</sup> UN 2922 Waste corrosive liquid, toxic, nos. 8 (6.1) PG II	01	DF	3	P	D002 0001 001H
X	<sup>51</sup> UN 2809 Waste titanium trichloride mixtures 8 PG II	01	DF	1	P	D003 0001 001H
X	<sup>52</sup> UN 1325 Waste flammable solids organic, nos. 4.1 PG II	01	DF	1	P	D001 0001 001H
X	<sup>53</sup> UN 3265 Waste corrosive liquid, acidic, organic, nos. 8 PG II	01	DF	1	P	D002 0001 001H
	<sup>54</sup>					
32. Special Handling Instructions and Additional Information <sup>45</sup> LP 18 153076 1 x 5 ERG 132 <sup>48</sup> LP 21 153076 1 x 30 ERG 157 <sup>52</sup> LP 01 153076 1 x 5 ERG 133 <sup>46</sup> LP 19 1 x 5 ERG 157 <sup>49</sup> LP 22 1 x 30 ERG 132 <sup>53</sup> LP 02 1 x 5 ERG 153 <sup>47</sup> LP 20 1 x 5 ERG 132 <sup>50</sup> LP 23 1 x 5 ERG 154 <sup>51</sup> LP 24 1 x 5 ERG 157						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy _____						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) <b>45-H141   46-H141   47-H141   48-H141   49-H141</b> <b>50-H141   51-H141   52-H141   53-H141</b>						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of 2		3. Emergency Response Phone <b>877-437-7455</b>		4. Manifest Tracking Number <b>022596409 JJK</b>	
		5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>		Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>		Generator's Phone: <b>940-565-4751</b>			
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>		U.S. EPA ID Number <b>TXD981957236</b>		7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood</b>		U.S. EPA ID Number <b>TXD055135388</b>		Facility's Phone: <b>Houston, TX 77087 (713) 645-8710</b>					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X1.	UN1992 Waste Flammable liquids, toxic, n.o.s. (Acetone, Methylene Chloride) 3 (8.1) PGII			4 DF		374	P	F005 F003 F002 D022 0025 219H	
X2.	UN1993 Waste Flammable liquids, n.o.s. (Acetone, Ethanol) 3 PGII RQ			1 DM		167	P	U239 U154 U003 U002 0001 001H	
X3.	UN2810 Toxic, liquids, organic, n.o.s. (Ethidium bromide) 6.1 PGIII			1 DF		74	P	0036 1021	
4.	Non Regulated Material			2 DM		333	P	0002 0001 1	
14. Special Handling Instructions and Additional Information <b>SWR# 40835 Job# 2105-0732</b>  <b>1=128863:Flamm Tox Bulk 2=120656:Flammable Com Pack 3=101522:Ethidium bromide lab waste 4=106983:Non Haz Slam Pack</b> <b>4x15, ERG 131 1x55, ERG 122 1x30, ERG 153 2x55</b>									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Officer's Printed/Typed Name <b>Karla Henson</b>				Signature <i>Karla Henson</i>		Month Day Year <b>10/25/21</b>			
16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.:									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Alexander Medlin</b>				Signature <i>Alex Medlin</i>		Month Day Year <b>10/25/21</b>			
Transporter 2 Printed/Typed Name				Signature		Month Day Year			
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
18b. Alternate Facility (or Generator) U.S. EPA ID Number									
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. <b>H141</b> 2. <b>H141</b> 3. <b>H141</b> 4. <b>H141</b>									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name <b>Andres Gomez</b>				Signature <i>Andres Gomez</i>		Month Day Year <b>10/25/21</b>			

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>		22. Page 2 of 2	23. Manifest Tracking Number <b>022596409.LIK</b>	
24. Generator's Name <b>University of North Texas</b> <b>1155 Union Circle Box 310950</b> <b>Denton, TX 76203-</b> <b>940-565-4751</b> <b>65034</b>						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit WL/Vol.	31. Waste Codes
X	6 UN3267: Waste Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide, Ammonia) 8 PG-II RQ	1	DF	170 12.5 gal	P	D002 0001001H
X	6 UN3265: Waste Corrosive liquid, acidic, organic, n.o.s. (Sulfuric Acid, Hydrochloric Acid) 8 PG-II	1	DF	140	P	D002 0047119H
X	7 UN2924: Waste Flammable Liquids, corrosive N.O.S. (Acetone, Sulfuric Acid) 3 (8) PG II	1	DF	56	P	D002 0001 0006 105H
X	8 UN2924: Waste Flammable Liquids, corrosive N.O.S. (Sodium Hydroxide, Acetone) 3 (8) PG II	1	DF	45	P	D001 0002 KSH 01-11-22 0016 110H
X	9 UN2817: Waste Ammonium Hydrogen Difluoride solution 8 (6.1) PG II	1	DF	115	P	D002 0005 105H 0019 003H
X	10 UN2031: Waste Nitric Acid 8 (5.1) PG II	1	DF	60	P	D001 0002 0019 003H
X	11 UN2789: Waste Acetic Acid, glacial 8 (3) PG II	1	DF	7	P	D001 0002 0019 003H
X	12 UN1830: Waste Sulfuric Acid 8 PG II	1	DF	7	P	D002 0019 003H
X	13 UN3280: Waste Flammable Liquid, Toxic, Corrosive N.O.S. 3 (6.1, 8) PG II	1	DF	18	P	D001 0002 0018 0019 003H
X	14 UN2810: Waste Toxic Liquids, Organic N.O.S. 6.1 PG III	1	DF	16	P	4201 0019 003H
32. Special Handling, Instructions and Additional Information 5=129654: Base Commodity Pack 6=106985: Acidic Liquids Slam Pack 7=103184: Flammable Acid, 1x30, ERG 8=103189: Flammable Base, 1x30, ERG 9=153863, BULK, 1x15, ERG 154 10=153811, LPO1, 1x30, ERG 157 11=153811, LPO2, 1x5, ERG 132 12=153811, LPO3, 1x5, ERG 137 13=153811, LPO4, 1x5, ERG 131 14=153811, LPO5, 1x5, ERG 153						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 5-H141   6-H141   7-H141   8-H141   9-H141 10-H141   11-H141   12-H141   13-H141   14-H141						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>	22. Page <b>3 of 4</b>	23. Manifest Tracking Number <b>022596409 JSK</b>		
24. Generator's Name <b>University of North Texas</b> <b>1155 Union Circle Box 310950</b> <b>Denton TX 76203</b> <b>940-565-4751</b>						
25. Transporter _____ Company Name _____				U.S. EPA ID Number _____		
26. Transporter _____ Company Name _____				U.S. EPA ID Number _____		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit. Wt./Vol.	31. Waste Codes
X	15. UN 2809 Waste Mercury 8 (6.1) PG III	1	DF	10	P	D009 0019 003H
X	16. UN 1490 Waste Potassium Permanganate 5.1 PG II	1	DF	3	P	D001 0019 003H
X	17. UN 3077 <sup>Waste</sup> Environmentally Hazardous Substance, solid N.O.S. 9 PG III	1	DF	8	P	U219 0019 003H
X	18. UN 1978 Waste Propane 2.1	5	CY	15	P	D001 0032 801H
X	19. UN 1085 Waste Vinyl Bromide, stabilized 2.1	1	CY	10	P	D001 0032 801H
V	20. UN 3175 Solids containing flammable liquid N.O.S. (Terpentine Rags) 4.1 PG II (Universal Waste)	1	DM	95	P	U010 409H
	21. Non Hazardous Non Regulated Liquids	3	DF	724	P	0041 1141
	22. Non Regulated Material (O.I.)	1	DM	140	P	0012 2001
X	23. UN 1950 Waste Aerosols 2.1	1	DM	65	P	D001 F002 F003 0032 801H
X	24. UN 2926 Waste Flammable Solids, toxic organic N.O.S. 4.1 (C.D.) PG II	1	DM	40	P	D001 F002 F003 0029 319H
32. Special Handling Instructions and Additional Information 15= 153811, LPO6, 1x5, ERG 172 16= 153811, LPO7, 1x5, ERG 144 17= 153811, LPO8, 1x5, ERG 171 18= 153818, CY01=CY05, ERG 115 19= 153818, CY06, ERG 116P 20= 130602, 1x55, ERG 21= 124157, 1x30, 1x15 22= 109048, 1x55 23= 109953, 1x55, ERG 126 24= 123862, 1x55, ERG						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy _____						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 15-H141 16-H141 17-H141 18-H061 19-H061 20-H141 21-H141 22-H141 23-H141 24-H141						



Form Approved OMB No. 2050-0039

DESIGNATED FACILITY TO GENERATOR



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <b>TX0064117963</b>		2. Page 1 of 1		3. Emergency Response Phone <b>877-437-7455</b>		4. Manifest Tracking Number <b>022596421 JJK</b>							
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2510 North I-35E Denton, TX 76205</b>									
Generator's Phone: <b>940-565-4751</b>						U.S. EPA ID Number <b>ILD981957236</b>									
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number									
7. Transporter 2 Company Name						U.S. EPA ID Number									
8. Designated Facility Name and Site Address <b>Turkey Creek Landfill 9100 South I-35 Alvarado, TX 76009</b>						U.S. EPA ID Number <b>1417B</b>									
Facility's Phone: <b>(817) 790-0311</b>						U.S. EPA ID Number									
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes					
						No.	Type								
	1. Non-Hazardous, Non Regulated Material					002	GM								
	2.														
	3.														
4.															
14. Special Handling Instructions and Additional Information <b>SET SWR # 40835 Job # 2106-0084</b>  <b>1-FC1-21-878 Non-Haz Missile Base Container</b>  <b>3 piece of material</b>  <b>TONS 2.44</b>															
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.															
Generator's/Officer's Printed/Typed Name <b>Karla Henson</b>						Signature <i>Karla Henson</i>			Month Day Year <b>6 3 21</b>						
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____															
17. Transporter Acknowledgment of Receipt of Materials															
Transporter 1 Printed/Typed Name <b>Brian Wible</b>						Signature <i>Brian Wible</i>			Month Day Year <b>6 3 21</b>						
Transporter 2 Printed/Typed Name						Signature			Month Day Year						
18. Discrepancy															
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection															
<b>8. EPA ID: TX R000084615 / STATE ID # H1417 Permit # 1417-C</b>															
18b. Alternate Facility (or Generator)						U.S. EPA ID Number									
Facility's Phone:															
18c. Signature of Alternate Facility (or Generator)									Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)															
1. <b>H132</b>				2.				3.				4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a															
Printed/Typed Name <b>M. Maganorakis</b>						Signature <i>M. Maganorakis</i>			Month Day Year <b>6 3 21</b>						

Please print or type.

Form Approved OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number TXD064117963	2. Page 1 of 1	3. Emergency Response Phone 877-437-7453	4. Manifest Tracking Number 022596477 JJK	
5. Generator's Name and Mailing Address University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203			Generator's Site Address (if different than mailing address) 2310 North I-35E Denton, TX 76205			
Generator's Phone: 940-565-4751						
6. Transporter 1 Company Name SET Environmental, Inc.			U.S. EPA ID Number ILD981957236			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address SET Environmental, Inc. 5743 Cheswood			U.S. EPA ID Number TXD055135388			
Facility's Phone: Houston, TX 77087			(713) 645-8710			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. Non Regulated Material	03 DM		750	P	00020011
X	2. UN3267 Waste Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide, Ammonia)					D002
	8 PGII RQ DID NOT SHIP					0001002H
X	3. UN1993 Waste Flammable liquids, n.o.s. (Acetone Ethanol)	01 DM		220	P	U239 U154 U003
	3 PGII RQ					U002 0001001H
X	4. UN3264 Waste Corrosive liquid, acidic, inorganic, n.o.s. (Sulfuric acid, hydrochloric acid)					D011 D009 D007
	8 PGII DID NOT SHIP					D005 0006105H
14. Special Handling Instructions and Additional Information SWR# 40835 Job# 2106-1102 1-106983: Non Haz Slam Pack 2-129654: Base Commodity Pack 3-120656: Flammable Com Pack 4-104317: Acid Lab Waste (Non Flammable) 03 X 55 01 X 55						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Karla Henson		Signature Karla Henson		Month Day Year 07/08/21		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Elias Ochoa		Signature Elias Ochoa		Month Day Year 07/08/21		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator): U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator): Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. 1141 2. 1141 3. 1141						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Andres Colman		Signature Andres Colman		Month Day Year 07/16/21		

DESIGNATED FACILITY TO GENERATOR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number <b>TTM064117963</b>	22. Page <b>3 of 4</b>	23. Manifest Tracking Number <b>022596477 JUK</b>	
24. Generator's Name <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>					
25. Transporter Company Name				U.S. EPA ID Number <b>65034</b>	
26. Transporter Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.
X	15 UN1454: Waste Calcium nitrate 5.1 <del>PG-II</del> <b>PG-I</b>	01	DF	04	P
					D001
X	16 UN2796: Waste Sulfuric acid [with not more than 51% acid] 8 <del>PG-II</del>	01	DF	03	P
					D002
X	17 UN2213: Waste Paraformaldehyde 4.1 <del>PG-III</del>	01	DF	06	P
					D001
X	18 UN1362: Waste Carbon, activated 4.2 <del>PG-III</del> <b>Complies with 173.12</b>	01	DF	04	P
					D001
X	19 UN2902: Waste Corrosive liquids, toxic, n.o.s. 3 (6.1) <del>PG-II</del> <b>DOT-SP-8445</b>	01	DF	08	P
					0188 D022 D001
X	20 UN1790: Waste Hydrofluoric acid, [with not more than 60 percent strength] 3 (6.1) <del>PG-II</del>	01	DF	02	P
					D002
X	21 UN2902: Waste Pesticides, liquid, toxic, n.o.s. 6.1 <del>PG-II</del>	01	DF	16	P
X	22 UN2924: Waste Flammable liquids, corrosive, n.o.s. UN2304 Waste Naphthalene, molten 3 (8) <del>PG-II</del> <b>PG-III</b>	01	DF	30	P
					D002-D001 U105
X	23 UN2810: Waste Toxic, liquids, organic, n.o.s. 6.1 <del>PG-II</del> <b>DOT-SP-8445</b>	01	DF	49	P
					U004 D001 U104
X	24 UN3266: Waste Corrosive liquid, basic, inorganic, n.o.s. 8 <del>PG-II</del>	01	DF	35	P
					D002
32. Special Handling Instructions and Additional Information: 15=154378:LP02 16=154378:LP03 17=154378:LP04 18=154378:LP05 19=154378:LP06 20=154378:LP07 21=154378:LP08 22=154378:LP09 23=154378:LP10 24=154378:LP11					
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 15-H141 16-H141 17-H141 18-H141 19-H141 20-H141 21-H141 22-H141 23-H141 24-H141					

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number TXPD64117963	22. Page 4 of 4	23. Manifest Tracking Number 022596477181	
24. Generator's Name University of North Texas					
25. Transporter Company Name				U.S. EPA ID Number	
26. Transporter Company Name				U.S. EPA ID Number	
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity
			No.	Type	30. Unit Wt./Vol.
	25. UN 3264	Waste, flammable liquid, corrosive, neg.	01	DF	40
	31(8) PG II	DOT-SP-8445			P
	26. UN 1832	Waste sulfuric acid, spirit	01	DF	15
	8 PG II				P
	27. UN 3098	Waste oxidizing liquid, corrosive, neg.	01	DF	5
	6(8) PG II				P
	28. UN 1993	Waste flammable liquids, neg.	02	DF	30
	3 PG II				P
31. Waste Codes					
25. UN 3264 D002 D001					
26. UN 1832 D002					
27. UN 3098 D001 D002					
28. UN 1993 D001					
32. Special Handling Instructions and Additional Information					
25-154378-LP#12 26-154378-LP#13					
27-154378-LP#14 28-154378-LP#12+13					
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials				
	Printed/Typed Name	Signature		Month	Day Year
DESIGNATED FACILITY	34. Transporter Acknowledgment of Receipt of Materials				
	Printed/Typed Name	Signature		Month	Day Year
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
25-1141 26-1141 27-1141 28-1141					

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of <b>5</b>	3. Emergency Response Phone <b>877-437-7455</b>		4. Manifest Tracking Number <b>023498528 JJK</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>					Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>					U.S. EPA ID Number <b>TXD981957236</b>			
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>					U.S. EPA ID Number			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood</b>					U.S. EPA ID Number <b>TXD055135388</b>			
Facility's Phone: <b>Houston, TX 77087 (713) 645-8710</b>								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. UN2923 Corrosive Solids, toxic N.O.S. 8 (C.I) PG II	1	DF	5	P			
X	2. UN2813 Waste Water Resolving Solids, N.O.S. 4.3 PG I	1	DF	9	P	0001	0003	
X	3. UN1838 Waste Titanium Tetrachloride 6.1 (8) PG I 'Poison Inhalation Hazard Zone B' DOT SP 9165	1	CF	5	P	0002	0003	
X	4. UN2028 Waste Mercury Compounds, Soluble Liquid 6.1 PG II	2	DF	41	P	0009	0014	
14. Special Handling Instructions and Additional Information <b>SET SWR # 40835 Job # 2108-0404</b> 1=155067, 1x5, ERG 154, LPO1      2=155067, 1x5, ERG 138, LPO2      3=155067, 1x PIN Box, ERG 133, LPO3 4=155067, 2x5, ERG 151, LPO4A & B								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offerr's Printed/Typed Name <b>Karla Henson</b>					Signature <i>Karla Henson</i>		Month Day Year <b>08/18/21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <b>Adolfo Alzamora</b>					Signature <i>Adolfo Alzamora</i>		Month Day Year <b>8/18/21</b>	
Transporter 2 Printed/Typed Name					Signature		Month Day Year	
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____								
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H141</b>		2. <b>H141</b>		3. <b>H141</b>		4. <b>H141</b>		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a								
Printed/Typed Name <b>Andrea Coleman</b>					Signature <i>Andrea Coleman</i>		Month Day Year <b>08/27/21</b>	



UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number			
24. Generator's Name University of North Texas		TX 15 060117963	2 of 5	023098523 536			
25. Transporter _____ Company Name		U.S. EPA ID Number					
26. Transporter _____ Company Name		U.S. EPA ID Number					
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
✓	5. UN1439 Waste Ammonium Dichromate 5.1 PG II	1	DF	12	P	0001	0007
						0019	0031
✗	6. UN1463 Waste Chromium Trioxide, Anhydrous 5.1 (C1, S) PG II	1	DF	9	P	0001	0007
						0019	0031
✓	7. UN1584 Waste Sodium Dichromate 4.2 PG II	1	DF	11	P	0001	0007
						0019	0031
✓	8. UN1557 Waste Copper Cyanide 6.1 PG II	1	DF	7	P	0029	
						0033	0041
✓	9. UN2809 Waste Mercury 8 (C1) PG II	1	DF	4	P	0009	
						0019	0031
✓	10. UN2031 Waste Nitric Acid 8 (S1) PG II	1	DF	33	P	0001	0002
						0019	0031
✓	11. UN3078 Waste Oxidizing Liquid, Corrosive A.C.S. 5.1 (S) PG II	1	DF	11	P	0001	0002
						0019	0031
✗	12. UN1830 Waste Sulfuric Acid 8 PG II	1	DF	12	P	0002	
						0019	0031
✗	13. UN2672 Waste Ammonia Solution 8 PG II	1	DF	5	P	0002	
						0019	0031
✗	14. UN1790 Waste Hydrofluoric Acid 8 (C1) PG II	1	DF	9	P	0002	
						0019	0031
32. Special Handling Instructions and Additional Information 5-155067, 145, EPC 141, LPO7 7-155067, 145, EPC 133, LPO7 14-155067, 145, EPC 141, LPO7 8-155067, 145, EPC 151, LPO8 9-155067, 145, EPC 172, LPO9 10-155067, 145, EPC 157, LPO10 11-155067, 145, EPC 157, LPO11 11-155067, 145, EPC 140, LPO11 12-155067, 145, EPC 157, LPO12 13-155067, 145, EPC 154, LPO13							
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____							
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____							
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1-155067, 145, EPC 141, LPO7 7-155067, 145, EPC 133, LPO7 14-155067, 145, EPC 141, LPO7 8-155067, 145, EPC 151, LPO8 9-155067, 145, EPC 172, LPO9 10-155067, 145, EPC 157, LPO10 11-155067, 145, EPC 157, LPO11 12-155067, 145, EPC 157, LPO12 13-155067, 145, EPC 154, LPO13							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number TXD064117463	22. Page 3 of 5	23. Manifest Tracking Number 023498 523 554		
24. Generator's Name University of North Texas						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group, if any)	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	15. UN3288 Waste Flammable Liquid, Toxic, Corrosive N.O.S. 3 (6.1, 8) PG II	1	DF	5	P	0001 0002 0019 0034
V	16. UN1504 Waste Sodium Peroxide 5.1 (8) PG I	1	DF	9	P	0001 0019 0034
X	17. UN3129 Waste Water, Reactive Liquid, Corrosive N.O.S. 4.3 (8) PG II	1	DF	5	P	0001 0002 0003 0019 0034
X	18. UN3155 Waste Water- Reactive Solid, Self-heating N.O.S. 4.3 (4.2) PG I	1	DF	8	P	0001 0003 0005 0019 0034
X	19. UN3089 Waste Metal Powders, Flammable N.O.S. 4.1 PG II	2	DF	44	P	0001 0019 0034
X	20. UN1993 Waste Flammable Liquid, N.O.S. 3 PG II	5	DF	60	P	0001 0003 0019 0034
X	21. UN1475 Waste Magnesium Perchlorate 5.1 PG II	1	DF	5	P	0001 0019 0034
V	22. UN3099 Waste Oxidizing Liquid, Toxic, N.O.S. 5.1 (6.1) PG II	1	DF	7	P	0001 0007 0019 0034
X	23. UN2724 Waste Flammable Liquid, Corrosive 3 (8) PG II	1	DF	20	P	0001 0002 0003 0019 0034
X	24. UN1818 Waste Toxic Liquids, Organic, N.O.S. 6.1 PG II	1	DM	220	P	0004 0005 0008 0012 0019 0034
32. Special Handling Instructions and Additional Information 15-155067, 145, ERC 137, LP15 16-155067, 145, ERC 144, LP16 17-155067, 145, ERC 138, LP17 18-155067, 145, ERC 138, LP18 19-155067, 145, ERC 138, LP19 20-155067, 145, ERC 138, LP20 A, B, C, D, E 21-155067, 145, ERC 140, LP21 22-155067, 145, ERC 142, LP22 23-155067, 145, ERC 132, LP23 24-155067, 145, ERC 153, LP24						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 15-1144 16-1144 17-1144 18-1144 19-1144 20-1144 21-1144 22-1144 23-1144 24-1144						



UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number TXD004117 963	22. Page 4 of 5	23. Manifest Tracking Number 023098528 55K												
24. Generator's Name University of North Texas																
25. Transporter _____ Company Name				U.S. EPA ID Number												
26. Transporter _____ Company Name				U.S. EPA ID Number												
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group, if any)	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes										
✓	25. UN 3399 Waste Oxidizing Liquid, Toxic N.O.S. 5.1 (6.1) PG II	1	DF	47	P	<table border="1"> <tr><td>0001</td><td>0005</td><td>0036</td></tr> <tr><td>0003</td><td>0019</td><td>0034</td></tr> </table>	0001	0005	0036	0003	0019	0034				
0001	0005	0036														
0003	0019	0034														
✓	26. UN 1325 Waste Flammable Solids, Organic N.O.S. 1.1 PG II	1	DF	6	P	<table border="1"> <tr><td>DATA</td><td></td><td></td></tr> <tr><td>0017</td><td>0031</td><td></td></tr> </table>	DATA			0017	0031					
DATA																
0017	0031															
✓	27. UN 3077 Waste Environmentally Hazardous Substances, Liquid N.O.S. q III	1	DF	40	P	<table border="1"> <tr><td>0003</td><td></td><td></td></tr> <tr><td>0019</td><td>0031</td><td></td></tr> </table>	0003			0019	0031					
0003																
0019	0031															
✓	28. UN 1592 Waste Flammable Liquid, Toxic N.O.S. 3 (6.1) PG II	1	DF	98	P	<table border="1"> <tr><td>0001</td><td>0022</td><td>0031</td></tr> <tr><td>0003</td><td>0019</td><td>0031</td></tr> </table>	0001	0022	0031	0003	0019	0031				
0001	0022	0031														
0003	0019	0031														
✓	29. UN 1479 Waste Oxidizing Solid N.O.S. 5.1 PG II	1	DF	3	P	<table border="1"> <tr><td>0001</td><td></td><td></td></tr> <tr><td>0019</td><td>0031</td><td></td></tr> </table>	0001			0019	0031					
0001																
0019	0031															
✓	30. UN 1479 Waste Oxidizing Solid N.O.S. 5.1 PG II DID NOT SHIP	1	DF		P	<table border="1"> <tr><td>0001</td><td></td><td></td></tr> <tr><td>0019</td><td>0031</td><td></td></tr> </table>	0001			0019	0031					
0001																
0019	0031															
✓	31. UN 1325 Waste Flammable Solids, Organic N.O.S. 1.1 PG II	1	DF	17	P	<table border="1"> <tr><td>0001</td><td></td><td></td></tr> <tr><td>0019</td><td>0034</td><td></td></tr> </table>	0001			0019	0034					
0001																
0019	0034															
✓	32. UN 1593 Waste Flammable Liquid N.O.S. 3 PG II	1	DF	9	P	<table border="1"> <tr><td>0001</td><td></td><td></td></tr> <tr><td>0019</td><td>0034</td><td></td></tr> </table>	0001			0019	0034					
0001																
0019	0034															
✓	33. UN 3207 Waste Corrosive Liquid, Basic, Organic N.O.S. 8 PG I	1	DF	2	P	<table border="1"> <tr><td>0002</td><td></td><td></td></tr> <tr><td>0019</td><td>0031</td><td></td></tr> </table>	0002			0019	0031					
0002																
0019	0031															
✓	34. UN 2891 Corrosive Solid, Acidic, Organic, N.O.S. 8 PG II	1	DF	7	P	<table border="1"> <tr><td>0001</td><td></td><td></td></tr> <tr><td>0019</td><td>0031</td><td></td></tr> </table>	0001			0019	0031					
0001																
0019	0031															
32. Special Handling Instructions and Additional Information 29-155067, 1, 30, EPC 142, LP25 26-155067, 1, 30, EPC 133 LP26 27-155067, 1, 30, EPC 131 LP27 28-155067, 1, 30, EPC 131, LP28 29-155067, 1, 30, EPC 140 LP29 30-155067, 1, 30, EPC 140, 403 31-155067, 1, 30, EPC 133 402 32-155067, 1, 30, EPC 133 403 33-155067, 1, 30, EPC 133, 404 34-155067, 1, 30, EPC 133, 405																
33. Transporter Acknowledgment of Receipt of Materials																
Printed/Typed Name				Signature		Month Day Year										
34. Transporter Acknowledgment of Receipt of Materials				Signature		Month Day Year										
Printed/Typed Name				Signature		Month Day Year										
35. Discrepancy																
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)																
<table border="1"> <tr> <td>25-1141</td> <td>26-1141</td> <td>27-1141</td> <td>28-1141</td> <td>29-1141</td> </tr> <tr> <td>30-1141</td> <td>31-1141</td> <td>32-1141</td> <td>33-1141</td> <td>34-1141</td> </tr> </table>							25-1141	26-1141	27-1141	28-1141	29-1141	30-1141	31-1141	32-1141	33-1141	34-1141
25-1141	26-1141	27-1141	28-1141	29-1141												
30-1141	31-1141	32-1141	33-1141	34-1141												

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number 72B064117967	22. Page 5 of 5	23. Manifest Tracking Number 0239 98 528 JSC		
24. Generator's Name University of North Texas						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit WL/Vol.	31. Waste Codes
		No.	Type			
X	35. UN1992 Waste Flammable Liquids, Toxic N.O.S. (Acetone, methyl acetate) 3 (G.I) PG II	6	DF	770	P	0001 0002 0003 0003 0005 2.0.1
X	36. UN3244 Waste Corrosive Liquid, Acid, Organic (Sulfuric Acid, Hydrochloric Acid) 8 PG II	5	DF	1045	P	0003 0005 1.0.1
X	37. UN1263 Paint (Universal Waste) 3 PG II	3	CW	700	P	0001 0002 0003 0003 0005 2.0.1
X	38. UN1993 Paint (Universal Waste) PG II	3	DM	81	P	0001 0002 0003 0003 0005 2.0.1
X	39. UN2212 Alkyd Resin 9 PG II	1	CF	125	P	0001 0002 0003 0003 0005 2.0.1
X	40. UN1750 Waste Aerosols 2.1	1	DF	22	P	0001 0002 0003 0003 0005 2.0.1
X	41. UN0012 Recyclable Material (Paper) 2.1	2	DM	236	P	0001 0002 0003 0003 0005 2.0.1
X	42. UN3265 Waste Corrosive Liquid, Acid, Organic N.O.S. (Sulfuric Acid, Hydrochloric Acid) 8 PG II	1	DF	78	P	0001 0002 0003 0003 0005 2.0.1
X	43. UN3267 Waste Corrosive Liquid, Basic, Organic N.O.S. (Sodium Hydroxide, Potassium Hydroxide) 8 PG II	1	DF	49	P	0001 0002 0003 0003 0005 2.0.1
X	44. UN1993 Waste Flammable Liquids N.O.S. (Acetone, Ethanol) 3 (G.I) PG II	2	DM	600	P	0001 0002 0003 0003 0005 2.0.1
32. Special Handling Instructions and Additional Information 35: 1250CS, 6.5, ERC '31 36: 121317, 1.0, 1.30 37: 104146, 3.0, 3.0.1 38: 100106, 1.55 39: 155029, 1.013, 1.5 40: 106053, 1.30 41: 125533, 2.55 42: 106935, 1.30 43: 125610, 1.30 44: 120656, 2.55						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy 1. 1.014 2. 1.014 3. 1.014 4. 1.014 5. 1.014 6. 1.014 7. 1.014 8. 1.014 9. 1.014 10. 1.014						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. 76-1111 2. 76-1111 3. 76-1111 4. 76-1111 5. 76-1111						
1. 76-1111 2. 76-1111 3. 76-1111 4. 76-1111 5. 76-1111						

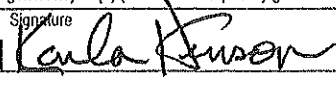
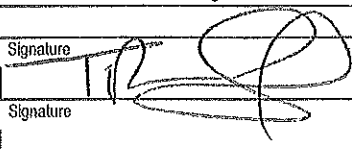

Please print or type.

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>	2. Page 1 of 1	3. Emergency Response Phone <b>877-437-7455</b>	4. Manifest Tracking Number <b>023498549 JJK</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>			Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
6. Transporter 1 Company Name <b>SET Environmental, Inc</b>			U.S. EPA ID Number <b>TXD981957236</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SET Environmental, Inc 5743 Clewood Houston, TX 77087</b>			U.S. EPA ID Number <b>TXD055135388</b>			
Facility's Phone: <b>713-645-8710</b>						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. UN3271 Waste Ethers N.O.S. 3 PG III	1	DF	1	P	0001 0012 00311
X	2. UN1775 Waste Fluoroboric Acid 8 PG II	1	DF	62 8+ Acw	P	0002 0019 00311
	3.					
	4.					
14. Special Handling Instructions and Additional Information <b>1: 155245, 1x5 G1, ERG 127 LPO1 2: 155245, 1x55, ERG 154, LPO2 2105-0404</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name <b>Karla Henson</b>				Signature <i>Karla Henson</i>		Month Day Year <b>08 19 21</b>
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Alexander Medlin</b>				Signature <i>Alexander Medlin</i>		Month Day Year <b>08 17 21</b>
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H141</b>		2. <b>H141</b>		3. <b>H141</b>		4. <b>H141</b>
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Andrea Colomina</b>				Signature <i>Andrea Colomina</i>		Month Day Year <b>08 27 21</b>

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD0641.17963</b>		2. Page 1 of <b>2</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Manifest Tracking Number <b>023498636 JJK</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>									
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number <b>ILD981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood</b>						U.S. EPA ID Number <b>TXD055135388</b>			
Facility's Phone: <b>Houston, TX 77087</b>						<b>(713) 645-8710</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
	1. Non Regulated Material	<b>02</b>	<b>DM</b>	<b>443</b>	<b>P</b>			<b>00020011</b>	
X	2. <del>UN1263 Paint (Universal Waste)</del> <sup>(A)</sup> <del>PGII</del> <b>UN3175 Solids containing flammable liquid, n.o.s. (Terpentine Rags)</b> <sup>(A)</sup> <b>4.1, PGII (Universal Waste)</b>	<b>01</b>	<b>DM</b>	<b>84 1/2</b>	<b>P</b>	<del>D035</del>	<b>D001</b>	<b>489H</b> <b>UNIV2001H</b>	
X	3. UN1992 Waste Flammable liquids, toxic, n.o.s. (Acetone, Methylene Chloride) <b>3 (6.1) PGII</b>	<b>04</b>	<b>DF</b>	<b>460</b>	<b>P</b>	<b>F005</b>	<b>F003</b>	<b>F002</b> <b>D022 0025219H</b>	
X	4. UN1993 Waste Flammable liquids, n.o.s. (Acetone, Ethanol) <b>3 PGII RQ</b>	<b>01</b>	<b>DM</b>	<b>172</b>	<b>P</b>	<b>U239</b>	<b>U154</b>	<b>U003</b> <b>U002 0001001H</b>	
14. Special Handling Instructions and Additional Information <b>SWR# 40835 Job# 2109-0856</b> <b>1=106983:Non Haz Slam Pack 2=104146:Universal Paint Waste 3=128863:Flamm Tox Bulk 4=120656:Flammable Com Pack</b> <b>(A) 2 = 130602: Paint Rags</b>									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offoror's Printed/Typed Name <b>Karla Henson</b>						Signature  Month <b>09</b> Day <b>29</b> Year <b>21</b>			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Trevor Sturrock</b>						Signature  Month <b>9</b> Day <b>29</b> Year <b>21</b>			
Transporter 2 Printed/Typed Name						Signature _____ Month _____ Day _____ Year _____			
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection <b>Line 2 profile number changed per Victoria Ball with SET.</b> Manifest Reference Number: _____									
18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator)						Month _____ Day _____ Year _____			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. <b>H141</b>		2. <b>H141</b>		3. <b>H141</b>		4. <b>H141</b>			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name <b>Andrea Coleman</b>						Signature  Month <b>10</b> Day <b>08</b> Year <b>21</b>			

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number <b>TXD064117963</b>	22. Page <b>2 of 2</b>	23. Manifest Tracking Number <b>023498636JJK</b>	
24. Generator's Name <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203-</b>		<b>940-565-4751</b>		<b>65034</b>	
25. Transporter _____ Company Name				U.S. EPA ID Number	
26. Transporter _____ Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.
X	5 UN2924: Waste Flammable liquids, corrosive, n.o.s. (Acetone, Sulfuric Acid) 3 (8) PG:II	01	DF	240	P
					D018 D011 D009 D007 00061.05H
X	6 UN2922: Waste Corrosive liquids, toxic, n.o.s. 8 (6.1) PG:I	01	DF	7	P
					D003 D002 0019003H
X	<del>7 UN2924: Waste Flammable liquids, corrosive, n.o.s. (Acetone, Sulfuric Acid)</del> <b>UN3265 WASTE Corrosive liquid, acidic organic, n.o.s.</b> <del>3 (8) PG:II</del> <b>8 PG:II</b>	02	DF	295	P
					D018 D011 D009 D007 00061.05H
X	8 UN2206: Isocyanates, toxic, n.o.s. [or] Isocyanate solutions, toxic, n.o.s., [flash point more than 61 degrees C and boiling point less than 61 degrees C] 6.1 PG:III	01	DF	7	P
					D001 D001 0019003H
X	9 UN2031: Waste Nitric acid [other than red fuming, with at least 65 percent, but not more than 70 percent nitric acid] 8 (5.1) PG:II	01	DF	10	P
					D002 D001 0019003H
X	10 UN1428: Waste Sodium 4.3 PG:I <b>DOT 3P9168</b>	01	CF-MP DW	10	P
					D003 D001 0019003H
X	<del>11 UN3082 Hazardous waste, liquid, n.o.s. (Acetone)</del> <b>NA 3077 Hazardous waste, solid, n.o.s. (Acetone)</b> <del>UN3082 Hazardous waste, liquid, n.o.s. (Acetone)</del> <b>UN3082 Hazardous waste, liquid, n.o.s. (Benzene)</b> <b>3 PG:II</b>	01	DF	276	P
					D005 D001 D009 D007 0004203H D007 0004203H D007 0004203H
32. Special Handling Instructions and Additional Information 5=103184: Acid Lab Waste (Flammable) 6=155909:LP01 7=103184: Acid Lab Waste (Flammable) 8=155909:LP02 9=155909:LP03 10=155909:LP04 <b>155988: Glycerol water</b> <b>105711: Spill cleanup of lab waste</b> <b>106985: Flammable Acid</b> <b>Blame</b>					
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
35. Discrepancy <b>Line 8, state waste code corrected. Line 11 profile changed per Earl Luckett with SET</b>					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) <b>5-H141   6-H141   7-H141   8-H141   9-H141</b> <b>10-H141   11-H141</b>					



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>	2. Page 1 of <b>4</b>	3. Emergency Response Phone <b>877-437-7455</b>	4. Manifest Tracking Number <b>023498710 JJK</b>			
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>				Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>				
Generator's Phone: <b>940-565-4751</b>								
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>				U.S. EPA ID Number <b>TXD981957236</b>				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>SET Environmental, Inc. 5743 Cheswood</b>				U.S. EPA ID Number <b>TXD055135388</b>				
Facility's Phone: <b>Houston, TX 77087</b>				<b>(713) 645-8710</b>				
<div style="writing-mode: vertical-rl; transform: rotate(180deg);">GENERATOR</div>	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1 UN2031 Waste nitric Acid, 8(S.I.), PG II	1	DF	6	P	0001 0002 0001 0014	
	X	2 UN3098 Waste oxidizing liquid, corrosive, n.o.s., S.I.(B), PG II	1	DF	4	P	0001 0002 0007 0001 0014	
	X	3 UN1992 Waste Flammable liquid, toxic, n.o.s., 3(S.I.), PG II	1	DF	5	P	0001 0022 0001 0014	
X	4 UN2924 Waste Flammable liquid, corrosive, n.o.s., 3(B), PG II	1	DF	10	P	0001 0002 5003 0001 0014		
14. Special Handling Instructions and Additional Information <b>SET SWR # 40835 Job # 2111-0191</b> <b>1=156661, LP01, 1X30, ERG 157</b> <b>2=156661, LP02, 1X5, ERG 140</b> <b>3=156661, LP05, 1X5, ERG 131</b> <b>4=156661, LP04, ERG 132, 1X30</b>								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>				Signature <i>Karla Henson</i>		Month Day Year <b>11 10 21</b>		
<div style="writing-mode: vertical-rl; transform: rotate(180deg);">TRANSPORTER</div>	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name <b>Trevor Storrock</b>				Signature <i>Trevor Storrock</i>		Month Day Year <b>11 10 21</b>	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
<div style="writing-mode: vertical-rl; transform: rotate(180deg);">DESIGNATED FACILITY</div>	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H141</b>		2. <b>H141</b>		3. <b>H141</b>		4. <b>H141</b>		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a:								
Printed/Typed Name <b>Andrea Colman</b>				Signature <i>Andrea Colman</i>		Month Day Year <b>11 19 21</b>		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number TX0064117963	22. Page 2 of 4	23. Manifest Tracking Number 023498710JJX		
24. Generator's Name University of North Texas						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit WL/Vol	31. Waste Codes
		No.	Type			
X	5. UN 2924 Waste Flammable liquid, corrosive, n.o.s., 3(B), PG II	1	DF	6	P	0001 F002 D002 0001 001H
X	6. UN 2789 Waste Acetic acid, glacial, 8(3), PG II	1	DF	4	P	0001 D002 0001 001H
X	7. UN 1325 Waste Flammable solids organic, n.o.s., 4.1, PG III	1	DF	1	P	0001 0001 001H
X	8. UN 2811 Waste toxic, solids, organic, n.o.s., 6.1, PG II	1	DF	7	P	0022 0001 001H
X	9. UN 2810 Waste toxic, liquids, organic, n.o.s., 6.1, PG II	1	DF	25	P	0003 0001 001H
X	10. UN 1832 Waste Sulfuric acid, spent 8, PG II	1	DF	5	P	0002 0001 001H
X	11. UN 1993 Waste Flammable liquids, n.o.s., 3, PG II	1	DF	1	P	0001 0001 001H
X	12. UN 1325 Waste Flammable, solids, organic, n.o.s., 4.1, PG II	1	DF	5	P	0001 0001 001H
X	13. UN 3265 Waste Corrosive liquid, acidic, organic, n.o.s., 8, PG II, (sulfuric Acid, Hydrochloric Acid)	1	DF	25	P	0002 0047 119H
X	14. UN 1993 Waste Flammable liquids, n.o.s., 3, PG III, (Acetone, Ethanol)	1	DF	50	P	0001 F003 0001 001H
32. Special Handling Instructions and Additional Information 5 = 156661, LP05, 1X30, ERG 132 6 = 156661, LP06, 1X30, ERG 132 7 = 156661, LP07, 1X30, ERG 133 8 = 156661, LP08, 1X30, ERG 134 9 = 156661, LP09, 1X30, ERG 133 10 = 156661, LP10, 1X30, ERG 137 11 = 156661, U01, 1X30, ERG 128 12 = 156661, U02, 1X30, ERG 133 13 = 106985, 1X30, ERG 133 14 = 120656, 1X30, ERG 128						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 5-H141 6-H141 7-H141 8-H141 9-H141 10-H141 11-H141 12-H141 13-H141 14-H141						

Please print or type.

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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number TXD064117963	22. Page 3 of 4	23. Manifest Tracking Number 023498710 JJK	
24. Generator's Name University of North Texas					
25. Transporter _____ Company Name				U.S. EPA ID Number	
26. Transporter _____ Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.
		No.	Type		31. Waste Codes
X	15. UN3267 Waste Corrosive liquid, basic, organic, n.o.s., B, PG II (Sodium Hydroxide, Ammonia)	1	DF	5	P 0002
X	16. UN1993 Waste Flammable liquids, n.o.s., B, PG II, (Acetone, ethylether)	6	DF	1252	P 0001 F003
X	17. UN3264 Waste Corrosive liquid, acidic, inorganic, n.o.s., B, PG II, (Sulfuric Acid, Hydrochloric Acid)	3	DF	694	P 0002 0007 211H
X	18. UN1992 Waste Flammable liquids, toxic, n.o.s., 3 (6.1), PG II, (Acetone, Methylene chloride)	6	DF	761	P 0001 F002 F003
X	19. UN3098 Waste oxidizing liquid, corrosive, n.o.s., S.1 (B), PG II (Silver Nitrate; Sulfuric acid)	2	DF	530	P 0001 0002 0005 0075 211H
X	20. UN3098 Waste oxidizing liquid, corrosive, n.o.s., S.1 (B), PG II (Sodium bisulfate, Copper oxide)	1	DF	124	P 0001 0002 0006 105H
X	21. UN1950 Waste Aerosols, flammable, 2.1	1	DM	25	P 0001 0006 105H
X	22. UN1962 Waste Ethylene, 2.1	1	CY	1	P 0001 0032 801H
X	23. UN1046 Helium Compressed, 2.2	1	CY	1	P 0032 801H
X	24. UN1005 Ammonia, anhydrous, 2.3 (8). Poison Inhalation Hazard Zone D	1	CY	1	P MUNE XGMT
32. Special Handling Instructions and Additional Information					
15=129654, 1X15, ERG 153 16=105719, 4X30, 2X15, ERG 128 17=101317, 3X30, ERG 154 18=128863, 6X15, ERG 131 19=129636, 2X30, ERG 140 20=125566, 1X15, ERG 140 21=114556, 1X35, ERG 126 22=C401, 156743, ERG 116 P 23=C402, 156743, ERG 121 24=C403, 156743, ERG 125					
33. Transporter _____ Acknowledgment of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
34. Transporter _____ Acknowledgment of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
15-H141 16-H141 17-H141 18-H141 19-H141 20-H070 21-H141 22-H061 23-H129 24-H111					



or type:

Form Approved: OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number TX0064117403		22. Page 4 of 4	23. Manifest Tracking Number 023498710JJK		
24. Generator's Name University of North Texas							
25. Transporter Company Name					U.S. EPA ID Number		
26. Transporter Company Name					U.S. EPA ID Number		
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit, Wt./Vol.	31. Waste Codes
	X	25. UN 1006 Argon, 2.2	3	CY	3	P	MURC XENT
	X	26. UN 2196 Waste Tungsten hexafluoride, 2.3(8) Poison Inhalation Hazard Zone B	1	CY	1	P	0003 0033 701H
	X	27. UN 1741 Boron trichloride, 2.3(8), Poison Inhalation Hazard Zone C	3	CY	3	P	MUN2 XENT
	X	28. UN 1971 Waste Methane, compressed, 2.1	1	CY	1	P	0001 0032 801H
	X	29. UN 1049 Waste Hydrogen, compressed, 2.1	1	CY	1	P	0001 0033 701H
	X	30. UN 3399 Waste organometallic substance, liquid, water-reactive, flammable, 4.3(5), PG II	1	CY	1	P	0001 0003 0032 801H
	X	31. UN 3260 Corrosive solid, acidic, inorganic, n.o.s., 8, PG II	2	CY	2	P	MUNE XENT
	X	32. UN 1263 Paint, 3, PG II (universal waste)	4	DM	472	P	UN IV 209H
		33. Non-Regulated Material	1	DF	15	P	MUNE XENT
32. Special Handling Instructions and Additional Information 25 = CY04, 156743, ERG 115 26 = CY07, 156743, ERG 115 27 = CY08, 156743, ERG 115 28 = CY10, 156743, ERG 115 29 = CY11, 156743, ERG 115 30 = CY12, 156743, ERG 138 31 = CY13, 156743, ERG 138 32 = 104146, 4X55, ERG 128 33 = 106983, 1X30							
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
	34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
DESIGNATED FACILITY	35. Discrepancy						
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 25-4129 26-4121 27-4121 28-4061 29-4061 30-4141 31-4141 32-4141						

DESIGNATED FACILITY TO GENERATOR

Please print or type.

Form Approved, OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number ID064117963	2. Page 1 of 3	3. Emergency Response Phone 877-437-7435	4. Manifest Tracking Number 023498781 JJK			
5. Generator's Name and Mailing Address University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203 Generator's Phone: 940-565-4751				Generator's Site Address (if different than mailing address) 2310 North I-35E Denton, TX 76205				
6. Transporter 1 Company Name SET Environmental, Inc.				U.S. EPA ID Number ILD981957236				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address SET Environmental, Inc. 5743 Cheswood Houston, TX 77087 Facility's Phone: (713) 645-8710				U.S. EPA ID Number ID055135388				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1. UN2789 Waste Acetic acid, glacial, 8(3), PG II	1	DF	3	P	0001 0002	
	X	2. UN1790 Waste hydrofluoric acid, 8(6.1), PG II	1	DF	8	P	0002 0001 0014	
	X	3. UN2924 Waste Flammable liquids, corrosive, n.o.s., 3(8), PG II DOT-SP-8445	1	DF	7	P	0001 0002 0003 0001 0014	
X	4. UN3286 Waste Flammable liquid, toxic, corrosive, n.o.s., 3(6.1, 8), PG II DOT-SP-8445	1	DF	60	P	0001 0002 0022 0003 0001 0014		
14. Special Handling Instructions and Additional Information SET SWR # 40835 Job # 2112-0589 1-157512, LP01, 1X5, ERG 132 3-157512, LP03, 1X5, ERG 132 2-157512, LP02, 1X5, ERG 157 4-157512, LP04, 1X30, ERG 131								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the information statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed Name Karla Henson				Signature Karla Henson		Month Day Year 12 22 21		
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Trevor Sturrock				Signature Trevor Sturrock		Month Day Year 12 22 21	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)				Signature		Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H411		2. H411		3. H411		4. H411		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a								
Printed/Typed Name Lillian Spigner				Signature Lillian Spigner		Month Day Year 12 30 21		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
		TX0064117943	2043	0234418781034		
24. Generator's Name University of North Texas						
25. Transporter Company Name				U.S. EPA ID Number		
26. Transporter Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	5. UN2052 Waste Flammable liquids, n.o.s., 3, PG II	1	DF	15	P	U213 0001 0014
X	6. UN1993 Waste Flammable liquids, n.o.s., 3, PG II (Acetone, Ethanol)	1	DF	80	P	0001 0001 0014
X	7. UN1950 Waste Aerosols, Flammable, 2.1	1	DM	15	P	0001 0022 0014
X	8. UN1263 Paint related material, 3, PG II (Universal Waste)	3	DM	287	P	UNIV 2048
X	9. UN1263 Paint, 3, PG II (Universal Waste)	1	DF	5	P	UNIV 2048
X	10. UN2924 Waste Flammable liquids, corrosive, n.o.s., 3 (8), PG II (Acetone, Sulfuric Acid)	3	DF	780	P	0001 0002 0006 1054
X	11. UN3098 Waste Oxidizing liquid, corrosive, n.o.s., 5.1 (8), PG II (Sodium bisulfate, Copper Oxide)	1	DF	138	P	0001 0002 0006 1054
X	12. UN3264 Waste Corrosive liquid, acidic, inorganic, n.o.s., 8, PG II (Sulfuric acid, hydrochloric acid)	1	DF	109	P	0002 0006 1054
X	13. UN1992 Waste Flammable liquids, toxic, n.o.s., 3 (6.1), PG II (Acetone, Methylene chloride)	4	DF	419	P	0001 0022 F052 F003 0025 2194
X	14. UN2010 Waste Toxic liquids, organic, n.o.s., 6.1, PG II (Mercury, Cyanide)	2	DF	692	P	0005 0007 0045 0104
32. Special Handling Instructions and Additional Information 3x 157512, 1x 05, 1x 30, ERG 127 8x 157511, 3x 35, ERG 128 9x 104146, 1x 5, ERG 128 10x 103184, 3x 30, ERG 132 11x 125546, 1x 15, ERG 140 12x 101317, 1x 15, ERG 154 13x 125546, 4x 15, ERG 151 14x 157564, 1x 30, 1x 55, ERG 153						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 5-11-111 1-2-111 7-11-111 8-11-111 9-11-111 10-11-111 11-11-111 12-11-111 13-11-111 14-11-111						

DESIGNATED FACILITY TO GENERATOR

## **ii. Universal Waste and Recycling Waste Manifests**

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

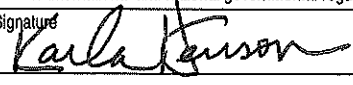

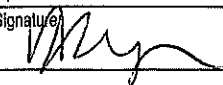
<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of <b>2</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2101-0606-01</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number <b>ILD981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>						U.S. EPA ID Number <b>TXD008029191</b>			
Facility's Phone: <b>(817) 921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
X	1. UN3506 Mercury contained in manufactured articles (Universal Waste) 8 (6.1)				1	DF	02	P	
	2. Universal Waste Fluorescent Bulbs				1	CW	500	P	
X	3. UN3028 Batteries, dry, containing potassium hydroxide solid, [electric, storage] Alkaline Batteries 8 (Universal Waste)				1	DF	22	P	
X	4. UN2794 Batteries, wet, filled with acid (Lead Acid batteries) 8 (Universal Waste)				1	DF	58	P	
13. Special Handling Instructions and Additional Information: <b>SWR# 40835</b> <b>1325 Fluorescent Bulbs</b>									
1--Mercury Articles - Universal Waste 2--Fluorescent bulbs 3--Alkaline Batteries 4--Lead Acid Batteries <b>1 x 5                      1 x pallet                      1 x 5                      1 x 30</b> <b>*</b>									
Do# <b>227275</b>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offoror's Printed/Typed Name <b>Karla Henson</b>						Signature <i>Karla Henson</i>		Month Day Year <b>01 20 21</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <i>Rory Conley</i>					Signature <i>Rory Conley</i>		Month Day Year <b>01 20 21</b>		
Transporter 2 Printed/Typed Name					Signature		Month Day Year		
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
17b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <i>Pam Potenziani</i>					Signature <i>Pam Potenziani</i>		Month Day Year <b>2 19 21</b>		

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

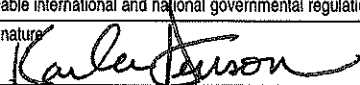
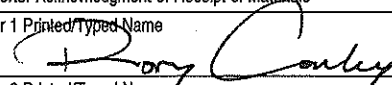
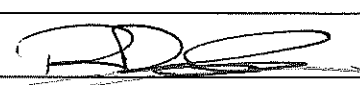
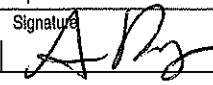
<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page <b>1</b> of <b>2</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2101-0606-02</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76205</b>					Generator's Site Address (if different than mailing address) <b>2310 North 1-35E Denton, TX 76205</b>				
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>					U.S. EPA ID Number <b>1LD981957236</b>				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>Lighting Resources 101 E. Bowie St. Fort Worth, TX 76110</b>					U.S. EPA ID Number <b>TXD008029191</b>				
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
<b>5. UN3480 Lithium ion batteries</b>					<b>01</b>	<b>DF</b>	<b>15</b>	<b>P</b>	
<b>1. 9 Universal Waste</b>									
13. Special Handling Instructions and Additional Information <b>1 5-Lithium ION Batteries 1 x 5</b>					<b>PO# 227277</b>				
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>					Signature 		Month Day Year <b>01 20 21</b>		
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Rory Conley</b>					Signature 		Month Day Year <b>01 20 21</b>		
Transporter 2 Printed/Typed Name					Signature		Month Day Year		
17. Discrepancy									
17a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
<b>Line 1 Lith-ion 6LBS</b>									
17b. Alternate Facility (or Generator)					Manifest Reference Number: _____ U.S. EPA ID Number				
Facility's Phone: _____									
17c. Signature of Alternate Facility (or Generator)					Month Day Year				
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Anne Ray</b>					Signature 		Month Day Year <b>12 9 21</b>		



GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2102-0746-01</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>						U.S. EPA ID Number <b>ILD981957236</b>			
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>						U.S. EPA ID Number <b>TXD008029191</b>			
Facility's Phone: <b>(817) 921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
X	1. UN3028 Batteries, dry, containing potassium hydroxide solid, [electric, storage] Alkaline Batteries 8 (Universal Waste)				1	DF	10 <del>425</del> P		
X	2. UN2794 Batteries, wet, filled with acid (Lead Acid batteries) 8 (Universal Waste)				1	CW	425	P	
X	3. UN3480 Lithium ion batteries 9 Universal waste				1	DF	10	P	<del>RE</del>
	4.								
13. Special Handling Instructions and Additional Information: <b>SWR# 40835</b>  1--:Alkaline Batteries 2--:Lead Acid Batteries 3--:Lithium ION Batteries <b>1 x 5      1 x pallet      1 x 5</b>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offoror's Printed/Typed Name <b>Karla Henson</b>						Signature 		Month Day Year <b>03 02 21</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name 						Signature 		Month Day Year <b>03 02 21</b>	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number: _____									
17b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Anne Ray</b>						Signature 		Month Day Year <b>3 30 21</b>	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>877-437-7455</b>	4. Waste Tracking Number <b>2102-0746-02</b>
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>			Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>		
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>			U.S. EPA ID Number <b>ILD981957236</b>		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>			U.S. EPA ID Number <b>TXD008029191</b>		
Facility's Phone: <b>Fort Worth, TX 76110</b>			<b>(817) 921-1440</b>		
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. Universal Waste Fluorescent Bulbs		2	CW	1000	P
X	2. UN3506 Mercury contained in manufactured articles (Universal Waste) 8 (6.1)	1	DF	02	P
	3. Universal Waste HID Bulbs	4	CF	10	P
	4.				
13. Special Handling Instructions and Additional Information <b>SWR# 40835</b>  1. Fluorescent bulbs 2. Mercury Articles - Universal Waste 3. HID Bulbs 4. 40 bulbs 2 x pallet 1 x 5 4 x Boxes 2635 bulbs (on Fluorescent bulb pallet)					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>			Signature <i>Karla Henson</i>		Month Day Year <b>03 02 21</b>
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>Perry Conley</i>			Signature <i>Perry Conley</i>		Month Day Year <b>03 02 21</b>
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
17b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone: _____					
17c. Signature of Alternate Facility (or Generator)			Month Day Year		
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a					
Printed/Typed Name <i>Anne Ray</i>			Signature <i>AR</i>		Month Day Year <b>13 30 21</b>

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>877-437-7455</b>	4. Waste Tracking Number <b>2104-0222-01</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>			Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>						
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>				U.S. EPA ID Number <b>ILD981957236</b>		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>				U.S. EPA ID Number <b>TXD008029191</b>		
Facility's Phone: <b>(817) 921-1440</b>						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
X	1. UN3028 Batteries, dry, containing potassium hydroxide solid (Universal Waste Batteries- Nickel/Cadium) 8	01	DF	8	P	
X	2. UN3028 Batteries, dry, containing potassium hydroxide solid, [electric, storage] Alkaline Batteries 8 (Universal Waste)	01	DF	17	P	
X	3. UN2794 Batteries, wet, filled with acid (Lead Acid batteries) 8 (Universal Waste)	01	DM	325	P	
X	4. UN3480 Lithium ion batteries 9 Universal waste	01	DF	75	P	
13. Special Handling Instructions and Additional Information: <b>SWR# 40835</b> <b>PO # 229679</b> 1--Batteries - Nickel/Cadium 2--Alkaline Batteries 3--Lead Acid Batteries 4--Lithium ION Batteries <b>1 x 5                      1 x 5                      1 x 55                      1 x 30</b>						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>				Signature <i>Karla Henson</i>		Month Day Year <b>04   13   21</b>
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter Signature (for exports only): _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Rory Conley</i>				Signature <i>[Signature]</i>		Month Day Year <b>04   13   21</b>
Transporter 2 Printed/Typed Name				Signature		Month Day Year
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
17b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator)				Month Day Year		
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a						
Printed/Typed Name <b>Anne Ray</b>				Signature <i>[Signature]</i>		Month Day Year <b>04   21   21</b>

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of <b>2</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2105-0723-01</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>									
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number <b>IID981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>						U.S. EPA ID Number <b>TXD008029191</b>			
Facility's Phone: <b>(817) 921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
1. Universal Waste Fluorescent Bulbs					<b>02</b>	<b>CW</b>	<b>4,000</b>	<b>P</b>	
2. Non DOT Regulated Material (Alkaline Batteries)					<b>1</b>	<b>DF</b>	<b>75</b>	<b>P</b>	
3. Non DOT Regulated Material (Ni-Cad Batteries)					<b>1</b>	<b>DF</b>	<b>60</b>	<b>P</b>	
x 4. UN 3480 Lithium Ion Batteries 9 (universal waste)					<b>1</b>	<b>DF</b>	<b>50</b>	<b>P</b>	
13. Special Handling Instructions and Additional Information <b>SET SWR # 40835 PO # 231087</b> 1. Fluorescent bulbs CW01 CW02 125 2. Alkaline Batteries 125 1760 bulbs 560 bulbs									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Officer's Printed/Typed Name <b>Karla HENSON</b>						Signature <i>Karla Henson</i>		Month Day Year <b>05 25 21</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Alexander medlin</b>						Signature <i>Alex Medlin</i>		Month Day Year <b>05 25 21</b>	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection <b>Line 3 NiMH batteries</b>									
17b. Alternate Facility (or Generator)						Manifest Reference Number: U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Month Day Year			
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Anne Ray</b>						Signature <i>Anne Ray</i>		Month Day Year <b>5 28 21</b>	

## GENERATOR

GENERATOR

TRANSPORTER




DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2106-1102-01</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>									
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number <b>ILD981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>						U.S. EPA ID Number <b>TXD008029191</b>			
Facility's Phone: <b>(817) 921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
X	1.	UN3028 Batteries, dry, containing potassium hydroxide solid, [electric, storage] Alkaline Batteries 8 (Universal Waste)			1	DF	30	P	
X	2.	UN2794 Batteries, wet, filled with acid (Lead Acid batteries) 8 (Universal Waste)			1	DF	550	P	
X	3.	UN3480 Lithium ion batteries 9 Universal waste			1	DF	7	P	D003
	4.	UN3090 Lithium Metal batteries 9 (Universal Waste)			81	DF	5	P	
13. Special Handling Instructions and Additional Information <b>SWR# 40835 Job#2106-1102</b>  1=-:Alkaline Batteries 2=-:Lead Acid Batteries 3=-:Lithium ION Batteries 4=-:Lithium metal Batteries <b>01XDS 01XSS 01XDS</b>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offor's Printed/Typed Name <b>Karla HENSON</b>						Signature <i>Karla Henson</i>		Month Day Year <b>07 08 21</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Elia G OROZCO JV</b>						Signature <i>Elia G Orozco</i>		Month Day Year <b>07 08 2021</b>	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number: _____									
17b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Anni Ray</b>						Signature <i>Anni Ray</i>		Month Day Year <b>12 24 21</b>	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number TXD064117963		2. Page 1 of 1		3. Emergency Response Phone 877-437-7455		4. Waste Tracking Number 2106-1102-02	
5. Generator's Name and Mailing Address University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203 Generator's Phone: 940-565-4751					Generator's Site Address (if different than mailing address) 2310 North I-35E Denton, TX 76205				
6. Transporter 1 Company Name SET Environmental, Inc.					U.S. EPA ID Number ILD981957236				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address Lighting Resources 101 East Bowie Street Fort Worth, TX 76110 Facility's Phone: (817) 921-1440					U.S. EPA ID Number TXD008029191				
9. Waste Shipping Name and Description				10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
				No.	Type				
1. Universal Waste Fluorescent Bulbs				02	CW	900	P		
2. UN 2794 Batteries, wet, filled with acid (Lead Acid batteries) Universal Waste				01	CW	700	P		
3. <del>UN 2794 BATTERIES, WET FILLED WITH ACID</del> <del>(LEAD ACID BATTERIES) (UNIVERSAL) SW</del>									
4.									
13. Special Handling Instructions and Additional Information SWR#40835 Job# 2106-1102 1-Fluorescent bulbs 02 x CW 1650 Bulbs 1530 bulbs 2-Lead Acid Batteries									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offeror's Printed/Typed Name Karla Henson					Signature 			Month Day Year 07 08 21	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name Elias Orozco Jr					Signature 			Month Day Year 07 08 2021	
Transporter 2 Printed/Typed Name					Signature			Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
17b. Alternate Facility (or Generator)					U.S. EPA ID Number				
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)					Month Day Year				
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name Anne Ray					Signature 			Month Day Year 8 24 21	

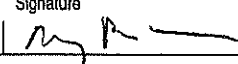
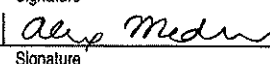
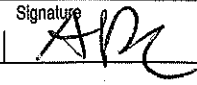


GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TxD064117963</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2108-0404-0001</b>	
5. Generator's Name and Mailing Address <b>University of North Texas - Discovery Park 1155 Union Circle Box 310950 Denton, Tx 76203</b>						Generator's Site Address (if different than mailing address) <b>3940 N. Elm Street Denton, Tx 76207</b>			
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number <b>ILD981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie St. Fort Worth Tx 76110</b>						U.S. EPA ID Number <b>TxD008029191</b>			
Facility's Phone: <b>817-921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
1. UN 3480 Lithium Ion Batteries 9 (universal waste)					1	DF	3	P	
2. UN 2800 Batteries, wet, Non-Spillable 8 (universal waste)					1	DF	50	P	
3.									
4.									
13. Special Handling Instructions and Additional Information <b>1- 1x5 Gal ERG 147 2- 1x30 Gal, ERG 154</b>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Officer's Printed/Typed Name <b>ANTHONY ROMAN</b>						Signature 		Month Day Year <b>8 11 21</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S.						Port of entry/exit: _____ Date leaving U.S.: _____			
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Alexander Medin</b>						Signature 		Month Day Year <b>08 16 21</b>	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
17b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Amie Ray</b>						Signature 		Month Day Year <b>8 24 21</b>	

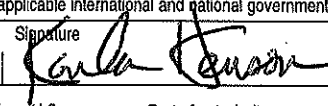
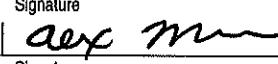
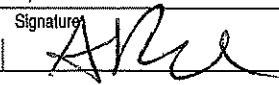


GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>TX 2108-0404-0002</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, Tx 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, Tx 76205</b>			
Generator's Phone: <b>940-565-4751</b>									
6. Transporter 1 Company Name <b>SET ENVIRONMENTAL, INC</b>						U.S. EPA ID Number <b>ILD981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Fort Worth Tx 76110</b>						U.S. EPA ID Number <b>TXD008029191</b>			
Facility's Phone: <b>817-921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
1. <b>NON DOT Regulated Material (universal waste Light Bulbs)</b>					<b>2</b>	<b>CW</b>	<b>1600</b>	<b>P</b>	
2. <b>UN 2794 Batteries, wet, Filled with Acid 8 (universal waste)</b>					<b>1</b>	<b>DF</b>	<b>200</b>	<b>P</b>	
3. <b>UN3480 Lithium Ion Batteries 9 (universal waste)</b>					<b>1</b>	<b>DF</b>	<b>100</b>	<b>P</b>	
4.									
13. Special Handling Instructions and Additional Information  <b>1 = 2x pallets of 4' ~4,000 bulbs 2 = 1x30 3 = 1x30</b>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>					Signature 		Month Day Year <b>08 17 21</b>		
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Alexander Medin</b>					Signature 		Month Day Year <b>08 17 21</b>		
Transporter 2 Printed/Typed Name					Signature		Month Day Year		
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
17b. Alternate Facility (or Generator)					U.S. EPA ID Number				
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)					Month Day Year				
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Anne Ray</b>					Signature 		Month Day Year <b>08 04 21</b>		

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS  
WASTE MANIFEST

1. Generator ID Number

TXD064117963

2. Page 1 of

1

3. Emergency Response Phone

877-437-7455

4. Waste Tracking Number

2109-0856-01

5. Generator's Name and Mailing Address

University of North Texas  
1155 Union Circle Box 310950  
Denton, TX 76203

Generator's Site Address (if different than mailing address)

2310 North I-35E

Denton, TX 76205

Generator's Phone:

940-565-4751

6. Transporter 1 Company Name

SET Environmental, Inc.

U.S. EPA ID Number

ILD981957236

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

Lighting Resources  
101 East Bowie Street  
Fort Worth, TX 76110

U.S. EPA ID Number

TXD008029191

Facility's Phone:

(817) 921-1440

9. Waste Shipping Name and Description

10. Containers

No.

Type

11. Total  
Quantity12. Unit  
Wt./Vol.X 1. UN2794 Batteries, wet, filled with acid (Lead Acid batteries)  
8 (Universal Waste)

01

DF

123

P

Univ 309H

X 2. UN3028 Batteries, dry, containing potassium hydroxide solid,  
[electric, storage] Alkaline Batteries  
8 (Universal Waste)

03

DF

158

P

Univ 309H

X 3. UN3480 Lithium ion batteries  
9 Universal waste

02

DF

42

P

~~DOES~~  
TS  
Univ 309HX 4. UN3028 Batteries, dry, containing potassium hydroxide solid  
(Universal Waste Batteries- Nickel/Cadium)  
8

01

DF

7

P

Univ 309H

13. Special Handling Instructions and Additional Information SWR# 40835 Job# 2109-0856

1=:Lead Acid Batteries 2=:Alkaline Batteries 3=:Lithium ION Batteries 4=:Batteries - Nickel/Cadium

PO 14253

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name

Karla Henson

Signature



Month Day Year

09 29 21

15. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:


Transporter Signature (for exports only):

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Trevor Sturrock

Signature



Month Day Year

9 29 21

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity☐ Type☐ Residue☐ Partial Rejection☐ Full Rejection

Manifest Reference Number:

U.S. EPA ID Number

17b. Alternate Facility (or Generator)

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a

Printed/Typed Name

Anne Ray

Signature



Month Day Year

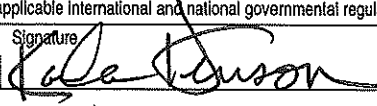
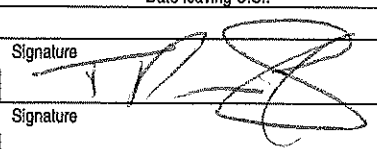
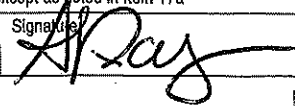
10 25 21

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>TXD064117963</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>877-437-7455</b>		4. Waste Tracking Number <b>2109 - 0856-02</b>	
5. Generator's Name and Mailing Address <b>University of North Texas 1155 Union Circle Box 310950 Denton, TX 76203</b>						Generator's Site Address (if different than mailing address) <b>2310 North I-35E Denton, TX 76205</b>			
Generator's Phone: <b>940-565-4751</b>									
6. Transporter 1 Company Name <b>SET Environmental, Inc.</b>						U.S. EPA ID Number <b>ILD981957236</b>			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Lighting Resources 101 East Bowie Street Fort Worth, TX 76110</b>						U.S. EPA ID Number <b>TXD008029191</b>			
Facility's Phone: <b>(817) 921-1440</b>									
9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
					No.	Type			
1. Universal Waste Fluorescent Bulbs					02	CU	300	P	Univ319H
2. Universal Waste Fluorescent Bulbs					01	DF	20	P	
3.									
4.									
13. Special Handling Instructions and Additional Information <b>SWR# 40835</b>  <div style="display: flex; justify-content: space-between;"> <span>1= Fluorescent bulbs 2,370 bulbs</span> <span>2= Fluorescent Bulbs</span> </div> <div style="text-align: right; margin-top: 10px;"><b>PO 14253</b></div>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offor's Printed/Typed Name <b>Karla Henson</b>						Signature 		Month Day Year <b>09 29 21</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Trevor Sturrock</b>						Signature 		Month Day Year <b>09 29 21</b>	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
17b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Anne Ray</b>						Signature 		Month Day Year <b>10 25 21</b>	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

↓

NON-HAZARDOUS  
WASTE MANIFEST

1. Generator ID Number

TXD064117963

2. Page 1 of 2

3. Emergency Response Phone

877-437-7455

4. Waste Tracking Number

2111-0191-01

5. Generator's Name and Mailing Address

University of North Texas  
1155 Union Circle Box 310950  
Denton, TX 76203

Generator's Site Address (if different than mailing address)

2310 North I-35E

Denton, TX 76205

Generator's Phone:

940-565-4751

6. Transporter 1 Company Name

SET Environmental, Inc.

U.S. EPA ID Number

ILD981957236

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

Lighting Resources  
101 East Bowie Street  
Fort Worth, TX 76110

U.S. EPA ID Number

TXD008029191

Facility's Phone:

(817) 921-1440

9. Waste Shipping Name and Description

10. Containers

No.

Type

11. Total  
Quantity12. Unit  
Wt./Vol.X 1. ~~Non Regulated (Expired Electronics) - TS~~  
UN3480 Lithium Ion Batteries, 9,  
(Universal waste)

1

DF

5

P

X 2. UN3506 Mercury contained in manufactured articles (Universal  
Waste)  
8 (6.1)

1

DF

10

P

X 3. UN2794 Batteries, wet, filled with acid, 8  
(Universal waste)

3

DF

900

P

4. Batteries, dry, sealed, n.o.s. (Alkaline Batteries)

1

DF

30

P

13. Special Handling Instructions and Additional Information SET SWR # 40835

1= 1X5, ERG 147  
~~Expired Electronics~~ 2= Mercury Articles - Universal Waste, 1X30, ERG 172  
3= 3X55, ERG 154  
4= 1X5,

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name

Signature

Month Day Year

Karla Henson

Karla Henson

11 10 21

15. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Transporter Signature (for exports only):

Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Travis Skurrock

TR

11 10 21

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity

(rags)

☒ Type☐ Residue☐ Partial Rejection☐ Full Rejection

Line 2 is actually more debris not articles

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

Anne Ray

AR

11 11 21

DESIGNATED FACILITY TO GENERATOR



NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 2 of 2		3. Emergency Response Phone	4. Waste Tracking Number
	TX0064117463	2		877-437-7455	2112-0589-01
	5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)		
	University of North Texas				
	Generator's Phone:				
	6. Transporter 1 Company Name		U.S. EPA ID Number		
	7. Transporter 2 Company Name		U.S. EPA ID Number		
	8. Designated Facility Name and Site Address		U.S. EPA ID Number		
	Facility's Phone:				
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity
		No.	Type		
X	5. UN3496 Batteries, nickel-metal hydride, 9 (Universal Batteries)	1	DF	1	P
	6. Batteries Dry sealed, n.o.s. (Alkaline Batteries)	1	DF	5	P
	3.				
	4.				
13. Special Handling Instructions and Additional Information					
5 = Nickel-metal Batteries, 1x5, 6 = Alkaline Batteries, 1x5					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name		Signature		Month	Day Year
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____		
	Transporter Signature (for exports only):		Date leaving U.S.: _____		
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name		Signature		Month Day Year
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	17. Discrepancy				
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	Manifest Reference Number: _____				
	17b. Alternate Facility (or Generator)		U.S. EPA ID Number		
	Facility's Phone:				
	17c. Signature of Alternate Facility (or Generator)		Month Day Year		
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name		Signature		Month	Day Year

### **iii. Art Mural Competition Photos**





Fry Street and Curry Hall Stormwater Drain Art Mural. View is to the southwest.





Mulberry Street Stormwater Drain Art Mural. View is to the northwest.





Union Stormwater Drain Art Mural. View is to the west.

#### **iv. Solids Recycling Data**



CY 2021 Recycling Report	Mixed Paper #2		OCC # 11		Misc (Brass)		Misc (Tin, Copper, Scrap)		Plastic (PET Natural)		Plastic (Colored)		Sorted Office Paper		CY 2021
	Volume (Tons)	Mix Paper Revenue	Volume (Tons)/4	Cardboard Revenue	Volume (LBS)	Misc Revenue	Volume (LBS)/2	Misc Revenue/2	Volume (Tons)/3	Plastic (PET) Revenue	Volume (Tons)/2	Plastic (PET) Revenue/2	Volume (Tons)/22	SOP Revenue	
Month															
January	11.3	\$0.00	3.9	\$254.17											\$254.17
February	8.4	\$0.00	3.9	\$272.09											\$272.09
March	10	\$0.00	8	\$600.01											\$600.01
April	6.3	\$0.00	4.2	\$344.66											\$344.66
May	9.2	\$0.00	4.9	\$441.45											\$441.45
June	8.6	\$0.00	2.6	\$286.55											\$286.55
July	6.2	\$0.00	7.4	\$957.71											\$957.71
August	13.2	\$0.00	9.1	\$1,499.16											\$1,499.16
September	6.6	\$0.00	8.2	\$927.48											\$927.48
October	0	\$0.00	0												\$0.00
November	7.6	\$0.00	9												\$0.00
December	11.4	\$0.00	12.7												\$0.00
Totals	98.8	\$0.00	73.9	\$5,583.28	0	\$0.00	0	\$0.00	-	\$0.00	-	\$0.00	0	\$0.00	\$5,583.28

CY 2021 Battery Recycling Report	Alkaline (lbs)	Lead Acid (lbs)	Lithium Ion (lbs)	NiCd (lbs)	Ni-Metal Hydride (lbs)	Other (lbs)	CY 2021
Month							
January	22	58	15				95
February			15				15
March	10	425	10				445
April	17	325	75	8			425
May	75	700	50	60			885
June							0
July	30	1250	7			5	1292
August		250	103				353
September	158	123	42	7			330
October							0
November	30	900	5				935
December	5	250	2		1		258
Totals	347	4281	324	75	1	5	5033

**v. Used Oil Recycling Ticket(s)**

Safety-Kleen Systems, Inc.  
42 Longwater Drive  
Norwell, MA 02061  
CORPORATE: 800-669-6740  
24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)  
8178386966

CUSTOMER# UN35752 University Of North Texas  
2204 W Prairie St  
Denton TX 76201-5722  
PHONE 940-369-7369

REFERENCE NBR.  
85249336 - 2100277816  
SRVC WEEK: 2021-6  
SRVC DATE: 02-01-2021

BILL TO CUSTOMER# UN35988  
BILL TO ADDRESS:  
University of North Texas  
PO Box 310499  
Attn Claims Accting  
Denton TX 76203-0499  
PHONE 940-369-7369

PURCHASE ORDER# TAX EXEMPT#

SERVICES/PRODUCT	PRODUCT/SERVICES	QTY	UNIT PRICE	TAX	TOTAL CHARGE
10256	FEE, OIL SERVICE/STOP NON-PREQUAL CRANK	1.0	175.00	0.00	175.0
66636	SERVICE TERM 24 WEEK USED OIL RECYCLE AUTOMOTIVE OIL SERVICE TERM 24 WEEK HALOGEN/ CLOR-D-TECT TEST: NOT PERFORMED	250.0	0.70	0.00	175.0

TOTAL SERVICE/PRODUCTS 175.70 0.00 350.00

TOTAL CHARGE 350.00  
CREDITS 0.00

TOTAL DUE 350.00

UNPAID BALANCE THIS RECEIPT 350.00

If high risk source, rep. certifies that load specific PCB & Silicon testing have been completed prior to pumping this load.

GENERATOR STATUS CESQG: Vehicle

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customers account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleens parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCBs), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final Invoicing will be based on the actual services provided, which may include



Safety-Kleen Systems, Inc.  
42 Longwater Drive  
Norwell, MA 02061  
CORPORATE: 800-669-5740  
24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)  
8178386966

USE oil  
pickup

CUSTOMER# UN35752 University Of North Texas  
2204 W Prairie St  
Denton TX 76201-5722  
PHONE 940-369-7359

REFERENCE NBR.  
85249336 - 2100277816  
SRVC WEEK: 2021-6  
SRVC DATE: 02-01-2021

BILL TO CUSTOMER# UN35988  
BILL TO ADDRESS:  
University of North Texas  
PO Box 310499  
Attn Claims Accting  
Denton TX 76203-0499  
PHONE 940-369-7359

PURCHASE ORDER#

TAX EXEMPT#

SERVICES/PRODUCT	PRODUCT/SERVICES		UNIT PRICE	TAX	TOTALCHARGE
		QTY			
10256	FEE, OIL SERVICE/STOP NON-PREQUAL CRANKC	1.0	175.00	0.00	175.0
66636	SERVICE TERM 24 WEEK USED OIL RECYCLE AUTOMOTIVE OIL SERVICE TERM 24 WEEK HALOGEN/ CLOR-D-TECT TEST: NOT PERFORMED	250.0	0.70	0.00	175.0
TOTAL SERVICE/PRODUCTS			175.70	0.00	350.00
TOTAL CHARGE					350.00
CREDITS					0.00
TOTAL DUE					350.00

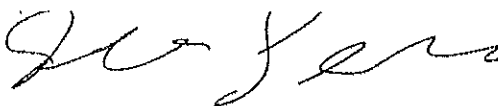
UNPAID BALANCE THIS RECEIPT 350.00

If high risk source, rep. certifies that load specific PCB & Silicon testing have been completed prior to pumping this load.

GENERATOR STATUS

CESQG: Vehicle

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customers account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleens parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCBs), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent



CUSTOMER / GENERATOR: Jorge



TRANSPORTER: Jones, Carl W

CSG SK-BWM-UHO-01

Jones, Carl W

02-01-2021 11:04

PAGE 2

SHIPPING DOCUMENT

IN THE EVENT OF AN EMERGENCY CALL \*\*24-Hr-Number\*\* 1-800-468-1760 (SAFETY-KLEEN SYSTEMS, INC.)  
REFERENCE NBR.  
85249336 - 2100277816

CUSTOMER / GENERATOR: UN35752 University Of North  
2204 W Prairie St  
Denton TX 76201-5722  
PHONE 940-369-7359

GENERATOR USEPA ID, TXD064117963  
GENERATOR STATE: CESQG

MANIFEST#: FORM CD : NR SHIP# 233328594

TRANSPORTER 1 TXR000081205 Safety Kleen  
TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)  
USED OIL  
(NOT USDOT HAZARDOUS MATERIAL)

FEDERAL WASTE CODES NONE

STATE WASTE CODES: TXEXEMPT

TOTAL CONT 1 TYPE: TT WT/VOL G SKDOT 850  
CNT# 210116585730 SZ: BULK VOLUME CONTAINER QTY: 250 PROF# 150105

DESIGNATED FACILITY NAME/ADDRESS:  
SAFETY-KLEEN SYSTEMS FORT WORTH  
10233 HICKS FIELD RD  
FORT WORTH  
TX 76179-5245  
TSD PHONE: 817-847-5828

FACILITY USEPA ID NO TXR000001933  
FACILITY STATE ID NO 83150

GENERATOR STATUS

CESQG: Vehicle



CUSTOMER / GENERATOR: Jorge




TRANSPORTER: Jones, Carl W



TRANSPORTER 2:

LAST PAGE

  
CUSTOMER / GENERATOR: Jorge

  
TRANSPORTER: Jones, Carl W

CSG SK-BWM-UMD-01

Jones, Carl W

02-01-2021 11:04

PAGE 2

SHIPPING DOCUMENT

IN THE EVENT OF AN EMERGENCY CALL \*\*24-Hr-Number\*\* 1-800-468-1760 (SAFETY-KLEEN SYSTEMS, INC.)  
REFERENCE NBR.

85249336 - 2100277816

CUSTOMER / GENERATOR: UN35752 University Of North  
2204 W Prairie St  
Denton TX 76201-5722  
PHONE 940-369-7359

GENERATOR USEPA ID, TXD064117963

GENERATOR STATE: CESQG

MANIFEST#:

FORM CD : NR

SHIP# 233328594

TRANSPORTER 1 TXR000081205 Safety Kleen

TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

USED OIL

(NOT USDOT HAZARDOUS MATERIAL)

FEDERAL WASTE CODES NONE

STATE WASTE CODES: TXEXEMPT

TOTAL CONT 1

TYPE: TT

WT/VOL G

SKDOT 850

CNT# 210116585730 SZ: BULK VOLUME CONTAINER QTY: 250 PROF# 150105

DESIGNATED FACILITY NAME/ADDRESS:

SAFETY-KLEEN SYSTEMS FORT WORTH

10233 HICKS FIELD RD

FORT WORTH

TX 76179-6245

TSD PHONE: 817-847-5828


FACILITY USEPA ID NO TXR000001933

FACILITY STATE ID NO 83150

GENERATOR STATUS

CESQG: Vehicle

  
CUSTOMER / GENERATOR: Jorge

  
TRANSPORTER: Jones, Carl W

TRANSPORTER 2:

LAST PAGE

**vi. Wash Bay Grit Trap Manifest(s)**



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016272

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNIVERSITY OF NORTH TEXAS  
ADDRESS: 2204 W. PRAIRIE CITY: DENTON TELEPHONE: 817-465-1188  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP ☒ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: Cold Springs Processing  
WASTE TANK OR TRAP CAPACITY: 1000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: Rickey W Stinchcomb  
(PRINT) Rickey W Stinchcomb  
3-11-21 8:50am DATE AND TIME SERVICED  
GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service, Inc  
ADDRESS: 1300 Cold Springs Rd CITY: FT. WORTH TELEPHONE: 817-332-5800  
TCEQ REGISTRATION NO. 80332 CITY OF DENTON VEHICLE PERMIT NO. 21-029  
GALLONS REMOVED: 1000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: James Hallway (PRINT) TEXAS DRIVER'S LICENSE NO. XXXXX6882  
3-11-21 8:50am DATE AND TIME WASTE TRANSPORTED  
DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSAL SITE)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
TCEQ MSW # 01225  
1300 COLD SPRINGS RD.  
FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Tstmary (PRINT)  
3/11/21 9:30 DATE AND TIME WASTE RECEIVED  
SITE OPERATOR SIGNATURE

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018

## **vii. Liquid Waste (FOG) Recycling Manifests**



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016291

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

**GOLD SPRINGS PROCESSING**  
**TCEQ MSW # 01225**  
BUSINESS NAME: \_\_\_\_\_  
ADDRESS: **1300 GOLD SPRINGS RD.** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **FT. WORTH, TX. 76102**  
**817-332-4939**  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City    YELLOW – Generator    PINK – Disposal Site    GREEN – Transporter    GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site







**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

015311

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: **GOLD SPRINGS PROCESSING**  
TCEQ MSW # 01225  
ADDRESS: **1300 GOLD SPRINGS RD.** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **FT. WORTH, TX, 76102**  
**817-332-4939**  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City    YELLOW – Generator    PINK – Disposal Site    GREEN – Transporter    GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016319

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

South Trap #1

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_

GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ PERMIT NO. \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

016369

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

Union South #1

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_

SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_

GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_  
(PRINT)

TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

~~GOLD SPRINGS MUST BE COMPLETED BY DISPOSER~~

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ PERMIT NO. \_\_\_\_\_

**GOLD SPRINGS MUST BE COMPLETED BY DISPOSER**  
**TCEQ MSW # 01225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016287

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City YELLOW – Generator PINK – Disposal Site GREEN – Transporter GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

026397

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

West Hall

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ (PRINT) TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSAL SITE)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_

**COLD SPRINGS PROCESSING**  
**TCEQ MSW # 01225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016320

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: 16 South St  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_ (PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. 21  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ (PRINT) TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_

**COLD SPRINGS PROCESSING**  
**TCEQ MSW # 04225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_ (PRINT)

DATE AND TIME WASTE RECEIVED 9/24/21

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



016312

**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: 1111 T. ... South Loop #12  
ADDRESS: ... CITY: ... TELEPHONE: ...  
WASTE REMOVED FROM: GREASE TRAP ... GRIT TRAP ... SEPTIC TANK ... OTHER ...  
SPECIFY ...  
WASTE DISPOSAL SITE: ...  
WASTE TANK OR TRAP CAPACITY: ...  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: Warren Clark  
(PRINT)  
DATE AND TIME SERVICED: ... GENERATOR/REPRESENTATIVE SIGNATURE: ...

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: ...  
ADDRESS: ... CITY: ... TELEPHONE: ...  
TCEQ REGISTRATION NO. ... CITY OF DENTON VEHICLE PERMIT NO. ...  
GALLONS REMOVED: ...  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: ... TEXAS DRIVER'S LICENSE NO. ...  
(PRINT)  
DATE AND TIME WASTE TRANSPORTED: ... DRIVER'S SIGNATURE: ...

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: GOLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225 CITY: ... TELEPHONE: ...  
1300 GOLD SPRINGS RD.  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: ... (PRINT)  
DATE AND TIME WASTE RECEIVED: ... SITE OPERATOR SIGNATURE: ...

WHITE - City    YELLOW - Generator    PINK - Disposal Site    GREEN - Transporter    GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016302

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: 1121 W. Union Hall South Trip Service Inc  
ADDRESS: 1121 W. Union Hall CITY: Denton TELEPHONE: 940-381-1121  
WASTE REMOVED FROM: GREASE TRAP ✓ GRIT TRAP ✓ SEPTIC TANK ✓ OTHER ✓  
SPECIFY ✓  
WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1500  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: [Signature]  
(PRINT)  
5-18-21 1:30 DATE AND TIME SERVICED  
[Signature] GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Land Trip Service  
ADDRESS: 1300 Cold Springs Rd CITY: FT. Worth TELEPHONE: 817-332-5500  
TCEQ REGISTRATION NO. 1300 CITY OF DENTON VEHICLE PERMIT NO. 31-234  
GALLONS REMOVED: 1500  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: TEO R. FINE TEXAS DRIVER'S LICENSE NO. 2468  
(PRINT)  
5-18-21 01:30 DATE AND TIME WASTE TRANSPORTED  
[Signature] DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: 817-332-4939  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: [Signature]  
(PRINT)  
5/18/21 2:27 DATE AND TIME WASTE RECEIVED  
[Signature] SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016292

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: 1111 N. Loop West, Suite 100  
ADDRESS: 1111 N. Loop West, Suite 100 CITY: Denton TELEPHONE: 940-563-8841  
WASTE REMOVED FROM: GREASE TRAP    GRIT TRAP    SEPTIC TANK    OTHER     
SPECIFY     
WASTE DISPOSAL SITE:     
WASTE TANK OR TRAP CAPACITY: 1500  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: M. M. M. M. M.  
(PRINT)  
11-21 1:30 [Signature]  
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Gold Springs Processing  
ADDRESS: 1300 Gold Springs Rd. CITY: Ft. Worth TELEPHONE: 817-332-4939  
TCEQ REGISTRATION NO. 120453 CITY OF DENTON VEHICLE PERMIT NO. 41-130  
GALLONS REMOVED: 1500  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: 1500 [Signature] TEXAS DRIVER'S LICENSE NO. 123456  
(PRINT)  
11-21 1:30 [Signature]  
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE

DISPOSAL INFORMATION

**GOLD SPRINGS PROCESSING**  
**TCEQ MSW # 01225**  
**1300 GOLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

BUSINESS NAME:     
ADDRESS:    CITY:    TELEPHONE:     
TCEQ PERMIT NO.     
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME:     
(PRINT)  
       
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE – City YELLOW – Generator PINK – Disposal Site GREEN – Transporter GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016390

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

Union South #2

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_ SPECIFY \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_  
(PRINT)

TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: **GOLD SPRINGS PROCESSING**  
ADDRESS: **TCEQ MSW # 01225**  
TCEQ PERMIT NO. **1300 GOLD SPRINGS RD.** TELEPHONE: \_\_\_\_\_  
**FT. WORTH, TX. 76102**  
**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE - City    YELLOW - Generator    PINK - Disposal Site    GREEN - Transporter    GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

018383

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ (PRINT) TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSAL SITE)  
**COLD SPRINGS PROCESSING**  
**TCEQ MSW # 01226**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_ (PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



018206

**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016284

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

**COLD SPRINGS PROCESSING**  
**TCEQ MSW # 01225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**  
BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

016902

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ / GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_

GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSING)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ PERMIT NO. \_\_\_\_\_

**COLD SPRINGS PROCESSING**  
**TCEQ MSW # 01226**  
**1300 COLD SPRINGS RD**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016398

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNT (Maple Hall)  
ADDRESS: 2301 N F 35E CITY: Denton TELEPHONE: 9403698223  
WASTE REMOVED FROM: GREASE TRAP X GRIT TRAP      SEPTIC TANK      OTHER       
WASTE DISPOSAL SITE: CSP SPECIFY     

WASTE TANK OR TRAP CAPACITY: 1000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: X Phillip L White

11-23-21 7:30

DATE AND TIME SERVICED

(PRINT)

[Signature]  
GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 8178775800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: Chad English

(PRINT)

TEXAS DRIVER'S LICENSE NO. 13232743

11-23-21 7:30

DATE AND TIME WASTE TRANSPORTED

[Signature]  
DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSING)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225  
TCEQ PERMIT NO. 000 COLD SPRINGS RD TELEPHONE:       
FT. WORTH, TX. 76102  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: Tstmarcy

(PRINT)

11/23/21 12:30

DATE AND TIME WASTE RECEIVED

[Signature]  
SITE OPERATOR SIGNATURE

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

14498

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

**COLD SPRINGS PROCESSING**  
BUSINESS NAME: **TCEQ MSW # 01225**  
ADDRESS: **1300 COLD SPRINGS RD.** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **FT. WORTH, TX. 76102**  
**817-332-4939**  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

015293

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

**COLD SPRINGS PROCESSING**  
BUSINESS NAME: **TCEQ MSW # 01225**  
ADDRESS: **1300 COLD SPRINGS RD.** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **FT. WORTH, TX. 76102**  
**817-332-4939**  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE -- City YELLOW -- Generator PINK -- Disposal Site GREEN -- Transporter GOLDENROD -- Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink -- Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016300

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_

COLD SPRINGS PROCESSING  
TCEQ MSW # 01225  
1300 COLD SPRINGS RD.  
FT. WORTH, TX. 76102  
817-232-1989

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE -- City YELLOW -- Generator PINK -- Disposal Site GREEN -- Transporter GOLDENROD -- Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink -- Disposal Site

Revised 04-2018



010314

**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
TCEQ MSW # 01225  
1300 COLD SPRINGS RD.  
FT. WORTH, TX 76104  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016381

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: **GOLD SPRINGS PROCESSING**  
ADDRESS: \_\_\_\_\_ CITY: **TCEQ MSW # 01226** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4889**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE - City    YELLOW - Generator    PINK - Disposal Site    GREEN - Transporter    GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016303

GENERATOR INFORMATION  
(MUST BE COMPLETED BY GENERATOR)

Union North

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION  
(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ (PRINT) TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



6  
016304

## CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

### GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

*Starbucks*

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

### TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_

GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

### DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ PERMIT NO. \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



016392

**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

GAB

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_

GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ PERMIT NO. \_\_\_\_\_  
TCEQ MSW # 01225  
1300 COLD SPRINGS RD.  
FT. WORTH, TX. 76102  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE - City    YELLOW - Generator    PINK - Disposal Site    GREEN - Transporter    GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016395

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNT (Research Park)

ADDRESS: 3904 Elm

CITY: Denton

TELEPHONE: 9405653827

WASTE REMOVED FROM: GREASE TRAP ☒

GRIT TRAP ☐

SEPTIC TANK ☐

OTHER ☐

WASTE DISPOSAL SITE: CSP

SPECIFY ☐

WASTE TANK OR TRAP CAPACITY: 1000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: X Bob Dombroski

(PRINT)

11-22-21 8:45

DATE AND TIME SERVICED

X Bob Dombroski

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service

ADDRESS: 1300 Cold Springs

CITY: Ft Worth

TELEPHONE: 8178775800

TCEQ REGISTRATION NO. 28332

CITY OF DENTON VEHICLE PERMIT NO. 21-236

GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: Chad English

(PRINT)

TEXAS DRIVER'S LICENSE NO. 13232743

11-22-21 8:45

DATE AND TIME WASTE TRANSPORTED

CE

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: GOLD SPRINGS PROCESSING

ADDRESS: 10800 NEW #10276

CITY: FT. WORTH, TX. 76102

TELEPHONE: 8178775800

TCEQ PERMIT NO. 1300 COLD SPRINGS RD.

FT. WORTH, TX. 76102

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: T. Mary

(PRINT)

11/22/21 10:30

DATE AND TIME WASTE RECEIVED

[Signature]

SITE OPERATOR SIGNATURE

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site





**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

016395

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: **COLD SPRINGS PROCESSING** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_ **TCEQ REG # 01225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City    YELLOW – Generator    PINK – Disposal Site    GREEN – Transporter    GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016380

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: University of North Texas  
ADDRESS: 1415 Maple St CITY: Denton TELEPHONE: 817-668-5295  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: Phillip L White (PRINT)  
11-22-21 DATE AND TIME SERVICED  
[Signature] GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Liquid Waste Service  
ADDRESS: 1200 Chubb Rd CITY: Ft Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 2332 CITY OF DENTON VEHICLE PERMIT NO. 21231  
GALLONS REMOVED: 4000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: Carroll (PRINT) TEXAS DRIVER'S LICENSE NO. 5171  
11-22-21 DATE AND TIME WASTE TRANSPORTED  
[Signature] DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: City of Denton  
ADDRESS: 1300 City of Denton Rd CITY: Ft Worth TELEPHONE: 817-352-4939  
TCEQ PERMIT NO. 76102  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Istmar (PRINT)  
11/22/21 2:00 DATE AND TIME WASTE RECEIVED  
[Signature] SITE OPERATOR SIGNATURE

WHITE -- City YELLOW -- Generator PINK -- Disposal Site GREEN -- Transporter GOLDENROD -- Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink -- Disposal Site

Revised 04-2018



016328

CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

## GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNIVERSITY OF NORTH TEXAS  
ADDRESS: 1440 Maple St CITY: Denton TELEPHONE: 214-668-5895  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: Cold Springs Recovery  
WASTE TANK OR TRAP CAPACITY: 16,000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: Phillip L. White  
(PRINT)  
Phillip L. White  
DATE AND TIME SERVICED: 11-22-21 1:00pm GENERATOR/REPRESENTATIVE SIGNATURE

## TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Services  
ADDRESS: 1300 Oak Street CITY: FLUORIN TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 2233 CITY OF DENTON VEHICLE PERMIT NO. 21-229  
GALLONS REMOVED: 4,000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: James Callaway TEXAS DRIVER'S LICENSE NO. 24441689  
(PRINT)  
James Callaway  
DATE AND TIME WASTE TRANSPORTED: 11-22-21 1:00pm DRIVER'S SIGNATURE

## DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: 1300 Oak Street  
ADDRESS: FLUORIN CITY: 217-202-1935 TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Tommy  
(PRINT)  
Tommy  
DATE AND TIME WASTE RECEIVED: 11/22/21 2:00 SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



016343

CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

## GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNIVERSITY OF NORTH TEXAS  
ADDRESS: 1416 MAPLE ST CITY: DENTON TELEPHONE: 214-628-5295  
WASTE REMOVED FROM: GREASE TRAP ✓ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
WASTE DISPOSAL SITE: CSP SPECIFY \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: 1000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: Phillip Z White  
(PRINT) Phillip Z White  
11/22/21 DATE AND TIME SERVICED Phillip Z White GENERATOR/REPRESENTATIVE SIGNATURE

## TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: SAVING ROAD SERVICE  
ADDRESS: 1300 CASSIDY RD CITY: FW TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-229  
GALLONS REMOVED: 4000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: Johnny Martinez TEXAS DRIVER'S LICENSE NO. XXX-8700  
(PRINT) Johnny Martinez  
11/22/21 DATE AND TIME WASTE TRANSPORTED Johnny Martinez DRIVER'S SIGNATURE

## DISPOSAL INFORMATION - PROCESSING

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: 15000 W. 15TH RD.  
ADDRESS: \_\_\_\_\_ CITY: W CITY: 76102 TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. 8-001-4039  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Tommy  
(PRINT) Tommy  
11/22/21 2:00 DATE AND TIME WASTE RECEIVED Tommy SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



016396

**CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNT Eag  
ADDRESS: 1416 Maple CITY: Denton TELEPHONE: 2146685295  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
WASTE DISPOSAL SITE: CSR  
WASTE TANK OR TRAP CAPACITY: 16000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X Phillip White  
DATE AND TIME SERVICED: 11-22-21 12:30  
GENERATOR/REPRESENTATIVE SIGNATURE: (PRINT) Phillip White

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 8178775800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 4000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: Chad English TEXAS DRIVER'S LICENSE NO. 2743  
DATE AND TIME WASTE TRANSPORTED: 11-22-21 12:30  
DRIVER'S SIGNATURE: (PRINT) Chad English

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSING)

BUSINESS NAME: TCEQ 11-27-01225  
ADDRESS: 1300 COLD SPRINGS RD CITY: FT. WORTH, TX. 76102 TELEPHONE: 817-332-4539  
TCEQ PERMIT NO. 817-332-4539  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Stmary  
DATE AND TIME WASTE RECEIVED: 11/22/21 2:00  
SITE OPERATOR SIGNATURE: (PRINT) Stmary

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

015288

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225 CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. 1300 COLD SPRINGS RD.  
FT. WORTH, TX. 76102

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016399

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

Clark

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED \_\_\_\_\_

GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_

GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TCEQ PERMIT NO. \_\_\_\_\_

**COLD SPRINGS PROCESSING**  
**TCEQ MSW # 01225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**APR 25 2009**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME WASTE RECEIVED \_\_\_\_\_

SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

14497

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: 14497

ADDRESS: 14497 CITY: 14497 TELEPHONE: 14497

WASTE REMOVED FROM: GREASE TRAP 14497 GRIT TRAP 14497 SEPTIC TANK 14497 OTHER 14497  
SPECIFY 14497

WASTE DISPOSAL SITE: 14497

WASTE TANK OR TRAP CAPACITY: 14497

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: 14497  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: 14497

ADDRESS: 14497 CITY: 14497 TELEPHONE: 14497

TCEQ REGISTRATION NO. 14497 CITY OF DENTON VEHICLE PERMIT NO. 14497

GALLONS REMOVED: 14497

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: 14497  
(PRINT)

TEXAS DRIVER'S LICENSE NO. 14497

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: **COLD SPRINGS PROCESSING**

ADDRESS: **TCEQ MSW # 01225** CITY: 14497 TELEPHONE: 14497

TCEQ PERMIT NO. **1300 COLD SPRINGS RD.**

**FT. WORTH, TX. 76102**

**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: 14497  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016285

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: **COLD SPRINGS PROCESSING**  
ADDRESS: **TCEQ MSW # 01225**  
**1300 COLD SPRINGS RD.** TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **FT. WORTH, TX. 76102**  
**817-332-4939**  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site

Revised 04-2018



**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

016237

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_ (PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ (PRINT) TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_ (PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City    YELLOW – Generator    PINK – Disposal Site    GREEN – Transporter    GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016309

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: \_\_\_\_\_ (PRINT) TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: **COLD SPRINGS PROCESSING**  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. **TCEQ MSW # 01225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: \_\_\_\_\_ (PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

018521

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNT (Bruce)  
ADDRESS: 2310 N F 35E CITY: Denton TELEPHONE: 9403698223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐

WASTE DISPOSAL SITE: CSP SPECIFY \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: 1000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: R Brennan Turner (PRINT)  
11-24-21 12:30 DATE AND TIME SERVICED  
X [Signature] GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Spring CITY: Ft Worth TELEPHONE: 817 877 5200  
TCEQ REGISTRATION NO. 20932 CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: Chad English (PRINT) TEXAS DRIVER'S LICENSE NO. 13232743  
11-24-21 12:30 DATE AND TIME WASTE TRANSPORTED  
[Signature] DRIVER'S SIGNATURE

DISPOSAL INFORMATION PROCESSING

(MUST BE COMPLETED BY DISPOSAL SITE)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: FT. WORTH, TX 76102 TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_

**COLD SPRINGS PROCESSING**  
TCEQ # 01225  
1300 COLD SPRINGS RD.  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: Tstman (PRINT)  
11/24/21 3:00 DATE AND TIME WASTE RECEIVED  
[Signature] SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016385

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: University of North Texas (Champs hall)  
ADDRESS: 2310 NT35E CITY: Denton TELEPHONE: 940 369 8223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐

WASTE DISPOSAL SITE: CSP SPECIFY                       
WASTE TANK OR TRAP CAPACITY: 4000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: [Signature] (PRINT)                     

10-29-21 8:30  
DATE AND TIME SERVICED

[Signature]  
GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817 877 5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 4000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: Chad English  
(PRINT)

TEXAS DRIVER'S LICENSE NO. 13232743

10-29-21 8:30  
DATE AND TIME WASTE TRANSPORTED

[Signature]  
DRIVER'S SIGNATURE

DISPOSAL INFORMATION  
(MUST BE COMPLETED BY DISPOSER)  
**COLD SPRINGS PROCESSING**  
**TCEQ MSW 61225**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX. 76102**  
**817-332-4939**

BUSINESS NAME:                       
ADDRESS:                      TELEPHONE:                       
TCEQ PERMIT NO.                     

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: T. Smay  
(PRINT)

10/29/21 10:30  
DATE AND TIME WASTE RECEIVED

[Signature]  
SITE OPERATOR SIGNATURE

WHITE - City    YELLOW - Generator    PINK - Disposal Site    GREEN - Transporter    GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



016310

**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: 117.75 - 117.75  
ADDRESS: 117.75 - 117.75 CITY: 117.75 - 117.75 TELEPHONE: 117.75 - 117.75  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: 117.75 - 117.75  
ADDRESS: 117.75 - 117.75 CITY: 117.75 - 117.75 TELEPHONE: 117.75 - 117.75  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: 117.75 - 117.75  
(PRINT)

TEXAS DRIVER'S LICENSE NO. 117.75 - 117.75

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225 CITY: 1300 COLD SPRINGS RD. PHONE: 817-332-4939  
TCEQ PERMIT NO. FT. WORTH, TX 76102

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: 117.75 - 117.75  
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE - City    YELLOW - Generator    PINK - Disposal Site    GREEN - Transporter    GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site





010231

**CITY OF DENTON**  
**LIQUID WASTE TRANSPORTATION TRIP TICKET**

**GENERATOR INFORMATION**

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
\_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

**TRANSPORTER INFORMATION**

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
\_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

**DISPOSAL INFORMATION**

(MUST BE COMPLETED BY DISPOSER)

**COLD SPRINGS PROCESSING**  
**1300 COLD SPRINGS RD.**  
**FT. WORTH, TX 76103**  
**817-332-4938**

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
\_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City      YELLOW – Generator      PINK – Disposal Site      GREEN – Transporter      GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016310

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
WASTE REMOVED FROM: GREASE TRAP \_\_\_\_\_ GRIT TRAP \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: \_\_\_\_\_  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME SERVICED \_\_\_\_\_ GENERATOR/REPRESENTATIVE SIGNATURE \_\_\_\_\_

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ REGISTRATION NO. \_\_\_\_\_ CITY OF DENTON VEHICLE PERMIT NO. \_\_\_\_\_  
GALLONS REMOVED: \_\_\_\_\_  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: \_\_\_\_\_ TEXAS DRIVER'S LICENSE NO. \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE TRANSPORTED \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. \_\_\_\_\_  
COLD SPRINGS PROCESSING  
TCEQ MSW # 01225  
1300 COLD SPRINGS RD.  
FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: \_\_\_\_\_  
(PRINT)  
\_\_\_\_\_  
DATE AND TIME WASTE RECEIVED \_\_\_\_\_ SITE OPERATOR SIGNATURE \_\_\_\_\_

WHITE – City YELLOW – Generator PINK – Disposal Site GREEN – Transporter GOLDENROD – Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site



016281

CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

## GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.N.T. Apogee Stadium  
ADDRESS: 1251 S. Bonnie Street Denton TELEPHONE: 940-369-7644  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: CSPWASTE TANK OR TRAP CAPACITY: 2200

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: X JOHN GIBSON

(PRINT)

DATE AND TIME SERVICED

GENERATOR/REPRESENTATIVE SIGNATURE

## TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 2200

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: TED BEARD TEXAS DRIVER'S LICENSE NO. 2734

(PRINT)

DATE AND TIME WASTE TRANSPORTED

DRIVER'S SIGNATURE

## DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: 1300 COLD SPRINGS RD.  
ADDRESS: \_\_\_\_\_ CITY: FT. WORTH, TX. 76102 TELEPHONE: 817-332-4039  
TCEQ PERMIT NO. \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: Tstmercy

(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATOR SIGNATURE

WHITE -- City YELLOW -- Generator PINK -- Disposal Site GREEN -- Transporter GOLDENROD -- Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink -- Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

14497

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.N.T. Bruce Hall  
ADDRESS: 2310 N. I-35E CITY: Denton TELEPHONE: 946-369-8223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: CSP

WASTE TANK OR TRAP CAPACITY: 1000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: X [Signature]

(PRINT)

1-4-21 1:30

DATE AND TIME SERVICED

Steven Schmidt

GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 20-202  
GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: TEO BEARD

(PRINT)

TEXAS DRIVER'S LICENSE NO. 2734

1-4-20 1:30

DATE AND TIME WASTE TRANSPORTED

Ted Beard

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225  
1300 COLD SPRINGS RD. TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: Harlan Tunnell

(PRINT)

1/4/20 3:00 pm

DATE AND TIME WASTE RECEIVED

[Signature]

SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016285

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.T.T. Champs Hall  
ADDRESS: 2310 N. I-35 E. CITY: Denton TELEPHONE: 940-369-8223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
WASTE DISPOSAL SITE: CSP SPECIFY \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: 4000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X William Phelan  
DATE AND TIME SERVICED: 2-25-21 8:00 (PRINT)  
GENERATOR/REPRESENTATIVE SIGNATURE: X [Signature]

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft Worth TELEPHONE: 817-377-5800  
TCEQ REGISTRATION NO. 120332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 4000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: TEO BEARD TEXAS DRIVER'S LICENSE NO. 2734  
DATE AND TIME WASTE TRANSPORTED: 2-25-21 8:00 (PRINT)  
DRIVER'S SIGNATURE: Ted Beard

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225  
1300 COLD SPRINGS RD. TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Harlan Russell (PRINT)  
DATE AND TIME WASTE RECEIVED: 2/25/21 9:04  
SITE OPERATOR SIGNATURE: Harlan Russell

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016288

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.N.T. Clark Hall  
ADDRESS: 2301 N. I-35 E. CITY: Denton TELEPHONE: 940-369-8223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: X PIERRE THILLIER  
(PRINT)

3-15-21 1:45  
DATE AND TIME SERVICED

X  
GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Fr. Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20732 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: TED BEARD  
(PRINT)

TEXAS DRIVER'S LICENSE NO. 2734

3-15-21 1:45  
DATE AND TIME WASTE TRANSPORTED

Ted Beard  
DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW# 01225 CITY: COLD SPRINGS RD TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. ET WORTH, TX 76102  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: T. Starnay  
(PRINT)

3/15/21 3:00  
DATE AND TIME WASTE RECEIVED

[Signature]  
SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times, Pink - Disposal Site





CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

14498

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: Kerr Hall  
ADDRESS: Maple CITY: Denton TELEPHONE: 940-369-8223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: Phillip L. White  
(PRINT) [Signature]  
1-4-21 2:10 DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-897-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 20-202  
GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: TED BEARD TEXAS DRIVER'S LICENSE NO. 2730  
(PRINT) [Signature]  
1-4-21 2:10 DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSION  
TCEQ MSW # 01225  
ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: Mark Tunnell  
(PRINT) [Signature]  
1/4/21 3:00pm DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016284

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U. N. T. Maple Hall  
ADDRESS: 2301 N. I-35 E CITY: Denton TELEPHONE: 940-369-8223  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_

WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1000

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

GENERATOR/REPRESENTATIVE NAME: X C. Williams  
(PRINT) X [Signature]  
DATE AND TIME SERVICED: 2-24-21 10:40 GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1000

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.

DRIVER'S NAME: TED BEARD TEXAS DRIVER'S LICENSE NO. 2736  
(PRINT) Ted Beard  
DATE AND TIME WASTE TRANSPORTED: 2-24-21 10:40 DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: 1300 COLD SPRINGS RD. CITY: FT. WORTH, TX. 76102 TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. 817-332-4939

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: Harlan Russell (PRINT) [Signature]  
DATE AND TIME WASTE RECEIVED: 2/24/21 12:29pm SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016382

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: UNT Maple Hall  
ADDRESS: 2301 N. F35E CITY: Denton TELEPHONE: 940 369 8023  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X Brenda Finney (PRINT)  
9-24-21 11:30 X [Signature]  
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Spring CITY: Ft. Worth TELEPHONE: 817 877 5800  
TCEQ REGISTRATION NO. 20532 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: Chad English (PRINT) TEXAS DRIVER'S LICENSE NO. 13232743  
9-24-21 11:30 [Signature]  
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225 CITY: 1300 COLD SPRINGS RD. TELEPHONE: 817-332-4939  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: [Signature] (PRINT)  
9/24/21 1:50 [Signature]  
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site

Revised 04-2018



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016291

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.N.T. South Trap #1  
ADDRESS: 2301 R.I. 35 E CITY: Denton TELEPHONE: 940-365-3846  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
WASTE DISPOSAL SITE: CSP SPECIFY \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: 1800  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X MARTIN GANIBAY  
(PRINT)  
3-19-21 7:30 X  
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1800  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: TED BEARD TEXAS DRIVER'S LICENSE NO. 9736  
(PRINT)  
3-19-21 7:30 Ted Beard  
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: 60LB SPRINGS PROCESSING  
ADDRESS: TCEQ MSW # 01225  
1300 COLD SPRINGS RD. TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Harlan Russell  
(PRINT)  
3/19/21 8:25am Harlan Russell  
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016292

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.N.T. South Trap #2  
ADDRESS: 2301 N.I-35E. CITY: Denton TELEPHONE: 940-565-3846  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
SPECIFY \_\_\_\_\_  
WASTE DISPOSAL SITE: CSP  
WASTE TANK OR TRAP CAPACITY: 1500  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X MARTIN GARCIA  
(PRINT)  
3-19-21 7:30 X  
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1500  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: TED BEARD TEXAS DRIVER'S LICENSE NO. 2134  
(PRINT)  
3-19-21 7:30 Ted Beard  
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: 66LB SPRINGS PROCESSING  
TCEQ MSW # 01225  
ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: \_\_\_\_\_  
TCEQ PERMIT NO. FT. WORTH, TX. 76102  
817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Mark Turner  
(PRINT)  
3/19/21 8:25 Mark Turner  
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016293

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U. N. T. Union Hall North Trap  
ADDRESS: 2301 N. I-35 E. CITY: Denton TELEPHONE: 940-565-3846  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
WASTE DISPOSAL SITE: CSP SPECIFY \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: 1200  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X MARTIN GARIBAY  
(PRINT)  
3-19-21 9:45 X [Signature]  
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Sand Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1200  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: TED BEARD TEXAS DRIVER'S LICENSE NO. 2134  
(PRINT)  
3-19-21 9:45 Ted Beard  
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: COLD SPRINGS PROCESSING  
TCEQ MSW# 01225  
ADDRESS: 1300 COLD SPRINGS RD. CITY: FT. WORTH, TX. 76102 TELEPHONE: 817-332-4939  
TCEQ PERMIT NO. 817-332-4939  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Mark Russell  
(PRINT)  
3/19/21 2:45pm Mark Russell  
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



CITY OF DENTON  
LIQUID WASTE TRANSPORTATION TRIP TICKET

016287

GENERATOR INFORMATION

(MUST BE COMPLETED BY GENERATOR)

BUSINESS NAME: U.N.T. West Hall  
ADDRESS: 2301 W. I-35E CITY: Denton TELEPHONE: 940-369-8203  
WASTE REMOVED FROM: GREASE TRAP ☒ GRIT TRAP ☐ SEPTIC TANK ☐ OTHER ☐  
WASTE DISPOSAL SITE: CSP SPECIFY \_\_\_\_\_  
WASTE TANK OR TRAP CAPACITY: 1000  
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.  
GENERATOR/REPRESENTATIVE NAME: X Amber Duncan (PRINT)  
3-15-21 1:15 DATE AND TIME SERVICED  
X Amber Duncan GENERATOR/REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME: Land Trap Service  
ADDRESS: 1300 Cold Springs CITY: Ft Worth TELEPHONE: 817-877-5800  
TCEQ REGISTRATION NO. 120332 CITY OF DENTON VEHICLE PERMIT NO. 21-230  
GALLONS REMOVED: 1000  
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.  
DRIVER'S NAME: TED BEARD (PRINT) TEXAS DRIVER'S LICENSE NO. 2736  
3-15-21 1:15 DATE AND TIME WASTE TRANSPORTED  
Ted Beard DRIVER'S SIGNATURE

COLD SPRINGS DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME: 1300 COLD SPRINGS RD.  
ADDRESS: FT WORTH, TX 76102 TELEPHONE: 817-332-4939  
TCEQ PERMIT NO. \_\_\_\_\_  
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.  
SITE OPERATOR NAME: Tstmaria (PRINT)  
3/15/21 3:00 DATE AND TIME WASTE RECEIVED  
[Signature] SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10<sup>th</sup>) day of the month following the month in which it was completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) Transporter and Generator shall retain its copies of all trip tickets for a period of five years and shall make copies available to Pretreatment Services Division personnel upon request, for inspection at all reasonable times. Pink - Disposal Site



**viii. Dry Weather Screening Forms  
Sampling Data from Two UNT Outfalls**

# DRY WEATHER FIELD SCREENING FORM

UNIVERSITY OF NORTH TEXAS

Outfall ID: OUT-MC-005

Land Use: UNIVERSITY - near intramural fields

Site Location: MAIN Campus

Street Location: IH-35E N. @ Bonnie Brae St Access Rd.

Outfall Dimension(s): \_\_\_\_\_

Sample Location: Downstream side of Intramural Side

Receiving Water(s): Dry Fork Hickory Creek to HICKORY CREEK

Date: October 29, 2021 Time: 0942

Weather Conditions: WINDY, <sup>Sunny</sup> ~~Slight clouds~~, Cool

Precipitation <48 hours: ☒ Yes ☐ No Flow: ☐ None ☒ Low ☐ Medium ☐ High

pH: 8.5 Conductivity: 1155 Water Temp: 13.0 Air Temp: 55°F

Color: Clear Odor: None

Sewage: ☐ Yes ☒ No

Salinity - 0.44 ppt

Trash: ☐ Yes ☒ No

DO - 3.25 mg/L

Oil Sheen: ☐ Yes ☒ No

Surface Scum: ☐ Yes ☒ No

Site Notes:

Water was clear & very low, minor amount of trash in stream mostly plastic bags & cups. Used disposable bailer to collect water sample. Collected in a small round plastic container and measurements collected from water from container.

PRE-SAMPLE COLLECTION METER Readings from regular tap water.

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
pH	10.29.21	0910	—	8.11	NA
Conductivity	10.29.21	<del>0913</del> <sup>0913</sup> <del>400</del> <sup>400</sup> <del>115</del> <sup>115</sup>	<del>400</del> <sup>400</sup> <del>115</del> <sup>115</sup>	400 $\mu$ S	NA
Salinity	10.29.21	0915	—	0.21 <del>11</del> ppt	NA
DO	10.29.21	0917	—	2.24 mg/L	NA

Karla Henson

10.29.2021 KH

Print Name

Date and Initials

# DRY WEATHER FIELD SCREENING FORM

UNIVERSITY OF NORTH TEXAS

Outfall ID: ~~001~~ 001 OUT WRC 001 Land Use: University

Site Location: Water Research Center Street Location: Tom Cole Rd

Outfall Dimension(s): 10.7 ft Sample Location: NS - no flow (see photos)

Receiving Water(s): Upper Hickory Creek Basin

Date: 03.24.2021 Time: 1350 1406

Weather Conditions: Sunny & partly cloudy

Precipitation <48 hours: ☒ Yes ☐ No Flow: ☒ None ☐ Low ☐ Medium ☐ High

pH: NA Conductivity: NA Water Temp: NA Air Temp: NA

Color: Clear Odor: None

Sewage: ☐ Yes ☒ No

Trash: ☐ Yes ☒ No

Oil Sheen: ☐ Yes ☒ No

Surface Scum: ☒ Yes ☐ No

Site Notes:

The small stream had a very minor amount of ponded water, but it was not flowing. Looking downstream about 60 feet, the water was ponded in a pretty good-sized area. The "ponded area" which is part of the east adjacent neighbor's property appears to have a beaver dam further downstream. Photos are attached.

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
NA					
NA					

Karla Henson

Print Name

KSH 03.24.2021

Date and Initials

# DRY WEATHER FIELD SCREENING FORM

UNIVERSITY OF NORTH TEXAS

Outfall ID: OUT-WRC-002  
WRC-002-OUTFALL

Land Use: University

Site Location: Water Research Center

Street Location: Tom Cole Rd

Outfall Dimension(s): 20 ft wide

Sample Location: North of WRC & Hickory Creek

Receiving Water(s): Hickory Creek (South Hickory Creek)

Date: 24 Mar 2021

Time: 13:51

Weather Conditions: Sunny & Warm

Precipitation <48 hours: ☒ Yes ☐ No Flow: ☐ None ☐ Low ☒ Medium ☐ High

pH: 8.0 Conductivity: 576  $\mu$ S Water Temp: 17.4 C Air Temp: 70 F

Color: straw Odor: none

Sewage: ☐ Yes ☒ No

DO 42.5 %  
Salinity 0.22 ppt

Trash: ☐ Yes ☒ No

Oil Sheen: ☐ Yes ☒ No

Surface Scum: ☐ Yes ☒ No

Site Notes:

Measurement taken where drainage feature <sup>from WRC</sup> flows into South Hickory Creek. Flow was nominal and only a very small runoff from WRC property was flowing into South Hickory Creek. Sample was collected @ this confluence.

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
pH (cal to 4.0 and 7.0)	03.23.2021	1525	6.99	—	—
(used regular tap H <sub>2</sub> O) Conductivity	03.23.2021	1532	104	104	Saved
DO	03.23.2021	1540	—	—	—
Salinity	03.23.2021	1555	NA	0.0	—

Karla Henson

03.24.2021

KSA

Print Name

Date and Initials

# DRY WEATHER FIELD SCREENING FORM

## UNIVERSITY OF NORTH TEXAS

Outfall ID: OUT-RUAC-001 Land Use: University  
Site Location: Along West fence line Street Location: Tom Cole Rd  
Outfall Dimension(s): NA Sample Location: NA  
Receiving Water(s): Upper Hickory Creek Basin  
Date: 03.24.2021 Time: 1340  
Weather Conditions: Sunny + slightly overcast  
Precipitation <48 hours: ☒ Yes ☐ No Flow: ☒ None ☐ Low ☐ Medium ☐ High  
pH: — Conductivity: — Water Temp: — Air Temp: 70° F  
Color: — Odor: —  
Sewage: ☐ Yes ☐ No  
Trash: ☐ Yes ☐ No  
Oil Sheen: ☐ Yes ☐ No  
Surface Scum: ☐ Yes ☐ No

Photos

### Site Notes:

No runoff from site was noted. Pictures ~~was~~ were taken.

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
<u>—</u>					
<u>—</u>					

Karla Henson

03.24.2021

KSA

Print Name

Date and Initials



**EXHIBIT 10**  
**Site Map - Water**  
**Research Center**

- Contour
- Flow Arrow
- Drainage Basin (HUC12)
- Outfall (OUT)
- Storm Inlet
- Sanitary Line
- Storm Line
- Stream
- Interstate Highway
- Road
- New Construction
- Building
- UNT Property
- Pond

Drainage arrows indicate surface gradient and may not match buried storm drains.



RFI 19-244154 - UNT Facilities GIS  
Last saved on 6/12/2019 at 8:49:43 AM  
19-244154\_Stormwater\_MGMT\_Plan(11x17).mxd





# DRY WEATHER FIELD SCREENING FORM

UNIVERSITY OF NORTH TEXAS

OUT-  
Outfall ID: MBAC-002 001

Land Use: University - Old Missile Base

Site Location: Missile Base

Street Location: Locust St (FM 2164) - 2 miles north of 288

Outfall Dimension(s): Not Measured

Sample Location: Not Sampled - Visual

Receiving Water(s): Milam Creek to Clear Creek

Date: 03-18-2021

Time: 1422

Weather Conditions: Cool and windy

Precipitation <48 hours: ☒ Yes ☐ No Flow: ☐ None ☒ Low ☐ Medium ☐ High

pH: NA Conductivity: NA Water Temp: NA Air Temp: 57

Color: Clear Odor: None

Sewage: ☐ Yes ☒ No

Trash: ☐ Yes ☒ No

Oil Sheen: ☐ Yes ☒ No

Surface Scum: ☐ Yes ☒ No

\* Photos

Site Notes:

No flow Small amt of subsurface flow from buried drainage pipes was observed leaving site and flowing into

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
—					
—					

Karla Henson

03-18-21 KSH

Print Name

Date and Initials



# DRY WEATHER FIELD SCREENING FORM

UNIVERSITY OF NORTH TEXAS

Outfall ID: OUT-MBAC-002

Land Use: University - Old Missile Base

Site Location: Missile Base

Street Location: Locust St (FM2164) - 2 mi north of 288

Outfall Dimension(s): Not Measured

Sample Location: Not sampled - visual observation

Receiving Water(s): Milam Creek to Clear Creek

Date: 03-18-2021

Time: 1428

Weather Conditions: Cool and windy

Precipitation <48 hours: ☒ Yes ☐ No Flow: Could not determine, but none from property ☒ None ☐ Low ☐ Medium ☐ High

pH: NA Conductivity: NA Water Temp: NA Air Temp: 57

Color: — Odor: —

Sewage: ☐ Yes ☒ No

X Photos

Trash: ☐ Yes ☒ No

Oil Sheen: ☐ Yes ☒ No

Surface Scum: ☐ Yes ☒ No

Site Notes:

Could not determine if there was any flow due to high vegetation.  
No flow was leaving site.

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
<u>—</u>					
<u>—</u>					

Karla Henson

03-18-21 KHA

Print Name

Date and Initials

# DRY WEATHER FIELD SCREENING FORM

UNIVERSITY OF NORTH TEXAS

Outfall ID: OUT-MC-001

Land Use: Residential

Site Location: Former Bradley St Apts

Street Location: Bradley Street

Outfall Dimension(s): —

Sample Location: No Flow

Receiving Water(s): Pecan Creek

Date: 08-03-21

Time: 1018

Weather Conditions: Sunny & warm

Precipitation <48 hours: — Yes X No Flow: X None — Low — Medium — High

pH: — Conductivity: — Water Temp: — Air Temp: 85°F

Color: — Odor: —

Sewage: — Yes X No

Trash: — Yes X No

Oil Sheen: — Yes X No

Surface Scum: — Yes X No

Site Notes:

Site is a vacant lot surrounded by a chain link fence. Apartments were demolished. Site is now used for temporary storage of UNT enclosed trailers. Property is mostly vegetated with natural grasses and has a concrete driveway and parking area for vehicles and trailers.

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
<u>—</u>					
<u>—</u>					

Karla Henson

08-03-2021 KSA

Print Name

Date and Initials





OUT\_DP\_001 at Discovery Park. A minor amount of flow was observed. View is to the north.





OUT\_DP\_001 as it crosses under HWY 377 (North Elm Street). Flow was stagnant. View is to the south.





OUT\_DP\_002. No visible flow, but ground was wet. View is to the south toward HWY 377 (North Elm Street).





OUT\_KFAC\_001. Rock bed prevents continued erosion. View is to the north.





OUT\_KFAC\_002. View is to the southwest.





OUT\_LA\_003. Water in stream flowing from Library Annex. Water did not flow beyond this location (see next photo). Looking upstream to the north.





OUT\_LA\_003. Water was ponded about 25 feet from the previous photo. View is to the south.





OUT\_MGV\_003 at Willowwood Drive. No flow conditions. View is to the west.





OUT\_WHSQ\_001. View is to the west/southwest toward Teasley Drive.

## **ix. Construction Site Inspection Photos**





Completed New Golf Facility. View is to the northeast. All structural controls in this area have been removed.





Completed New Golf Facility. View is to the southeast across the driving range.





Rock dam structural control at the south end of the New Golf Facility. View is to the northeast toward the pond at the south end of the driving range.





New Graduate Art Studio construction site. View is to the northeast.





New Graduate Art Studio construction. Silt fence was repaired along the northeast corner. View is to the southwest.





New Graduate Art Studio construction during a rain event. Temporary structural controls (stabilized construction entrance utilizing permeable rock pavement, straw wattle, and silt fence) prevent the tracking of soil and mud off-site.