

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 <u>Fort Worth</u>, 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 YearX							
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: <u>karla.henson@unt.edu</u>							
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.	Х		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.)	Х		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 ongoing 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)	ВМР	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. https://riskmanagement.unt.edu/environmental-risk/environmental/water
1	1.2 Create educational publications to increase oncampus 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. https://riskmanagement.unt.edu/Environmental-Risk/Environmental/Water
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 stormwater@unt.edu 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.

MCM(s)	ВМР	BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No, and explain.)
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 offsite 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.

MCM(s)	ВМР	BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No, and explain.)
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 website 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.

MCM(s)	ВМР	BMP is appropriate for reducing the discharge of pollutants				
		in stormwater (Answer Yes or No, and explain.)				
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.				

3. 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):

МСМ	ВМР	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	No. Permit has not been issued although the administrative review is complete. Status is pending. Yes. 2020 Annual Stormwater Report is uploaded to web-site and can provide useful information regarding prevention of stormwater pollution. https://riskmanagement.unt.edu/environmental-risk/environmental/water
1	1.2 Create educational publications to increase oncampus awareness	"We Mean Green Fund" sponsored new campus environmental sustainability projects in 2021	3	Projects	Yes. The three projects provide educational opportunities and ideas that can assist in stormwater pollution prevention. 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

МСМ	ВМР	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
					chemical-laden stormwater runoff. 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 & to illustrate UNT school spirit. Three winners were selected and each painted their designs on one campus storm drain using environmentally friendly paint.
1.3	Publish and Distribute SWMP awareness materials	Construction Brochure and a Stormwater Awareness Brochure	2	Brochures	Yes. A construction stormwater brochure provides new construction contractors helpful information identifying potential stormwater runoff issues that may occur during site construction. 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. A Stormwater Awareness brochure was handed out at the annual

МСМ	ВМР	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	Yes. The brochure outlines some simple best management practices that can be implemented to protect stormwater quality and promote soil conservation. Passed out several at the on-campus Safety Fair in September 2021. Uploaded to RMS website at: https://riskmanagement.unt.edu/environmental/water
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	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. https://riskmanagement.unt.edu/environmental-risk/environmental/water

МСМ	ВМР	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
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	Yes. Litter control through weekly and monthly trash pick-ups, recycling of cardboard, plastic, bottles/cans, etc. 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. 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.
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.

МСМ	ВМР	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
2	2.2 Dry Weather Screening	Outfalls	19	Inspections	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.
2	2.3 Illicit Discharge Identification and Notification System	Visual observation at new construction sites	7	Inspections	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. 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

МСМ	ВМР	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	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. Yes; final post-development construction project identified an area where vegetation hadn't yet been completed. This

МСМ	ВМР	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

МСМ	ВМР	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 redevelopment 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.

МСМ	ВМР	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
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.

МСМ	ВМР	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No, and explain.)
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
1	Upload Annual Stormwater Report; revise stormwater fact sheet; SWMP was previously uploaded to web-site	If goal was not accomplished please explain 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.
		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.
1	Create & produce educational signs/flyers to increase on-campus awareness for pollution prevention	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 31st to March 27th, 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.
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.	Goa 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.

MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved If goal was not accomplished please explain
	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.	The second production of the second production
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)):

MCM(s)	ВМР	Stormwater Activity	Description/Comments
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)	ВМР	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_X_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 _X_ 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

 The number of construction activities that occurred in the jurisdictiona area of the MS4 (Notices if 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 th MCM related to construction?
Yes _X_ 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): <u>Karla S. Henson</u> Title: <u>Environmental Program Manager</u> Signature: <u>Valua, tausor</u> Date: <u>03-22-2022</u>
Name of MS4University 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

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24. Generator's Name University of North Texas 1155 Union Circle Box 310950 Denton . TX 76203- 25. Transporter Company Name 26. Transporter Company Name					940-369-8	055	65034						
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27a. 27b. U.S. DOT Description	n (including Proper Ship	pping Name, Hazard Class,	ID Number,		28. Conta	iners Type	29, Total Quantity	30. Uriit Wt./Vol.	31.	Waste Code	ıs		
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	5. G	enerator's Name and Mailir University of N	g Address orth Texas	1		General 231	tor's Sile Addi O North	ess (if different I-35E	than mailing add	ress)			
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	R De	esignated Facility Name an	d Site Address			<u>.</u>						181	
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DESIGNATED FACILITY TO GENERATOR

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11	25.	Transporter	_ Company Name	till eggener				U.O. EFAIL (MUMBE			
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9			e, Ammonia)	, A construction of the				35		10002		
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DESIGNATED FACILITY	36. H		s (i.e., codes for hazardous waste treatment, disposal, and r	ecycling systems)	111	41		9-11	41	
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DESIGNATED FACILITY TO GENERATOR

∤	UNII	ORM HAZARDOUS WASTE MANIFEST 21, Generator ID Number	22. Page 7	23. Mani	fest Tracking Nur	mber			
	21.6	(Continuation Sheet) TXD064117963	2 of 2	<u> </u>		2259	<u> 1.0048</u>	164	1
	24. €	enerator's Name University of North Texas 1155 Union Circle Box 310950 Denton TX 76203-	940-565-	4751	a.		650	34	
	25. 1	ransporter Company Name			U.S. EPA ID I	Vumber			
-	26. 7	ransporter Company Name			U.S. EPA ID I	Number			
ľ	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Contai	ners Type	29. Total Quantity	30. Unit	31.	Waste Code	s
1	Ж	5 UN3267: Waste Conosive liquid, basic, organic, n.o.s. (Sodium Hydroxide, Ammonia)			173		D002		
		8 PGII RQ		DŁ.	1-2-974cm	D		000:	oozn
-	К	6 UN3265: Waste Corrosive liquid, acidic, organic, n.o.s. (Sulfuric Acid, Hydrochloric Acid) 8 PG:II	1.	70	140	P	D002		11191
	Х	7. UNZ924 Waste Flammable Liquids, comosive N.O.S. (Acetone Sulfamic Acid) 3 (8) PGII	,	DF	56	b		0001	1,7711
GENERATOR -	X	8. UN2924 Waste Flammable Liquids, corrosive N.O.S. (Sadium Hydroxids, Acetone) 3(8) PG-TT	1	DF	Lis	P	DOOL		
GEN	×	9. UN 2817 worth Ammonium Hydrogen Distraction Solution	13.	DF	115	P	0003	001	10511
	Х	10. UN 2031 Waste Nitric Acid 8 (S.1) PG II	***	DF	40	P	0001	Sood	30314
	×	11. UN 2789 Waste Acetic Acid, glacial 8 (3) PGT	1	DF		p		soad Pico	૮૦૩મ
	X	12. UN1830 Waste Sulfanic Acid 8 PG II	-	DF	7	Р	Daos	2019	00314
	x	13. UN3786 Waste Flammable Liquid, Toxic, Corrosive N.O.S. 3 (6.1,8) PGIL	1	DF	18	р	0001	Soos	
	X	14. UN 2810 Waste Foxic Liquids, Organic N.O.S.		DF	16	P	4201		00 šta
	5	accial Handling Instructions and Additional Information 1.55" =129654:Blase Commodity Pack 6=106985:Addic Liquids Slam Pack -5-7: -153863, 8618, 1415, ERG 154, 10:153817, LPO1, 14:30, ERG 157	103184, Flor	fleid, lx LPOZ, lx	30, ERG 5, ERG 13:2		03189, F		
<u> </u>	12:	153811, 1903, 1,5, ERG 137 13= 153811, EPO4, 1x5, ERG 131	14=19	38h,,	LPOS, IVS	ERG	153		
ORIER		ansporter Acknowledgment of Receipt of Materials d/Typed Name Signature					Mo	nth Day	y Year
TRANSPORTER		ansporterAcknowledgment of Receipt of Materials d/Typed Name Signature	1	·			Mo	nth Day	y Year
DESIGNATED FACILITY	35. D	screpancy	TWEEVE		計畫等被資	*********			
31GNATE	36, H	azardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and n	ecycling systems)	8 -t	1 1/1		9-111	4/	
Ä		10-4141 1-11-4141	11	3-41	41.	.	(4-41)	yr.	

\prod	UNII	FORM HAZARDOUS WASTE MANIFEST 21. Generator ID Number (Continuation Sheet)	22. Page 3 65 4		lest Tracking Num 22596		55	K	
	24. G	benerator's Name University of North Texas							
Ш		1155 Unich Circle Box \$10950 Denten Tx 76203	946-	565-4	751				
	25. 1	rransporterCompany Name		*	U.S. EPA ID N	lumber			
╟					U.S. EPA ID N	lumber			
	40. I	ransporter Company Name							
	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)).	28. Contair No.	ners :	29. Total Quantity	30. Unit .Wt./Vol. →	31.	Waste Code	s
		15 UN 2809 Waste Mercury	,	type	, , , , , , , , , , , , , , , , , , , ,		D 00 9		
	χ.	8 (6.1) PG III		DE	10.	7	1300 1	0019	00311
	4	16. UN 1490 Waste Potassium Permanganate		F 1			Dool	2,2,1	
	X	SI PG II		Dt.	3	P		0014	>03H
1						-	4719		
	X	17. UN3077 Environmentally Mazardous substance, solid N.O.S. 9 DG III.		DF	8	P		ଠଧ୍ୟ	003H
8	v	18. UN 1978 Waste Propane					D001	in the	
GENERATOR			5	CY	15	P	1 4/1 33	00132	36(#
	V	19 UN 1085 Waste Vinys Bromide, stobilized					Pool		
		2.1		ζy	, l Q	B		O037.	GOL13
	- 7	20. UN3175 Solids Containing Flammable Liquid N.O.S.			-411				
		(Terpentene Kags) 4.1 PG II (Universal Wastle)		DM.	95	P		GiV 1.V	409 11
		21. Non Hazardous Non Regulated Liquide						4.0 1.0	
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		22 Non Regulated Moterial (Oil)						. ES.41	
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	X		<i>7</i> /1	DW	65	Þ	p.001	Co -	80111
	e yê Girê	29 UN 2926 Waste Hammable Solids; tomicarganic N.O.S.			en e	1.2	Sec. 1	3.60	<u> </u>
	X.	[발표] 기계		DM	40	(i)	10001	3007	F053
	32. S	pecial Handling Instructions and Additional Information	1-3-1529	1000	1x5 ERGI	<u> </u>		00Z 9	31914
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GNAT	36. H	azardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal; and re	ecycling systems)	18-4	06/		12-H	061	
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24. Generator's Name UNIT - D=1195							
25. Transporter Company Name			U.S. EPA ID	Number			*****
6. Transporter Company Name			U.S. EPA ID	Number			
7a. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Conta		29. Total Quantity	30. Unit	31.	Waste Code	s
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28. UNIZ63 Paint (univesal weste) 3 PGT		DE	460	D		MICIV	209
						 	
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2. Special Handling Instructions and Additional Information		<u>l</u>		1	<u> </u>		
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^	7,	NIFORM HAZARDOUS Generator ID Number 2300641178		3. Emergency Response		(c) 100000 1	259	umber 642	<u>"</u> J	JK
	1	Generators Name and Mailing Address Aniversity of Inventor Texas 1155 Union Circle Box 310950		enerators Sile Address 2310 North I-	Section 1	han mailing addres	s)			
	Gε	Denton, TX 76203 940-565	4751	Denton, TX	76205	110 504101				
	b.	Transporter 1 Company Name SET Environmental, Inc.				U.S. EPA ID N		01.957	236	
	7.	Transporter 2 Company Name	. · · · · · · · · · · · · · · · · · · ·	.4		U.S. EPA ID N	umber			
	8.	Designated Facility Name and Site Address Turkey Greek Landfili				U.S. EPA ID N	lumber			
		9100 South I-35 Gillius Phone: Alvarado , TX 76009		(047) TP	A Atsida		j	.41.7B		
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		1=TC1-21-378; Non. Haz Minuile Base Container GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the marked and labeled/placarded, and are in all respects in proper condition Exporter, I certify that the contents of this consignment conform to the term I certify that the waste minimization statement identified in 40 CFR 262.27	for transport according to applicans of the attached EPA Acknowled	A. \\ e fully and accurately de ble international and nati figment of Consent.	scribed aboverni	mental regulations.	pping name	, and are clas		
	4	nerators/Offeror's Printed/Typed Name	Signa di di	Vaila	the	, 106)1~~	<i>7</i> .	Mon		Year 2
INT'L	Tra	International Shipments Import to U.S. ansporter signature (for exports only):	Export from U.S	S. Port of en Date leavi			<u> </u>			
RTER		Transporter Acknowledgment of Receipt of Materials Insporter 1 Printed/Typed Name	Signa	ture // 5		7111		Mon	th Day	Year
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Щ	181	b. Afternate Facility (or Generator)	2 /2 VAVE	Wannest Reference	Number.	U.S. EPA ID N	umber	<u> </u>	. /	
FACII	Fac	cility's Phone:			• .					
DESIGNATED FACILITY	180	c. Signature of Alternate Facility (or Generator)						Mo	nth Da	y Year
SIGN	19.	Hazardous Waste Report Management Method Codes (i.e., codes for hazar	dous waste freatment disposat,	andirecycling systema):	īä			L		
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Ų.	Prir	Designated Facility Owner or Operator: Certification of receipt of hazardous inted/Typed Name	materials covered by the manife	st except as noted in Hen	18a DN	ale	>	Mor		1/4
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		1755 Union Circle Box 31,0250	CAD-585-A	THE A			and the area seen		
	25.	Transporter Company Name	Jac 12 12 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ () 	U.S. EPA ID I	Number	6503	स्	· · · · · · · · · · · · · · · · · · ·
	26. 1	ransporter Company Name	Supplied to the	W. Colombia	U.S. EPA ID I	Vumber	1. A		
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	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28, Contair		29. Total	30. Unit Wt./Vol.	31.	Waste Code	8
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	X	6 UN2926: Waste Flammable solids, toxic, organic, n.o.s. Methanol)		i Laterista	Agage carry	Ö	E002	2002	D002i
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	25							00291	1916
	44	7 UN2924: Waste Flammable liquids, corrosive, n.o.s. (Acetone, Sulfario Acid)	072	DT	505	- VIII	D018	D011	0009
	3	3/8) PG:IL				Andre	1007	00061	052
뽔	ill in	e UN 3098: Waste Oxidizing liquid corresive, n.o.s. (Silver Nitrate,	1647 - 1845 - 185 1867 - 1855 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865	10.3					
\¥		sulfiure acid)		新的	3.5	130	DOLL	0005	rarryra a saveci,
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Ü	Ž,	9 UN 2020 Waste Figure old solids, toxic, organic, n.o.s., Methanol					E003	2002	0000
	44	41(81) POIL DIPHOT CHIP					iv	ôg:9:	1.631
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11		3. PGu-ko					DOLI.	00072	127
	X	ti UN1993: Waste Flammable liquida, n.o.s. (Acetone, Xylene)		Fest	See Color	جاء بين	F005	E003	2002
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ľ	NIF	DRM HAZARDOUS WASTE MANIFEST 21. Generator ID Number (Continuation Sheet)	30134				77.116		
2	4. Ge	nerators Name University of North Texas 1155 Union Circle Box 310950	940 EGE 41	raq	The control of the co	SERVE SON	2503/		
2	5. Tr	ansporter Company Name	D. 767-000 57		U.S. EPA ID N	umber			
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2	6: Tr	ansporter Company Name	or promess	4.		· .			
	7a. IM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28, Contain No	ers Type	29. Total Quantity	30. Unit Wt./Vol.		Vaste Code	S
- - - 	V.	15 UN1434: Weste Calcium nitrates ' x	01	DF	Can	T)	D001		
		5.1	-					7014	oesµ
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		3						J-161	05/1
	£ .	17 UN2213: Waste Paraformaldehyde	- (3) \ - (3) \	DY="	06	2	<u> </u>	(5614	150 S.H
) 	X.	4.1 PGM 18 UN1362: Waste Carbon, activated		DT.	M	T	D001		18 14 A
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-	X	8 (6.1) PG:U 12 0 36 6 77 2 20 UN1790: Waste Hydroffuone acid, [with not more than 60 percent strongth]	63	g	02	P	Deer	2: 4	
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	Х	23 UN2810: Waste Toxic, liquids, organic, n.o.s.	(6.1	N.	Ha	7	LAGINA	De e	
	- 1	6.1 PGat DOT : SK -844>					and the state of	1-2	ec 5 ()
	A.E.	24 UN3266: Waste Corresive liquid, basic, inorgania, n.e.s.	(4.8)		35	17	0002		Co Mi
100 m	1 /	Special Handling Instructions and Additional Information =1.54378:LP04_18=1.54378:LP05_19=1.5437 =1.54378:LP10_24=1.54378:LP11	'8:LP06 20=1	543784.	907 21—1543	78:1JP01	3 22=154	178:LP0	9
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19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

20; Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as olded in Item 18a

18c. Signature of Alternate Facility (or Generator)

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	5	i. Generator's Name and Mailing Address University of North Texas 1155 Union Circle Box 310950		Generator's Site Address 2310 North 1-3	(if different t 35E	han mailing addres	ss)						
		Denton , TX 76203 Generalor's Phone: 940-565-4751	1	Denton, TX 7	6205								
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	181	b. Alternate Facility (or Generator)				U,S. EPA ID N	ımber						
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3 CONTROL SEGMENTALS, LOXIC, n.O.S. [or] Isocyanate solutions, toxic, n.O.S. [disho point have then of decrees C and boding point less (6.1 p.G.III) 3 UNIZOSI: Waste Nitro acid [other than red firming, with at least 65 percent, but not more than 70 percent nitric acid] 3 UNIZOSI: Waste Nitro acid [other than red firming, with at least 65 percent, but not more than 70 percent nitric acid] 3 UNIZOSI: Waste Sodium 4.3 PG:I DOTSP9118 11. NIA-2672. Horse-Marsa hange [unitary fundaments] 12. Section Handling below for an Additional Information (1.0 p.g. (Actions. D. V. 10 p.g		X 7 UN2924: Waste Flammable	liquids, corrosive, n.o.s. (Acctono, & &	•	b en			17018	D011	D009
8 8 UNIZ206: Isosymates, toke, n.o.s. [or] Booyanate solutions, toxic, n.o.s. [flash point more than 61 degrees C and boiling point less n.o.s. [flash point more than 62 degrees C and boiling point less 9 UNIZ01: Waste Nitro acid [other than red fluming, with at least 65 percent, but not more than 70 percent nitric acid 8 (5.1) PG:II X 10 UNIA28: Waste Sodium A 3 PG:I DOTS 9 (LB) 11. NA 2567-1. Wortenatures than 15 percent nitric acid 12. Na 271 Hortenatures than 15 percent nitric acid 13. Na 271 Hortenatures than 15 percent nitric acid 14. Na 271 Hortenatures than 15 percent nitric acid 15. Na 271 Hortenatures than 15 percent nitric acid 16. 1 PG:II 27. PG:II 27. PG:II 28. Second Handling lipitucious and Additional information 37. PG:II 38. Transporter than 16 percent nitric acid 10. DT 2.7 Percent nitric		Suffiric Acid) UN3265	acidic procure mas	02	Dr.	295	B	And the state of the state of	*******	
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í	se print ortype. UNIFORM HAZARDOUS 1. Generator ID Number 2. Par WASTE MANIFEST 2.00 64117963		rgency Response		4. Manifest	racking N	n Approved. umber 871.(· - · · · · · · · · · · · · · · · · · ·	2050-0039 JK
	5. Generator's Name and Mailing Address University of North, Texas 1755 Union Circle Box 310950	Genera 231	or's Site Address O North 1-3	if different than			Total Cardina		7. W
	Denton TX 76203 Generator's Phone: 940-565-4751	Den	ton, TX. 70	3205					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6. Transporter 1 Company Name SET Environmental, Inc.	·		-	U.S. EPA ID N		31957:	236	
	7. Transporter 2 Company Name	•			U.S. EPA ID N	umber :			-
	8. Designated Facility Name and Site Address SET Environmental, Inc.	est organisation of the section	an e ga	avis for a or	U.S. EPA ID N	lumber	. 4. 4. 5.		
	5743 Cheswood					ado:	95135:	388	*.
	Facility's Phone: Houston, TX 77087 ga 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number,		(713) 645 10. Contain		11. Total	12. Unit	l		, .
	HM and Packing Group (if any)) 1. UN2031 Waste nitric Acid, 8(5.1), PG 3	· · · · · · · · · · · · · · · · · · ·	No.	Туре	Quantity	Wt./Vol.	13. V	Vaste Code	8,
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	2 UNBOAR waste oxidizing liquid, corrosiv		e department of	0F	luf.	P			0007 601H
	3 UN 1992 waste flammable liquiditoxic, 1 3 (6.1), PGI	1.0.5,		0 6	in the second	7	**************************************)022. 700	ne i'd
	4 UNZ924 Waste Flammable liquidicorrosi x n.o.s., 3 (8), pg II	ve,		0 6	10	Q.	Dool	0002	FOOT COIH
	14. Special Handling Instructions and Additional Information SET SWR # 40835 Job				15 (5lobale)	, 2004	· · · · · · · · · · · · · · · · · · ·	1.7.	
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	15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignarked and labeled/placarded, and are in all respects in proper condition for transport according Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA/	to applicable Inte Acknowledgmen	ernational and nation to the contract of Consent.	nal governmer	ıtal regulations.	pping name If export sh	e, ard are clasi ipment and La	sified, pack m the Prim	aged, ary
\	I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quan Generator's IOfferor's Printed/Typed Name	Signature	(u) (iii airi a sirai	r quantity gene	rator) is true.		Mont	h Day	Year
I MI'L	Transporter signature (for exports only):	rt from U.S.	Port of ent Date leavir			1			
PORIE	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name	Signature	7	3	No. No.		7 Mont	h Day	Year
TRANS	Transporter 2 Printed/Typed Name	Signature		- The second sec			. Moni	h Day	Year
1	18a. Discrepancy Indication Space Quantity Type		Residue	<u> </u>	Partial Reje	ection		Full Rej	ection
			anifest Reference	Number		,			The second
	186, Alternate Facility (or Generator)	Specification of the American Contraction of the American Contraction of the American			U.S. EPA ID N	umber	To The Charles	The state of the state of	in the second
ED FA	Facility's Phone: 18c. Signature of Alternate Facility (or Generator)				<u>.</u>		Mor	ith Day	/ Year
GNAII		dinaged and	wollon avata	<u> </u>		<u> </u>			<u> </u>
- DESI	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste frealment.) 1. 2. LL LC/L	aispusal, afju (e	Actual and an area of the state		181 AIEU		The same	1 (24 Ve 1 (24) 1 (24) 1 (24)	
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by it Printed/Typed Name	he manifest exce Signalure;	pt as noted in Item	18a	Morenin		Mon	th Day	Year
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(Continuation Sheet) 21. Generator 10 Number (Continuation Sheet) TX0064117963	TX0064117963 244 023498							3710734				
University of North Texas	ert om til ge Også er til er til er Også er til er											
Transporter Company Name	****			U.S. EPA ID I	Number		<u> </u>					
Transporter Company Name		richard auch er a		U.S. EPA ID N	lumber							
. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	অংশক শ্রেমিটার অনুষ্ঠালে স্কর্	28. Contai	ners	29. Total Quantity	30, Unit	g 4313	Waste Code	is.,				
5. UN 2924 Waste Flammable liquid, co 1.0.5, 3(8), PG 平	vrosive,	***	OF.	6	·P	Ocol	1	0002				
6. UN 2789 Waste Acetic acid, glacial, 8(3), PGI		ا ا	0 F	Suprison 1	P.	0001	Doos	<u> </u>				
2. UN 1325 waste Flammable Solids organios, 4.1, 86, III	imić,		DF		P	<u>O</u> Col		901 H				
8. UN2811 Waste toxic, solids, organic 6.1, PG II	70,0.5,,		OF	meny	Ý	OOZL	0001	CON				
q. UN ZEIO Waste toxic, liquids, organic,	, n. o. s. ,	1	OF	25	P	0003	0001					
10. UN 1832 Waste Sulfuric acid, Spen- 8, PG IL			0F	5	P	Deo Z	Oco I	colH				
11. CON 1993 Waste Flammable liquids, no	.0.5.	alampanana,	= Déc	endrina granda)		QCO.I.	COOL	ooth				
12. UN1325 Woste Flammable, solids, organ	sic, n.o.s,		06	S. S	P	0 <i>0</i> 01	0001					
13. UN326 5 COASTE COMOSINE HOUTE, ACID, Organic, n.o. S. B. PCI II., (sulforic Acid, Hadrochianic Acid.)	general and services	i e e e e e e e e e e e e e e e e e e e	0 F	25	P	000Z	0001	DOIH				
14. UN 1993 Waste Flammable liquids, 10.0. Siffs III, (Acetone, Ethanol)	S	in the second	06	50	P	Deel	F003	7.4				
pecial Handling Instructions and Additional Information 156661, LPOS, 178, ERG 132 156661, LPOS, 1785, ERG 132 156661, LPOS, 1785, ERG 133 10 2156661, LPOS, 1785, ERG 133 11 = 156661, UOI,	, 1x30, ERG , 1x30, ERG	153	- 1	(=15666) (=106985 (=120656	, 1×30	, era	153					
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lazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatmen	tally	Section 1995						11 1 2				

orm 8700-22A (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

1	UNII	FORM HAZARDOUS WASTE MANIFEST 21 Generator ID Number (Continuation Sheet) エメクロビロフィルカ	22. Page 4 4		lest Tracking Nun リータフル				
1 1	24. C	enerators Name Wiversity of North Texas					7. 9. 9	4.1 ₀ /2.4.7	
2000									
	25.]	Transporter Company Name			U.S. EPA ID N	lumber	Maria 12 mai		
	26. 1	da Dasakana	وفراج الإجداث	James ge					
	27a.	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number,	30. Unit,						
÷.	HM	and Packing Group (if any)) 25. UN 1006 Argon, 2.2	No. 3	Туре	Quantity	Wt./Vol;	होता इंटर कि _ए के	1487 July 2	lianalles (17)
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		26 UNZ 196 Waste Tungsten hexafluoride, 2.3(8)					0003	Murc	LAE CO
3 19	Х	Poison Inhabation Hazard Zone B	$\approx V$	7	1	0		0033	7011
		27. UN 1741: Boron Erichloride, 2,3 (8)							
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NER						214 C	7.00 11.00 (10.00)	00,32	901 H
3	X.	29. UNIO49 Weiste Hydrogen, compressed, 2.1		()		$\boldsymbol{\rho}$	Dool		
	(CaO)	30. UN 3399 waste Organometallic Substance,						1 to 1 to 1	7014
	¥	liquid, water-reactive, flammable, 4.3(3), PhII	. 1	64		ρ	D(xx)	Doo3	
2		31, UN 3260 Corrosive solld reldic, inorganic, nos						0037	80114
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	(p.a.c	32. UNIZES Paint, 3, PO II (universal waste)						\$41.6 M.C.	CAN
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	Vi ja	33. Non (regulated Material			15	を受け	Arr - ya.5	1	
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	WA	ORM HAZARDOUS ASTE MANIFEST			611796	2. P	age 1 of 3, Eme	ergency Response	Phone 7455	4: Manifest		umber	l J	JK			
	5. Gen	erator's Name and Mailin	g Address		, M	A STATE OF THE STA	Genera	lor's Site Address Of North 1-2	(if different th	an mailing addres	ss)			**************************************			
		⊇enton, TX ator's Phone:	7620	3	40-565-4°	751	Der	ton, TX 7	6205			.*					
		nsporter 1 Company Namo BET Environme								U.S. EPA ID Number							
	7. Trar	nsporter 2 Company Name			,					U.S. EPA IO N	lumber .						
. 4	8. Des		Site Address	lj/no./w		A A A A A A A A A A A A A A A A A A A		RIPLIA	7 - 1 - 2 1. 7 - 1 - 3 - 3 - 3			35135					
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	9a.	9b. U.S. DOT Description		Shipping Nam	e, Hazard Class	, ID Number,	***************************************	10. Contair	ners	11. Total	12. Unit	13.	Waste Code	es			
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		157512:LPO\ _/ lY: \57:512, LPOZ	. "	. 129	4215	7512: 6804	1. 1×30. E	len ist		en di di				Andre A			
į	15. G	ENERATOR'S/OFFERO	CERTIFICATIO	N: I hereby de	eclare that the co	ontents of this cons	Ignment are fully	and accurately de	scribed above	by the proper sh	ipping nam	e, and are cla	issified, pacl	kaged,			
٠	Ε	narked and labeled/placar exporter, I certify that the certify that the waste mi	ats of this cons	ignment confor	rm to the terms	transport according of the attached EP/ (if I am a large que	Acknowledgmen	f of Consent.		:	it export si	nipment and l	am the Prin	nary .			
	2 20	ator's/Offeror's Printed/	150N	-			Signature	Qub.	ANDY				nth Day				
INT.L	16. Inte	ernational Shipments	Import to	U.S.		Ехр	ort from U.S.	Port of en						364 -			
		oorter signature (for expor insporter Acknowledgment	***	ials				Date leavi	ng U.S.:	parti i destructure properties	• •						
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DESIGNATED FACILITY		gnature of Alternate Facili	ly (or Génerator)	· .				1			-	M	onth Da	y Year			
SIGN	19. Ha	zardous Waste Report Ma	nagement Method	Codes (i.e., co	des for hazardo	us waste treatmen	t, disposal, and re	cycling systems)	T. 1. 06.0	olen							
DE	1,	Jan 1		2.	hill		3.000	TELL	. 178 2541	4.	Johnson	1					
		signated Facility Owner or	Operator: Certifica	tion of receipt	of hazardous m	aterials covered by		ept as noted in Item	n 18a		1 [[Pass]	1					
$\left \right $	Printed	/Typed Name	Dich.Ur	•		. 1994	Signature	March Ham Cal		At a comp		M	onth Day	y Year			

ase print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS WASTE MANIFEST: 21: Generator ID Number	22. Page	23. Man	ilfest Tracking Nu	For imber	m Approve	d, OMB No	2050-0
(Continuation Sheet)	2003	2 F	448781				
24. Generalor's Name University of North Texas							5
25. Transporter Company Name			U.S. EPA 1D	Number			•
26. Transporter Company Name	gaget Salaha Salaha	apple declar	். ந⊍.S;/EPA1D 1	Number :	9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1 1
27a. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Conta		29. Total Quantity	30. Unit	31.	Waste Code	es .
x Si waled ste where from hyperodumning, of the	A Britania All and and a	DF	15	P	V213.		<u></u>
6. UN1995 Waste Flammable Tiquits, M.J.S., ALT	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	100	1 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0co1	0001	0011
X (Acetone, Ethanol)	-	D F	80	P	(CO)	10001	Chill
7. Williago waste Acrosols, Flammable, 2.1		0.00			<u>Dogi</u>		
2. UNIZAS Paint related material, 3, 16 II		DM		P		0022	Noil.
(Universal Joseph)		DM:	2-87	Ø			-
2001/263 Fame 5 Ph to						UWW	7 8 6 1
X (Universal waste)	Alguna	OF	dorse have	(P	1277211.13000453	UNV.	204
10. UN 2924 waste Hammable Tyunds corrostue, X nos. 3 (8), Pm I (Acetone, Sulfueic Acid)	3	OF	780	P	1000	0002	
11. UN3098 waste oxidizing liquid, corresive, mas.						0006	lost
X 5.1(8), PG I (Sodium bisulfate Copper Oxide)	A	96	138	P	[<u>[</u>]	Dool Bell	
12. UN3264 washe corrosive liquid, acidic, inorganic, X no. 5, 8, 84 I (Sulfuric acid, hydroshloric acid)		DF	109	Þ	0002		
13. UN1992 Waste Flammable liquids toxic, n.a.s.			()		"	0006	los H
x 3 (6.1); PGII. (Acetone, Methylene Chloride)		OF		1	******	0027 <u>.</u> Ida	-
14. Unizate waste rosse liquids, organicin. as, 6.1, Partic			692			0007	2115
32. Special Handling Instructions and Additional Information	2,	96				0045	01004
\$ 157512 LPUS, 1830, EAG, 127 5 5 15 15 10 10 10 10 10 10 10 10 10 10 10 10 10	s, Ettoria	8	123 1013 13 * 128 168 1513	14.5° 494	15: (5R/2)	13)	15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5
33 Transporter Acknowledgment of Receipt of Materials	S. Factor) iso ()					
Printed/Typed Name Signature		-			Mo	nth Day	Yea
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature			en de care	of freedith		nth Day	Yea
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36. Hazardous Waste Report Management Method Codes (I.e., codes for hazardous waste treatment, disposal, and re	HU CENTRE (NOTATION)	Z, me	時供靠例				
30. Hazardous waste report mariagement metrico codes (i.e., codes for nazardous waste treatment, disposal, and te		P-A	V 6/7	4			
TO HISTORY TRANSPORT			10 Av		64 a 12.		

· L	INIFORM HAZARDOUS WASTE MANIFEST 21. Generator ID Number (Continuation Sheet)	22. Page 3 ⊕ € 3	23. Mani	fest Tracking Nu ろいりのつ	mber Č[J]∑	ĸ		
2	4. Generator's Name University of North Texas							
2	5. Transporter Company Name			U.S. EPA ID I	Vumber	· ·		
26	6. Transporter Company Name	At the specifics	at i se de se	U.S. EPA ID I	Number	21 - X - 25		
27 H	7a. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Contai	ners	29. Total Quantity	30. Unit	31.	Waste Code	S
>	15. UN3098 waster oxidizing liquid, terrosive, h.o.s. + 6.1 (8), Ph II. (Silver Nilvate, suitaric acid)	l	DF	135	7	Doos	0006	10
	16. Non Regulated liquids (water, Hypochlorite)	-	DF	128	P			
	17. Non Regulated Material		0m	Ч6	2	***********	MUNE	
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16	. Special Handling Instructions and Additional Information ニ129636, 1×15, ERG, 140 ニ157565, 1×15 ニ106983, 1×55							
	TransporterAcknowledgment of Receipt of Materials inted/Typed Name Signature					. Mo	nth Day	,
34 Pr	Transporter Acknowledgment of Receipt of Materials Signature	<u></u>	के. च ब्र <u>म्</u> स		di aya yiri	Mc	inth Day	, , , , , , , , , , , , , , , , , , ,
35	. Discrepancy	is Areis Maria		poly Sela				
36	Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and rec	cycling systems)						
								• :

ii.	Universal Waste and Recycling Waste Manifests

A	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number TXD 0 64	L17963	1		rgency Response 7 – 4 3 7 –		4. Waste Tr		imber D606-	01			
	5. Generator's Name and Mallir University of No 1155 Union Circ	orth Texas cle Box 310950		700	Genera 2310	lor's Site Address) North 1-3	s (if different t 5E	han mailing addre	988)					
	Denton , TX Generator's Phone:	76203 940	-565-4751	1	Dent	on, TX 76	3205							
	6. Transporter 1 Company Nam	ne				***************************************		U.S. EPA ID I	Number					
	SET Environme							ILD981957236						
	7. Transporter 2 Company Nam	18						U.S. EPA ID I	Number					
	8. Designated Facility Name and				****			U.S. EPA ID I	Number					
		Resources st Bowie Street						Ţ	יסמצי	0802919	1			
	Facility's Phone: Fort Worth , TX 76110 (817) 921-1440													
	9. Waste Shipping Name	e and Description					iners	11. Total Quantity	12. Unit Wt./Vol.					
_	X 1. UN3506 Mer	cury contained in manu	factured articles	(Universa	1	140,	Туре	Quantity	446./ VOI.					
GENERATOR	Waste)	·				4	DF	02	P					
	8 (6.1)	ste Fluorescent Bulbs			<u> </u>	1								
삥	- Chivoral Will	ste i idolesvent Daios					cw	500	P					
				,		1	LN		{	3.000.0				
		eries, dry, containing po age] Alkaline Batteries	otassium hydroxi	de solid,				<u> </u>	2					
	20000000	Universal Waste)				1	DF	22	P					
	X 4. UN2794 Batte	eries, wet, filled with ac	id (Lead Acid ba	tteries)	-		***************************************							
	J) 8	Universal Waste)				1	5	58	P					
	13. Special Handling Instruction	ns and Additional InformationSWR	# 40835		!!			132	5 Fi	voces cent	Bulbe			
		- Universal Waste 2=-:Flu		· Δ1bolina	. Ratte	ion A :T on	d Asid Da	ettarias	- • • • • • • • • • • • • • • • • • • •		*			
	1 x 5		x pallet	1×5		: : :	l Acid Ba				-1			
	Po# 227275		\				1 ~	30						
	14. GENERATOR'S/OFFEROR	'S CERTIFICATION: I hereby declar	re that the contents of this	consignment a	ire fully a	nd accurately des	cribed above	by the proper shi	pping nam	e, and are classifie	d, packaged,			
$\ \cdot\ $	marked and labeled/placard Generator's/Offeror's Printed/Ty	ied, and are in all respects in proper o	condition for transport acco	ording to applic	able inter	\sim				Month	Day Y	/ear		
V	Karla Henson	F			ans	Le 10	wser	^		61		24		
INT.	15. International Shipments	Import to U.S.	•	Export from t	U.S.	Port of en		· · · · · · · · · · · · · · · · · · ·			1.			
$\overline{}$	Transporter Signature (for exporter Acknowledgmer					Date leavi	•				***************************************			
	Transporter 1 Printed/Typed Na			Sia	nature					Month	Day \	Year		
ğ	120	ory Contes			,				>	01		2-1		
TRANSPORTER	Transporter 2 Printed/Typed Na	me	- 1011000000	Sig	nature					Month		'ear		
 	17. Discrepancy		.											
1	17a. Discrepancy Indication Spa	ace Quantity	П туре		Г	Residue		Partial Rej						
		Cuantry	i 1ype		.	⊥ πesiααe		L Paniai Heje	BCIION	: 1 1	ull Rejection			
 ح	17b. Alternate Facility (or Gener	rator)	· · · · · · · · · · · · · · · · · · ·		Мал	ifest Reference N	lumber:	U.S. EPA ID I	diemhor					
	trust mornato y acimy for acino.	alon,						0.0, Li A ID I	YUSTIDE!	;				
ğΪ	Facility's Phone:	АН ВААА												
DESIGNATED FACILITY	17c. Signature of Alternate Facil	lity (or Generator)		1						' Month	Day \	/ear		
SS														
8						lgo K.		ering en						
	18. Designated Facility Owner of	or Operator: Certification of receipt of	materials covered by the	manifest evoor	nt ae noto	i in item 17s								
	Printed/Typed Name	- Operator Continuation of receipt of	mulosidio coverdo by tije [nature	2 at noss 1/8			**	Month	Day Y	/ear		
۷	tantoto	enciani		<u> </u>	an	Poto	ness	Rus		2	19/7	<u> </u>		
69	-BLC-O 6 10498 (Rev.	9/09)			·		Ø D	ESIGNATE	ED FAC	ILITY TO G	ENERAT	TOR		

	1.6											
A		Emergency Respons			Tracking Nu							
	WASTE MANIFEST TXDo64117963	577.437				رد · دعکر						
	5. Generator's Name and Mailing Address Get An U.S. Central Address Get	nerator's Site Addres	ss (if different the	an mailing add	ress)							
	5. Generator's Name and Mailing Address University of North Texas 2310 North 1-35E 1155 Union Carale 13 or 31950											
	5. Generator's Name and Mailing Address University of North Texas 1155 Union Circle 1354 310950 Denton, TX Generator's Phone: Denton, TX TLZOS Generator's Phone:											
	6. Transporter 1 Company Name U.S. EPA ID Number											
	SET Environmental, Inc.	1LD981957236										
	7. Transporter 2 Company Name	U.S. EPA ID	Number									
	8. Designated Facility Name and Site Address			U.S. EPA ID	Number							
	101 Fire we St		•	-T1/1		529191						
	Lighting Diesources 101 E. Bousie St. Facility's Prione: Worth, TX 76116	Jorth TX 76116 817.921.1440										
		10. Cont	~	11. Total								
	9 Waste Shipping Name and Description	No.	Туре	Quantity	12. Unit Wt./Vol.							
<u>ج</u>	1. 9 Universal Waste				7							
Ä	1. 9 Manager 1 14 mls.	01	DF	15	16							
GENERATOR	2.		-									
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	·											
	3.											
	4.											
		:										
	13. Special Handling Instructions and Additional Information	<u>l</u>	<u> </u>									
	13. Special Handling instructions and Additional Information Po# 227277											
	Man 1											
	5-Lithium ION Batteries				ŧ							
	1 × 5											
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are full marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable	ly and accurately de international and na	escribed above b dional governme	y the proper sl ntal regulations	hipping name s.	e, and are classified, packaged,						
	Generator's/Offeror's Printed/Typed Name Signatu	e /				Month Day Year						
¥		ala (gusov			01 20 21						
INT	15. International Shipments Import to U.S Export from U.S.		ntry/exit:			1						
	Transporter Signature (for exports only): 16. Transporter Acknowledgment of Receipt of Materials	Date lea	ving U.S.:									
RE	Transporter 1 Printed/Typed Name Signatu	re P	T			Month Day Year						
SPO	Fory Conley					101 20 21						
TRANSPORTER	Transporter 2 Printed/Typed Name Signatu	78		***		Month Day Year						
F	17. Discrepancy											
A	15 0											
	17a. Discrepancy Indication Space Quantity Type	L Residue		Partial Re	ejection	Full Rejection						
ı		Manifest Reference	Number:									
Ĕ	17b. Alternate Facility (or Generator)			U.S. EPA ID	Number							
ᅙ	Facility's Phone:			1								
ED	17c. Signature of Alternate Facility (or Generator)					Month Day Year						
NAI												
DESIGNATED FACILITY												
ī												
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as	noted in Item 17e										
	Printed/Typen Name () Signatus	71				Month Day Year						
٧	MINU KOUS	UVV				Month Day Year						

4	NON HAZADDOUG	1, Generator ID Number	· · · · · · · · · · · · · · · · · · ·	2 Page 1 of 3	Emergency Response	Phone	4. Waste Tr	onkina Nu	mher to		
1	NON-HAZARDOUS WASTE MANIFEST	TXD06	4117963	1	877-437-	7455	210	2-	0746-01		
	5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) University of North Texas 2310 North I-35E										
	1155 Union Circle Box 310950										
	Denton, TX Generator's Phone:										
	6. Transporter 1 Company Nam	е	<u>40-565-4751</u>			1.27	U.S. EPA ID I	Number			
	SET Environme			****					D981957236		
	7. Transporter 2 Company Nam	e			Number						
	Designated Facility Name and	d Site Address					U.S. EPA ID I	Number			
	Lighting Resources										
		t Bowie Street					Ţ	TXD008029191			
	Facility's Phone: Fort Wo	orth, TX 76110			(817) 921						
	9. Waste Shipping Name	and Description			10. Conta	Type	11. Total Quantity	12. Unit Wt./Vol.			
(L	X 1. UN3028 Batt	eries, dry, containing	potassium hydrox	cide solid,			10				
ATO	[electric, stora	ge] Alkaline Batterie	s	•		OF	425	_P			
GENERATOR		Jniversal Waste)			1		P200				
띪	NO34800	eries, wet, filled with Jniversal Waste)	acid (Lead Acid bi	attenes)	•		LOF.	7			
	 6 ((Jiliveisai wasie)			1	CW	425	P			
	1000000	ium ion batteries									
	9 υ	niversal waste			1	DF	10	P .			
	4,		.,,								
	13. Special Handling Instruction	s and Additional Information	/D# /0835	.			!	L	<u>/</u>		
						•					
	I=:Alkaline Batterie	s 2=-:Lead Acid Batter × Pallet	ies 3≕:Lillium ION ' ⊁			İ	/				
				-			/	٠,			
	14 GENERATOR'S/OFFEROR	'S CERTIFICATION: I hereby do	eclare that the contents of thi	e consignment are f	illy and accurately des	earihed shows	by the proper shi	nnina nami	a and are classified markaged		
	marked and labeled/placard	ed, and are in all respects in pro	per condition for transport ac	cording to applicable	e international and na	ional governn	nental regulations.	pping nam			
╽	Generator's/Offeror's Printed/Ty Karla Henson	/ped Name		Signat I	/ // A	LIAN	ν <i>-</i>		Month Day Year ・ 03 62 2/		
<u>۲</u>	15. International Shipments	Import to U,S,		<u></u>	<u> </u>				00 00 21		
TRANSPORTER INT'L	Transporter Signature (for expo	•	Ļ		. Port of er Date leav	•					
띮	16. Transporter Acknowledgme										
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NSF	Transporter 2 Printed/Typed Na	me Conce	and the same of th	Signat	ure -			and the same	03 02 21 Month Day Year		
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A	17. Discrepancy										
	17a. Discrepancy Indication Spa	ace Quantity	Туре		Residue		Parlial Rej	ection	Full Rejection		
	٠.				Manifest Reference	Number					
<u>`</u>	17b. Alternate Facility (or Gene	rator)			maninos Hotoreside i	- TUTINUI:	U.S. EPA ID I	Number			
등							1				
U.	Facility's Phone: 17c. Signature of Alternate Faci	ility (or Generator)			***************************************		<u> </u>		Month Day Year		
DESIGNATED FACILITY	•							A 20 To A 20 T			
DESIC											
$ \bar{1} $											
	<u></u>	or Operator: Certification of recei	pt of materials covered by the						March D- V		
¥	Printed/Typed Name	Ray		Signat	1//2	_			Month Day Year		

	Consultation of the Consul	T			T							
A	, , , , , , , , , , , , , , , , , , ,			1	age 1 of 3. Emergency Response Phone			4. Waste Tracking Number 210ス - 67.46-0ス				
		5. Generator's Name and Mailing Address University of North Texas Generator's Site Address (if different than mailing address) 2310 North I-35E										
		1155 Union Circle Box 310950										
	Generators Phone: TX	76203		. [Dento	n, TX 76	3205					
	6. Transporter 1 Company Nam	94 ne	0-565-4751					U.S. EPA ID I	Number		~~~	
	SET Environmental, Inc. IID 981957 Senorler 2 Company Name U.S. EPA ID Number										0	
ļ '												
	. Designated Facility Name and Site Address U.S. EPA ID Number											
T	Lighting Resources											
	101 East Bowie Street TXD008										1	
	Facility's Phone: Fort Wo	orth , TX 76110				(817) 921	-1440					
	9. Waste Shipping Nami	e and Description				10. Conta		11. Total	12. Unit		- ""	
				*****		No.	Туре	Quantity	Wt./Vol.			
Œ	1. Universal Wa	ste Fluorescent Bulbs										
GENERATOR						_	CW	1000	4			
빌	N 0 1777000 C 3.5		2			2						
핑	200 (200)	cury contained in mar	nufactured articles	(Universa	և				1			
	Waste)					1	DF	02	P			
	8 (6.1)	· · · · · · · · · · · · · · · · · · ·				1.			 			
	Universa	u Waste HID	Bulbs						Ь			
						4	CF	10	P			
	4.											
	13. Special Handling Instruction	ns and Additional Information	R# 40835			······································	<u> </u>				300000	
	13. Special Handling Instructions and Additional Information SWR# 40835											
		os 2=:Mercury Articles		3 ⊦	io E	Bulbs * Boxes orescenti	401	oulbs				
	2 × pallet	۱ ۶	. 5		, 4	* Boxes						
	2635 bulb	\$	•	(on Fw	orescent 1	odo pall	et)				
l	14. GENERATOR'S/OFFEROR	R'S CERTIFICATION: I hereby de	clare that the contents of thi	is consianment à	are fully and	d accurately des	cribed above	by the proper sh	ipping nam	e, and are classifi	ed, packaged,	
		ded, and are in all respects in prop	er condition for transport ac			national and nati	onal governm	ental regulations		1 fa ath		
↓	Generator's/Offeror's Printed/Ty	уреа маше) 	gnature	.//	Sulv	974		Month しカク	•	
Y	Karla Henson 15. International Shipments				+	ulal	300-			03	02 21	
Z Z	•	Import to U.S.	•	Export from	U.S.	Port of en	•					
_	Transporter Signature (for expo 16. Transporter Acknowledgme					Date leav	ing U.S.:					
	Transporter 1 Printed/Typed Na			Sic	gnature					- Month	Day Year	
TRANSPORTER										103	02 21	
SNS	Transporter 2 Printed/Typed No	- /	·	Si	gnalure				······································	Month	Day Year	
Ě				4							1 1	
Ā	17. Discrepancy									!		
î	17a. Discrepancy Indication Sp	ace Quantity	Туре		Γ-	Residue		Partial Rai	iantion		Full Rejection	
l	L Quantity L Type L Residue L Partial Rejection L Full Rejection									: air riojoonori		
ı		Manifest Reference Number:										
Ĕ	17b. Alternate Facility (or Generator)							U.S. EPA ID Number				
켳												
DESIGNATED FACILITY	Facility's Phone: 17c. Signature of Alternate Fac	ville for Generators			····					Month	Day Year	
ATE	176, organitie of Allemate Pat	may for Generalized		1			-			' Month	Day rear	
Ω̈́									Maria de Carlos	<u> </u>	<u> </u>	
SES					a gra							
<u></u>												
	18. Designated Facility Owner	or Operator: Certification of receip	t of materials covered by th	e manifest exce	pt as noted	in Item 17a						
	Printed/Typed Name	Day			gnature/					Month	Day Year	
J.	4-11N0	KOU		1	\sim	16-5				13	12/12/	

		1 Canaratas ID Number										
WASTE MANIFEST TXD064117963 1 877-437-7455 Z								4. Waste Tracking Number 2104 - 02-27 - 01				
5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) University of North Texas 2310 North I-35F										•		
	Denton , TX Generator's Phone:	rcle Box 310950 76203			Denton TX 7	76205						
	Generator's Phone: 6. Transporter 1 Company Nam	6 Transparent 1 Company Name										
	SET Environme							U.S. EPA ID Number				
ı	7. Transporter 2 Company Nam						U.S. EPA ID		81957236			
l		MAILINGS										
	8. Designated Facility Name an		U.S. EPA ID	U.S. EPA ID Number								
	Lighting Resources 101 East Bowie Street											
	Facility's Phone: Fort Wo	4 4 4 4 4 4	TXD008029191									
					(817) 92 10. Cont		11. Total	12. Unit	T			
	9. Waste Shipping Name	-			No.	Туре	Quantity	Wt./Vol.				
<u>ب</u>	X 1 UN3028 Batt	teries, dry, containing potas	sium hydroxide	solid				1				
GENERATOR	(Universal W 8	01	DF	8	P							
GEN		teries, dry, containing potas	sium hydroxide	solid,				-				
1	\$4000 kgp	age] Alkaline Batteries Universal Waste)			01	DF	17	IP				
		omversar waste) teries, wet, filled with acid (Lead Acid hatter	ies)				-				
		Universal Waste)		,	01	DM	325	P				
	X 4. UN3480 Lith	ium ion batteries						1				
	ARREAG	Iniversal waste			01	5-	75	P				
	"				0'	DF	75					
	13. Special Handling Instruction	s and Additional InformationSWR# 4	0835		-	1	<u> </u>	220	69			
	1=:Batteries - Nicke	l/Cadium 2=-:Alkaline Batter	ies 3—:Lead Acid	Batteries	4=-:Lithium IC	N Batteri		J.(),	1 20 / 1			
	1 × 5	1 × 5	l × 5			× 30			,			
										-		
	14. GENERATOR'S/OFFEROR	'S CERTIFICATION: I hereby declare that ed, and are in all respects in proper conditions.	the contents of this consig	gnment are fu	ully and accurately de	scribed above	by the proper sh	ipping name	e, and are classified, pac	kaged,		
	Generator's/Offeror's Printed/Ty		on for transport according	Signal	······································			*	Month Day	/ Year		
V	Karla Henson			K	ala K	Euso	n		04 13	18		
NT/L	15. International Shipments	import to U.S.	Expo	ort from U.S.	Port of er				l	1 - 4		
-	Transporter Signature (for export 16. Transporter Acknowledgmer				Date leav	ing U.S.;						
	Transporter 1 Printed/Typed Na			Signatu	Ira			*****	Month Day	Van		
2	Rory	· Contey		1 5	182		· · · · · · · · · · · · · · · · · · ·		Month Day ₽4 13	19		
TRANSPORTER	Transporter 2 Printed/Typed Nar	me		Signatu	ire			<u> </u>	Month Day			
٤												
A	17. Discrepancy 17a. Discrepancy Indication Spa	100										
	Tra. Discrepancy indication opa	Quantity	Туре		Residue		Partial Rej	ection	☐ Full Re	ection		
					Manifest Reference I	Number:						
Ĕ	12L Allered C. W. (-, Arrestal)											
FACILITY	Facility's Phone:						1					
	17c. Signature of Alternate Facil	ily (or Generator)							Month Day	Year		
DESIGNATED												
								8000 SI				
		r Operator: Certification of receipt of mater	ials covered by the manife	st except as	noted in Item 17a			e en				
	Printed Typed Name RO	···		Signatu	re V				Month Day			
<u>' </u>		`~			212-60				1412	1121		

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A	NON-HAZARDOUS WASTE MANIFEST		64117963	42	of 3. Emergency Response Phone 4. Waste Tracking 2 105				05-	ng Number ろー 07 23 <i>ー</i> の			
	5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) University of North Texas Generator's Site Address (if different than mailing address) 2310 North 1-35E												
	1155 Union Circle Box 310950 Denton , TX												
	Generator's Phone: 6. Transporter 1 Company Nan		940-565-4751			·		44.0 = 54.45					
	į .							U.S. EPA ID		* * * * * * * * *			
	SET Environme			wiii						195723	6		
	7. Transporter 2 Company Name U.S. EPA ID Number										,		
	8. Designated Facility Name an	d Site Address Resources					-	U.S. EPA ID	Number	-vv			
		t Bowie Street						20	9 P P P P P P P P P P P P P P P P P P P		ند		
								. 1	.ADVO	802919	<u>ተ</u>		
	Facility's Phone: Fort Wo	rth, 1X 76110		***************************************	<u> (</u>	817) 921	-1440						
	9. Waste Shipping Name	and Description			-	10. Cont	T	11. Total 12. Unit					
	1.Universal Was	te Fluorescent Bu	lhe		; -	No.	Туре	Quantity	·Wt./Vol.				
GENERATOR		no i racionome Da				02	CW	4,000	P				
VERA							CVY	1,000					
GE	2 Non Dot	Regulated M	steria l			1	~	ا ہے ا	0				
		Ikaline Batt	eries)			7	Db	75	P				
	3. Non Dot	Regulated	meterel			n							
	<i>l</i> wi	-Ced Batte	n'es)	,		1	DŁ	60	P				
	4. UN 3486	Lithium Ion B	attenias			À	10	دوسم.	P				
	9	Cunivesal	west)			1	DF	60	1				
	13. Special Handling Instruction	s and Additional Information	SET SWR # 4083	5		PE	PO#231087						
	1=-:Fluorescent bulbs	2÷	Alkalle Batteria	5			• •	, .	•		χ.		
	and ewa	2	lx5	•						. 🛕			
	1460balb\$56	d bulbs							•				
	14. GENERATOR'S/OFFEROR marked and labeled/placard	'S CERTIFICATION: I here ed, and are in all respects i	by declare that the contents of n proper condition for a seport	this consignment a	are fully and cable intern	d accurately de	scribed abov	e by the proper si	hipping names,	e, and are	ed ped,		
	Generator's/Offeror's Printed/Jy	ped Name		- Sig	palure /	. 17.	4		-	Month			
1	15. International Shipments	· []	·	, *	-3	Ba Jak	- F	200		05	25 Z		
INT'L	Transporter Signature (for expo	السان Import to U.S. rts only):	•	Ll Export from t	U.S.		ntry/exit: ving U.S.:						
ER	.16. Transporter Acknowledgme	nt of Receipt of Materials				.,							
RT	Transporter 1 Printed/Typed Na			-	gnature	n				Month	Day Year		
Š	Alexander m	eally		9	WY		n		•	05	25 21		
TRANSPORTER	. Transporter 2 Printed/Typed Na	me		Sig	gnature				*	Month	Day Year		
TF		<u>:</u>					······			, :			
A	17. Discrepancy .			·					~		-		
٠,	17a. Discrepancy Indication Spa	ace Quantity	Туре			Residue		Partial Re	ejection		Full Rejection		
	17a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection When the second Partial Rejection I related to the second Partial												
And the second s							U.S. EPA ID Number						
ACIL.								1		•			
DE	Facility's Phone: 17c. Signature of Alternate Faci	lity for Generator\								· Month	Day Year		
DESIGNATED FACILITY	or organization of Fatorinato F do	- Jan - Strongery		. [WORLD	Day Year		
ESIG					6.6						* i		
וֹם ו							9 G G G						
	18. Designated Facility Owner of	or Operator: Contitiontion of	receipt of majorials sourced by	the manifest ever-	nt an noted	in Hom 17c							
	PrintedTyped Name,	or Operator, Oertification of	reselpt of materials covered by	<u>.</u>	gnature	ii nesii s/a				Month	Day Year		
¥	LAMU R	all			B	1	7	ne .		5	13812		

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1	UN	FORM-HAZARDOUS \ (Continuation		21. Generator ID Number TXD0641179	63	22. Page	23. Man	ifest Tracking Nu	mber		, calle from	2000 0000
	24. 0	Senerator's Name UN		1 1/10-0 (11) [<u> </u>	100 0	, - Q			
	25.	Transporter Cor	mpany Name		· · ·			U.S. EPA ID	Number	,		
	26, 1	Fransporter Con	npany Name					U.S, EPA ID	Number			
	27a. HM	and Packing Group (if ar	ny})	pping Name, Hazard Class, ID	,	28. Conta	iners Type	29. Total Quantity	30. Unit Wt./Vol.	31.	Waste Code:	3
	×	S, UN &	2800 Kat 8 (un	teries , wet, no irusal wstc)	on-spillable	2	DF	700	P			
					v.*w.							***
 22												
GENERATOR					·					***************************************		
- GEN												
		**************************************		,					<u> </u>			·····
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	32. S	Decial Handling Instruction Lead Aud	s and Additional Informa	dion 2x55								
+			· · · · · · · · · · · · · · · · · · ·									
RIER	33. Tr	d/Typed Name	vledgment of Receipt of	Materials	Signal	afre /	2400			Mo		و
TRANSPORTER	34. Tr		ENSON vledgment of Receipt of	Materials	Signat		ewa			<u> 2</u>	-	
	0. 5	iscrepancy			Signat	VIG.				. Mo	nth Day	Year
DESIGNATED FACILITY	00.15	ostopulity								·		`
GNATE	36. H	azardous Waste Report M	anagement Method Cod	es (i.e., codes for hazardous w	aste treatment, disposat, ar	nd recycling systems)						
DES				-								
P	Form	8700-22A (Rev. 12-17) Provious editions of	ro absolato	-	DEC	CALATEI	PACILITY	TO EDA	O O BAAR	HEECT C	VCTER

A	NON-HAZARDOUS WASTE MANIFEST	i	4117963	2. Page 1 of 1	3. Emergency Respo 877-43	nse Phone 7 – 745 5	4. Waste 2.10	Tracking Nu	mber でと・O)
	5. Generator's Name and Majin University of N 1155 Union Ci Denton , TX Generator's Phone:	rcle Box 310950 76203	040-565-4751	. 1	Generator's Site Addi 2310 North Denton, TX		than mailing add	lress)	
	6. Transporter 1 Company Nan SET Environm	10		L			U.S. EPA II		81957236
	7. Transporter 2 Company/Nan	ne				The state of the s	U.S, EPA IC		
-	8. Designated Facility Name an Lightin	d Site Address g Resources	71200-71-0				U.S. EPA IE) Number	
		st Bowie Street orth, TX 76110			(817) 9	21-1440	1	TXD0	08029191
	9. Waste Shipping Name					ntainers Type	11. Total Quantity	12. Unit Wt./Vol.	
GENERATOR -	[electric, stor	teries, dry, containinį age] Alkaline Batterie Universal Waste)		dde solid,		1 DF	30	P	
- GENES	X 2. UN2794 Bat	teries, wet, filled with Universal Waste)	acid (Lead Acid b	atteries)		DF	550	P	
	X 3. UN3480 Littl	nium ion batteries Jniversal waste				1	7		D003
		Hhium Metal	batteries			1 DF	/	P	
	13. Special Handling Instruction	s and Additional Information SV	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2106 110	18	DF	5	7	
	1=:Alkaline Batteri	es 2=-:Lead Acid Batter 01 + 55 I'S CERTIFICATION: I hereby de led, and are in all respects in pro	ies 3—:Lithium ION	Batteries	H = Lither cos	described abov	e by the proper s	hinning nam	e, and are classified, packaged,
V	Generaler's/Offeror's Prinjed/Ty				alla K	Juse		THE PARTY OF THE P	Month Day Year 07 08 21
INT'L	15. International Shipments Transporter Signature (for expo			Export from U		entry/exit: eaving U.S.:			
TRANSPORTER	16. Transporter Acknowledgme Transporter 1 Printed/Typed Na Line Communication Transporter 2 Printed/Typed Na	DZ(1) I		سَا ا	natura di natura	14	7 N//	1	Month Day Year 07 08 202 Month Day Year
TRA	17. Discrepancy							***************************************	J. J
A	17a. Discrepancy Indication Sp.	ace Quantity	Туре	, "	Residue	n11.	Partial Ro	ejection	Full Rejection
HITY -	17b. Alternate Facility (or Gene	rator)	v v visikkiminininintaliseksia.	,	Manifest Referenc	e Number:	U.S. EPA ID	Number	
DESIGNATED FACILITY	Facility's Phone: 17c. Signature of Alternate Faci	lity (or Generator)	-,						Month Day Year
- DESIGN									
V	18. Designated Facility Owner of Printed Typed Name	or Operator: Certification of receip	t of materials covered by the		as noted in Item 17a				Month Day Year

À.	NON-HAZARDOUS WASTE MANIFEST	1, Generator ID Number TXD0 6411	7963 2. Page	1 of 3. Eme	rgency Respons 77-437	e Phone -7455		Fracking Nu	mber いて~ ひて	
	5. Generator's Name and Mailir University of N 1155 Union Cir	orth Texas orth Box 310950		Genera 231	tor's Site Addres O North I-	s (if different t 35E	han mailing add	ress)	<u></u>	
	Denton, TX Generator's Phone: 6. Transporter 1 Company Nam	76203 940-5	35-4751	Den	ton, TX 7	76205	***************************************	~~~~		
	SET Environme						U,S, EPA ID		3195723	e l
	7. Transporter 2 Company Nam	·				***************************************	U.S. EPA ID	***		· · · · · · · · · · · · · · · · · · ·
		g Resources	, arannon	- 17 1607		W.C. L.W.	U.S. EPA ID			
П		st Bowie Street					1	TXDO	0802919	1
	Facility's Phone: FOR VV	orth , TX 76110	***************************************		(817) 92					
	9. Waste Shipping Name	and Description			10. Cont	1	11. Total	12. Unit		
П	1. Universal Wa	aste Fluorescent Bulbs			No.	Туре	Quantity	Wt./Vol.		
GENERATOR					02	_ ಬು	900	P		
GEN	2. UN 2799 B	Bosteries Wet Licad Mid los Universal	filled with	raud	OL	دس	700	P		
	3. UN 3794) 8 44400 AGA	-BATTENIES, WE DBATTENIES) IVINIUS	Washe 59460 WH ASSISU	H-AGID				-		
	4.									
	13. Special Handling Instruction	s and Additional Information SWR#4	10835 Job# 2106	3-1102		<u> </u>				
	1=:Fluorescent bull		21 Lead Ac		atten.	es				A STATE OF THE STA
	1650 Bulbs 1530 bulbs		, contained and							
	14. GENERATOR'S/OFFEROR marked and labeled/placard	'S CERTIFICATION: I hereby declare that ed, and are in all respects in proper condi	t the contents of this consigna- tion for transport according to	nent are fully a applicable inte	nd accurately de rnational and nai	scribed above tional governm	by the proper si ental regulation:	hipping name s.	e, and are classifier	d, packaged,
	Generator's/Offeror's Printed/Ty			Signature	0 1				Month	Day Year
٧	Karla Henson		•	1 Car	Va ()	wow			170	08 21
INT'L	15. International Shipments Transporter Signature (for expo		- Export	from U.S.	Port of e Date fea	•	71			
띮	16. Transporter Acknowledgme Transporter 1 Printed/Typed Na			0:						
TRANSPORTER				Signature	In		M)	M	Month 07	Day Year
S	Transporter 2 Printed/Typed Na	me 0 C C C C C C T T T	·	Signature	73			/	Month	08 0001 Day Year
Æ						•				Day roal
<u>.</u>	17. Discrepancy									
1	17a, Discrepancy Indication Spa	Quantily	Туре		Residue		Partial Re	ejection	П	ull Rejection
	17b. Alternate Facility (or General	rator)		Mar	ifest Reference	Number:	lie EDA ID	. Messakaa		
Ē	170. Alternate Facility (of Gener	alui)					U.S. EPA ID	Number		
ÄCI	Caellibria Obanas						1			
	Facility's Phone: 17c. Signature of Alternate Faci	lity (or Generator)	·····	***************************************					Month	Day Year
DESIGNATED FACILITY				S4446 participal s4444 1444		ili kasakan mara		a 100 a 20		
DESI					# 150400 St 2008 St	mang sering s getar sasasas				
		or Operator: Certification of receipt of mate	erials covered by the manifest	except as note	d in Item 17a	:	······································			
	Printed/Typed Name R/A	 U		Signature	No.				Month	Day Year

_	1.0((D.II.)							
A	NON-HAZARDOUS 1. Generator ID Number 2. Page 1 of	3. Emergency Respons	se Phone	4. Waste T	racking Nu	mber		
	WASTE MANIFEST TXD 0 64117963	877-437	-7455	2145	. Alia	11-000	ŧ	
	5. Generator's Name and Mailing Address	Generator's Site Addre	ee lif different th	an mailing adds	040	4.000		
	University of North Texas - Discovery Park			_	6991			
	1155 Union Girde Box 310950	3940 N. E	IM Street	*				
	Denton, Tx 76203	Denta T	× 7620	งว				ř
	Generator's Phone:	· • · · · ·	K					
	6. Transporter 1 Company Name			U.S. EPA ID	Number			
	SET Environmental, Inc.							
	7. Transporter 2 Company Name					57 236		
	17. Harsporter 2 Company Name			U.S. EPA ID	Number			
	8. Designated Facility Name and Site Address			U.S. EPA ID	Number			
	Lighting Rusouses							
	Lighting Rusonces 101 East. Bourie St.			JXD 9	90 8 C	191 PS		
	tort worth Tx 76110 pro co. 1			1				
	Facility's Phone: 817 - 921- 1446	· · · · · · · · · · · · · · · · · · ·			1	1		
	9. Waste Shipping Name and Description	10. Con	lainers	11. Total	12. Unit			
		No.	Туре	Quantily	Wt./Vol.			
<u> </u>	1. UN 3480 Lithium Ion Batterics 9							
2			Dt	3	9			
H.	(universal waste)		'	-	Ì			
GENERATOR	2 UN 2800 Batteries, wet, Non-Spillable				-			
Ö	Square Sould batteries, wet, Non-Spillable			50	7	312 Sh31		
1	8 (universal another)	1	40	20	P			
1						91516		
	3.							
			a real real real real real real real rea					
								888
	4.							
	13. Special Handling Instructions and Additional Information	<u> </u>	.1					
	1= 1x5 G1 ERG 147					•		
	, V, O, C,							
	2= 1×30 Gal, ERG 154							
	1 (730 04.) 27.0 (7)							
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment a	re fully and accurately di	escribed above I	ov the proper st	ninging nam	e. and are classif	ied nacka	ned
	marked and labeled/placarded, and are in all respects in proper condition for transport according to applic	able international and na	ational governme	ental regulations	3,			91
	Generator's/Offeror's Printed/Typed Name Sig	nature				Month	Day	Year
¥	ANTHONY ROMAN 1	~ ~ ~				18	11	२(
	15 International Shipments					<u> </u>	I	<u> </u>
NT'L	import to U.S. Export from U.S.	•	entry/exil:				****************	
_	Transporter Signature (for exports only): 16. Transporter Acknowledgment of Receipt of Materials	Date lea	aving U.S.:					
TRANSPORTER		nature				331	D	Vari
e B	· '		,			Month	Day	Year
양		They med	<u>u</u>			08	16	21
Æ	Transporter 2 Printed/Typed Name Sig	nature				Month	Day	Year
Ë								
A	17. Discrepancy					•••		
Ť	17a. Discrepancy Indication Space Quantity Type			Пали	.1		E B	
	L. I Quantity	Residue		Partial Re	jection .		Full Rejec	non
		Manifest Paleranea	Mumbar					
۶	17b. Alternate Facility (or Generator)	Manifest Reference	rauninel.	U.S. EPA ID	Number	***************************************		
5								
ភ្ន				}				į
Ш	Facility's Phone:			<u> </u>			D	
E E	17c, Signature of Alternate Facility (or Generator)					Month	Day	Year
DESIGNATED FACILITY		A4400040444465504444444	Bodel (Appril 2000)	e (10 de Jugos), es Sonica de Compositio	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MIN COMPLETE COMPANY		
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DE								
1								
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest excep	ot as noted in Item 17a						
	Printed/Wyped Name Sig	nature (Month	Day	Year
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A	NON-HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Eme				racking Nu	
T	WASTE MANIFEST 120064117963 87	7- 437-	7455	₹5 2	108-6	3000 - 404E
	5. Generator's Name and Mailing Address General	itor's Site Addre	ess (if different	than mailing addr	ess)	
		sia Nor			,	
ľ	1155 Union Circle Box 310950	Denten,	To 700	-		
l	Generator's Phone: 1x 74203 940-565-475	- e-non	1× 1656	2.		
П	6. Transporter 1 Company Name		***************************************	II O ERA ID	Maria	
П	SET ENVIRON MENTAL, INC			U.S. EPA ID		
	7. Transporter 2 Company Name					7236
Ш	7. Hansporter 2 Company Name			U.S. EPA ID	Number	
$\ \ $	8. Designated Facility Name and Site Address			U.S. EPA ID	Number	
П	Lighting Resources					
Ш	los East Bouse			T X D	0800	29191
	Facility's Phone: 817-921-1440					
П		10. Coi	ntainers	11. Total	12. Unit	
	9. Waste Shipping Name and Description	No.	Туре	Quantity	Wt./Vol.	
1	1 Aug Son Of The Market	1101	1,700	,	1	
5	NON DOL REGULATED WATER 1	2		1/22	1	
돟	(universal woste Light Bulbs)	2	cω	1600	P	
GENERATOR			-		1	
넁	2. UN 2794 Batteries, wet, Filled with Acid				_	
	8	(DF	200	9	
	8 (universal waste) 3. UN3480 Lithium Ion Batteries 9		-			
	3. UN3480 Lithium Ion Botteries 9				_	
Н			4G	100	9	
	(universal weste)		V 1		'	
$\ \ $	4.					
Ш			{			
	13. Special Handling Instructions and Additional Information	l	<u> </u>		1	
	1=, 2x pallets of 4' ~4,000 bulbs			•		
	2=30 k30				i	
	3 = 1×30					
	.0 - 17.50					
П	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully a	nd accurately d	lescribed above	by the proper sh	ipping name	e, and are classified, packaged,
П	marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable inte	rnational and p	ational governr	nental regulations	l	
Ш	Generator's Offeror's Printed/Typed Name Signature					Month Day Year
٧	Karla Henson Gu		Busin	<u></u>		08 17 2
۲	15. International Shipments		entry/exit:		***************************************	
Z L	Transporter Signature (for exports only):		entry/exit: aving U.S.;			
	16. Transporter Acknowledgment of Receipt of Materials	₩aic ic			nau	1 .
TRANSPORTER	Transporter 1 Printed/Typed Name Signature			······································		Month Day Year
ا م	Alexander Medin alex	a m	·			68/17/21
2	Transporter 2 Printed/Typed Name Signature					
ا≱	Junature					Month Day Year
-	49.5		••••			
≬ ∣	17. Discrepancy					
	17a. Discrepancy Indication Space Quantity Type	Residue		Partial Re	jection	Full Rejection
						,
H		nifest Reference	e Number:	· · · · · · · · · · · · · · · · · · ·		
ا⊴	17b. Alternate Facility (or Generator)			U.S. EPA ID	Number	
히						
DESIGNATED FACILITY	Facility's Phone:					
의	17c. Signature of Alternate Facility (or Generator)					Month Day Year
إ≷						
ᅈ						
띩				9.50 300	95 88 395 P	
7						
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as note	dia llass 17				
		u iii kem 1/a		v.		Month Day V
↓	Printed typed Name Signature	1// .	0			Month Day Year
7	/1111UV	107	人			1812421

	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number TXD 0 64	L17963	1	Emergency Respons 877-437	-7455	121		mber 0856-0	s(
	5. Generator's Name and Maili University of N 1155 Union Ci Denton, TX	ng Address Iorth Texas rcle Box 310950 76203	7	•	nerator's Site Addres 310 North I- Denton , TX 7		han mailing add	ress)		
	Generator's Phone:	940	-565-4751				U,S, EPA ID	Mumbor		
'	5. Transporter 1 Company Nar SET Environm						0.3. EFA 10		81957236	
-	7. Transporter 2 Company Nar						U.S. EPA ID	Number		
			w			m-	U.S. EPA IC	Numbor	r .	
	B. Designated Facility Name a Lightin	ng Resources					0.0. LI A IL	Humbor		
	-	ast Bowie Street						TXDO	08029191	
	Facility's Phone: Fort W	orth , TX 76110			(817) 92				T	
	9. Waste Shipping Nam	ne and Description			10. Conf	Type	11. Total Quantity	12. Unit Wt./Vol.		
 -	X 1. UN2794 Ba	tteries, wet, filled with a	oid (Lead Acid l	patteries)				_		
GENERATOR	88433 1	(Universal Waste)	`	,	01	DF	123	P	Uniuzos	λ ι- λ
J GEN	[electric, sto	utteries, dry, containing p orage] Alkaline Batteries (Universal Waste)	otassium hydro	xide solid,	03	DF	158	4	Univa	
	X 3. UN3480 Li	thium ion batteries Universal waste			02	DF	42	P	15 Univ 30	a H
		ntteries, dry, containing p Waste Batteries- Nickel/C		oxide solid	81	DF	7	7	univao	
	14 GENEDATOR'S/OFFEDO	eries 2=:Alkaline Batterie DR'S CERTIFICATION: I hereby deck rided, and are in all respects in proper	re that the contents of th	nis consignment are	fully and accurately d	escribed abov	PO 1	<u>4253</u> shipping nan		kaged,
	Generator's/Offeror's Printed/	Typed Name		Siona	ture /		(D)	•	Month Day	
¥	Karla Henson 15. International Shipments				mean	Lus	W-		012	1 4
INT	Transporter Signature (for exp	import to U.S.	!	Export from U.S		entry/exit: aving U.S.:				
	16. Transporter Acknowledgm	nent of Recelpt of Materials				A STATE OF THE STA	<u>~j) </u>		Month Day	/ Year
ORT	Transporter 1 Printed/Typed I	Name Stucrotk		. Signa	I X		1		19129	1121
TRANSPORTER	Transporter 2 Printed/Typed I			Signa	lure				Month Day	
A	17. Discrepancy 17a. Discrepancy Indication S	Space III					<u>. </u>	******		
	Tra. Discrepancy indication c	Quantity	∐ Туре	4	Residue	a Normhau	Partial I	Rejection	L Full Re	ection
ا ځ	17b. Alternate Facility (or Ge	nerator)			Manifest Reference	e Mumber:	U.S. EPA	ID Number	11/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	· ·
CILI							!			
DESIGNATED FACILITY	Facility's Phone: 17c. Signature of Alternate F	acility (or Generator)		<u></u>					Month Da	y Year
- DESIGN					See					
		er or Operator: Certification of receipt	of materials covered by t	the manifest except a			-		Month Da	y Year
V	Printed/Twoed Name RC	<u> </u>		9	tkuz		DESIGNA	TED EA	CILITY TO GEN	521

Á	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number TXD 0 6 4 1 1 7 9		3. Emergency Respons 877-437		4. Waste T	racking Nu	mber 0856-02
	5. Generator's Name and Mailir University of N 1155 Union Cir		<u> </u>	Generator's Site Addres 2310 North I-	ss (if different 35E			
	Denton, TX Generator's Phone:	76203 940-565-	4751	Denton, TX	76205			
	6. Transporter 1 Company Nam SET Environm	ne		THAT TO 1.		U.S. EPA ID		81957236
	7. Transporter 2 Company Nam		1000000104-4		WILLIAM TO THE TANK T	U.S. EPA ID		01301230
	8. Designated Facility Name an					U.S. EPA ID	Number	
$\ $	- '	g Resources st Bowie Street					ምኝ <i>ኛ</i> ነን በ ፣	08029191
	Facility's Phone: Fort Wo	orth, TX 76110		(817) 92		,	··,	V W & & & & & & & & & & & & & & & & & &
	9. Waste Shipping Name	e and Description		10, Cont	ainers Type	11. Total Quantity	12. Unit Wt./Vol.	
GENERATOR -	1. Universal Wa	aste Fluorescent Bulbs		೦೭	دس	300	P	Univ319H
- GENE	2. Universal	herste Fluoresce	nt Bullos	Ol	DF	20	P	Univ319H
	3.							
	4.	# Parada di Alamanda di Alaman	4,40					
	13. Special Handling Instruction	ns and Additional Information SWR# 408	35	· .	.1	<u> </u>		
	1=:Fluorescent bull 2,370 bu	bs 2= Fluor	escent But	/ <i>0</i> %				
	•			•	F	0 142	53	
	14. GENERATOR'S/OFFEROR marked and labeled/placard	R'S CERTIFICATION: I hereby declare that the led, and are in all respects in proper condition to	contents of this consignment a or transport according to applic	re fully and accurately de able international and na	scribed above	by the proper st	icoino nami	e, and are classified, packaged,
V	Generator's/Offeror's Printed/Ty Karla Henson	yped Name	sign ld	ore to	Juso	n		Month Day Year 09 29 21
I,T	15. International Shipments Transporter Signature (for expo	Import to U.S.	Export from I		ntry/exit: ving U.S.:			
	16. Transporter Acknowledgmer Transporter 1 Printed/Typed Na	nt of Receipt of Materials	Qia.	mature /	ving o.o			Mark Day
TRANSPORTER	Trevor S	turrock		3//				Month Day Year
TRAN	Transporter 2 Printed/Typed Na	ame	Sig [nature	Commenter			Month Day Year
AN 1-	17. Discrepancy 17a. Discrepancy Indication Spa	ace				·····		
	,	Quantity	Ш Туре	Residue		Partial Re	jection	Full Rejection
<u> </u>	17b. Alternate Facility (or Gene	rator)		Manifest Reference	Number:	U.S. EPA ID	Number	
ACILI	Facility's Phone:					I		5
DESIGNATED FACILITY	17c. Signature of Alternate Faci	ility (or Generator)		W The War was visited in	H			Month Day Year
SIGN								
10 E	40.0							
	18. Designated Facility Owner of Printed/Typed Name	or Operator: Certification of receipt of materials	covered by the manifest excep					Month Day Year
Y	HIIIU N	\mathcal{W}		\sim \sim \sim \sim \sim				W PO X

į	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number TXD 0 64 1 1 7 9 6 3	2. Page 1 of		ency Response 7-437-		4. Waste T	racking Num	OI -	01	
	5. Generator's Name and Mail University of N	Ing Address	<u> </u>	Generato	or's Site Address North 1-3	(if different th	nan mailing addr	ess)			
		ircle Box 310950		2010	/ INOIGH ING	~					
	Denton, TX	76203		Dent	on, TX 7	6205					9
	Generator's Phone: 6. Transporter 1 Company Nar	940-565-4751 me					U.S. EPA ID	Number			
	SET Environm							ILD98	195	7236	
ľ	7. Transporter 2 Company Nar	me					U.S. EPA ID	Number			
ļ	D. D. Januard Facility Name	ad Oliv Addraga			·····		U.S. EPA ID	Numbor			
	8. Designated Facility Name a Lightin	nd Sile Address 1g Resources					0.3. EFA ID	Number			
	101 Ea	ast Bowie Street						TXD00	802	9191	
	Facility's Phone: Fort W	/orth , TX 76110			(817) 92 ⁻	1-1440					
	9, Waste Shipping Nam	ne and Description			10, Conta		11. Total	12. Unit			
					No.	Туре	Quantity	Wt./Vol.			
5	X UN3480	ted (Expired Electronics) TS Lithium ion Batteries, 9,		ļ	, I	DF	5	P			
2	Luniverso	al waste)		ŀ	`	'	*****	4		7	
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	Waste)				1	OF	10	P			
	8 (6.1)	Batteries, wet, filled with e	3 (() (5			n				
	X (Universal	inches wer tilled with the	ح ردادات	7	3	OF	900	10			
	LONIVERSAL	, Wasie j			1			'			
	4. R. Wesi	es, dry, sealed, n.o.s. (Alkaline	Bartes	ries)	_		43.40				
П	Dairon	es, arg, section, vies, (ii-iii)		- /	1	DF	30	18			
	13. Special Handling Instruction	ons and Additional Information SET SWR # 40835	<u> </u>					<u> </u>	See 1900 1000 1	100010001100011000	
		i u 7 opies 2=-:Mercury Articles - Universal Waste		- 4	m *1						
			,1430, t	CKG 1	16						
	3=3 X55, ER	G 13-1	-	'				-			
	4=145,			(.0	. 4		. L., th	blustes sesse		-1	
	14. GENERATOR'S/OFFERO marked and labeled/placa	OR'S CERTIFICATION: I hereby declare that the contents of this rded, and are in all respects in proper condition for transport acc	consignment ording to appl	are rusy ar icable inter	national and nati	ional governn	nental regulation	mppany name s.	, anu ane (uassilieu, packi	
	Generator's/Offeror's Printed/		S	gnature '	0 X		9		1	Month Day مند ادد	Year
∀	-15. International Shipments			a	<u> </u>	SUN AS	V			11 10	1
	Transporter Signature (for exp	L Import to U.S	☐ Export from	U.S.	Port of er Date leav	•	******				
œ	16. Transporter Acknowledgm				Date leav						
ORTER	Transporter 1 Printed/Typed N		. 8	ignature	70	-D			1	Month Day	Year
SPC	Trever Stu Transporter 2 Printed/Typed I			ignature	i) C	*				Month Day	Z_\ Year
TRANSP	mansponer a runted/Typed I	NGI 110		Audine			Mary .		Ι,		1 .
<u>. </u>	17. Discrepancy	-									
1	17a. Discrepancy Indication S				Residue		Partial R	ejection		Full Reje	ection
	1	(100/13)	19/LE	.1.						·	
ا -	17b. Alternate Facility (or Ger	actually Merc clebris not	J-41-71(125Mar	ilest Reference	Number:	U.S. EPA II) Number			
Ę		,								•	
FAC	Facility's Phone:										
DESIGNATED FACILIT	17c. Signature of Alternate Fa	acility (or Generator)	1		-				`{	Month Day	Year I
GNA		•									
JES1											
<u> </u>											
	18. Designated Facility Owner	er or Operator: Certification of receipt of materials covered by the	***************************************		d in Item 17a					1 t 1	
╽	Printed/Typed Name	Ray	S 1	lignature	WI				L	Month Day	Year
1	9-BLC-O 6 10498 (Re	W 9/09)			1	7	 DESIGNAT	red Fac	 LITY	TO GENE	RATOR

Pléa	lou	ype.			ashiri .			Forn	n Approved	I, OMB No.	2050-0039
1	UNII	ORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number		22: Page 2 % 7		iest Tracking Nur しーめる(す)				
	24. 0	enerator's Name University of		- A.,	La Comba	Sin. L		70			<u> </u>
			The second secon				4.	•			
	or -				·		U.S. EPA ID N	lumber		<u> </u>	·
	25.	ransporter Company Name									
<u>.</u>	26. 1	ransporter Company Name			્ સંક		U.S. EPA ID N	lumber			
	27a.	27b. U.S. DOT Description (including Proper SI	pinning Name Hazard Class ID Number		28. Contair		29, Total	.00 (1/-)		•	
• 6	НМ≈	and Packing Group (If-any))	are, i dage opening on the properties of the following many management of the company of the company of the com-	ن درو هاشده رست	No.	Type	29, Iolai Cuantily	30. Unit Wt./Vol.	31.	Waste Code	ş
		5. Universal waste	fluorescent lambs	,	3	CW	300	P			li.
ŀ					3		500	۲			
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託		Minjura				<u> </u>		- <u>- 、</u>			
GENERATOR	West of		表示。第一个数据的数据								
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ŀ	32. S	pecial Handling Instructions and Additional Inform	nation				•	,		<u></u>	
3	33	4366TS Oty: 4566									
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2	33. Ti	ansporterAcknowledgment of Receipt o		describes in	and the second s	The same of the same		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	والمحادي والمحادة والمحادة	ery (* 25) Tangan ergy Tangan
RTE	Printe	d/Typed Name	Sig	nature					Mo L	onih Day I	y Year
TRANSPORTER	34. Ti	ansporter Acknowledgment of Receipt of	f Materials				· · · · · · · · · · · · · · · · · · ·	·	<u> </u>		
TRA		d/Typed Name	Sig	nature	***************************************				. Me	onth, Day	y Year
	35. D	iscrepancy				·		<u> </u>	. 100 V 1		
Ë				e et la							
FAC				(C	ATTUEZO:)40 TZ.	ek (13mf * NAT	14		ing the Section	
ATEL	36. H	azardous Waste Report Management Method Co	odes (i.e., codes for hazardous waste treatment, disposa	1		e supriger (in the time	(A) (1) (A)	<u> </u>	e en installe. Kanada kanada		
DESIGNATED FACILITY	1991/4			,							
씸	No. garage			\$ 1/1 f							

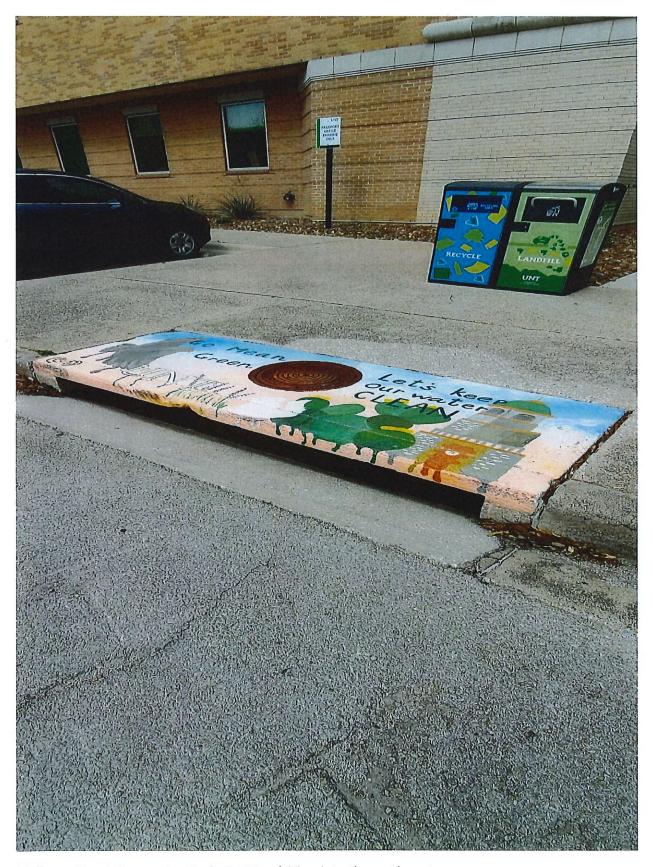
Á	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number TXD 0 6411		2. Page 1 of	_	. ,	se Phone 7 - 7455	4. Waste I	racking Nu	389-8)
	5. Generator's Name and Mailin University of N 1155 Union Cit	-			Generator's 2310 N			han mailing addr	ess)		
	Denton, TX Generator's Phone:	76203 940-56	35-4751		Dentor	ı, TX	76205				
	6. Transporter 1 Company Nam SET Environm							U.S. EPA ID		3195 7 23	16
	7. Transporter 2 Company Nam	ne				***		U.S. EPA ID	Number		
	8. Designated Facility Name an							U.S. EPA ID		79191 7	
	,	g Resources st Bowie Street							TSCD 0 (0802919	1
	Facility's Phone: Fort W	orth , TX 76110	<u> </u>		3)		21-1440	<u> </u>	1		
	9. Waste Shipping Name	e and Description				No.	ntainers Type	11. Total Quantity	12. Unit Wt./Vol.		
GENERATOR -	1. Universal Wa	aste Fluorescent Bulbs			411	2	cw	400	P		HPIEVING
GEN		waste Fluorescent (ì	DF	20	P		>NW319H
	^	wet, Aun-Spillable, I' Waste)		Batteri	હ્યું	ì	٥۴	250	P	,	JN1 ∨3 09H
	2002000	Eithium ion Batteri ersal Waste)	ies, q			î	٥F	2	P		UNIV 309H
	13. Special Handling Instruction	ns and Additional Information SET SV	VR # 40835	PO # 01	PO0174	44				<u>} ::::::::::::::::::::::::::::::::::::</u>	DIVIVSO(H
	I=:Fluorescent bul		4= Litt	iom 1	Ion, ix	5,ER	147				
	2= Fluorescent l 3 = Lead Acid	Batteries, IX55, ERG 15	(મુ-					·			
	14. GENERATOR'S/OFFEROR	R'S CERTIFICATION: I hereby declare that ded, and are in all respects in proper condi	t the contents of this	consignment a	re fully and a	ccurately o	lescribed above	by the proper st	hipping name	e, and are classifie	ed, packaged,
	Generator's/Offeror's Printed/T	yped Name	non for transport abou		gatue	7	kus	······································		Month	Day Year
INT'L	15. International Shipments	ISPSON Import to U.S.		Export from (U.S.	Port of	entry/exit:			12	20 21
	Transporter Signature (for expo	orts only):		·			aving U.S.:	7			
TRANSPORTER	Transporter 1 Printed/Typed No		······································	Sig	nature	10				Month	Day Year
RANSE	Transporter 2 Printed/Typed No			Sig	nature &	0				Month	Day Year
Ā	17. Discrepancy	m /2			í					1/2	12/12/
	17a. Discrepancy Indication Sp	oace Quantity	Туре	,	÷	lesidue		Partial Re	ejection		Full Rejection
Ĕ	17b. Alternate Facility (or Gene	erator)			Manifes	i Heterenc	e Number:	U.S. EPA ID	Number		
FACIL	Facility's Phone:				,						
ATED	17c, Signature of Alternate Fac	cility (or Generator)		[` Month	Day Year
 DESIGNATED FACILITY 											
		or Operator: Certification of receipt of mate	orials covered by the			Item 17a					
Y	PfinteXTyped Name	tazian		sy 	native A.v.	Pa	tin	zian		Month 12	Day Year 30 2/
169	9-BLC-O 6 10498 (Rev	ı. 9/09)					ŗ	G ESIGNAT	ED FAC	COT YTLLIC	ENERATOR

A	NON-HAZARDOUS WASTE MANIFEST	1, Generator ID Number T x D 0 6 4 1 1 7 4 6 3	2. Page 2 of 2	3. Emergend	cy Response		4. Waste Ti	racking Nun こ - <i>O</i> ら8			
	5. Generator's Name and Mailir	ng Address					an mailing addr				
	University of	North Texas				(,			
	Generator's Phone:					MM-A-W-					
	6. Transporter 1 Company Nam	ne					U,S, EPA ID	Number			
-	7. Transporter 2 Company Nam	ne	,				U.S. EPA ID	Number			
	8. Designated Facility Name an	nd Site Address					U.S. EPA ID	Number			
	Casiibda Dhanar						ı				
 	Facility's Phone:				10, Conta	ainers	11. Total	12. Unit	······································	-	
	9. Waste Shipping Nam			_	No.	Type	Quantity	Wt./Vol.			
GENERATOR	X (Unit	Batteries, nickel-m versal Batteries)	letal hydride,	4	į	01F	1	p		שומט	/319H
GEN	6. Batterie (Alk	es Dry sealed, n.o.s. caline Batteries)			i	DF	5	P		nunex	ŒMT
	3.										
	4.										
	13. Special Handling Instructio	and Additional Information					ww	With the second			
	5 = Nicecl-meta	1 Batteries 1x5.									
	6 = Alkaline B	atteries, 1x5									
		·									
	14. GENERATOR'S/OFFERO	R'S CERTIFICATION: I hereby declare that th	e contents of this consignment	are fully and a	ccurately de	scribed above	by the proper s	hipping nam	e, and are classifi	ed, packag	jed,
	marked and labeled/placar Generator's/Offeror's Printed/T	rded, and are in all respects in proper condition Typed Name		ignature	ional and na	dollar governm	iettai regulation	J.	Month	Day	Year
¥				ŀ			wa				
INT'L	15. International Shipments	Import to U.S.	· Export from	U.S.		ntry/exit: ving U.S.:	······································				
i	Transporter Signature (for exp 16. Transporter Acknowledgm		AND MICHAEL CONTRACTOR		Date lea	Ving 0.0			····		
TRANSPORTER	Transporter 1 Printed/Typed N		, s	ignature	***************************************				Month 1	Day	Year I
NSP	Transporter 2 Printed/Typed N	Name	S	ignature					Month	Day	Year
TRA							•				
A	17. Discrepancy 17a. Discrepancy Indication S	no20 [775]			····		<u> </u>				
	17a. Discrepancy indication 5	Quantity	∟ Туре	البا	Residue		Partial R	ejection		Full Reject	lion
			· · · · · · · · · · · · · · · · · · ·	Manife	st Reference	Number:	110 50415	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			*****
FACILITY	17b. Alternate Facility (or Gen	nerator)					U.S. EPA II) Nawber			
Ι¥	Facility's Phone:										
	17c. Signature of Alternate Fa	acility (or Generator)							· Month	Day	Year
- DESIGNATED											
	18. Designated Facility Owner	r or Operator: Certification of receipt of materia	ls covered by the manifest exc	ept as noted ir	ı item 17a					yatasadite(0)0000	Acceptation of the
	Printed/Typed Name			Signature		- IANILITAN			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	220	OCC # 11	Misc (B	Brass)	Misc (Tin Scra	Misc (Tin, Copper, Scrap)	Plastic (PET Natural)	r Natural)	Plastic (0	Plastic (Colored)	Sorted Of	Sorted Office Paper	CY 2021
Month	Volume (Tons)	Mix Raper Revenue	Volume (Tons)4	Cardboard Revenue	Volume (LBS)	Misc Revenue	Volume (185)2	Misc Revenue2	Volume (Tons)3	Plastic (PET) Revenue	Volume (Tons)2	Plastic (PET) Revenue2	Volume (Tons)22	SOP Revenue	Totals
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	9.8	\$0.00	2.6	\$286.55											\$286.55
July	6.2	\$0.00	7.4	\$957.71											\$957.71
August	13.2	\$0.00	1.6	\$1,499.16											\$1,499.16
September	9.9	\$0.00	8.2	\$927.48											\$927.48
October	0	\$0.00	0						,						\$0.00
November	9.7	\$0.00	6												\$0.00
December	11.4	\$0.00	12.7												\$0.00
Totals		\$0.00	73.9	\$5,583.28	0						- 1	\$0.00	0		\$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	28	15				95
February			15				15
March	10	425	10				445
April	17	325	75	8			425
May	75	700	50	09			885
June							0
July	30	1250	7			5	1292
August		250	103				353
September	158	123	42	7			330
October 0							0
November	30	006	5				935
December	5	250	2		1		258
Totals	347	4281	324		1	5	5033

v. Used Oil Recycling Ticket(s)

Safety-Kleen Systems, Inc. 42 Longwater Drive Norwell, MA 02061 CORPORATE: 800-669-5740

24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)

8178386966

REFERENCE NOR.

UN35752 University Of North Texas

2204 # Prairie St Denton TX 76201-5722 PHONE 940-369-7359

85249336 - 2100277816 SRVC WEEK: 2021-6 SRVC DATE: 02-01-2021

BILL TO CUSTOMER# UN35988

CUSTOMER#

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®

	PRODUCT/S	ERVICES			
SERVICES/PRODUC		QTY	UNIT PRICE	TAX	TOTALCHARGE
10256	FEE, OIL	1.0	175.00	0.00	175.0
	SERÝ ICE/STOP				
	NON-PREQUAL CRANKC				
•	SERVICE TERM 24 WEEK				
66636	USED OIL RECYCLE	250.0	0.70	0.00	175.0
	AUTOMOTIVE OIL			-	
	SERVICE TERM 24 WEEK				
	HALOGEN/ CLOR-D-TECT TEST	NOT PERFO	ORMED .		

TOTAL SERVICE/PROD	UCTS	175.70	0,00	350,00	
TOTAL CHARGE CREDITS				350.00 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 (1) 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 triflurotrichloroethane 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 disnosal. Final invoicing will be based on the actual services provided which was include

USE oil
pickup

02/01/2021

Sufety-Kleen Systems, Inc. 42 Longwater Brive Norwall, MA 02061 CORPORATE: 800-669-5740

24 HR EMERGENCY: 800-468-1760 (Safety-Kleen) 8178386966

CUSTOHER 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 P0 Box 310499 Attn Claims Accting Denton TX 76203-0499 PHONE 940-369-7369

PURCHASE ORDER#

TAX EXEMPT#

	PRODUCT/S	SERVICES			
SERVICES/PRODUCT	†	QTY	UNIT PRICE	TAX	TOTALCHARGE
10256	FEE, OIL	1.0	175.00	0.00	175.0
	SERVICE/STOP				
	NON-PREQUAL CRANKC				
•	SERVICE TERM 24 WEEK				
66636	USED OIL RECYCLE	250.0	0.70	0.00	175.0
	AUTOMOTIVE OIL				
	SERVICE TERM 24 WEEK				
	HALOGEN/ CLOR-D-TECT TEST	: NOT PERFO)rmed		

IUIAL SCHVILE	VAHOROF 12		1/5./0	U,UU	350,00	
TOTAL CHARGE Credits					350.00 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 (1) 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 (iil) 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 Eustomer 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: Eustomer 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 maste 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 triflurotrichloroethane 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 SX 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-BWH-UHO-01 Jones, Carl #

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.)

REFERÈNCE NBR.

85249336 - 2100277816

CUSTOMER / GÉNERATOR:

UN35752 University Of North

2204 W Prairie St Denton TX 76201-5722 PHONE 940-369-7359

GENERATOR USEPA 10, TXD064117963

GENERATOR STATE: CESQG

HANIFEST#:

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 HATERIAL)

FEDERAL WASTE CODES NONE STATE WASTE CODES: TXEXEMPT TOTAL CONT 1

TYPE: IT WT/VOL G

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 TXRO00001933 FACILITY STATE ID NO 83150

GENERATOR STATUS

CESQG: Vehicle

CUSTOMER / GENERATOR: jorge

TRANSPORTER: Jones, Carl W

TRANSPORTER 2:

CUSTOMER / GENERATOR: Jorge TRANSPORTER: Jones, Carl W

CSG SK-BWM-UMO-01

02-01-2021 11:04

PAGE 2

Jones, Carl W

SHIPPING DOCUMENT

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

85249336 - 2100277816

CUSTONER / GÉNERATOR:

UN35752 University Of North 2204 W Prairie St

Denton TX 76201-6722 PHONE 940-369-7359

GENERATOR USEPA ID, TXD064117963

GENERATOR STATE: CESOG

MANIFEST#:

FORM CO : 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 VOLUHE 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:

vi. Wash Bay Grit Trap Manifest(s)





CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: LINEUERSTY OF MOOTH TEVAS
ADDRESS: 2204 W. PROMORE CITY: DEAD TELEPHONE: 940-465-1188
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
SPECIFY
WASTE DISPOSAL SITE:
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS,
GENERATOR/REPRESENTATIVE NAME: Kicker W Stinch Comb
(PRINT) () () ()
2-14-21 2000 mm
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sand TROOF PRINTE TAK
ADDRESS: 1800 CONTSONS ARCHY: FYCUBOHA TELEPHONE: 20-87-5-800
TCEQ REGISTRATION NO. 2/-229 CITY OF DENTON VEHICLE PERMIT NO. 2/-229
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: James Cafforday TEXAS DRIVER'S LICENSE NO. XXXX Colors.
Dalla Com
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
DISPOSAL INFORMATION
(MUST BE COMPLETED BOTH WEST PROCESSING
BUSINESS NAME: 1200 0017 # 01225
BUSINESS NAME: 1300 COLD SPRINGS RD. ADDRESS: FT. WORTH, TX. 76102
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.
Tahmer.
SITE OPERATOR NAME: (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 (10th) 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

vii. Liquid Waste (FOG) Recycling Manifests





CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERA	TOR INFORMATION
(MUST BE COM	PLETED BY GENERATOR)
BUSINESS NAME:	
ADDRESS: CITY:	TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GR	IT 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)
t for a form	
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPO	RTER INFORMATION
(MUST BE COMP	LETED BY TRANSPORTER)
·	· · · · · · · · · · · · · · · · · · ·
BUSINESS NAME:	TELEPHONE:
ADDRESS: CITY:	TELEPHONE:
	CITY OF DENTON VEHICLE PERMIT NO.
GALLONS REMOVED:	
OF THE GENERATOR IS CONTAINED IN THE SERVICING V	CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL /EHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET NSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.
DRIVER'S NAME: (PRINT)	TEXAS DRIVER'S LICENSE NO
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE
DISPOSA	AL INFORMATION
(MUST BE COM	IPLETED BY DISPOSER)
BUSINESS NAME: TCEQ N:SW # 01225	
	S RD. TELEPHONE:
TCEQ PERMIT NO. FT. WORTH, TX. 761	
817-332-4939	
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXA	S DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED CCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT
OUTE OPERATOR MANE	
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 (10th) 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



010101

504+h#1

GENERATO	R INFORMATION		
(MUST BE COMPL	ETED BY GENERA	TOR) ,	, a
BUSINESS NAME:	and the second of		en e
BUSINESS NAME: CITY:	.*.	TELEPHONE:	e e e e
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 T	HE ABOVE PREMIS	SES CONTAINS NO HA	ZARDOUS MATERIALS,
GENERATOR/REPRESENTATIVE NAME:			
	(PRINT	f)	
by the second second	×*		
DATE AND TIME SERVICED	GEN	ERATOR/REPRESENTATI	VE SIGNATURE
TRANSPORT	ER INFORMATION		
(MUST BE COMPLE	TED BY TRANSPOR	RTER)	
DHOINEGO NAME.			
BUSINESS NAME: ADDRESS: TCEQ REGISTRATION NO. CALL ON STANDARD	7	TELEPHONE:	
TOPO REGISTRATION NO	ITY OF DENTON VE	EHICLE PERMIT NO.	/
GALLONS REMOVED:			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COFFICE OF THE GENERATOR IS CONTAINED IN THE SERVICING VENAY RESULT IN REVOCATION OF MY LIQUID WASTE TRAN	HICLE, I AM AWARI	E THAT FALSIFICATION	N OF THIS TRIP TICKET
DRIVER'S NAME:	TEXAS DE	RIVER'S LICENSE NO.	
DRIVER'S NAME: (PRINT)	120000	WELLO FLOCUED 140.	
DATE AND TIME WASTE TRANSPORTED	····	DRIVER'S SIGN.	ATURE
DISPOSAL	. INFORMATION		
(MUST BE COME	LETED BY DISPOS	ER)	r
COLD BPRINGS PROCE	SSING	· · /	•
BUSINESS NAME: TCEQ N.SW # 01225			
ADDRESS: 1300.COLD SPRINGS R) T	ELEPHONE:	
TCEQ PERMIT NO. FT. WORTH, TX. 76102			
817-332-4939 I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN AC AUTHORIZATION.	DEPARTMENT OF I	HEALTH TO ACCEPT T THE REQUIREMENTS (THE ABOVE SPECIFIED OUTLINED IN THAT
SITE OPERATOR NAME: ///	PRINT)		
Little G. L. Brown	· · · · · · · · · · · · · · · · · · ·		
DATE AND TIME WASTE RECEIVED		SITE OPERATO	R SIGNATURE

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN – Transporter



GENERATO	R INFORMATION
(MUST BE COMPL	ETED 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 TH	HE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:	Company of the American
GENERATOR/REPRESENTATIVE NAME:	(PRINT)
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE
DATE AND TIME SCINVOLD	OLIVLIA I OLIVIA I I COLIVIA I COL
TDANCOORT	ED INCORMATION
	ER INFORMATION
(MUST BE COMPLE	TED BY TRANSPORTER)
BUSINESS NAME:	
ADDRESS: CITY:	TELEPHONE:
TCEQ REGISTRATION NO.	TY OF DENTON VEHICLE PERMIT NO.
GALLONS REMOVED:	
	ORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL HICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET PORTATION 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 COMPI	ETED BY DISPOSER)
GOLD SPRINGS PROCESS	INC
BUSINESS NAME: TCEO MSW # 01225	TELEBRIONE.
ADDRESS: 1300 COLD SPRINGS RD.	TELEPHONE:
817-332-4939	DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED
WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCUMENTATION.	CORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT
SITE OPERATOR NAME:	
(F	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 (10th) 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

PINK - Disposal Site

YELLOW - Generator

WHITE - City





YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

,	GENERATOR INFOR	MATION SOUTH Trap	A 1
(N	NUST BE COMPLETED BY	GENERATOR))
BUSINESS NAME:			
ADDRESS:	CITY:		
WASTE REMOVED FROM: GREASE TRAP	GRIT TRAP	SEPTIC TANK	
			SPECIFY
WASTE DISPOSAL SITE:		1,5,5,1	
WASTE TANK OR TRAP CAPACITY:			
I CERTIFY THAT THE WASTE MATERIAL REI	MOVED FROM THE ABOV	E PREMISES CONTAINS NO I	HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:		(PRINT)	
		(PRINT)	
DATE AND TIME SERVICED		GENERATOR/REPRESENT	ATIVE SIGNATURE

	TRANSPORTER INFO	RMATION	
(ML	JST BE COMPLETED BY T	RANSPORTER)	
DUCINECO NAME:			
BUSINESS NAME:ADDRESS:	CITV	TEI EPHONE:	
TCEQ REGISTRATION NO	CITY OF DI	ENTON VEHICLE PERMIT NO	
GALLONS REMOVED:		INTOR VEHICLE (ELON), NO	•
OALLONG NEWOVED.	annickey var and driver any defining the space plant MARIE.		
I CERTIFY THAT THE INFORMATION PROVID OF THE GENERATOR IS CONTAINED IN THE MAY RESULT IN REVOCATION OF MY LIQUII	SERVICING VEHICLE. I A	M AWARE THAT FALSIFICAT	TON OF THIS TRIP TICKET
DRIVER'S NAME:(PRINT)	-	TEXAS DRIVER'S LICENSE N	0
ų isia,			
THE INVESTIGATION OF THE INVES	-	DDB/EDIO OI	on F F wast 15 of but
DATE AND TIME WASTE TRANSPORTED	St. 1997	DRIVER'S SIG	GNATURE
	DISTORAL IMPORM	r Tinki	
	DISPOSAL INFORM		
, , , (I	MUST BE COMPLETED BY	•	,
BUSINESS NAME:		S PROCESSING	
ADDRESS:	CITY: EQ WSW #	J1225 TELEPHONE:	
TCEQ PERMIT NO.			
	E WORTH, T.		
I CERTIFY THAT I HAVE BEEN AUTHORIZED WASTE AND THAT I HAVE DISPOSED OF TH AUTHORIZATION.	BY THE TEXAS DEPARTING E WASTE IN ACCORDANCE	MENT OF HEALTH TO ACCEP SE WITH THE REQUIREMENT	T THE ABOVE SPECIFIED 'S OUTLINED IN THAT
SITE OPERATOR NAME:			
SHE OF LIVE TO CHAME.	(PRINT)		
DATE AND TIME WASTE RECEIVED		SITE OPERA	TOR SIGNATURE

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site





•	GENERATOR II	NFORMATION		(Inion South#1
. (M	UST BE COMPLETE	ED BY GENERATOR)		WHING SOMM
BUSINESS NAME:		·		
ADDRESS:	CITY:	TELEP	HONE:	
WASTE REMOVED FROM: GREASE TRAP	GRIT TR/	AP SEPT	IC TANK	OTHER
			(SPECIFY
WASTE DANK OF TRAP CARACTER				*
WASTE TANK OR TRAP CAPACITY:				
! CERTIFY THAT THE WASTE MATERIAL REM			NTAINS NO HAZ	ARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:				
		(PRINT)		
<u> </u>				
DATE AND TIME SERVICED		GENERATOR	REPRESENTATIV	E SIGNATURE
	TRANSPORTER I	NFORMATION		
(MUS	ST BE COMPLETED	BY TRANSPORTER)		
		•		
BUSINESS NAME:	NITY.			
ADDRESS:(ZITY:	TELEPH	IONE:	
TCEQ REGISTRATION NO GALLONS REMOVED:	CHY	OF DENTON VEHICLE	PERMIT NO	
I CERTIFY THAT THE INFORMATION PROVIDE OF THE GENERATOR IS CONTAINED IN THE S MAY RESULT IN REVOCATION OF MY LIQUID	SERVICING VEHICL	.E. I AM AWARE THAT	FALSIFICATION	OF THIS TRIP TICKET
DRIVER'S NAME:(PRINT)		TEXAS DRIVER'S	LICENSE NO	
(PRINT)				
DATE AND TIME WASTE TRANSPORTED			DRIVER'S SIGNAT	URE

.	DISPOSAL INF	ORMATION		
GULÐ SPRINM		D BY DISPOSER)		¥,
BUSINESS NAME: TCEQ NSW # 0				
ADDRESS: 1300 COLD SK	RINGS RD.	TELEPH(ONE	
TCEQ PERMIT NO. FT. WORTH, 1)	K. 76102		JNL,	
817-332-4939				
I CERTIFY THAT I HAVE BEEN AUTHORIZED B WASTE AND THAT I HAVE DISPOSED OF THE AUTHORIZATION.	Y THE TEXAS DEPA WASTE IN ACCORE	ARTMENT OF HEALTH DANCE WITH THE REC	I TO ACCEPT THI QUIREMENTS OU	E ABOVE SPECIFIED ITLINED IN THAT
SITE OPERATOR NAME:		and the second state of th		
11/4/2011	(PRINT	,		
DATE AND TIME WASTE RECEIVED			SITE OPERATOR S	SIGNATURE
	– Disposal Site	GREEN - Transporter) - Returned to Generator

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site



(MUST BE COMPLETED BY GENERATOR) BUSINESS NAME: ADDRESS: CITY: TELEPHONE: WASTE REMOVED FROM: GREASE TRAP GRIT TRAP 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 TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY: TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER 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 TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY:TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER 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: TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER 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: TELEPHONE:
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:
WASTE TANK OR TRAP CAPACITY: I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME:
GENERATOR/REPRESENTATIVE NAME:
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY: TELEPHONE:
DATE AND TIME SERVICED TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY: TELEPHONE:
TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY: TELEPHONE:
TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY: TELEPHONE:
(MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME:
(MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME:
BUSINESS NAME: TELEPHONE:
BUSINESS NAME: TELEPHONE: TELEPHONE:
ADDRESS: TELEPHONE:
ADDRESS. CITT.
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
DRIVER'S NAME: TEXAS DRIVER'S LICENSE NO
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
DISPOSAL INFORMATION
(MUST BE COMPLETED-BYIDISPOSERICESSING
(MUST BE COMPLETED BY 104225
BUSINESS NAME: TOEG MSW # 01225
BUSINESS NAME: TCEQ M3V # 0125 RD ADDRESS: CITY: 1300 COLD SPRINGE PHONE: TCEQ PERMIT NO. FT. WORTH, TX. 76102 817-332-4939
TCEQ PERMIT NO. F1. VVOYCUS 170 817-332-4939
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)
A DOMAIN
OFF OPERATOR CIGALITIES
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 (10th) 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

PINK - Disposal Site

YELLOW - Generator

WHITE - City



GE	Wost Hall				
GENERATOR INFORMATION ∫,)(€54 {{⟨⟨⟨⟨⟩⟩ }} (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/REPRESEN	FATIVE SIGNATURE			
TRA	ANSPORTER INFORMATION				
(MUST BE	COMPLETED BY TRANSPORTER)				
BUSINESS NAME:					
ADDRESS:CITY: _	TELEPHONE:				
TCEQ REGISTRATION NO					
GALLONS REMOVED:					
I CERTIFY THAT THE INFORMATION PROVIDED AB OF THE GENERATOR IS CONTAINED IN THE SERVI MAY RESULT IN REVOCATION OF MY LIQUID WAST DRIVER'S NAME:	ICING VEHICLE. I AM AWARE THAT FALSIFICA TE TRANSPORTATION PERMIT, AND/OR CRIMI	FION OF THIS TRIP TICKET NAL PROSECUTION.			
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SI	GNATURE			
	ICDOCAL INFORMATION	and the second s			
	ISPOSAL INFORMATION				
, C(BE COMPLETED PROGESSING DLD SPETED PROGESSING DEO MSW # 01225 DEO MSW # DIPINGS RD:				
ADDRESS: CITY	T. WORTH, TX. 76102	· · · · · · · · · · · · · · · · · · ·			
TCEQ PERMIT NO.	T WORTH, TX. 78102				
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:					
STIE OPERATOR NAME: (PRINT)					
DATE AND TIME WASTE RECEIVED	SITE OPER	ATOR SIGNATURE			

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



DENTON	GENERATOR I	NFORMATION	
	(MUST BE COMPLET	ED BY GENERATOR)	
	ድፈውሙል	TELEPHONE: RAPSEPTIC TANK	
BUSINESS NAME: 1	CITY:	TELEPHONE:	OTUED
MASTE REMOVED FROM: GR	EASE TRAP GRIT TF	AP SEPTIC TANK	OTHER
			3FEOII 1
WASTE DISPOSAL SITE:	ACITY:		
WASTE TANK OR TRAP CAPA	(CITY:	ABOVE PREMISES CONTAINS NO	HAZARDOUS MATERIALS.
I CERTIFY THAT THE WASTE	MATERIAL REMOVED TROM THE		
GENERATOR/REPRESENTAT	IVE NAME:	(PRINT)	
DATE AND TIME SERVICE	JED.	GENERATOR/REPRESEN	TATIVE SIGNATURE
DATE AND TIME SERVICE			
	TRANSPORTE	RINFORMATION	
	(MUST BE COMPLET	ED BY TRANSPORTER)	
		<u> </u>	
BUSINESS NAME:	CITY:	TELEPHONE:	
ADDRESS:	CI ^T	TY OF DENTON VEHICLE PERMIT N	10.
TCEQ REGISTRATION NO GALLONS REMOVED:			
GALLONS KENIOVED.	0.000.000.000.000.000.000		
OF THE GENERATOR IS CO MAY RESULT IN REVOCATION	NTAINED IN THE SERVICING VEH ON OF MY LIQUID WASTE TRANS	ORRECT, AND THAT ONLY THE WAS IGLE. I AM AWARE THAT FALSIFICA PORTATION PERMIT, AND/OR CRIM TEXAS DRIVER'S LICENSE	MINAL PROSECUTION.
DRIVER'S NAME:	(PRINT)		
		DRIVER'S	SIGNATURE
DATE AND TIME WAST	E TRANSPORTED	DRIVERS	SIGNATURE
		INFORMATION	is the state of th
	(MUST BE COMP	LETED BY DISPOSER) OLD SPRINGS PROCESSIN	JG →
NAME		WALIGIAL AND A COMMENT OF THE PROPERTY OF THE	
BUSINESS NAME:	CITY:	OU COLD SPRINGS RUS.	
ADDRESS: TCEQ PERMIT NO		WORTH TX. 78102	
	ลา		CEPT THE ABOVE SPECIFIED
WASTE AND THAT I HAVE I	EN AUTHORIZED BY THE TEXAS DISPOSED OF THE WASTE IN AC	CORDANCE WITH THE REQUIREME	ENTS OUTLINED IN THAT
AUTHORIZATION.			
SITE OPERATOR NAME:		(PRINT)	
	1		
1 9/24/	41	SITE OF	PERATOR SIGNATURE
DATE AND TIME WAS			DLDENROD – Returned to Generator
WHITE - City YELLOW -	Generator PINK – Disposal Site		h following the month in which it wa

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) remainded and Generator shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed. (2) The transporter shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) completed in the complete shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility. (3) complete shall return the Goldenrod copy to Generator within 15 days after the waste is received at the disposal facility.



CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR INFORMATION					
(MUST BE COMPLETED BY GENERATOR)					
BUSINESS NAME:	17.4.		<u> 2014 Vojet</u>	The state of the s	
ADDRESS:	CITY:		TELEPHONE:	OTHER	
WASTE REMOVED FROM: GR	REASE TRAP G	GRIT TRAP	SEPTIC TANK	SPECIFY SPECIFY	
WARTE DIRECTAL DITE:					
WASTE DISPOSAL SITE: WASTE TANK OR TRAP CAPA	ACITY:				
I CERTIFY THAT THE WASTE	MATERIAL REMOVED FRO	OM THE ABOVE PREM	MISES CONTAINS NO H	IAZARDOUS MATERIALS.	
GENERATOR/REPRESENTAT	IVE NAME:	Company of the Company	<u> </u>		
		(PR	INT)	and the state of the	
			The same of the sa	Constitution of the Consti	
DATE AND TIME SERVICE	ED	G	ENERATOR/REPRESENT/	ATIVE SIGNATURE	
		opera visa i	DAI		
		ORTER INFORMATION			
	/ (MUST BE CON	MPLETED BY TRANS	PORTER)		
BUSINESS NAME:					
ADDRESS:			TELEPHONE:	And the second second	
TCEQ REGISTRATION NO		CITY OF DENTON	N VEHICLE PERMIT NO	s grand gar kanam	
GALLONS REMOVED:	1 p = 1				
I CERTIFY THAT THE INFORM OF THE GENERATOR IS COM MAY RESULT IN REVOCATION	ITAINED IN THE SERVICING	G VEHICLE. I AM AW	ARE THAT PALSIPICAT	ION OF THIS TRIF HORET	
		TEYAS	B DRIVER'S LICENSE N	o. <u> 46. /</u>	
DRIVER'S NAME:	(PRINT)				
				titing t	
DATE AND TIME WASTE	TRANSPORTED		DRIVER'S SI	GNATURE	
		OSAL INFORMATION	Service Control of the Control of th		
		COMPLETED BY DISP	POSER)		
BUSINESS NAME:	GOLD SPRINGS PLANTS TO SERVICE OF THE SERVICE OF TH		<u></u>	"9. DIS.	
ADDRESS:	1300 COLDISPRIN		TELEPHONE:	7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TCEQ PERMIT NO.	FT. WORTH, TX. 70				
, (I CERTIFY THAT I HAVE BEE	047 220 4020		OF HEALTH TO ACCE	THE ABOVE SPECIFIED	
I CERTIFY THAT I HAVE BEE WASTE AND THAT I HAVE DI	IN AUTHORIZED BY THE TE ISPOSED OF THE WASTE II	N ACCORDANCE WI	TH THE REQUIREMENT	TS OUTLINED IN THAT	
AUTHORIZATION.			in the state of th		
SITE OPERATOR NAME:		(PRINT)		1, 1 X 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>*</u>					
DATE AND TIME WASTE	RECEIVED			ATOR SIGNATURE	
WHITE City YELLOW Go		l Site GREEN -	Transporter GOLDI	ENROD - Returned to Generator	



GENERATOR INFORMATION					
(MUST BE COMPLETED BY GENERATOR)					
BUSINESS NAME: 1/1/ / Waster flatt 18 // 18/4	La Tangay 1800				
ADDRESS: TELEPHON	E:				
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TA					
	SPECIFY				
WASTE DISPOSAL SITE:					
WASTE TANK OR TRAP CAPACITY:					
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTA	INS NO HAZARDOUS MATERIALS.				
GENERATOR/REPRESENTATIVE NAME: (COUNTY)					
(PRINT)					
DATE AND TIME SERVICED GENERATOR/REI	PRESENTATIVE SIGNATURE				
TRANSPORTER INFORMATION					
(MUST BE COMPLETED BY TRANSPORTER)					
BUSINESS NAME: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ADDRESS: Address CITY: 1 1 TELEPHONI	. 9/2-87/- 58.60				
TCEQ REGISTRATION NO CITY OF DENTON VEHICLE PE					
GALLONS REMOVED: 1500					
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THOSE THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FAIR MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/O	SIFICATION OF THIS TRIP TICKET				
DRIVER'S NAME: 15 1 1 1 1 1 1 TEXAS DRIVER'S LIC	EENSE NO.				
-10-11 21	The same of the				
DATE AND TIME WASTE TRANSPORTED DR	VER'S SIGNATURE				
DATE AND FINE WAS COLUMN TO THE STATE OF THE					
DISPOSAL INFORMATION					
	- 4 * * * * * * * * * * * * * * * * * *				
COLD SPRINGS PROCESSING					
BUSINESS NAME: TCEQ NSW # 01225					
ADDRESS: 1300 COLDGARINGS RD TELEPHON					
TCEQ PERMIT NO. FT. WORTH, TX. 76102					
817-332-4939					
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUI AUTHORIZATION.	REMENTS OUTLINED IN THAT				
	PANIS SA				
SITE OPERATOR NAME:					
75//8/21 7:17					
DATE AND TIME WASTE DECENTED.	E OPERATOR SIGNATURE				
DATE AND TIME WASTE RECEIVED SIT WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter	GOLDENROD – Returned to Generator				





WHITE - City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

	GENERATOR	INFORMATION
	(MUST BE COMPLET	red by Generator)
BUSINESS NAME:	1. 7	
ADDRESS:	Z CITY:	TELEPHONE:
WASTE REMOVED FROM: GR	REASE TRAP GRIT TF	RAP SEPTIC TANK OTHER
		SPECIFY
WASTE DISPOSAL SITE:		
WASTE TANK OR TRAP CAPA	ACITY: / 64	ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
		ABOVE PREIMINES CONTAINS NO HAZARDOGS MATERIALS.
GENERATOR/REPRESENTAT	IVE NAME:	(PRINI)
DATE AND TIME SERVIC		GENERATOR/REPRESENTATIVE SIGNATURE
DATE AND TIME SERVIC	EU	GENERATORICE NECESSIATIVE GIGINATURE
	TRANSPORTE	RINFORMATION
		ED BY TRANSPORTER)
BUSINESS NAME:		
ADDRESS:	GITY;	TELEPHONE:Y OF DENTON VEHICLE PERMIT NO
TCEQ REGISTRATION NO		Y OF DENTON VEHICLE PERIVITING.
GALLONS REMOVED:		영화 전 보이 함께 보는 아니라. 2012년 - 1일 - 1
OF THE GENERATOR IS CON	ITAINED IN THE SERVICING VEHI	RRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL CLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET ORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.
DRIVER'S NAME:	State was proposed to	TEXAS DRIVER'S LICENSE NO
	(PRINT)	
	and the state of t	and the state of t
DATE AND TIME WASTE	TRANSPORTED	DRIVER'S SIGNATURE
	DISPOSAL II	NFORMATION
	eold sirbingsobrog	EBSINIIBPOSER)
PLIQUEGO NAME:	TCEQ MSW # 01225	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BUSINESS NAME:ADDRESS:	1300 COLD SPRINGS	RD. TELEPHONE:
TCEQ PERMIT NO.	FT. WORTH, TX. 76102	(2)
TOLO I LIMITINO.	817-332-4939	101
I CERTIFY THAT I HAVE BEEN WASTE AND THAT I HAVE DIS AUTHORIZATION.	I AUTHORIZED BY THE TEXAS DI SPOSED OF THE WASTE IN ACCO	EPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED DROANCE WITH THE REQUIREMENTS OUTLINED IN THAT
		S. Polimina
SITE OPERATOR NAME:	/PF	UNT)
DATE AND TIME WASTE	PECEIVED	SITE OPERATOR SIGNATURE
DATE AND TIME WASTE WHITE - City YELLOW Get		

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site



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		VERATOR INFORMATION	Union South # 2
	(MUST BE	COMPLETED BY GENERATOR)	Validic 8
.BUSINESS NAME:			
ADDRESS:	CITY:		
WASTE REMOVED FROM:	GREASE TRAP	TELEPHONE: GRIT TRAP SEPTIC TANK	OTHER
			SPECIFY_
WASTE DISPOSAL SITE; _			
WASTE TANK OR TRAP CA	APACITY:		
CENTRATION THE WAS	TE MATERIAL REMOVED F	ROM THE ABOVE PREMISES CONTAINS NO	HAZARDOUS MATERIAL
GENERATOR/REPRESENT	TATIVE NAME:		
		(PRINT)	
PATE AND STATE			
DATE AND TIME SERV	/ICED	GENERATOR/REPRESEN	TATIVE SIGNATURE
	TRÂNS	SPORTER INFORMATION	
	(MUST BÉ CO	OMPLETED BY TRANSPORTER)	
BUSINESS NAME:			
ADDRESS:	CITY	TELEPHONE:	A
CEQ REGISTRATION NO.		CITY OF DENTON ACTUAL TO THE	
GALLONS REMOVED:		CITY OF DENTON VEHICLE PERMIT NO). <u>**() * (, , , , , , , , , , , , , , , , , , </u>
DRIVER'S NAME:	(PRINT)	TEXAS DRIVER'S LICENSE N	
	and the second s		
DATE AND TIME WASTE	TRANSPORTER		
DATE TIME WASTE	: TRANSPORTED	DRIVER'S SI	GNATURE
	Pion		
		OSAL INFORMATION	
	GOLD SPRINGS P	OMPLETED BY DISPOSER)	
JSINESS NAME:	10.132 11.11 12 11.11		
DRESS:	- 1300 COLOSPON	GS PA TELEPHONE:	
EQ PERMIT NO	<u>- FI-VVURTH TX 76</u>	3102	
EDTIEVE VALVA -	ひし/-332ょんのの		
ERTIFY THAT I HAVE BEET STE AND THAT I HAVE DIS THORIZATION.	VALITHODIZED DV TUE TE	XAS DEPARTMENT OF HEALTH TO ACCEP N ACCORDANCE WITH THE REQUIREMENT:	T THE ABOVE SPECIFIED S OUTLINED IN THAT
E ODEDATOD NAME			
E OPERATOR NAME:		(PDINITY	
149,000		(PRINT)	
DATE AND TIME WAS TO	DEGEN EG	THE PROPERTY OF THE PROPERTY O	
DATE AND TIME WASTE		SITE OPERAT	OR SIGNATURE
ITE - City YELLOW - Ger	nerator PINK – Disposal :	CHA OPERU -	IROD - Returned to Constant

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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) Division personnel upon request, for inspection at all reasonable times. Pink – Disposal Site





WHITE - City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR I	NFORMATION
(MUST BE COMPLETI	ED BY GENERATOR)
BUSINESS NAME:	
ADDRESS: CITY:	TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GRIT TR	APSEPTIC TANKOTHER
•	SPECIFY
WASTE DISPOSAL SITE:	
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 COMPLETE)	D BY TRANSPORTER)
· ·	,
BUSINESS NAME:	TELEBRIONE.
ADDRESS: CITY: TCEQ REGISTRATION NO CITY	TELEPHONE:
TCEQ REGISTRATION NO CITY	OF DENTON VEHICLE PERMIT NO
GALLONS REMOVED:	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COR OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHIC MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPO	LE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET
DRIVER'S NAME:	TEXAS DRIVER'S LICENSE NO
DRIVER'S NAME:(PRINT)	
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE
DISPOSAL IN	FORMATION
(MUST BE COMRIG	TO S Y THO OF SING
COEDSPAN	100 harana 200 m
BUSINESS NAME: TCEO NISW	eprings RD.
ADDRESS: CITY:300 COLD	SPRINGS RULEPHONE:
TCEQ PERMIT NO. FT. WORTH 817-332-49	30
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DE WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCOLAUTHORIZATION. SITE OPERATOR NAME:	PARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED
SITE OPERATOR NAME:(PRI	NT)
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site

GOLDENROD - Returned to Generator



	GENERATOR I	NFORMATION	
()	NUST BE COMPLETE	ED BY GENERATOR)	
BUSINESS NAME:		·	
BUSINESS NAME:ADDRESS:	CITY:	TELEPHO	NE:
WASTE REMOVED FROM: GREASE TRAP _	GRIT TRA	AP SEPTIC 1	TANK OTHER
			SPECIFY
WASTE DISPOSAL SITE:			
WASTE TANK OR TRAP CAPACITY:			
I CERTIFY THAT THE WASTE MATERIAL REI	MOVED FROM THE	ABOVE PREMISES CONT.	AINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:			
		(PRINT)	
DATE AND TIME SERVICED		GENERATOR/RE	PRESENTATIVE SIGNATURE
	TRANSPORTER	INFORMATION	
/64)	IST BE COMPLETED	BY TRANSPORTER)	
(INIC	DOT BE COMI LETE	DE TRUMOI ORTERY	
BUSINESS NAME:		: .	
ADDRESS:	CITY:	TELEPHON	VE:
TCEQ REGISTRATION NO		OF DENTON VEHICLE PE	ERMIT NO.
GALLONS REMOVED:	······		
I CERTIFY THAT THE INFORMATION PROVID OF THE GENERATOR IS CONTAINED IN THE MAY RESULT IN REVOCATION OF MY LIQUI	SERVICING VEHIC	LE. I AM AWARE THAT FA	ALSIFICATION OF THIS TRIP TICKET
DRIVER'S NAME:		TEXAS DRIVER'S LI	CENSE NO
(PRINT)			
DATE AND TIME WASTE TRANSPORTED		Di	RIVER'S SIGNATURE
	DISPOSAL INI		
(MUST BE COMPLET	FO SPOSERS PR	OCESSING
`	1	CEO RISW # 61225	, and an
BUSINESS NAME:		300 POLD SPRING	S RD.
ADDRESS:		T. WORTH, TEKEPHON	(52
TCEQ PERMIT NO.	8	17-332-4939	
I CERTIFY THAT I HAVE BEEN AUTHORIZED WASTE AND THAT I HAVE DISPOSED OF THAUTHORIZATION.	BY THE TEXAS DEF	PARTMENT OF HEALTH T RDANCE WITH THE REQU	O ACCEPT THE ABOVE SPECIFIED JIREMENTS OUTLINED IN THAT
SITE OPERATOR NAME:	4	17*\	
and the first	(PRII	NI)	
		fi	
DATE AND TIME WASTE RECEIVED			ITE OPERATOR SIGNATURE
WHITE - City YELLOW - Generator PI	NK – Disposal Site	GREEN - Transporter	GOLDENROD – Returned to Generator





GENERATOR	NFORMATION
(MUST BE COMPLET	ED BY GENERATOR)
BUSINESS NAME	
BUSINESS NAME: ADDRESS: CITY:	TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GRIT TR	AP 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)
$\langle i,j \rangle$	
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPORTER	INFORMATION
(MUST BE COMPLETE)	D BY TRANSPORTER)
	·
BUSINESS NAME:CITY:	
TCEQ REGISTRATION NO CITY:	TELEPHONE:
GALLONS REMOVED:	OF DENTON VEHICLE PERMIT NO
OALLONO ALMOYED.	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COR OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHIC MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPO	LE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET
DRIVER'S NAME:(PRINT)	TEXAS DRIVER'S LICENSE NO
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE
DISPOSAL INF	ORMATION
COLD SPRINGS PROMES	ENBY DISPOSER)
RUSINESS NAME: TCEQ MSW # 01225	
1300 COLD SPRINGS PA	TELEPHONE:
TOEO DEDMIT NO. FI. WORTH, TX. 76102	TELEFITONE.
817-332-4939	
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEF WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCOR AUTHORIZATION.	PARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED DANCE WITH THE REQUIREMENTS OUTLINED IN THAT
	A Comment of the Comm
SITE OPERATOR NAME:(PRIN	
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE
WHITE - City YELLOW - Generator PINK - Disposal Site	GREEN – Transporter GOLDENROD – Returned to Generator





	GENE	ERATOR INFOR	MATION	
4)	MUST BE C	OMPLETED BY	GENERATOR)	
BUSINESS NAME:				
ADDRESS:	CITY:		TELEPHONE:	
WASTE REMOVED FROM: GREASE TRAP	<i>f</i>	GRIT TRAP	SEPTIC TANK	OTHER
				SPECIFY
WASTE DISPOSAL SITE:			All and the second seco	
WASTE TANK OR TRAP CAPACITY:				
I CERTIFY THAT THE WASTE MATERIAL RE	.MOVED FF	ROM THE ABOV	/E PREMISES CONTAINS NO F	HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:				
			(PRINT)	
DATE AND TIME SERVICED		-	GENERATOR/REPRESENT/	ATIVE SIGNATURE
	TRANS	SPORTER INFO	RMATION	
/MI	LIST BE CC	OMPLETED BY	TRANSPORTER)	
`			TOTALLY	
BUSINESS NAME:				
ADDRESS:	_CITY:		TELEPHONE:	:
TCEQ REGISTRATION NO		CITY OF D	ENTON VEHICLE PERMIT NO.	•
GALLONS REMOVED:				
I CERTIFY THAT THE INFORMATION PROVII OF THE GENERATOR IS CONTAINED IN THE MAY RESULT IN REVOCATION OF MY LIQUI DRIVER'S NAME:	E SERVICIN ID WASTE	NG VEHICLE. I A TRANSPORTAT	AM AWARE THAT FALSIFICAT	TION OF THIS TRIP TICKET NAL PROSECUTION.
DRIVER'S NAME:(PRINT)	•	-		
DATE AND TIME WASTE TRANSPORTED		· · · · · · · · · · · · · · · · · · ·	DRIVER'S SIG	GNATURE
	DISF	POSAL INFORM	MATION	
,	MUST ASE	a cerelano.	wheresering	· .
BUSINESS NAME:ADDRESS:TCEQ PERMIT NO	CO. COM	ED. Shialists	NS PAROSSESSING	•
BUSINESS NAME:	ایا ا 497	Chimbaa e i	Jiggo Binise Bu	
ADDRESS:	CITY: 101	MUCCES OF	TAITANATELEPHONE:	<u> </u>
TCEQ PERMIT NO.	F 1.	, 445. 4040	A. TUIVE	
I CERTIFY THAT I HAVE BEEN AUTHORIZED WASTE AND THAT I HAVE DISPOSED OF TH AUTHORIZATION.	BY THE T	EXAS DEPART	MENT OF HEALTH TO ACCEP	T THE ABOVE SPECIFIED
OITE ODERATOR NAME:				
SITE OPERATOR NAME:	X-1	(PRINT)		
	:			
DATE AND TIME WASTE RECEIVED		-	SITE OPERA	ATOR SIGNATURE

PINK - Disposal Site WHITE - City YELLOW - Generator Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

GOLDENROD - Returned to Generator



		to a large and
	GENERATOR INFORMATION	
	(MUST BE COMPLETED BY GENERATOR)	
BUSINESS NAME: UNT (M	pole Hall)	
ADDRESS: 2301 N I 356		
WASTE REMOVED FROM: GREASE T	DAD V ODITIONE. 1702 CM Z	123
	OTH	HER
WASTE DISPOSAL SITE	SPECIFY	
WASTE TANK OR TRAP CAPACITY:	1000	
I CERTIFY THAT THE WASTE MATER	AL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS	
GENERATOR/REPRESENTATIVE NAM	ME: X Willy L. White	MATERIALS.
and a state of the	(PRINT)	***************************************
11-23-21 7:3		
11 - 23 - 21 7:30 DATE AND TIME SERVICED		
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATI	URE
·	TRANSPORTER INFORMATION	
	(MUST BE COMPLETED BY TRANSPORTER)	
BUSINESS NAME: Save Tr	ap Service	
ADDRESS: 1300 Coldger	My SCITY: Ft. WOCKL TELEPHONE: 31787758	P #
TCEQ REGISTRATION NO. 2033	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>, 00</u>
GALLONS REMOVED: 1000	CITY OF DENTON VEHICLE PERMIT NO. 2)-23	<u>C)</u>
I CERTIFY THAT THE INFORMATION P	ROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED	
MAY RESULT IN REVOCATION OF MY	LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECU	JTION.
DRIVER'S NAME: Chad Engl		
(PRINT)	TEXAS DRIVER'S LICENSE NO. 13732	443
11-23-21 7:30	~ ~	
DATE AND TIME WASTE TRANSPO		
DATE AND THE WASTE TRANSPO	RTED DRIVER'S SIGNATURE	
	Plonost negative.	
	DISPOSAL INFORMATION	
*	(MUST BESPARKEEPAXO'S ESSENCE	
BUSINESS NAME:	CEQ MSW # 01225	
ADDRESS:	©800 COLD SPRINGS RD. TELEPHONE:	
TCEQ PERMIT NO.	FT. WORTH, TX. 76102	,
	817-332-4939	
CERTIFY THAT I HAVE BEEN AUTHOR	NZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE	SPECIFIED
WASTE AND THAT I HAVE DISPOSED O AUTHORIZATION,	OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED I	N THAT
A CLININGULIÓN	evilla and the second	
SITE OPERATOR NAME:	Strapu	
SITE OF ENTITION (ANIME:	(PRINT)	
11123121	0,50	
DATE AND TIME WASTE RECEIVED	a.00	
	SITE QUERATOR SIGNATOR	
VHITE - City YELLOW - Generator	PINK - Disposal Site GREEN - Transporter GOLDENROD - Return	d to Generator



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GENERATOR IN	FORMATION
(MUST BE COMPLETE)	D BY GENERATOR)
BUSINESS NAME	
BUSINESS NAME: CITY:	TELEPHONE:
WASTE REMOVED FROM: GREASE TRAP GRIT TRA	P SEPTIC TANK OTHER
3	SPECIFY
WASTE DISPOSAL SITE:	
WASTE TANK OR TRAP CAPACITY:	
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE A	BOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:	
Partie de la constant	(PRINT)
and the first of the second	
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPORTER II	VFORMATION
(MUST BE COMPLETED	RY TRANSPORTER)
	•
BUSINESS NAME: ADDRESS: /// Add // CITY: // TCEQ REGISTRATION NO. CITY C	T. F.
ADDRESS: //// ADDRESS: /// ADDRESS: // ADDRESS: // ADDRESS: // ADDRESS: // ADDRESS: // ADDRESS: ADD	TELEPHONE: //
	OF DENTON VEHICLE PERMIT NO
GALLONS REMOVED:	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORR OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLI MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPOR	E. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET
DRIVER'S NAME: 77 77 77 78 7	TEXAS DRIVER'S LICENSE NO
DRIVER'S NAME: (PRINT)	7.EX (G.E) (IVELY G.E) EXCEPTION (C.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE
DISPOSAL INFO	DRMATION
COLD SPRINGS (MUST BE SOMPLETE	D BY DISPOSER)
COLD SPRINGS PROCESSING	
BUSINESS NAME: TCEO 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 DEPA WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORD AUTHORIZATION.	
Was a second of the second of	
SITE OPERATOR NAME:	
(PRINT)
- 1 <i>74/3</i> 5-73	State of the State
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE
WHITE City YELLOW Generator PINK Disposal Site	GREEN - Transporter GOLDENROD - Returned to Generator



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GENERATOR INFORMATION				
(MUST BE COMPLETED BY GENERATOR)				
BUSINESS NAME: CITY: TELEPHONE:				
ADDRESS: CHY: CELEPHONE. OTHER				
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER SPECIFY				
WASTE DISPOSAL SITE:				
WASTE TANK OR TRAP CAPACITY:	FRIALS.			
GENERATOR/REPRESENTATIVE NAME:(PRINT)				
• •				
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE				
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 RE OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRI MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION OF INTERPRETABLE OF TEXAS DRIVER'S LICENSE NO	P HCKET ON.			
(PRINT)				
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE				
DISPOSAL INFORMATION				
(MUST BE COMPLETED BY DISPOSER) COLD SPRINGS PROCESSING	·			
BUSINESS NAME: TCFO JUSIN/# 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 SI WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN AUTHORIZATION.	PECIFIED THAT			
SITE OPERATOR NAME:				
SITE OPERATOR NAME:(PRINT)				
with the comment of t				
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE				

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator





GE	NERATOR INFORMA	TION	
(MUST BE	COMPLETED BY GE	ENERATOR)	
DISONERO MANE: 4/ 4/4/			· · · · · · · · · · · · · · · · · · ·
BUSINESS NAME: CITY:	. v - ²	TEI EDHONE:	
WASTE REMOVED FROM: GREASE TRAP	GRIT TRAP	SEPTIC TANK	OTHER
WASTE REMOVED FROM: OREFOLE TO W	0\\\\ \\\\\ \\	OL) 110 114 11	SPECIFY
WASTE DISPOSAL SITE:			
WASTE TANK OR TRAP CAPACITY:			
I CERTIFY THAT THE WASTE MATERIAL REMOVED	FROM THE ABOVE F	PREMISES CONTAINS NO HA	ZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:	77		
		(PRINT)	
The state of the s			
DATE AND TIME SERVICED		GENERATOR/REPRESENTAT	IVE SIGNATURE
TRA	NSPORTER INFORM	ATION	
(MUST BE	COMPLETED BY TRA	(NSPORTER)	
		•	
BUSINESS NAME:CITY:			
ADDRESS: CITY:	OITY OF DEN	TELEPHONE:	
TCEQ REGISTRATION NO.	_ CITY OF DEN	TON VEHICLE PERMIT NO	
GALLONS REMOVED:	-		
I CERTIFY THAT THE INFORMATION PROVIDED ABOUT THE GENERATOR IS CONTAINED IN THE SERVIMAY RESULT IN REVOCATION OF MY LIQUID WAST	CING VEHICLE. I AM E TRANSPORTATIO	AWARE THAT FALSIFICATIO	N OF THIS TRIP TICKET L PROSECUTION.
(PRINT)		TO BINVEING EIGENGE NO.	
$\mathcal{U} = \mathcal{U} \cup \mathcal{U} \cup \mathcal{U} \cup \mathcal{U}$		Commence of the second	
DATE AND TIME WASTE TRANSPORTED		DRIVER'S SIGN	ATURE
			4-4-40-4
Di	ISPOSAL INFORMAT	ION	
(MUST B	E COMPLETED BY D		
PHONESO MANE	COLD Sept	NGS PROCESSING # 01 FLEPHONESING SPRINGS PA	
BUSINESS NAME: CITY:	TCEO NIGINA	MGS PROCESSING	
ADDRESS: CITY:	1300 COLD	CITICAL CONT.	
TOEQ PERIVITI NO.	FT. WORTH	TV 7048 RD.	
ADDRESS:CITY: TCEQ PERMIT NO I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE WASTE AND THAT I HAVE DISPOSED OF THE WASTAUTHORIZATION.	TEXAS DEPAR 190 TE IN ACCORDANCE	NT OF HEALTH TO ACCEPT WITH THE REQUIREMENTS	THE ABOVE SPECIFIED OUTLINED IN THAT
SITE OPERATOR NAME:	(PRINT)		
	(FKINT)		
DATE AND TIME WASTE RECEIVED		SITE OPERATO	OR SIGNATURE

WHITE -- City

YELLOW -- Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



WHITE - City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GE	NERATOR INFORMATIO	N	
(MUST BI	E COMPLETED BY GENEI	RATOR)	
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 PRE	MISES CONTAINS NO H	AZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:	/nn	INT)	
	(PK	1141)	
DATE AND TIME SERVICED	G	ENERATOR/REPRESENTA	TIVE SIGNATURE
	NSPORTER INFORMATION		
(MUST BE	COMPLETED BY TRANS	PORTER)	
BUSINESS NAME:			
LADDRESS: CITY:		TELEPHONE:	
TCEQ REGISTRATION NO.	_ CITY OF DENTON	I VEHICLE PERMIT NO.	
GALLONS REMOVED:	_		
I CERTIFY THAT THE INFORMATION PROVIDED AB OF THE GENERATOR IS CONTAINED IN THE SERVI MAY RESULT IN REVOCATION OF MY LIQUID WAS DRIVER'S NAME: (PRINT)	ICING VEHICLE. I AM AW. TE TRANSPORTATION PE	ARE THAT FALSIFICATI ERMIT, AND/OR CRIMIN	ON OF THIS TRIP TICKET
(PRINT)			
		DDII (750 016	N. (4 17) 17) 17)
DATE AND TIME WASTE TRANSPORTED	militir VI	DRIVER'S SIG	JNATURE
(MIST I	ISPOSAL INFORMATION BE COMPLETED BY 65 TCEO MSW # 01	BERCESSING	
BUSINESS NAME:	1306 COLD SPR	INGS RD.	
BUSINESS NAME:CITY:_ ADDRESS:CITY:_	FT WORTH, TX.	了TELEPHONE:	
TCEQ PERMIT NO.	817-332-4939		
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY TH WASTE AND THAT I HAVE DISPOSED OF THE WAS AUTHORIZATION.	E TEXAS DEPARTMENT (OF HEALTH TO ACCEP TH THE REQUIREMENT	T THE ABOVE SPECIFIED S OUTLINED IN THAT
SITE OPERATOR NAME:	1		
S S S S S S S S S S S S S S S S S S S	(PRINT)		
DATE AND TIME WASTE RECEIVED		SITE OPERA	TOR SIGNATURE

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator





GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME:
BUSINESS NAME: ADDRESS: CITY: TELEPHONE: OTHER
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: TCEQ NISW # 01225 EPHONE: TCEQ PERMIT NO. 1300 COLD SPRINGS RD. FT. WORTH, TX. 76102
ADDRESS: CITY: TCEQ NISW # 01225 EPHONE:
TCEQ PERMIT NO. 1300 COLD SPRINGS RD.
FT. WORTH, TX. 76102
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS 1324939 TOF 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

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site

YELLOW - Generator

WHITE - City

GOLDENROD - Returned to Generator





WHITE - City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

\ \frac{1}{1}	GENERATOR INFORMATI	ON	1
	(MUST BE COMPLETED BY GEN		Union North
		•	
BUSINESS NAME: ADDRESS: WASTE REMOVED FROM: GREASE TRA		<u> </u>	
ADDRESS:	CITY:	TELEPHONE:	1
WASTE REMOVED FROM: GREASE TRA	AP GRIT TRAP	SEPTIC TANK	OTHER
WASTE DISPOSAL SITE:			SPECIFY
WASTE TANK OR TRAP CAPACITY:			
I CERTIFY THAT THE WASTE MATERIA		EMISES CONTAINS NO H	AZARDOUS MATERIALS
GENERATOR/REPRESENTATIVE NAME	B		ZARDOOS MATERIAES,
	(P	RINT)	
DATE AND TIME SERVICED		GENERATOR/REPRESENTAT	TIVE SIGNATURE
	TRANSPORTER INFORMAT	ION	
	(MUST BE COMPLETED BY TRAN	SPORTER)	
BUSINESS NAME:			
ADDRESS:	CITY:	TELEPHONE:	
ADDRESS:TCEQ REGISTRATION NO	CITY OF DENTO	N VEHICLE PERMIT NO.	
GALLONS REMOVED:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I CERTIFY THAT THE INFORMATION PR OF THE GENERATOR IS CONTAINED IN MAY RESULT IN REVOCATION OF MY L DRIVER'S NAME:	I THE SERVICING VEHICLE. I AM AV IQUID WASTE TRANSPORTATION F	VARE THAT FALSIFICATION	ON OF THIS TRIP TICKET LL PROSECUTION.
(PRINT)			
$f_{\mathcal{F}}$			
DATE AND TIME WASTE TRANSPOR	TED	DRIVER'S SIGN	IATURE
	, 18, 18 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
	DISPOSAL INFORMATION	•	
	MUST BE COMPLETED BY OUS	•	
BUSINESS NAME:	A COMPACE OF INCOME.). TELEBUALE	
ADDRESS:TCEQ PERMIT NO	FT. WORTH, TX. 76102	TELEPHONE:	
TOEQ PERMIT NO.	817-332-4939		
I CERTIFY THAT I HAVE BEEN AUTHORI WASTE AND THAT I HAVE DISPOSED OF AUTHORIZATION.	ZED BY THE TEXAS DEPARTMENT	OF HEALTH TO ACCEPT TH THE REQUIREMENTS	THE ABOVE SPECIFIED OUTLINED IN THAT
SITE ODEDATOD NAME	i		
SITE OPERATOR NAME:	(PRINT)	4,	
** 1 :	,		✓ A _y ,
DATE AND TIME WASTE RECEIVED		SITE OPERATO	IR SIGNATURE

GREEN - Transporter GOLDENROD - Returned to Generator Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

PINK - Disposal Site



	GENERATOR INFORMATION		1011/16
	MUST BE COMPLETED BY GENER	ATOR)	tarbucks
DUCINECO MARAT.			
BUSINESS NAME:ADDRESS:	CITY	TELEPHONE:	A
WASTE REMOVED FROM: GREASE TRAP	GRIT TRAP	SEPTIC TANK OTH	
WASTE REMOVED FROM: GREASE TRAF	GRIT ITAL		
WASTE DISPOSAL SITE:			A
WASTE TANK OR TRAP CAPACITY:			
I CERTIFY THAT THE WASTE MATERIAL R		ISES CONTAINS NO HAZARDOUS	MATERIALS.
GENERATOR/REPRESENTATIVE NAME:	•		
	(PRII	NT)	
DATE AND TIME SERVICED		NERATOR/REPRESENTATIVE SIGNAT	URE
	TRANSPORTER INFORMATIO	N	
//\	MUST BE COMPLETED BY TRANSP	ORTER)	
	NOT BE COMM ELTED BY TO MO		
BUSINESS NAME:			
ADDRESS:	_ CITY:	TELEPHONE:	
TCEQ REGISTRATION NO.		VEHICLE PERMIT NO	
GALLONS REMOVED:			
I CERTIFY THAT THE INFORMATION PROV OF THE GENERATOR IS CONTAINED IN TH MAY RESULT IN REVOCATION OF MY LIQU DRIVER'S NAME:	IE SERVICING VEHICLE. I AM AWA IID WASTE TRANSPORTATION PE	RE THAT FALSIFICATION OF THIS	TRIP TICKET UTION.
(PRINT)			
	•		
DATE AND TIME WASTE TRANSPORTE		DRIVER'S SIGNATURE	
	DISPOSAL INFORMATION		
	(MUST BE COMPLETED BY DISPC	BERESSING	·
BUSINESS NAME:	The same of the first terms of t	STELLAPHONE:	
ADDRESS:			
TCEQ PERMIT NO.	1 1. 000 100 100	10%	
I CERTIFY THAT I HAVE BEEN AUTHORIZE WASTE AND THAT I HAVE DISPOSED OF T AUTHORIZATION.	817-332-4939 D BY THE TEXAS DEPARTMENT O HE WASTE IN ACCORDANCE WITH	F HEALTH TO ACCEPT THE ABOV I THE REQUIREMENTS OUTLINED	E SPECIFIED IN THAT
CITE ODERATOR NAME:			
SITE OPERATOR NAME:	(PRINT)		
DATE AND TIME WASTE RECEIVED		SITE OPERATOR SIGNATU	JRE .

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



	GENERATOR I	NFORMATION	4 A D
	(MUST BE COMPLETI	ED BY GENERATOR)	GAB
BUSINESS NAME:			
ADDRESS:		TELEPHONE:	
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WASTE NEWOVED I NOW, SILENCE .	TVAF O(4) 1.0	AF OLI 110 17.411	SPECIFY
WASTE DISPOSAL SITE:			01 LOII 1
WASTE TANK OR TRAP CAPACITY: _			_
I CERTIFY THAT THE WASTE MATER			HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAM	ME:		
1		(PRINT)	
DATE AND TIME SERVICED		GENERATOR/REPRESENT	TATIVE SIGNATURE
The state of the s			
	TRANSPORTER	INFORMATION	
	(MUST BE COMPLETE)		
l :	·	J DI IMMOI OMEN	
BUSINESS NAME:			
ADDRESS:	CITY:	TELEPHONE:	
TCEQ REGISTRATION NO	CITY	OF DENTON VEHICLE PERMIT NO	J
GALLONS REMOVED:			
I CERTIFY THAT THE INFORMATION OF THE GENERATOR IS CONTAINED MAY RESULT IN REVOCATION OF MY	O IN THE SERVICING VEHIC IY LIQUID WASTE TRANSPO	CLE. I AM AWARE THAT FALSIFICATORTATION PERMIT, AND/OR CRIMI	TION OF THIS TRIP TICKET
DRIVER'S NAME:(PRIN	AMILIAN	TEXAS DRIVER'S LICENSE N	10,
(FINIA	1)		
	·····		
DATE AND TIME WASTE TRANSP	PORTED	DRIVER'S SI	IGNATURE
		· · · · · · · · · · · · · · · · · · ·	
1	DISPOSAL IN	FORMATION	
l siril r	D BYNNA TERMINED	TED BY DISPOSER)	
TOPE	0 01-111400 - 120025 0 NSW # 01225	SINC	
1300	COLOGRANGS RD.		
ET YA	<u>VORTH. TX. 76102</u>	. TELEPHONE:	R. A. C.
I CEG I EINMIT NO.	332-4939		22000
I CERTIFY THAT I HAVE BEEN AUTHO WASTE AND THAT I HAVE DISPOSED AUTHORIZATION.	ORIZED BY THE TEXAS DE	PARTMENT OF HEALTH TO ACCEPT ROANCE WITH THE REQUIREMENT	PT THE ABOVE SPECIFIED TS OUTLINED IN THAT
SITE OPERATOR NAME:	(PRII	ATPL 3	<u> </u>
HIM A I	·	:	OMM S
DATE AND TIME WASTE RECEIVE	ED	SITE OPER	ATOR SIGNATURE

YELLOW - Generator WHITE - City

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: LNT (Research Park)
ADDRESS: 9904 C/m CITY: Dento- TELEPHONE, 940 C/c 2007
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
WASTE DISPOSAL OUT. C STECIFY
WASTE DISPOSAL SITE; () () () () () () () () () (
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME: 1000 1 2000 5 6;
(PRINT)
11-22-21 8:45 X Rabs Dane
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sare Trap Service
ADDRESS: 1300 Cold Spring CITY: TEWORTH TELEPHONE: 8178775800
TOEQ REGISTRATION NO. 20357 CITY OF DENTON VEHICLE PERMIT NO. 21 = 2 3 6
GALLONS REMOVED: / O Ø Ø
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: OPENTY OF THE GENERAL THE WASTE GERTIFIED REMOVAL OF THE WASTE GENERAL OF THE WASTE GERTIFIED REMOVAL OF THE WASTE GENERAL OF TH
(PRINT)
DATE AND TIME WASTE TRANSPORTED DRIVER'S STONATURE
DRIVER'S SIGNATURE
DISPOSAL INFORMATION
(MUST BE COMPLETED BY DISPOSER)
THE STATE OF THE S
BUSINESS NAME: COLOR SERVICIONES CONTRACTOR
ADDRESS: CITY: TOSO A SAVE 16926 TELEPHONE: TCEQ PERMIT NO. 4994 TO SEPTIMOS RTI
FT. WORTH, TX. 76:102
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.
STEROPERATOR NAME
SITE OPERATOR NAME: (PRINT)
DATE AND TIME WAS TE RECEIVED
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURA

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



GENERATOR INFORMATION		
(MUST BE COMPLETED BY GENERATOR)		
BUSINESS NAME: 1947		
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 FRO	OM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.	
GENERATOR/REPRESENTATIVE NAME:	(DDINT)	
	(PKINT)	
· ·		
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE	
TRANSF	PORTER INFORMATION	
(MUST BE COM	MPLETED BY TRANSPORTER)	
BUSINESS NAME:		
ADDRESS: CITY:	TELEPHONE:	
TCEQ REGISTRATION NO.	CITY OF DENTON VEHICLE PERMIT NO.	
GALLONS REMOVED:		
OF THE GENERATOR IS CONTAINED IN THE SERVICIN	EIS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL G VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET RANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. TEXAS DRIVER'S LICENSE NO.	
(FIMAL)		
2	DRIVER'S SIGNATURE	
DATE AND TIME WASTE TRANSPORTED	DRIVER S SIGNATURE	
, DICE.	OSAL INICODMATION	
	OSAL INFORMATION	
(MUST BE C	COMPLETED BY DISPOSER)	
BUSINESS NAME:	N TO SERINGS PROCESSING	
ADDRESS:CITY:	NO N. COLUMN 01925TELEPHONE:	
TCEQ PERMIT NO.	DE COLD OPRINGS RD.	
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TE WASTE AND THAT I HAVE DISPOSED OF THE WAST的 AUTHORIZATION.	WORTH, TX. 76102 XAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED NACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT	
SITE OPERATOR NAME:		
SITE OPERATOR WANTE.	(PRINT)	
	OUTS OFFICE ATOO OLO WATURE	
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE	

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



GENERATOR INFORMATION		
(MUST BE COMPLETED BY GENERATOR)		
BUSINESS NAME: Unuisity of Maria	1. Ou Vous	
ADDRESS: 1415 Warsle St CITY Darles	TELEPHONE: 214-668-5298	
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP		
01.2	SPECIFY	
WASTE DISPOSAL SITE:		
WASTE TANK OR TRAP CAPACITY:		
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABO	OVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.	
GENERATOR/REPRESENTATIVE NAME:	1/4110	
1100201	(PRINT) My VI	
1142221	Thilly I wan	
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE	
TRANSPORTER INF	ORMATION	
(MUST BE COMPLETED BY	(TRANSPORTER)	
BUSINESS NAME: Sand Japan winter		
ADDRESS: 1200 CHOPS 12115 MCITY 47 (0)	TELEPHONE: 8/78775800	
TCEQ REGISTRATION NO. 3332 CITY OF	DENTON VEHICLE PERMIT NO. 2(23)	
GALLONS REMOVED: 4000	•	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORT. DRIVER'S NAME. (PRINT)	I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET	
11-27-21	() Dillit	
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE	
DISPOSAL INFOR	1	
C (MUST BE COMPLETED	BY DISROSER)	
BUSINESS NAME: TG 3		
ADDRESS: 1300 CITY: SPRINGS		
TCEQ PERMIT NO. FT. CATH. IN 76102	,	
817-3 02-49 39		
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPAR WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDA AUTHORIZATION.	TMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED NCE WITH THE REQUIREMENTS OUTLINED IN THAT	
(stma	Pr /	
SITE OPERATOR NAME: (PRINT)		
11/22/2/2:00		
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE	

WHITE -- City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



(MUST BE COMPLETED BY GENERATOR) BUSINESS NAME: ADDRESS: MATTRAL STY OF MARTH TOUS ADDRESS: MATTRAL STY OF MARTH TOUS ADDRESS: MATTRAL SEPTIC TANK OTHER SPECIFY WASTE REMOVED FROM: GREASE TRAP OF GRITTRAP SEPTIC TANK OTHER SPECIFY WASTE TANK OR TRAP CAPACITY: I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. (PRINT) MATTE AND TIME SERVICED TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS:	GENERATOR INFORMATION		
ADDRESS: Make: WASTE REMOVED FROM: GREASE TRAP GRITTRAP SEPTIC TANK OTHER WASTE DISPOSAL SITE: LOCATION THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: PRINT TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: GALLONS REMOVED: LOCATION 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: DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S LICENSE NO. WASTE TRANSPORTED DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DRIVER'S SIGNATURE TEXA	(MUST BE COMPLETED BY GENERATOR)		
WASTE DISPOSAL SITE: WASTE DISPOSAL SITE: WASTE TANK OR TRAP CAPACITY: WASTE TANK OR TRANSPORTER DISPOSAL INCOMPLETED BY DISPOSER OR THE ABOVE SPECIFIED WASTE AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE COMPLETED BY DISPOSER OR THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: DISPOSAL INCOMPLETED BY DISPOSER OR THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: DISPOSAL INCOMPLETED BY DISPOSER OR THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION OF THIS TRIP TICKET TRANSPORTATION OF THIS TRIP TICKET 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. (PRINT) (PRINT) (PRINT)	BUSINESS NAME: [MITURASITY OF NORTH-TEXAS		
WASTE DISPOSAL SITE: OF GRANCIPY SPECIFY WASTE TANK OR TRAP CAPACITY: SPECIFY WASTE WASTE WASTE TRANSPORTER BUSINESS NAME: SPECIFY WASTE THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL OF THE GENERATOR IS CONTAINED IN THE SERVICINS 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: SPECIFY DISPOSAL INSORMATION: CESSING (MUST BE COMPLETED BY DISPOSER) DISPOSAL INSORMATION CESSING (MUST BE COMPLETED BY DISPOSER) DISPOSAL INSORM	ADDRESS: 14/6 Maple 57 CITY: Derton TELEPHONE: 214-668-5298		
WASTE TANK OR TRAP CAPACITY: WASTE MARY CAPACITY			
WASTE TANK OR TRAP CAPACITY: I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: GALLONS REMOVED: 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: DISPOSAL INFORMATION CORSSING (MUST BE COMPLETED BY DISPOSER) DISPOSAL INFORMATION CORSSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S LICENSE NO. DISPOSAL INFORMATION CORSSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S LICENSE NO. DISPOSAL INFORMATION CORSSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S LICENSE NO. DISPOSAL INFORMATION CORSSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TOEQ 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)			
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: PRINT)			
GENERATOR/REPRESENTATIVE NAME: CPRINT DATE AND TIME SERVICED TRANSPORTER INFORMATION CHARLES NAME: ADDRESS: 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: ADDRESS: ADDRESS: ADDRESS: ADDRESS: CITY 247 ADDRESS:			
TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: CITY OF DENTON VEHICLE PERMIT NO CONTINUAL PROSECUTION. DRIVER'S NAME: ADDRESS: DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL INFORMATION COST SING (MUST BE COMPLETED BY DISPOSER) TOTAL THE WASTE TRANSPORTED DISPOSAL T	6/ //· / 1. 1. 1/ · //		
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MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: GOLD GOLD TY: TELEPHONE: TOTAL CONTROL THE LEPTON OF DENTON VEHICLE PERMIT NO GOLD 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: DISPOSAL INFORMATION CONSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY 247 TELEPHONE: TOTAL COMPLETED BY DISPOSER) ICERTIFY 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) PRINT TELEPHONE: TOTAL COMPLETED BY DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION. SITE OPERATOR NAME: (PRINT)	DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE		
MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: 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: DISPOSAL INFORMATION CORSSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY 217 CITY			
BUSINESS NAME: ADDRESS: CITY: CITY: ADDRESS: CITY: CITY: ADDRESS: CITY: CITY: CITY: ADDRESS: CITY:			
ADDRESS: TELEPHONE: TELEPHONE: TELEPHONE: TELEPHONE: TELEPHONE: TOEQ REGISTRATION NO. CITY OF DENTON VEHICLE PERMIT NO CITY OF 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. MANUAL PROSECUTION. DRIVER'S NAME: TEXAS DRIVER'S LICENSE NO. MANUAL PROSECUTION. DRIVER'S SIGNATURE ON THE COMPLETED BY DISPOSER) STORY OF THE WASTE TRANSPORTED DISPOSAL INFORMATION OF SSING (MUST BE COMPLETED BY DISPOSER) SOURCE OF THE WASTE TRANSPORTED DISPOSAL INFORMATION OF SSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND 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)	(MUST BE COMPLETED BY TRANSPORTER)		
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: DISPOSAL INEQRMATION OF SSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY: 247 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) (PRINT) (PRINT) (PRINT) (PRINT)	BUSINESS NAME: Sand / Roas Desukotte.		
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: DISPOSAL INEQRMATION OF SSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY: 247 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) (PRINT) (PRINT) (PRINT) (PRINT)	ADDRESS: 1900 COLOS STOCK ROLLY: FLOORES TELEPHONE: 27 37 5000		
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: DISCOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) TELEPHONE: TOTAL THE ABOVE SPECIFIED WASTE AND 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) (PRINT) (PRINT) (PRINT)			
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: DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY: 217 COLUMN 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) (PRINT)			
DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY: 217	OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE, I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET		
DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: ADDRESS: CITY: 217	DRIVER'S NAME: Limited TEXAS DRIVER'S LICENSE NO. NO. NO. 10 P. C.		
DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: FT. V. 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 REQUIREMENT'S OUTLINED IN THAT AUTHORIZATION. SITE OPERATOR NAME: (PRINT) 1 22 21 2: W	(PRINT)		
DISPOSAL INFORMATION COSSING (MUST BE COMPLETED BY DISPOSER) BUSINESS NAME: FT. V. 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 REQUIREMENT'S OUTLINED IN THAT AUTHORIZATION. SITE OPERATOR NAME: (PRINT) 1 22 21 2: W	Man I serve		
DISPOSAL INFORMATION CESSING (MUST BE COMPLETED BY DISPOSER) COMPLETED BY DISPOSER) COMPLETED BY DISPOSER) COMPLETED BY DISPOSER) COMPLETED BY DISPOSER) COMPLETED BY DISPOSER) COMPLETED BY DISPOSER COMPLETE	DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE		
BUSINESS NAME: ADDRESS: CITY: 2-17 CITY			
BUSINESS NAME: ADDRESS: CITY: 2-17 CITY	DISPOSALINEGRMATION CORRECTION		
BUSINESS NAME: ADDRESS: CITY: 217 CITY: 217 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) (PRINT)	(MUST BE COMPLETED BY DISPOSER)		
ADDRESS: CITY:217 COLUMN 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:	1800 Dec 19 marie de la companya de la 1800 Dec 19 marie de la companya della companya della companya de la companya de la companya de la companya della com		
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) (PRINT)	DUSINESS (NAIME.		
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)			
WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION. SITE OPERATOR NAME: (PRINT) (PRINT)	TOEQ PERIVIT NO.		
11/22/21 2:W (PRINT)	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.		
11/22/21 2:W (PRINT)	/ A TO 2. 17x/		
11 22 21 2:00			
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 (10th) 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



GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: 1 JULIUS SETT DA WERTH LEXTS
ADDRESS: 1416 MARIE ST CITY VENTON TELEPHONE: 214685290
WASTE REMOVED FROM: GREASE TRAP V GRIT TRAP SEPTIC TANK OTHER
SPECIFY
WASTE DISPOSAL SITE:
WASTE TANK OR TRAP CAPACITY: LICEDTIEV THAT THE WASTE MATERIAL DEMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZADROHO MATERIAL OF
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME: Think of White
1(222) Path 71/16
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
STATE AND STATE OF THE STATE OF
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: DAVID RAP DERVEL
ADDRESS DO COUS, NEW SCITY: TELEPHONE: 217 877 580
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-729
GALLONS REMOVED:
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 PROSECULION DRIVER'S NAME: (PRINT) TEXAS DRIVER'S LICENSE NO. XXXX 8.700
112221
DATE AND TIME WASTE TRANSPORTED DRIVER'S GIGNATURE
DISPOSAL INFORMATION SING (MUST BE COMPLETED BY DISPOSER)
BUSINESS NAME: 150 100 RD.
ADDRESS: CITY: 1/4 (TH, 1/2 70102 TELEPHONE:
TCEQ PERMIT NO. 81,700004939
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)
11 22 21 2:00
DATÉ AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



WHITE - City

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

(MUST BE COMPLETED BY GENERATOR) BUSINESS NAME: UNT Fag ADDRESS: 1416 Maple CITY: Deaton TELEPHONE: 2146085295 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER SPECIFY
ADDRESS: 1916 Maple CITY: Denton TELEPHONE: 2146685295 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
WASTE DISPOSAL SITE: C>V WASTE TANK OR TRAP CAPACITY: 16000
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
11-22-21 12:30 DATE AND TIME SERVICED CPRINT:
DATE AND TIME SERVICED SUPPLIES OF THE SERVICE SUPPLIE
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sond Trap Service
BUSINESS NAME: Sand Trap Service ADDRESS: 1300 Cold Spring S CITY: Ft. workh TELEPHONE: 8178775800
TCEQ REGISTRATION NO. Z0352 CITY OF DENTON VEHICLE PERMIT NO. Z1-230 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: Chae English TEXAS DRIVER'S LICENSE NO Z743
11-22-21 12:30
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
DISPOSAL INFORMATION
(MUSC BE COMPLETED BY DISPOSERS ING
VOEO NE VEV 01225
BUSINESS NAME:
TOFO 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: STORE (PRINT)
11/22/21 2:00 (PRINT)
DATE AND TIME WASTE RECEIVED WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator



GENERATOR INFORMATION				
(MUST BE COMPLETED BY GENERATOR)				
DIIGINESS MAME	2			
BUSINESS NAME:ADDRESS:	CITY		TELEPHONE:	
WASTE REMOVED FROM: GREASE TRAI		GRIT TRAP	SEPTIC TANK	OTHER
TOTAL MENTE THE TAXABLE TO THE TAXAB				SPECIFY_
WASTE DISPOSAL SITE:		4		
WASTE TANK OR TRAP CAPACITY:				
I CERTIFY THAT THE WASTE MATERIAL	REMOVED FRO	OM THE ABOVE F	REMISES CONTAINS NO	HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:				
			(PRINT)	
DATE AND TIME SERVICED			GENERATOR/REPRESENT	TATIVE SIGNATURE
	TRANSF	ORTER INFORM	ATION	
	(MUST BE COM	MPLETED BY TRA	NSPORTER)	
	•		·	
BUSINESS NAME:ADDRESS:	OLTY.		TELEBUONE.	
TCEQ REGISTRATION NO	CHY:	CITY OF DEN	TON VEHICLE DEDMIT NO)
		CHYOFDEN	ION VEHICLE PERIVIT INC)
GALLONS REMOVED:				
I CERTIFY THAT THE INFORMATION PROOF THE GENERATOR IS CONTAINED IN MAY RESULT IN REVOCATION OF MY LICE	THE SERVICING QUID WASTE T	G VEHICLE. I AM RANSPORTATIOI	AWARE THAT FALSIFICA' N PERMIT, AND/OR CRIMI	TION OF THIS TRIP TICKET NAL PROSECUTION.
DRIVER'S NAME:	· :	TE	KAS DRIVER'S LICENSE N	10.
(Final)				
			DDI (50)0 0	IONATURE
DATE AND TIME WASTE TRANSPORT	EU		DRIVER'S S	IGNATURE
	DISD/	OSAL INFORMAT	ION	· · · · · · · · · · · · · · · · · · ·
	•	OMPLETED BY D		
BUSINESS NAME:	COLE) SPRINGS P	rocessing	
ADDRESS:	CITW <u>CEC</u>) MSW # 012	TELEPHONE:	
TCEQ PERMIT NO.	1300	COLD SPRIN	GS RD.	
I CERTIFY THAT I HAVE BEEN AUTHORIZ WASTE AND THAT I HAVE DISPOSED OF AUTHORIZATION.	ZED BY 18HE/TE	ORTH, TX. 7 XXS-1669 ARTME NACCORDANCE	NT OF HEALTH TO ACCEP	PT THE ABOVE SPECIFIED TS OUTLINED IN THAT
SITE OPERATOR NAME:			V	
	:	(PRINT)		
DATE AND TIME WASTE RECEIVED			SITE OPER	ATOR SIGNATURE

YELLOW - Generator WHITE - City

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator





WHITE - City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

	GENE	ERATOR INFORMAT	ION	
	(MUST BE C	COMPLETED BY GEN	NERATOR)	Clark
BUSINESS NAME:/				
ADDRESS:	CITY:		TELEPHONE:	
WASTE REMOVED FROM: GREASE TRA		GRIT TRAP	SEPTIC TANK	OTHER
		•		SPECIFY
WASTE TANK OR TRAP CAPACITY:	;			
I CERTIFY THAT THE WASTE MATERIAL	REMOVED FF	ROM THE ABOVE PR	REMISES CONTAINS NO I	HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME	;			
		(F	PRINT)	
	-			
DATE AND TIME SERVICED			GENERATOR/REPRESENT	ATIVE SIGNATURE
	TRANS	SPORTER INFORMA	TION	
	(MUST BE CC	OMPLETED BY TRAN	JSPORTER)	
	•	THE PRINCE CONTROL OF A 11 to 11.	ior oraziy	
BUSINESS NAME:				a a a a a a a a a a a a a a a a a a a
ADDRESS:TCEQ REGISTRATION NO	CITY:		TELEPHONE:	
		CITY OF DENT	ON VEHICLE PERMIT NO	
GALLONS REMOVED:				
I CERTIFY THAT THE INFORMATION PR OF THE GENERATOR IS CONTAINED IN MAY RESULT IN REVOCATION OF MY L	THE SERVICIN IQUID WASTE	NG VEHICLE. I AM A' TRANSPORTATION	WARE THAT FALSIFICAT PERMIT, AND/OR CRIMIN	TON OF THIS TRIP TICKET
DRIVER'S NAME:(PRINT)		, ILA	TO DITIVER O EIGENGE IV	J
DATE AND TIME WASTE TRANSPOR	TED	-	DRIVER'S SIG	GNATURE
	DISF	POSAL INFORMATIO)N	
	(MUST BE	COMPLETED BY DIS	SPOSER)	
	•		•	
BUSINESS NAME:ADDRESS:	OITM	COLD SPRING	38 PROCESSING	
		TCEQ MSW	UTZEZEPHONE:	
TCEQ PERMIT NO.		TCEQ MSYY * 1300 COLD SI FT. WORTH, T	78102	
I CERTIFY THAT I HAVE BEEN AUTHORI WASTE AND THAT I HAVE DISPOSED O AUTHORIZATION.	ZED BY THE T F THE WASTE		I UF HEALTH TO ACCEP	T THE ABOVE SPECIFIED 'S OUTLINED IN THAT
OTT ODEDATOD NAME.		•		
SITE OPERATOR NAME:		(PRINT)		
		, ,		
DATE AND TIME WASTE RECEIVED	. 1	·	, SITE OPERA	TOR SIGNATURE

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site

GOLDENROD - Returned to Generator



14497

GENERATOR INFORMATION		
(MUST BE COMPLETED BY GENERATOR)		
BUSINESS NAME:	TELEPHONE:	
ADDRESS: CITY:	TELEPHONE:	
WASTE REMOVED FROM: GREASE TRAP GR	IT TRAP SEPTIC TANK OTHER	
	SPECIFY	
WASTE DISPOSAL SITE:		
	THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.	
GENERATOR/REPRESENTATIVE NAME:	(PRINT)	
	(FMINT)	
DATE AND TIME CEDVICED		
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE	
TRANSPOL		
	RTER INFORMATION	
(MUST BE COMPL	LETED BY TRANSPORTER)	
BUSINESS NAME:		
ADDRESS: 1 1 1 1 1 1 1 CITY:	TELEPHONE: CITY OF DENTON VEHICLE PERMIT NO.	
	CITY OF DENTON VEHICLE PERMIT NO.	
GALLONS REMOVED:		
OF THE GENERATOR IS CONTAINED IN THE SERVICING V MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRAI	CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL /EHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET INSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.	
DRIVER'S NAME: (PRINT)	TEXAS DRIVER'S LICENSE NO.	
DATE AND TIME WASTE TRANSPORTED	DBM/CD/D CIONATUDE	
DATE AND THRE WASTE TRANSPORTED	DRIVER'S SIGNATURE	
DISPOS/	AL INFORMATION	
	MPLETED BY DISPOSER)	
BUSINESS NAME: COLD SPRINGS PROCESS	SING	
ADDRESS: TCEQ MSVV # 0 275	TELEPHONE:	
TCEQ PERMIT NO. 1300 COLD SPRINGS RD. FT. WORTH, TX, 76102		
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACAUTHORIZATION.	S DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED CCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT	
SITE OPERATOR NAME:	See and to limit	
	(PRINT)	
1/4/24 3.0° "		
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE	

WHITE -- City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



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					
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:					
DRIVER'S NAME: TEXAS DRIVER'S LICENSE NO					
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE					
DISPOSAL INFORMATION					
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.					

WHITE - City YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



GENERATOR INFORMATION				
(MUST BE COMPLETED BY GEI	NERATOR)			
RUSINESS NAME				
BUSINESS NAME: CITY:	TELEPHONE:			
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP	SEPTIC TANK OTHER			
	SPECIFY			
WASTE DISPOSAL SITE:				
WASTE DISPOSAL SITE: WASTE TANK OR TRAP CAPACITY:				
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PI	REMISES CONTAINS NO HAZARDOUS MATERIALS.			
GENERATOR/REPRESENTATIVE NAME:	(DOLLT)			
•	(PRINT)			
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE			
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				
TRANSPORTER INFORMA	ATION			
(MUST BE COMPLETED BY TRAI	NSPORTER)			
BUSINESS NAME: ADDRESS: CITY: TCEQ REGISTRATION NO. GALLONS REMOVED:				
ADDRESS: CITY:	TELEPHONE:			
TCEQ REGISTRATION NO CITY OF DENT	FON 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				
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE			
DATE AND TIME WASTE TRANSFORTED	SAMMO			
DISPOSAL INFORMATION				
(MUST BE COMPLETED BY DI	ISPOSER)			
(MOOT BE OOM! EETED BY B.	ior outry			
BUSINESS NAME:COLD SPRINGS F	^{न्} त ocessing			
ADDRESS: CITY: COLD INSIM 012	25 TELEPHONE:			
TCEQ PERMIT NO. 1300 DOLD SPRINGS RD				
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



GENERATOR INFORMATION				
(MUST BE COMPLETED BY GENERATOR)				
DIICINECC NAME				
BUSINESS NAME: C	CITY:		TELEPHONE:	
WASTE REMOVED FROM: GREASE TRAP		GRIT TRAP	SEPTIC TANK	OTHER
WAYOUT HEIMOATD LICENT ON THE THE			•	SPECIFY
WASTE DISPOSAL SITE:				
WASTE TANK OR TRAP CAPACITY:				
I CERTIFY THAT THE WASTE MATERIAL REMO	OVED FR	OM THE ABOVE PRE	MISES CONTAINS NO I	HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME:				
•		(PF	RINT)	
DATE AND TIME SERVICED		G	BENERATOR/REPRESENT	ATIVE SIGNATURE
	·			
	TRANS	PORTER INFORMATI	ON	
(MUS	ST BE CO	MPLETED BY TRANS	PORTER)	
DUOINEGO NAME.				
BUSINESS NAME:C ADDRESS:C TCEQ REGISTRATION NO	CITY:		TELEPHONE:	The state of the s
TCEO REGISTRATION NO	,,,,,,	CITY OF DENTO	N 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)				
2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			DRIVER'S SI	GNATURE
DATE AND TIME WASTE TRANSPORTED			DINIVERCOCI	ON TOTAL
DISPOSAL INFORMATION				
/64				
· · · · · · · · · · · · · · · · · · ·	OSIBE (COMPLETED BY DISF	PROCESSING	
BUSINESS NAME:		TCEQ MSW # D1	226	
ADDRESS:C				
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)	,	
		(FRINT)		
DATE AND TIME WASTE RECEIVED			SITE OPERA	ATOR SIGNATURE

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator



	BENERATOR INFORMATION
<u>.</u>	BE COMPLETED BY GENERATOR)
BUSINESS NAME: UNT Bruce	DE COMIT LETED BY GENERATOR)
	CHICALO CONTRACTOR OF THE CONT
WASTE REMOVED FROM: GREASE TRAP	ODE TO A
THE THOUSE ONE AGE THAT	GRIT TRAP SEPTIC TANK OTHER
WASTE DISPOSAL SITE: CSP	SPECIFY
WASTE TANK OR TRAP CAPACITY: 1000	
I CERTIFY THAT THE WASTE MATERIAL REMOVE	FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME: X	JEANUA TUTACA
	(PRINT)
11-24-21 12:30	X Z
DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE
	DISTRIBUTE OF STATE O
TR	ANSPORTER INFORMATION
(MUST BI	COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sand Trap	Service
ADDRESS: 1300 (0) & Privicity	Ft WOTTH TELEPHONE: 8178775800
TCEQ REGISTRATION NO. 20937	CITY OF DENTON VEHICLE PERMIT NO.
GALLONS REMOVED: 1000	Off of BENTON VEHICLE PERIVITINO
LCERTIFY THAT THE INFORMATION PROVIDED A	BOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL
- At the Articulation of the SERI	ICING VEHICLE LAM AWARE THAT EALOIDIOATIAN AR THA BARRAR MARKET I
OL E	TE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.
DRIVER'S NAME: (May Lugh?	TEXAS DRIVER'S LICENSE NO. 18232743
(PRINT)	0 1
11.24-21 17:30	
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE
· ,	ISPOSAL INFORMATINGS PROCESSING
(Must][[COMD]
BUSINESS NAME:	
ADDRESS: CITY:	FT. WORTH, TX. 76102 FT. WORTH, TX. 76102
TCEQ PERMIT NO.	FT. WORTH, 12. 79102 817-332-4939 TELEPHONE:
CERTIFY THAT I HAVE BEEN AUTHORIZED BY TH	TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED
AUTHORIZATION.	TE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT
1	
SITE OPERATOR NAME:	STMEUTY
reloula.	(PRINT)
11124121 3:1	N
DATE AND TIME WASTERECEIVED	SITE OPERATOR SIGNATURE
WHITE - City YELLOW - Generator PINK - Dis	oosal Site GREEN - Transporter GOLDENROD - Returned to Generator





	GENERATOR INFORMATION
	(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: Universit	y of North Texas (Champs hall)
ADDRESS: 2310 NT35 (
WASTE REMOVED FROM: GREASE T	RAP GRIT TRAP SEPTIC TANK OTHER
1	OTHER
WASTE DISPOSAL SITE: CS	
WASTE TANK OR TRAP CAPACITY:	4000 /
I CERTIFY THAT THE WASTE MATERI	AL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAM	E:
	PRINTI
10-29-21 8:30	
DATE AND TIME SERVICED	CENTRA-PRINCEPORTOR
	GENERATOR/REPRESENTATIVE SIGNATURE
	TRANSPORTER INFORMATION
	·
C 14	(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sand tr	ap Service
ADDRESS: 1390 COLD Spring	S CITY: FC , WORTH TELEPHONE: 8 17 877 5800
TOLUNEGIO (MATION NO. C 33	CITY OF DENTON VEHICLE PERMIT NO. 21-230
GALLONS REMOVED: <u>Yのの</u> む	And the second s
A Action 27 and 27 and 27	
OF THE GENERATOR IS CONTAINED.	ROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED REMOVAL
	N THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.
0 1 5 10	THE THEORY OF TATION PERIOT, AND/OR CRIMINAL PROSECUTION.
DRIVER'S NAME: (Mex) Engl	TEXAS DRIVER'S LICENSE NO. 13232743
(PRIMT)	
10-29-21 8:30	CLA
DATE AND TIME WASTE TRANSPO	RTED DRIVER'S SIGNATURE
	COLD BISPARALINE PROPERTIES
	THE THE COMPLETED BY DISPOSER)
BUSINESS NAME:	1300 COLD SPRINGS RD.
ADDRESS:	ET WODTH TV 72-107
TÇEQ PERMIT NO.	817-332-4939 TELEPHONE:
TOTAL PROPERTY.	011-002-4000
I CERTIFY THAT I HAVE BEEN AUTHOR	IZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED
TO THE REPORT OF THE PROPERTY	F THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT
AUTHORIZATION,	THE REGUNENIENTS COTEINED IN THAT
The state of the s	STMARK
SITE OPERATOR NAME:	1011111111111
10/10/10	IN ST (PRINT)
10/04/12	10.00
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE
WHITE - City YELLOW - Generator	PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator



CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR INFORMATION					
		2.4	Y GENERATOR)		
BUSINESS NAME:	sis a y ar Listoria				
			TELEPH	SECTION OF THE PARTY OF THE PAR	
WASTE REMOVED FROM: GREASE TRA	.Р	_ GRIT TRAP	SEPTIO	THE PROPERTY OF THE PROPERTY OF	_ OTHER
MARIE DISCORDING		Nessan		SP	ECIFY
WASTE DISPOSAL SITE: WASTE TANK OR TRAP CAPACITY:	<u> </u>		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
I CERTIFY THAT THE WASTE MATERIAL	.REMOVED F	ROM THE ABOY	VE PREMISES CON	NTAINS NO HAZAF	RDOUS MATERIALS
GENERATOR/REPRESENTATIVE NAME:					
			(PRINT)		
7.11 21 11.115					
DATE AND TIME SERVICED			GENERATOR	REPRESENTATIVE S	SIGNATURE
	TRAN	SPORTER INFO	DRMATION		
	(MUST BE C	OMPLETED BY	TRANSPORTER)		
BUSINESS NAME: 3 1/ 1/ 1/		es of a second			ete politika izan za Politika Politika
ADDRESS: 1500 Calif Mail	CITY:	11.15	TELEPH	ONE:	
TCEQ REGISTRATION NO.		CITY OF I	DENTON VEHICLE	PERMIT NO	
GALLONS REMOVED:					
I CERTIFY THAT THE INFORMATION PR OF THE GENERATOR IS CONTAINED IN MAY RESULT IN REVOCATION OF MY L	THE SERVIC	ING VEHICLE. I	AM AWARE THAT TION PERMIT, AND	FALSIFICATION OF DIOR CRIMINAL PR	F THIS TRIP TICKET
DRIVER'S NAME: (PRINT)		-	TEXAS DRIVER'S	LICENSE NO.	
171101 11.112				2-2-2-7	
DATE AND TIME WASTE TRANSPOR	TED			DRIVER'S SIGNATUI	<u>₹</u> E
	DIS	SPOSAL INFOR	MATION		
	(MUST BE	COMPLETED	BY DISPOSER)		
BUSINESS NAME:		TCEO MS	RINGS PROCE W#01225	SSING	
ADDRESS;	CITY:		D SPRINGS THE	NEC CAR	
TCEQ PÉRMIT NO.		FT. WORT		([[])	4,
		817-332-4			
I CERTIFY THAT I HAVE BEEN AUTHOR WASTE AND THAT I HAVE DISPOSED O AUTHORIZATION.	IZED BY THE F THE WASTI	TEXAS DEPAR E IN ACCORDAN	TMENT OF HEALTH	TO ACCEPT THE AUTREMENTS OUT	ABOVE SPECIFIED LINED IN THAT
SITE OPERATOR NAME:		<u> </u>			**************************************
7/14/11	(A)	(PRINT)			
DATE AND TIME WASTE RECEIVED				SITE OPERATOR SIG	NATURE
WHITE - City YELLOW - Generator	PINK – Dispo	osal Site G	REEN – Transporter	Production and Company of the Compan	Returned to Generator



GENERATOR INFORMATION				
(MUST BE COMPLETED BY GENERATOR)				
BUSINESS NAME:				
ADDRESS:	CITY:	TELEPHONE:	un annual de la contraction de	
ADDRESS: WASTE REMOVED FROM: GREASE TR	(AP GRIT TRAI	P SEPTIC TANK	OTHER	
			SPECIFY	
WASTE DISPOSAL SITE:				
WASTE TANK OR TRAP CAPACITY:		_		
I CERTIFY THAT THE WASTE MATERIA			HAZARDOUS MATERIALS.	
GENERATOR/REPRESENTATIVE NAME	<u>-:</u>	(CC)LIT		
We have the second of the seco		(PRINT)		
DATE AND TIME SERVICED		GENERATOR/REPRESEN	TATIVE SIGNATURE	
	TRANSPORTER IN			
r	(MUST BE COMPLETED I	BY TRANSPORTER)		
BUSINESS NAME:				
BUSINESS NAME:ADDRESS:	CITY:	TELEPHONE:		
TCEQ REGISTRATION NO	CITYO	OF DENTON VEHICLE PERMIT NO	0	
GALLONS REMOVED:			***************************************	
I CERTIFY THAT THE INFORMATION PF OF THE GENERATOR IS CONTAINED IN MAY RESULT IN REVOCATION OF MY L DRIVER'S NAME:	N THE SERVICING VEHICLE LIQUID WASTE TRANSPOR	E. I AM AWARE THAT FALSIFICA	TION OF THIS TRIP TICKET INAL PROSECUTION.	
DRIVER'S NAME:(PRINT)		LEXAO DUMEN O FIOFIOF	1 U,	
DATE AND TIME WASTE TRANSPOR	RTED	DRIVER'S S	IGNATURE	
			7	
	(MOST DE COMBRÉSSE)	PRYATIONOS PROCESSIN D BXDISPOSER)20	G	
BUSINESS NAME:	FT W	COLD SPRINGS RD.	***************************************	
BUSINESS NAME:ADDRESS:TCEQ PERMIT NO.	CITY:	ORTH, DECEMONE:		
TCEQ PERMIT NO.		02~100b		
I CERTIFY THAT I HAVE BEEN AUTHOR WASTE AND THAT I HAVE DISPOSED O AUTHORIZATION.				
SITE OPERATOR NAME:				
	(PRINT))	- Annual Control of Co	
DATE AND TIME WASTE RECEIVED		SITE OPER	ATOR SIGNATURE	

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator





	GENERATOR INFORM	IATION		
(MUST BE COMPLETED BY GENERATOR)				
BUSINESS NAME: LA			해면 100 m (100 m) 1985년 - 1985년 - 1985년	
ADDRESS: 3 3 1	; CITY:	TELEPHONE:		
WASTE REMOVED FROM: GREASE TRA	AP GRITTRAP	SEPTIC TANK	OTHER	
			SPECIFY	
WASTE DISPOSAL SITE:				
WASTE TANK OR TRAP CAPACITY:				
I CERTIFY THAT THE WASTE MATERIA	L REMOVED FROM THE ABOVE	PREMISES CONTAINS NO	HAZARDOUS MATERIALS.	
GENERATOR/REPRESENTATIVE NAME	:			
		(PRINT)		
		2 0.000 (10.000)		
DATE AND TIME SERVICED		GENERATOR/REPRESENT	ATIVE SIGNATURE	
	TRANSPORTER INFOR	MATION		
	(MUST BE COMPLETED BY T	RANSPORTER)		
BUSINESS NAME:				
	CITY:	TELEPHONE:		
TCEQ REGISTRATION NO.		NTON VEHICLE PERMIT NO		
GALLONS REMOVED:				
I CERTIFY THAT THE INFORMATION PR				
OF THE GENERATOR IS CONTAINED IN MAY RESULT IN REVOCATION OF MY L				
WAT RESULT IN REVOCATION OF WITE	INGOID WASTE TIVANOT CITTATI	OIT LIMIN, AND/OIT OIMIN	VAL TROOLOG HOM.	
DRIVER'S NAME: (PRINT)	Total (EXAS DRIVER'S LICENSE N	O	
(PRINT)				
DATE AND TIME WASTE TRANSPOR	RTED	DRIVER'S SI	GNATURE	
			MANAGERIA (CARACTER) (
	DISPOSAL INFORMA	ATION	(현대 1875) - 1875년 - 1875 - 1875년 - 187	
COLE	(MUST BE COMPLETED BY	DISPOSER)		
	SPRINGS PROCESS. MSW # 01225			
BUSINESS NAME: 1CEC ADDRESS: 1300		TELEPHONE:	ngara akan dari dari dari dari dari dari dari dari	
	ORTH TX 76102			
	32-4939			
I CERTIFY THAT I HAVE BEEN AUTHOR	IZED BY THE TEXAS DEPARTM	IENT OF HEALTH TO ACCEP	T THE ABOVE SPECIFIED	
WASTE AND THAT I HAVE DISPOSED C	F THE WASTE IN ACCORDANC	E WITH THE REQUIREMENT	'S OUTLINED IN THAT	
AUTHORIZATION.				
SITE OPERATOR NAME: Hor	Les Liveries			
OTTE OF ELVER OF THE PROPERTY	(PRINT)			
11/19/21/1050				
DATE AND TIME WASTE RECEIVED		SITE OPERA	TOR SIGNATURE	

WHITE - City YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD - Returned to Generator

7



WHITE - City

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR INFORMATION				
(MUST BE COMPLETED BY GENERATOR)				
 BUSINESS NAME		1		
BUSINESS NAME: ADDRESS: CITY: WASTE REMOVED FROM: GREASE TRAP		TELEPH	ONE:	
WASTE REMOVED FROM: GREASE TRAP	GRIT TRA	P SEPTIC	TANK OT	HER
THE TELEPOTED FROM OTHER TOTAL	OIGH HON			/
WASTE DISPOSAL SITE:	<i>1</i>			
WASTE TANK OR TRAP CAPACITY:				
I CERTIFY THAT THE WASTE MATERIAL REMOVED			TAINS NO HAZARDOU	S MATERIALS.
GENERATOR/REPRESENTATIVE NAME:		(DDIA)T\		
		(PRINT)		
DATE AND TIME SERVICED		GENERATOR/I	REPRESENTATIVE SIGNA	TURE
TRA	NSPORTER I	NFORMATION		
(MUST BE	COMPLETED	BY TRANSPORTER)		
		,		
BUSINESS NAME: CITY: _		771 7511	NIT.	
ADDRESS: CITY: _	CITY			***************************************
TCEQ REGISTRATION NO.	_ CITY	JENION VEHICLE	CRIVITINO.	
GALLONS REMOVED:				
I CERTIFY THAT THE INFORMATION PROVIDED ABOUT THE GENERATOR IS CONTAINED IN THE SERVINAY RESULT IN REVOCATION OF MY LIQUID WAST	CING VEHICL	E. I AM AWARE THAT I	FALSIFICATION OF THE	S TRIP TICKET
DRIVER'S NAME:		TEXAS DRIVER'S	LICENSE NO.	
DRIVER'S NAME:(PRINT)		/ 0 . 0		
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE				
DATE AND TIME WASTE TIVARGI ONTED				
D	ISPOSAL INF	ORMATION		
(MUST E	ВЕ СОМРЬЕТ	ED BY DISPOSER) SPRINGS PROCE	2011	4
	TOULD (PRINGS PROCE	SSING	
BUSINESS NAME:CITY:		WSW # 01225	ANE:	
		OLD SPRINGSPHE		
TCEQ PERMIT NO.		RTH, 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:			<i>₹</i>	
OHE OF ELECTION WALL	(PRIN	T)		
		•		
DATE AND TIME WASTE RECEIVED			SITE OPERATOR SIGNAT	URE
WHITF - City YELLOW - Generator PINK - Disp	oosal Site	GREEN - Transporter	GOLDENROD Retu	rned to Generator



GENERATOR INFORMATION			
(MUST BE COMPLETED BY GENERATOR)			
11 on - ana a He lie			
ADDRESS: 1251 d. Bonnie Stree Dienton TELEPHONE: 940-369-7644			
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER			
SPECIEV			
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: YOUNG (PRINT)			
1-20-21 12:30 XRUE			
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE			
DATE AND TIME SERVICED			
TRANSPORTER INFORMATION			
(MUST BE COMPLETED BY TRANSPORTER)			
BUSINESS NAME: Sand vrap Service			
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800			
TCEQ REGISTRATION NO. 20939 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: TEO BEARD TEXAS DRIVER'S LICENSE NO. 273 4			
(PRINT)			
1-20-21 12:30 Tred Beard			
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE			
DISCORTE UFFRING PROFESSING (MUST BEICORDLENG PROFESSING			
BUSINESS NAME: 1300 COLD SPRINGS RD.			
BUSINESS NAME: T300 COLD SPRINGS RD. ADDRESS: CITY: 817-332-4939 TCEQ PERMIT NO.			
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: STYCE S			
STE OPERATOR NAME. (PRINT)			
1120121 1:00			
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE			

WHITE - City

YELLOW - Generator

PINK - Disposal Site

GREEN - Transporter

GOLDENROD -- Returned to Generator



14497

GENERATOR INFORMATION (MUST BE COMPLETED BY GENERATOR) BUSINESS NAME: U.M. T. Bruce Hall ADDRESS: 2310 M. I-35E CITY: Denton TELEPHONE: 940-349-8203 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER WASTE DISPOSAL SITE: CSP WASTE DISPOSAL SITE: SPECIFY
BUSINESS NAME: U.M. T. Bruce Hall ADDRESS: 23/D M. I-35E CITY: Denton TELEPHONE: 940-369-8003 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
ADDRESS: 23/0 N. I-35E CITY: Denton TELEPHONE: 940-369-8203 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
^
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)
1-4-2/ 1:30 > Steven Schmidt
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
TO A LODGE TEN DE CONTATION
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sand Trap Survice
ADDRESS: 1300 Cold Springs CITY: Fort Worth TELEPHONE: 8/7-877-5800
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 20-202
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 TICKE MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION.
DRIVER'S NAME: TEO BEARD TEXAS DRIVER'S LICENSE NO. 2736 (PRINT)
1-4-20 1:30 hed Beard
* DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
DISPOSAL INFORMATION
(MUST BE COMPLETED BY DISPOSER)
(MOST BE COMPLETED BY DISPOSER)
BUSINESS NAME: TOEO MSWI # 01225
ADDRESS:TELEPHONE:TELEPHONE:
TCEQ PERMIT NO. FT. WORTH: TX. 76102
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIE WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT
AUTHORIZATION.
SITE OPERATOR NAME: Has lan / which (PRINT)
1/4/20 3:00 pm AWI Kill
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generator



GENERATOR INFORMATION				
(MUST BE COMPLETED BY GENERATOR)				
BUSINESS NAME: U.M. T. Champs H	all			
	TON TELEPHONE: 940-369-8203			
WASTE REMOVED FROM: GREASE TRAP GRIT TRAF				
P. < P	SPECIFY			
WASTE DISPOSAL SITE:				
WASTE TANK OR TRAP CAPACITY: 4000				
I CENTIFY THAT THE WASTE MATERIAL REMOVED FROM THE AR				
GENERATOR/REPRESENTATIVE NAME: VOLUME OF THE PROPERTY OF THE P	(PRINT)			
9 35 31 81	V A			
2-25-21 8:00 DATE AND TIME SERVICED	GENERATOR/REPRESENTATIVE SIGNATURE			
DUTE WID THAT AFTAINED	OLIGILIANI OLIVILI INTOTALLIANE OLIVILIONE			
TRANSPORTER IN	IFORMATION			
, (MUST BE COMPLEȚED I	BY TRANSPORTER)			
BUSINESS NAME: Sand Trap Service	2 met			
	outh TELEPHONE: 8/7-377-580			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF DENTON VEHICLE PERMIT NO. 21-230			
GALLONS REMOVED: 4000	<u> </u>			
,				
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRI OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE				
MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPOR				
TEN DISMON	9726			
DRIVER'S NAME: (PRINT)	TEXAS DRIVER'S LICENSE NO. 273 6			
2-25-21 8:00	Talland.			
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE			
DATE AND THAT WHOLE ISSUED				
DISPOSAL INFO	DRMATION			
COLD SPRINGS MATTERS OF THE				
テヘビへ MOM/# 01225	· · · · · · · · · · · · · · · · · ·			
ADDRESS: 1300 COLD SPRINGS RD.	TELEPHONE:			
TCEQ PERMIT NO. FT. WORTH, TX. 76102	I Later I I O I View			
817-332-4939				
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPA	ARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED			
WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORD AUTHORIZATION.	DANCE WITH THE REQUIREMENTS OUTLINED IN THAT			
Authorities of the state of the	•			
SITE OPERATOR NAME: HVGS /Gh / Chinell				
(PRINT				
2/25/21 9:04 m	AWUKIUW			
DATE AND TIME WASTE RECEIVED	SITE OPERATOR SIGNATURE			

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN -- Transporter

PINK - Disposal Site

YELLOW - Generator

WHITE - City

GOLDENROD - Returned to Generator



WHITE - City

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: 4.91. To Clark Hall
ADDRESS: 230(7), I-35E, CITY: Demon TELEPHONE: 940-369-822
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
SPECIFY
WASTE DISPOSAL SITE: C5T
WASTE TANK OR TRAP CAPACITY:
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE, PREMISES CONTAINS NO HAZARDOUS MATERIALS
GENERATOR/REPRESENTATIVE NAME: X PEAR THE HILL THE
(PRINT)
3-15-21 1:45 X
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPORTER INFORMATION
// (MUST BE COMPLETED BY TRANSPORTER)
Land The a always and
BUSINESS NAME: SUND PAGE SOUTH
ADDRESS: 1300 Cold Aprings CITY: Ff. Worth TELEPHONE: 8/7-877-5800
TCEQ REGISTRATION NO. 21-330 CITY OF DENTON VEHICLE PERMIT NO. 21-330
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 TICKE 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)
3-15-21 1.45 Led Beard
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
DISPOSAL INFORMATION
(MUST BE COMPLETED BY DISPOSER) GOLD SPRINGS PROCESSING
No state of the st
the state of the s
TCEQ PERMIT NO. <u>FT_WORTH_TX_76102</u> 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.
TE-2000 0 0
SITE OPERATOR NAME: 18/18 May 1
(PRINT)
0113 121 19:00)
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE
WHITE - City YELLOW - Generator PINK - Disposal Site GREEN - Transporter GOLDENROD - Returned to Generat

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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



WHITE -- City

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

14498

(MUST BE COMPLETED BY GENERATOR) BUSINESS NAME: ADDRESS: MEDIC ADDRESS ADDRESS ADDRESS: A	GENERATOR INFORMATION
ADDRESS: MAPLE 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: 1-11-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-	(MUST BE COMPLETED BY GENERATOR)
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER SPECIFY 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: -1	BUSINESS NAME: Ken, Hall
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: -4	
WASTE DISPOSAL SITE: WASTE TANK OR TRAP CAPACITY: LOCATINEY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: LOCATION DATE AND TIME SERVICED TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: LOCATION OF MY LIQUID WASTE TRANSPORTATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DISPOSAL INFORMATION COLD SPRINGS PARCECOMBUETED BY DISPOSER) BUSINESS NAME: LOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: DISPOSAL INFORMATION COLD SPRINGS PARCECOMBUETED BY DISPOSER) BUSINESS NAME: TCEQ MESW # 01225 ADDRESS: 1300 COLD SPRINGS PARCECOMBUETED BY DISPOSER) BUSINESS NAME: TCEQ PERMIT NO, FT. WORTH, TX. 76102 817-332-4939 I CERTIFY THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT	WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
WASTE TANK OR TRAP CAPACITY:	
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: -4-2	Whole bid done one.
GENERATOR/REPRESENTATIVE NAME: 1-14-21	TOOLE WHITE OF THE OF T
TRANSPORTER INFORMATION WINT BE COMPLETED BY TRANSPORTER) BUSINESS NAME: JULY JULY TELEPHONE: 8/7* 877-5900 TCEQ REGISTRATION NO. 20772 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: FRANSPORTED TEXAS DRIVER'S LICENSE NO. 2734 DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE DISPOSAL INFORMATION COLD SPRINGS PROSECUTION OF MY 1001D WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: FRANSPORTED DRIVER'S SIGNATURE DISPOSAL INFORMATION COLD SPRINGS PROSECUTION OF THE WASTE TRANSPORTED TELEPHONE: TCEQ PERMIT NO. FT. WORTH, TX. 76102 817-32-4939 I CERTIFY THAT I HAVE BIESNAUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE BISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT	$V \sim V / \langle 1/1 \rangle \sim 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$
TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: ADDRESS: BUSINESS NAME: ADDRESS: ADDRESS: BUSINESS NAME: ADDRESS: BUSINESS NAME: ADDRESS: BUSINESS NAME: COLD SPRINGS PROCED BY DISPOSER) BUSINESS NAME: TOEQ MSW # 01225 ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: TOEQ PERMIT NO. BUSINESS NAME: TOEQ MSW # 01225 ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: TOEQ PERMIT NO. BUSINESS NAME: TOEQ MSW # 01225 ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: TOEQ PERMIT NO. BUSINESS NAME: TOEQ MSW # 01225 ADDRESS: TOEQ PERMIT NO. BUSINESS NAME: TOEQ PERMIT NO. BUSINESS RD. TELEPHONE: BUSINESS RD. BUSI	(PRINT)
TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: SUMMY SUMMY ADDRESS: 17(1) COLD SAMMY CITY: FL. WOWN TELEPHONE: 917 977-5300 TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 20 207 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: FOR BUSINESS NAME: (PRINT) TEXAS DRIVER'S LICENSE NO. 273/ DISPOSAL INFORMATION COLD SPRINGS PROPERCOMPRIETED BY DISPOSER) 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	1-4-21 2:10 X FJ Ch X 1/h
BUSINESS NAME: ADDRESS: 13(1) COLD SPRINGS PROCED BY TRANSPORTER) BUSINESS NAME: ADDRESS: 13(1) COLD SPRINGS RD. CITY OF DENTON VEHICLE PERMIT NO. 2003 COLD SPRINGS PROCED BY COMPANY OF THE SERVICING VEHICLE. I AM AWARE THAT PALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: COLD SPRINGS PROCED BY DISPOSER) BUSINESS NAME: TOEQ MSW # 01225 ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: TOEQ PERMIT NO. FT. WORTH, TX. 76102 B17-332-4939 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	DATE AND TIME SERVICED GENERATORIREPRESENTATIVE SIGNATURE
BUSINESS NAME: ADDRESS: 1300 COLD SPRINGS PROCED BY TRANSPORTER) BUSINESS NAME: ADDRESS: 1300 COLD SPRINGS RD. COLD SPRINGS RECOMPLETED BY TRANSPORTER DISPOSAL INFORMATION COLD SPRINGS RECOMPLETED BY TRANSPORTED BUSINESS NAME: TELEPHONE: DISPOSAL INFORMATION COLD SPRINGS RECOMPLETED BY TRANSPORTED DISPOSAL INFORMATION COLD SPRINGS RECOMPLETED BY DISPOSER) BUSINESS NAME: TELEPHONE: TEL	
BUSINESS NAME: ADDRESS: 100 Cold Spung City: Fr Worth TELEPHONE: 977-5800 TCEQ REGISTRATION NO. 2037 CITY OF DENTON VEHICLE PERMIT NO. 30 303 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: DISPOSAL INFORMATION	TRANSPORTER INFORMATION
ADDRESS: 1300 Cold Jamay City: Ff. Work TELEPHONE: 97 977-5900 TCEQ REGISTRATION NO. 1000 CITY OF DENTON VEHICLE PERMIT NO. 2000 GALLONS REMOVED: 1000 CITY OF DENTON VEHICLE PERMIT NO. 2000 GALLONS REMOVED: 1000 CITY OF DENTON VEHICLE PERMIT NO. 2000 GALLONS REMOVED: 1000 CITY OF DENTON VEHICLE PERMIT NO. 2000 GALLONS REMOVED: 1000 CITY OF DENTON VEHICLE PERMIT NO. 2000 GALLONS 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: 1000 CITY OF DENTON PERMIT, AND/OR CRIMINAL PROSECUTION. DISPOSAL INFORMATION COLD SPRINGS PROPER SINGUISTED BY DISPOSER) BUSINESS NAME: 1000 COLD SPRINGS RD. TELEPHONE: 1000 TELEPHONE: 10	(MUST BE COMPLETED BY TRANSPORTER)
TCEQ REGISTRATION NO. 1000 GALLONS REMOVED: 1000 I CERTIFY THAT I HE 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: 1000	BUSINESS NAME: Land Vay Service
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: TEXAS DRIVER'S LICENSE NO. 2736 DATE AND TIME WASTE TRANSPORTED TEXAS DRIVER'S SIGNATURE DISPOSAL INFORMATION COLD SPRINGS AND 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	1 22
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: COLD SPRINGS PROSECOMPLETED BY DISPOSER) BUSINESS NAME: TCEQ MSW # 01225 ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE: TCEQ PERMIT NO. FT. WORTH, TX. 78102 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	
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:	GALLONS REMOVED:
DISPOSAL INFORMATION COLD SPRINGS PROBLET BY DISPOSER) 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	OF THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET
DISPOSAL INFORMATION COLD SPRINGS AND TRECOMPLETED BY DISPOSER) 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	DRIVER'S NAME: TEXAS DRIVER'S LICENSE NO. 273/P
DISPOSAL INFORMATION COLD SPRINGS PRINGS PR	1 11-31 2:00
DISPOSAL INFORMATION COLD SPRINGS A RECOMPLETED BY DISPOSER) 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	
COLD SPRINGSM-ROBECOMPLETED BY DISPOSER) 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	DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
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	DISPOSAL INFORMATION
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	COLD CODING GMUST REICOMPLETED BY DISPOSER)
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	COLD SPRINGS TOOLS AND TOO
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	ADDRESS: 1300 COLD SPRINGS RD. TELEPHONE:
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	many to the Lacks of the Lacks
WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT	817-332-4939
	I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTMENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED
SITE OPERATOR NAME: PUNCE (PRINT)	SITE OPERATOR NAME: JUST lan / WHILE (PRINT)
1/4/21 3100m ASW Kull	1/4/21 3198m - ANN WILL
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 (10th) 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



GENERATOR INFORMATION						
(MUST BE COMPLETED BY GENERATOR)						
BUSINESS NAME: U. N. T. Maple Half						
ADDRESS: 230/ 11. I-35 & CITY: Denton TELEPHONE: 940-369-8223						
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER						
WASTE DISPOSAL SITE: CSP SPECIFY						
WASTE DISPOSAL SITE:						
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.						
GENERATOR/REPRESENTATIVE NAME: X C. Williams						
(PRINT)						
2-24-21 10:40 X (L						
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE						
TRANSPORTER INFORMATION						
MUST BE COMPLETED, BY TRANSPORTER)						
la determination						
ADDRESS: 1300 Cold Joseph City: Ft. Worth TELEPHONE: 8/7-877-5800						
TCEQ REGISTRATION NO. 20332 CITY OF DENTON VEHICLE PERMIT NO. 21-230						
GALLONS REMOVED: /CCO						
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						
DRIVER'S NAME: TEXAS DRIVER'S LICENSE NO. 277						
2-24-21 10:40 Tred Beard						
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE						
DISPOSAL INFORMATION COLD CODING CORPORATION						
COLD SPRINGS:PBEOGENSSITED BY DISPOSER) TCEQ MSW # 01225						
BUSINESS NAME: 1300 COLD SPRINGS RD.						
BUSINESS NAME: 1300 COLD SPRINGS RD. ADDRESS: FT. WORTH, TX. 76102						
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.						
AUTHORIZATION.						
SITE OPERATOR NAME: Har fan fundell						
2/24/21 12:29 am (PRINT) LAWA July						
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE						

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site

YELLOW - Generator

WHITE - City



GENERATOR INFORM	ATION					
(MUST BE COMPLETED BY GENERATOR)						
BUSINESS NAME: DAT Maple Hall						
ADDRESS: 23 OL N. F35 E CITY: Devison	TELEPHONE: 9403698223					
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP	SEPTIC TANK OTHER					
	SPECIFY					
WASTE DISPOSAL SITE: CST						
WASTE TANK OR TRAP CAPACITY:	N.					
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE	PREMISES CONTAINS NO HAZARDOUS MATERIALS.					
GENERATOR/REPRESENTATIVE NAME: X VIVIVIV	41111111					
	(PRINT))					
9-24-21	Challe Comment					
DATE AND TIME SERVICED	GENERAL PRESENTATIVE SIGNATURE					
TRANSPORTER INFOR	MATION					
(MUST BE COMPLETED BY TR	ANSPORTER)					
BUSINESS NAME: Sand Trap Survice						
ADDRESS: 1800 COLD Spring CITY: Ft. worth	TELEPHONE: 3178775800					
TCEQ REGISTRATION NO. 20532 CITY OF DE	NTON VEHICLE PERMIT NO. 21-230					
GALLONS REMOVED: 1000	•					
	ø					
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 AN MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION.	N AWARE THAT FALSIFICATION OF THIS TRIP FICKET TO ON PERMIT AND/OR CRIMINAL PROSECUTION.					
1						
DRIVER'S NAME: Chad English T	EXAS DRIVER'S LICENSE NO. 13737743					
(PRIM?)	5 0 A 5 iii					
9-24-21 11:30						
DATE AND TIME WASTE TRANSPORTED	DRIVER'S SIGNATURE					
DISPOSAL INFORMA						
(MUST BE COMPLETED BY COLD SPRIN	DISPOSER)					
BUSINESS NAME: TCEQ WSW:	PRINGS REPORE					
TCEQ PERMIT NO. 1300 COLD C	TY 76102					
F 1, VVOR17,)					
I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS DEPARTM	ENT OF HEALTH TO ACCEPT THE ABOVE SPECIFIED					
WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE AUTHORIZATION.	E WITH THE REGUIREMENTS OUTLINED IN THAT					
Les Marian						
SITE OPERATOR NAME:						
Challer I. So (PRINT)						
1 41/41/1 1.00						
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 (10th) 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



WHITE -- City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

GENERATOR INFORMATION							
(MJUST BE COMPLETED BY GENERATOR)							
BUSINESS NAME: U.M. To South Trap #1							
ADDRESS: 230 P. I-35 E CITY: Denton TELEPHONE: 940-565-3846							
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER							
MASTE DISPOSAL SITE: C5P							
WAOTE DIGITORE STIE.							
WASTE TANK OR TRAP CAPACITY:							
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.							
GENERATOR/REPRESENTATIVE NAME: MANUTA CANUISAY (PRINT)							
2.19.21 71.20							
3-19-21 7:30 X							
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE							
TRANSPORTER INFORMATION							
(MUST BE COMPLETED BY TRANSPORTER)							
BUSINESS NAME: Jang May Service							
ADDRESS: 1300 Cold Aprings CITY: Ft. Worth TELEPHONE: 8/7-877-5800							
TCEQ REGISTRATION NO. 7 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: TEXAS DRIVER'S LICENSE NO 2734							
(PRINT)							
3-19-21 7:30 Led Beard							
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE							
DISPOSAL INFORMATION							
60LD SPKINGSOMOGIEDSINGSPOSER)							
TCEQ N3W # 01225							
ADDRESS: 1300 COLO SPRINGS RU. 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 Juniae 1							
3/19/21 8:25. (PRINT) HEND KILLING							
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE							

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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 lickets 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

GREEN - Transporter

PINK - Disposal Site



WHITE - City

YELLOW - Generator

CITY OF DENTON LIQUID WASTE TRANSPORTATION TRIP TICKET

DINICI
GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: U. MIT. South Trap #2
ADDRESS: 201 71, L - 25k, CITY: 1/Control
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
SPECIFY
WASTE DISPOSAL SITE:
WASTE TANK OR TRAP CAPACITY: 1360
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME: MARIN CARLBY (POINT)
(PRINT)
3-19-21 7:30 X M
DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
BUSINESS NAME: Sard Trap Service,
ADDRESS: 1300 Cold Springs CITY: Ft. Worth TELEPHONE: 817-877-5800
TCEQ REGISTRATION NO. 72033 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:
2-10-21 7122
2-19-21 1:30 Led Beard
DATE AND TIME WASTE TRANSPORTED DRIVER'S SIGNATURE
DISPOSAL INFORMATION
GOLD SPHRINGSOPHIDE ESTINATION (SPOSER)
BUSINESS NAME: TCEQ MSW # 01225
ADDRESS: 1300 COLPASPRINGS 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: Har land Carried 1
3/19/21 8:25e Adams
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK - Disposal Site



GENERATOR INFORMATION
(MUST BE COMPLETED BY GENERATOR)
BUSINESS NAME: U. M. T. Union Hall Morth Trup.
ADDRESS: 2301 7. I-35 E. CITY: Deanton TELEPHONE: 940-565-3846
WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER
WASTE DISPOSAL SITE: C5P
WAS LEDIS COAL SITE.
WASTE TANK OR TRAP CAPACITY:
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR/REPRESENTATIVE NAME: MAIGIN GARUBAT
2 12 21 ALIT
DATE AND TIME SERVICED DATE AND TIME SERVICED SERVICED GENERATOR/REPRESENTATIVE SIGNATURE
DATE AND TIME SERVICED GENERATORIZETIZED GENERATORIZETIZED GONATORIZETIZED
TRANSPORTER INFORMATION
(MUST BE COMPLETED BY TRANSPORTER)
10 day and 10 an
ADDRESS: 1300 Cold Spirity 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.
Tran BOMAN 2/36
DRIVER'S NAME: TEAS DRIVER'S LICENSE NO. 2/3/20 (PRINT)
3-19-21 9:45 Led Beard
DATE AND TIME WASTE TRANSPORTED PRIVER'S SIGNATURE
DATE AND TIME WASTE TRANSFORTED
DISPOSAL INFORMATION
(MUST BE COMPLETED BY DISPOSER)
COLD SPRINGS PROCESSING
BUSINESS NAME: TOEO NISW # 01225 ADDRESS: 1300 POLITI SQUINGS PD TELEPHONE:
TOTAL CONTROL OF THE
TCEQ PERMIT NO. FT. WORTH, IX. 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.
AUTHORIZATION.
SITE OPERATOR NAME: Han Kunnell
(PRINT)
3/19/21 2:01 pm
DATE AND TIME WASTE RECEIVED SITE OPERATOR SIGNATURE

WHITE - City Note: (1) Transporter shall return White copy of trip ticket to City no later than the tenth (10th) 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

GREEN - Transporter

PINK -- Disposal Site

YELLOW - Generator





BUSINESS NAME: ### ADDRESS: ### ### #### ######################
ADDRESS: 230 91 7-356 CITY: Quadro TELEPHONE: 910-8333 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER SPECIFY WASTE DISPOSAL SITE: JOBO I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: WOLL (PRINT) 3-15-2 1-15 DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: AUTOR CITY: JOHN WOLL TELEPHONE: 8/7-877-5800 TOEQ REGISTRATION NO. JO232 CITY OF DENTON VEHICLE PRINTIN NO. 2/-230 GALLONS REMOVED: DEDO 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: POWER OF 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: POWER OF 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: POWER OF 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: POWER OF 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: POWER OF THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY PERMIT TO THE WASTE TRANSPORTED TO THE WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. TEXAS DRIVER'S SIGNATURE OF THE PROVIDE THAT THE MATERIAL PROPERTY OF THE PROVIDED TO THE TRANSPORTATION. TO DISPOSATION OF THE SERVICING VEHICLE. I AM OWARE THAT TALSIFICATION OF THIS TRIP TICKET MAY PERMIT TO THE WASTE TRANSPORTATION OF THE WASTE TRANSPORTATION OF THE WASTE TRANSPORTAT
ADDRESS: 230 97. 17-356 CITY: Quadro TELEPHONE: 470-3033 WASTE REMOVED FROM: GREASE TRAP GRIT TRAP SEPTIC TANK OTHER WASTE DISPOSAL SITE: JOSO WASTE TANK OR TRAP CAPACITY: JOSO I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: WOLL (PRINT) ATS -2 1 15 DATE AND TIME SERVICED GENERATOR/REPRESENTATIVE SIGNATURE TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: AUTOR CITY: JOST WOrld TELEPHONE: 3/7-3/7-5300 TOEQ REGISTRATION NO. JO332 CITY OF DENTON VEHICLE PERMIT NO. 2/-230 GALLONS REMOVED: DETO 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: POSITIVE SIGNATURE TEXAS DRIVER'S LIGENSE NO. 2/3/6 DRIVER'S SIGNATURE CO. DISPOSAN/NBORMATON SSING (MUST BE 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: POSITIVE SIGNATURE CO. DISPOSAN/NBORMATON SSING (MUST BE CONTAINED IN THE SERVICING VEHICLE AND THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: POSITIVE SIGNATURE CO. DISPOSAN/NBORMATON SSING (MUST BE CONTAINED REMOVED TO THE PROPERTY OF THE PROPER
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 REMOVER FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: AWDEN OF THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS. GENERATOR/REPRESENTATIVE NAME: TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: ADDRESS: AD
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GENERATOR/REPRESENTATIVE NAME: A CONTRIBUTION OF THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PROMITE NAME: CONTRIBUTION OF THE SERVICING VEHICLE OF 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: CONTRIBUTION OF 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: CONTRIBUTION OF 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: CONTRIBUTION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: CONTRIBUTION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: CONTRIBUTION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S SIGNATURE CONTRIBUTION OF THIS TRIP TICKET MAY RESULT IN REVOCATION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TRIP TICKET MAY PROVIDE THE WASTE TRANSPORTED CONTRIBUTION OF THIS TICKET MAY PROVIDED THE WASTE TRANSPORTED CONTRIBUTION OF THIS TICKET MAY PROVIDED THE WASTE TRANSPORTED CONTRIBUTION OF THIS TICKET MA
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TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: Jan
TRANSPORTER INFORMATION (MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: Jan
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BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: FT WORTH, TX, 76102
BUSINESS NAME: MUST BE COMPLETED BY TRANSPORTER) BUSINESS NAME: Jan
BUSINESS NAME: Jand Trap Survice ADDRESS: 360 Gold Springs CITY: Jost World: TELEPHONE: 8/7-877-5800 TCEQ REGISTRATION NO. J20332 CITY OF DENTON VEHICLE PERMIT NO. 2/-230 GALLONS REMOVED: 600 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: 150 BRAND TEXAS DRIVER'S LICENSE NO. 273 FOR THE ADDRESS SIGNATURE CO. DISPOSAL NEORMATON SSING (MUST BE COMPLETED TO SPRINGS RD. ET WORTH, TX. 76102
ADDRESS: 360 Cold Springs CITY: 551 Worth TELEPHONE: 8/7-877-5800 TCEQ REGISTRATION NO. 120232 CITY OF DENTON VEHICLE PERMIT NO. 2/-230 GALLONS REMOVED: 600 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: 600 DELAY 60 DRIVER'S LICENSE NO. 2 7 3 CONTINUE OF THE MASTE TRANSPORTED DRIVER'S SIGNATURE COLDISPOSAN NEORMATONS SING (MUST BE COMPLETED TO SPRINGS RD. BUSINESS NAME: ET WORTH, TX. 76102
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MAY RESULT IN REVOCATION OF MY LIQUID WASTE TRANSPORTATION PERMIT, AND/OR CRIMINAL PROSECUTION. DRIVER'S NAME: TEXAS DRIVER'S LICENSE NO. 2 / 3 / 9
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3-15-21 /:/5 DATE AND TIME WASTE TRANSPORTED COLDISPOSADINE OR MATONS SING (MUST BE COMPLETED BY DISPOSER) 1300 COLD SPRINGS RD. BUSINESS NAME: ET WORTH, TX. 76102
3-15-21 / 1/5 DATE AND TIME WASTE TRANSPORTED COLDISPOSAL NEORMATONS SING (MUST BE COMPLETED BY DISPOSER) 1300 COLD SPRINGS RD. BUSINESS NAME: ET WORTH, TX. 76102
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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.
TSTWO O.
SITE OPERATOR NAME: / / / / / / / / / / / / / / / / / / /
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 (10th) 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

UNIVERSITY OF NORT	H TEXAS				
Outfall ID: OUT_MC_005 Land Use: UNIVERSITY ~ Near intramural fix					
Site Location: MAIN Campus Street Location: IH-35EN. @ Bonnie Brae St Acces					
Outfall Dimension(s):_			Sample Location	1: Downstream sto	led Intramura
Receiving Water(s): 1	Dry Fork Hic				
Date: October Weather Conditions:	29,2021		Time: 09L	t2	
Weather Conditions:_	WINDY, ST	right ale	uds Cool		
Precipitation <48 hour					
pH: 8 ;5 Con	ductivity: 115	55 · w	ater Temp: 13	3.0 Air Temp: <u></u> 5:	<u> 5°F</u>
Color: Clear	Odor: Nove				
Sewage: Yes V No Salinity - 0.44 ppt					
Trash: Yes \vee No \bigcirc No \bigcirc 3,25 mg/L					
Oil Sheen: Yes V No					
Surface Scum:YesNo					
Site Notes:					
Waterwas C	lear of ver	y low, v	MMORCEMA	ounts) trashi	n Stream
water samps	otic bago &	cied Tu	wed dispo	round about	to collect
tainer and w	reasuremen	ts collec	cted from	water from c	ontainer,
PRE-SAMPLE	COLLECTIO	ON ME	TER Read	lings from ragu	br tap water,
Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
Hg	10-29.21	0910		11.8	NA
Conductivity	10.29.21	0913 WA 400115	44 TOO 1/5	400US	NA
Salinity	10.29.21	0915		0.21× PPT	ALI
DO	10, 29,21	0917		2.24 mg/L	NA
				<i>د</i>	

Raria Heuson

10,29,202 (XA

Date and Initials

Outfall ID: ORL OD! OUT WRC OO! Land Use: University Site Location: Water Research Center Street Location: Tom Cole Ro Outfall Dimension(s): 10.7 ft Sample Location: NS -no flow (see ph Receiving Water(s): Upper Hickory Cree & Basin Date: 03.24,2021 Time: +350 1406 Weather Conditions: Sunny? partly Cloudy Precipitation <48 hours: X 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 Site Notes: The small stream had a very minor amount of pended water, but in not flowing. Looking down stream about 60 feet, the water was p	DYOS)
Site Location: Water Research Center Street Location: Tom Cole Rd Outfall Dimension(s): 10.7 ft Sample Location: NS—no flow (see ph. Receiving Water(s): Upper Hickory Creek Basin Date: 03.24, 2021 Time: +350 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 Oil Sheen: Yes No Surface Scum: Yes No Site Notes: The small Stream had a very minor amount of pended water, but in the small stream had a very minor amount (so feet, the water was pended water, but in the small stream had a very minor amount (so feet, the water was pended water).	Dros)
Outfall Dimension(s): 10.7 ft Sample Location: NS -no flow (see phereceiving Water(s): Upper Hickory Creek Basin Date: 03.24.7071 Time: +350 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 Oil Sheen: Yes No Surface Scum: Yes No Site Notes: The small stream had a very minor amount of pended water, but in not flowing. Looking down stream about (00 feet, the water was pended water).	DYOS)
Receiving Water(s): Upper Hickory Creek Basin Date: 03. 24, 2021 Time: +350 1406 Weather Conditions: Sunny: partly Cloudy Precipitation <48 hours: Yes No Flow: None Low Medium High pH: NA Conductivity: 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 pended water, but in the flowing Looking down stream about (a) feet, the water was pended water.	Dros)
Date: 03.24,7071 Time: +350 1406 Weather Conditions: Sunny = partly Cloudy Precipitation <48 hours:	
Weather Conditions: Sunny = partly Cloudy Precipitation <48 hours:	
Precipitation <48 hours:	
pH:NA Conductivity:NA Water Temp:NA Air Temp:_NA Color:Clear	
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 in not flowing. Looking down stream about 60 feet, the water was p	
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 in not flowing. Looking down stream about 600 feet, the water was p	
Trash:YesNo Oil Sheen:YesNo Surface Scum:YesNo Site Notes: The small stream had a very minor amount of ponded water, but in the post of the water was post	
Trash:YesNo Oil Sheen:YesNo Surface Scum:YesNo Site Notes: The small stream had a very minor amount of ponded water, but in the surface of the water was ponded water was possible.	
Surface Scum: Yes No Site Notes: The small stream had a very minor amount of ponded water, but in not flowing. Looking down stream about 60 feet, the water was p	
Site Notes: The small stream had a very minor amount of ponded water, but in not flowing. Looking down stream about 60 feet, the water was p	
The small stream had a very minor amount of ponded water, but in not flowing. Looking down stream about 60 feet, the water was p	
nottlowing. Looking down stream about 600 test, the water was p	
nottlowing. Looking down stream about 600 test, the water was p	+ Wa
in a pretty good-sized area. The ponded area "which is part of the east	onded
joceut neighbor's property appears to have a beaver dam further down stream. Photos are attached.	- aa- h-
Stream Photos are attached.	
Standard Meter Type Date Time Value Initial Meter Reading Meter Adjuste	ad To
NA Market Nedding Meter Adjuste	30 10
IV M	
NA	

Karla Henson

LSH 03.24.2021

Print Name Date and Initials

UNIVERSITY OF NORTH TEXAS OUT_WRC_OOZ
Outfall ID: WRG-002-OUTFACE Land Use: University
Site Location: Water Research Center Street Location: Tom Cole Rd
Outfall Dimension(s): 20 f+ wide Sample Location: North & WRCc 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: $17.4c$ Air Temp: $70°F$
Color: Straw Odor: none
Sewage: Yes No Do 42.5%
Sewage: Yes No Do 42.5% Trash: Yes No Salinity 0.22 ppt
Oil Sheen: Yes No
Surface Scum: Yes No
Site Notes:
Measurement taken where drainage feature, flows into South Hickory
Creek. Flow was nominal and only a very small runoff from wice
property was flowing into South Hickory Creek. Sample was collected

Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
PH (Cal to 4.0 and	03.23.2021	1525	6.99	~-	
(conductivity	03.23. 2021	15,32	104	104	Saved
DO	03.23.2021	1540			
Salinity	03.23.2021	1555	NA	0.0	

Karla	Henson	
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03.24.2021

K8A-

UNIVERSITY OF NORTH TEXAS Outfall ID: OUT_RUAC_OOI Land Use: University Site Location: Along West fence line Street Location: Tom Cole Rd Sample Location: NA Outfall Dimension(s): NA Receiving Water(s): Upper Hickory Creek Basin Time: 1340 Date: 03, 24, 2021 Weather Conditions: Sunny & slightly Overcast Precipitation <48 hours: _____ Yes _____ No Flow: ____ Low ____ Medium ____ High pH:_____ Conductivity:____ Water Temp:____ Air Temp:_____ Air Temp:_____ Color:_____Odor:____ Sewage:_____Yes ____No Trash:_____Yes _____No Oil Sheen: Yes ____No Surface Scum:_____Yes _____ No Site Notes: No runoff from site was noted. Pictures were taken. Standard Meter Type Date Time Value Initial Meter Reading Meter Adjusted To

Karla Henson

Print Name

03.24.2021 XSA

Date and Initials



UNIVERSITY OF NORTH TEXAS*

University of North Texas Stormwater Management Plan - 2019

EXHIBIT 10 Site Map - Water Research Center

Drainage Basin (HUC12)

Storm Inlet

Interstate Highway

460 Feet

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

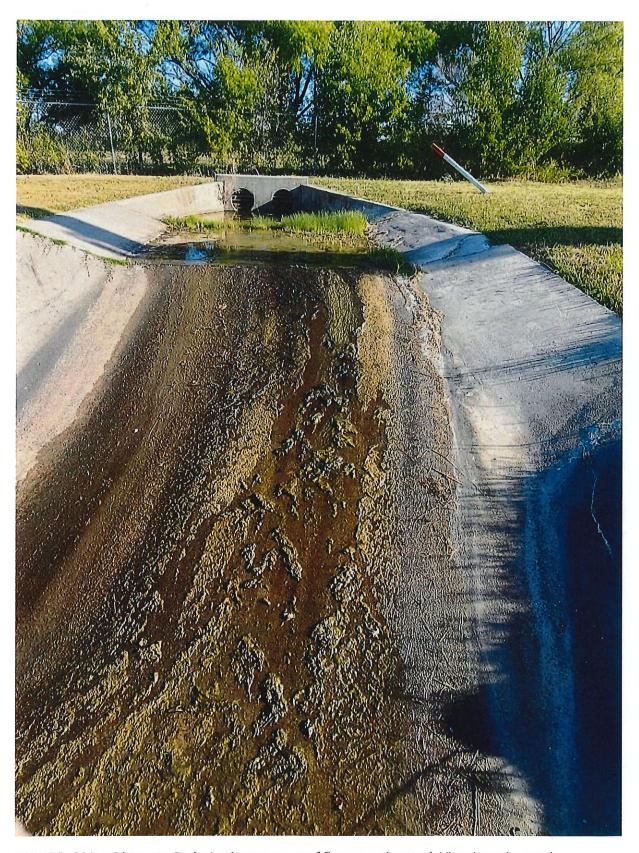
Print Name

UNIVERSITY OF NORTH						
OUT_ Outfall ID: MBAC_	80Z 001	****	Land Use: <u> </u>	niversity - Old M	issile Base	
Site Location: MISSILE Base Street Location: Locust St (FM 2164) - 2 miles						88
Outfall Dimension(s):_	Not Measur			n: Not Sampled		
Receiving Water(s):	lilam Creek	e to Cle	ar Creek			
Date: 03-18-	2021	-	Time: 142	2		
.Weather Conditions:	Cool and	windy		174		
Precipitation <48 hour	s: <u> </u>	No 1	Flow:None	e_X_LowMediu	ımHigh	
pH: <u>ムA</u> Con	ductivity: <u></u> ん	<u> </u>	ater Temp: <u> </u>	Air Temp: 6	7_	
Color: Clear	Odor: No	ne:	,			
Sewage:YesX	<u>.</u> No					
Trash:Yes <u>火</u> _	No			* Photos		
Oil Sheen:Yesy	No					
Surface Scum:\	∕es <u> </u> No					•
Site Notes:						
NoFTO Sma	ll am+ 2 s	ubsurfa	ce flow fr	owinging	inage	
pipes was o	bserved le	raujns sid	eand th	owinging		
					1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
			+1+7+2-2004H4804-244	The second secon	Politica	
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Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To	
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Karla Hens	ion			03-18-21 Kg	4	
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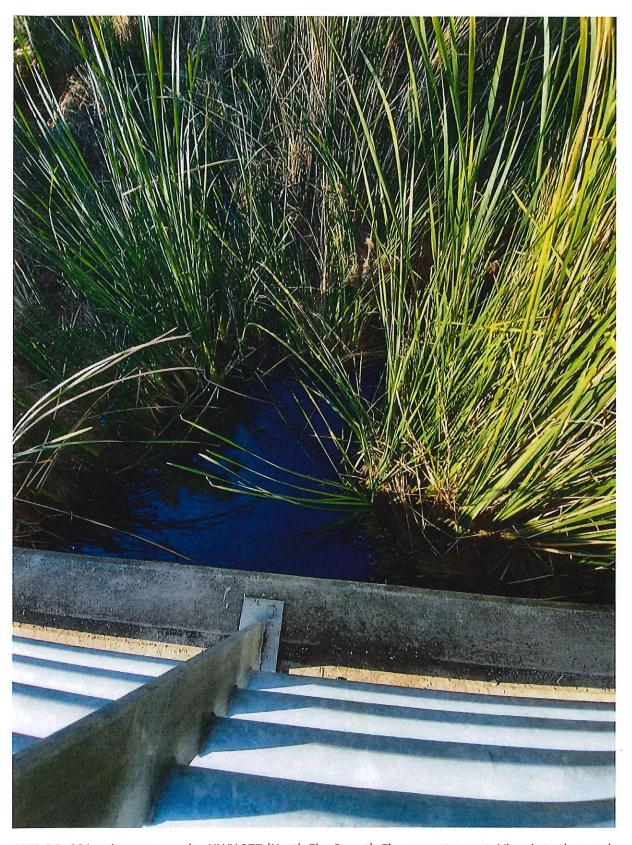
Date and Initials

UNIVERSITY OF NORT	'H TEXAS				
Outfall ID: OuT_ M	BAC_002		Land Use: Un	iversity - Old Mi	issile Base
Site Location: Missi	le Base			::LocustSt (FMZ164	
Outfall Dimension(s):	Not Measure		Sample Location	in: Not sampled - 1	risual observation
Receiving Water(s): M	ilam Creek				
Date: 03-18-20)21		Time: 1428	f	
Weather Conditions:_	Cool and	windy			
Precipitation <48 hour	s: <u> </u>	No	Couldnot. Flow: <u>A</u> Non	determine, but non eLowMedi	e from property umHigh
pH: NA Con	ductivity: NA			Air Temp: 5	
Color:	Odor:		18		
Sewage: Yes	No			x photos	
Trash:Yes	_No		/	× (100°	
Oil Sheen:Yes	No				
Surface Scum:	Yes No				
Site Notes:					
Could not det	termine if	there w	os any f	low due to high	n vegetation.
No flow was	leaving si	He		<u> </u>	V
PARIS.					
					-
Meter Type	Date	Time	Standard Value	Initial Meter Reading	Meter Adjusted To
,		·	The state of the s		
: / l					
Karla Hen	SON		_	03-18-21 K8	1
Print Name			[Date and Initials	

ONIVERSITY OF NORT	HIEXAS				
Outfall ID: Out_ Me	-001		Land Use: Re	sidential	
Site Location: Former	Bradley St Apt	S	Street Location	: Bradley Street	
Outfall Dimension(s):_				n: No Flow	
Receiving Water(s):	Pecan Cræk				
Date: 08-03-2	21		Time:/の	18	
Weather Conditions:	Sunny ? 4	Jarm	•		
Precipitation <48 hour	s:Yes	X_No	Flow: <u> </u>	eLowMedi	um High
pH: Con				Air Temp:	
Color:	Odor:				
Sewage:YesX	_No				
Trash:Yes	No				
Oil Sheen:Yes	<u>L</u> No				
Surface Scum:	res X No				
Site Notes:					
Site is a vacan	+ Jo+ surrou	uded by a	a Chainlin	ik fance. Aparta	veuts were
demolished SF	1e is now u	sed for t	-emporary 3	Storage of UNT	eucloso d
trailers, Prope	erty is most	hy vegeta	ted with 1	natural grasses	and has a
concrete drive	way and	parking a	irea for ve	natural Grasses hicles and train	lers,
		, 0			
	_		Standard		
Meter Type	Date	Time	Value	Initial Meter Reading	Meter Adjusted To
_				,	
1	***************************************			·	
	•				
Karla Henson)			08-03-2021 Kg	3*
Print Name			D	ate and Initials	



 $\hbox{OUT_DP_001 at Discovery Park. A minor amount of flow was observed. View is to the north.}\\$



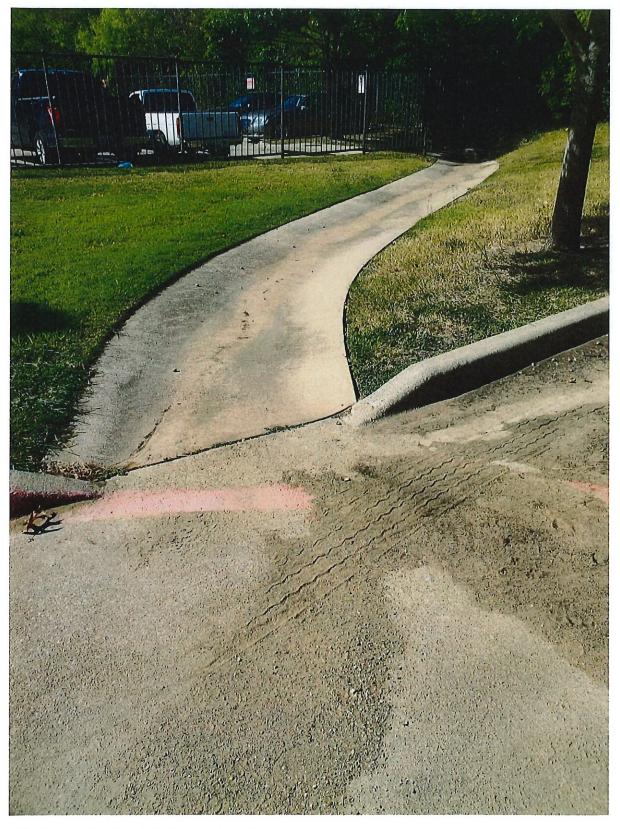
OUT_DP_001 as it crosses under HWY 377 (North Elm Street). Flow was stagnant. View is to the south.



 OUT_DP_002 . No visible flow, but ground was wet. View is to the south toward HWY 377 (North Elm Street).



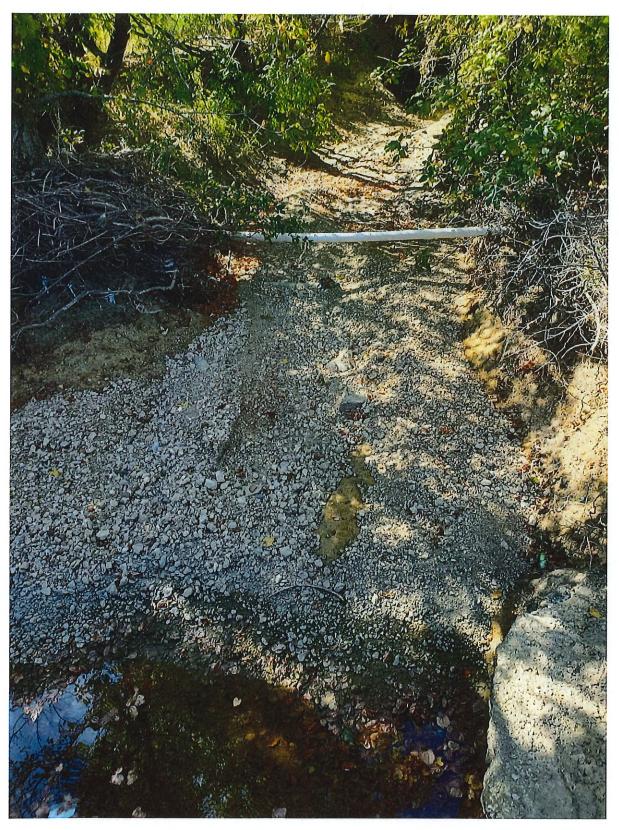
 $\hbox{OUT_KFAC_001. Rock bed prevents continued erosion. View is to the north.}$



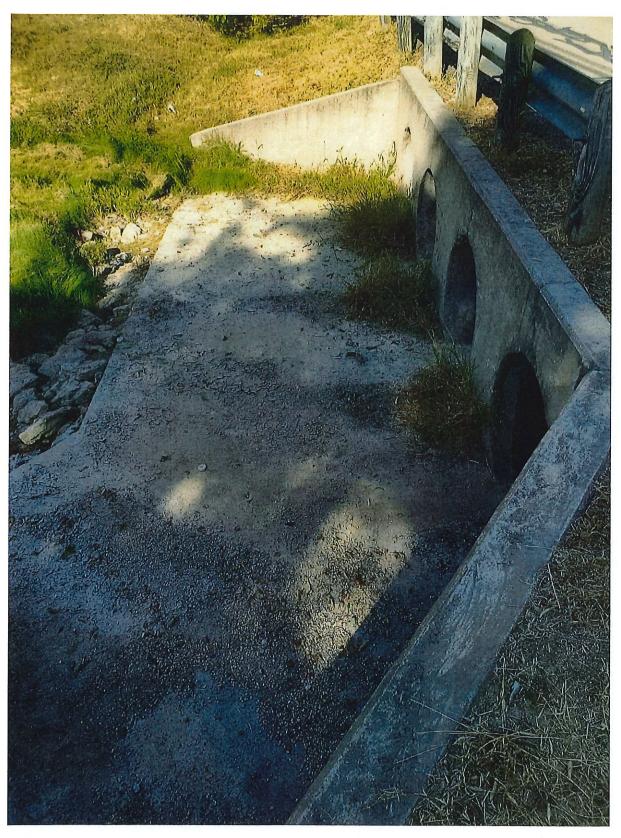
 $\ensuremath{\mathsf{OUT}}\xspace_\mathsf{KFAC}\xspace_\mathsf{O02}.$ View is to the southwest.



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.



 $\operatorname{OUT_LA_003}$. Water was ponded about 25 feet from the previous photo. View is to the south.



 $\mbox{OUT_MGV_003}$ at Willowwood Drive. No flow conditions. View is to the west.

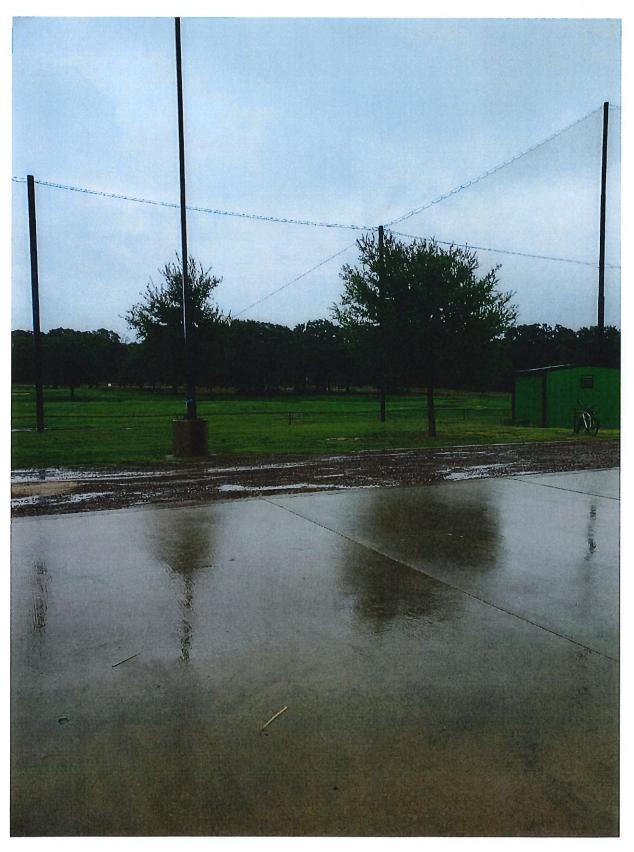


OUT_WHSQ_001. View is to the west/southwest toward Teasley Drive.

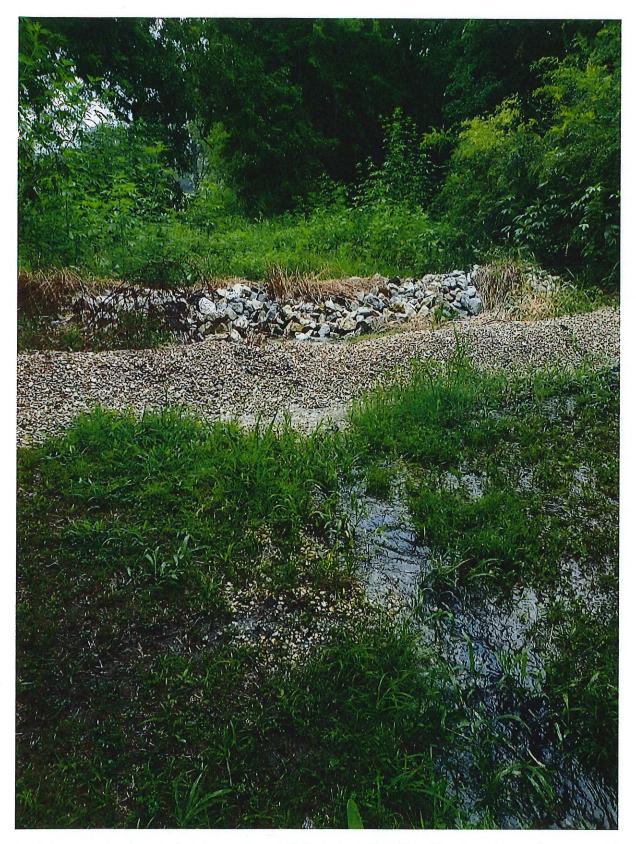
ix. Construction Site Inspection Photos



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.