

City of Victoria Waste Tracking Form No. _____

Generator Information

Generator Name: _____

Address: _____

County: _____

Telephone: _____

This waste was removed from my: Grease Trap Septic Tank Other: _____
 Grit Trap Chemical Toilet (specify) _____

OR the waste is: Sewer Sludge
 Water Treatment Sludge

My waste tank or trap holds up to _____ gallons.
The transporter removed a total of _____ gallons.
Date of last pumping: _____

As the generator's representative, I certify that this waste contains no hazardous materials, was removed from this address on _____ / _____ / _____ at _____ a. m. or _____ p. m., and is to be transported to a facility that the Texas Commission on Environmental Quality has authorized to receive these wastes.

Generator Name (printed): _____

Generator Signature: _____

Transporter Information

Business Name: _____

TCEQ Registration Number: _____

Address: _____

COV Permit Number: _____

Vehicle Capacity: _____ gallons

Telephone: _____

Truck License Number: _____

Grease Trap Conditions

Inches of grease: _____

Inches of Solids: _____

Method of measurement used: _____

Condition of trap: _____

AS A COURTESY TO THE CUSTOMER, PLEASE CHECK THE TRAP FOR NEEDED REPAIRS AND NOTIFY THE OWNER IF REPAIRS ARE NEEDED.

The liquid waste hauler shall completely evacuate all traps and interceptors during servicing. It shall be unlawful to allow in the servicing of the trap, the discharge of liquid, semi-solids, or solids to be discharged back into a grease or grit trap after servicing.

On _____ / _____ / _____, I transported _____ gallons of the waste described under "Generator Information" above to:

Waste Receiver: City of Victoria Regional Wastewater Treatment Plant

TCEQ Permit or Registration No.: WQ0011078001
 MSW 2366

I certify that the information provided above is correct and that only the waste certified for removal by the generator is contained in this waste transport vehicle. I am aware that falsification of this trip ticket may result in revocation of my waste transportation permit, criminal prosecution, and/or civil penalties.

Driver Name (printed): _____

Driver Signature: _____

Receiver Information

Business Name: City of Victoria Regional Wastewater Treatment Plant

TCEQ Registration or Permit No.: WQ0011078001
 MSW 2366

Address: 923 U. S. Hwy. 59 South, Victoria, TX 77905

Telephone: (361) 485-3260

As the representative of this business, I certify that each of the following statements is true:

- The Texas Commission on Environmental Quality has authorized this business to accept the waste specified under "Generator Information" above.
- The transporter named above delivered _____ gallons of this waste to this business on _____ / _____ / _____ at _____:_____ a.m.
- This waste has been recycled or disposed as required by the TCEQ authorization for this business.

Site Operator Name (printed): _____

Site Operator Signature: _____