

Permitted Liquid Waste Transporter is required to use and supply you with a City of Irving trip ticket. The day of service, the trip ticket will have only first two (2) sections filled out. The second (2<sup>nd</sup>) copy you should receive after disposal will have all three (3) section filled out. Either copy will be the only proof of service accepted by the City of Irving.



### Liquid Waste Transportation Trip Ticket

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Water Utilities 333 Valley View Ln. Irving, Tx. 75061

(All Sections of the Trip Tickets "Must" be Filled out Completely and Legibly)

**Generator Information**  
( Must Be Completed By Generator )

Business Name: Business in Irving

Address: 333 valley view Ln #111 Telephone No.: 972 721-2281

Waste Removed From:  Grease Trap  
 Grit Trap  
 Chemical/Portable Toilet  
 Septic Tank

Waste Tank or Trap Capacity: 500 Gallons

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

Generator/Representative Name: Name  
(Print)

1/1/16 Name  
(Date Serviced) (Generator/Representative Signature)

**Transporter Information**  
(Must Be Completed By Transporter)

Business Name: Liquid Waste Transporter

Address: 333 valley view Ln #111 Telephone No.: 972 721-2281

TDH Registration No. 000000 Vehicle Permit No. IRV-000A

Gallons Removed: 500

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED FOR REMOVAL BY 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 Name: Driver Name  
(Print)

1/1/16 6:44 AM Name  
(Date and Time WasteTransported) (Driver Signature)

**Disposal Information**  
(Must Be Completed By Disposer)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

TDH Permit No. \_\_\_\_\_

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

Site Operator Name: \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Date and Time Waste Received) (Site Operator Signature)