

QUAIL RUN SERVICES, LLC

Number: _____

Generator Info	Name:		Address:		
	City:		State:	Zip Code:	Phone:
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap).....Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Septic Tank / Sewage Holding TankCapacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap)..... Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____				
	Gallons Removed:		Date Removed:		
	As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: _____ Signature: _____				
Transporter Info	Business Name :		Address:		
	City:		State:	Zip Code:	Phone:
	TCEQ Registration No.:		Vehicle License No.:		
	COA Permit No.:	Gallons Transported:	Date Relinquished:		
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: _____ Signature: _____				
Transfer Info	Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.				
	1. Was this waste transferred to the vehicle identified above from a previous transporter vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here:				
	2. Is this waste being transferred from the vehicle identified above to a different (new) transporter vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No YES, complete the section below for the vehicle accepting this waste and initiate a new Manifest / Trip Ticket including the new "Transporter Info" and the original "Generator Info" (duplication of the generator's signature would not be required).				
	New Manifest / Trip Ticket No.:			New Vehicle License No.:	
	Gallons Transferred:			Transfer Date:	
	As the representative for the transporter receiving this transferred waste , I certify that the information provided is true and correct. Printed Name: _____ Signature: _____				
Receiver Info	Facility Name: Quail Run Services, LLC South Central Water Company		Address: 2000 ft. SW of the Intersection of Ranch Road 869 and CR 133 in Reeves County, Texas 79772		
	City: Pecos		State: TX	Zip Code: 79772	Phone: 713-805-6670
	Check One:		<input checked="" type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Permit No.: <u>WQ0015046001</u>
	Gallons Received:		Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: <ul style="list-style-type: none"> • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility. Printed Name: _____ Signature: _____				