

Septic Pumping & Maintenance by Cody Young LLC

911 RR 3404 • Kingsland, Texas 78639
(325) 248-8740 • License No. NP 0000776

GENERATOR INFORMATION

(Must be completed by the Generator)

GENERATOR NAME: Michael Goetz
ADDRESS: 675 OR 411A Pentatec TELEPHONE: _____
WASTE REMOVED FROM: GREASE TRAP: _____ SEPTIC TANK: X OTHER: _____
GRIT TRAP: _____ CHEMICAL TOILET: _____ SPECIFY: _____
MUNICIPAL WASTEWATER TREATMENT PLANT SLUDGE: _____ MUNICIPAL WATER TREATMENT PLANT SLUDGE: _____
WASTE TANK OR TRAP CAPACITY: 750 GALLONS WASTE DISPOSAL SITE NAME: _____ PERMIT/REG# _____
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.
GENERATOR AND/OR REPRESENTATIVE NAME: Michael W. Goetz
5-27-24 Michael W. Goetz
(DATE AND TIME SERVICED) (GENERATOR REPRESENTATIVE SIGNATURE)

TRANSPORTER INFORMATION

(Must be completed by the Transporter)

BUSINESS NAME: SEPTIC PUMPING & MAINTENANCE BY CODY YOUNG LLC
TCEQ REGISTRATION NUMBER: NP000776 CITY OR COUNTY PERMIT NUMBER: _____
ADDRESS: 911 RR 3404 TELEPHONE: (325) 248-8740
GALLONS TRANSPORTED: 750 WASTE DISPOSAL SITE NAME: KMUD PERMIT/REG#: _____
MUNICIPAL WASTEWATER TREATMENT PLANT SLUDGE: _____ MUNICIPAL WATER TREATMENT PLANT SLUDGE: _____
WASTE TANK OR TRAP CAPACITY: _____ GALLONS WASTE DISPOSAL SITE NAME: _____ PERMIT/REG# _____
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 WASTE TRANSPORTATION PERMIT, CRIMINAL PROSECUTION, AND/OR CIVIL PENALTIES.
DRIVERS NAME: Clayton Venner
5-23-24 Clayton Venner
(DATE AND TIME SERVICED) (DRIVERS SIGNATURE)

DISPOSAL INFORMATION

(Must be completed by Disposer)

BUSINESS NAME: KINGSLAND MUNICIPAL UTILITY DISTRICT
DISPOSAL FACILITY REGISTRATION OR PERMIT NUMBER: #11549-001
ADDRESS: 100 INGRAM STREET, KINGSLAND, TEXAS 78639 TELEPHONE: (325) 388-4559

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 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: _____