

LIQUID WASTE HAULER LOAD TICKET

NOTICE: Wastes brought to the Las Vegas Street Facility are limited to domestic wastes and kitchen/food service grease traps. Commercial, industrial or hazardous wastes are prohibited.

HAULER COMPANY NAME The County of El Paso

TRUCK LICENSE # D1052 PERMIT # 20-601020

DATE PUMPED: 11/22/20 TIME PUMPED: 12:00 am/pm

DATE DUMPED: _____ TIME DUMPED: _____ am/pm

CUSTOMER NAME Will Schatz

AUTHORIZED REPRESENTATIVE OF CUSTOMER owner

CUSTOMER ADDRESS 179 Rainier Dr, Florence, Co 80826

CUSTOMER PHONE NUMBER: 720-421-3553 BUSINESS ☐ or RESIDENCE ☐

TYPE OF VESSEL PUMPED:

☐ SEPTIC TANK ☐ GREASE TRAP ☐ OTHER (DESCRIBE) _____

APPROXIMATE GALLONS PUMPED: 1000

DISPOSAL LOCATION:	LIQUID WASTE HAULER CERTIFICATION:
<input type="checkbox"/> Colorado Springs Utilities Septic Disposal Station 737 E Las Vegas St. Gate # 19 Colorado Springs, CO 80903	I certify under penalty of the law that the above information is true and correct to the best of my knowledge. Furthermore, I certify that the truck listed above contains the materials listed above in Customer's Certification, and does not contain hazardous waste as defined by the Resource Conservation and Recovery Act. <u>[Signature]</u> <u>11/22/20</u> HAULER SIGNATURE DATE <u>Richard A. Johnson</u> PRINT NAME/TITLE
<input type="checkbox"/> Reliable Sanitation 2239 Commercial Blvd. Colorado Springs, CO 80906	
<input type="checkbox"/> Other: _____ Address: _____	

Recommended Grease Trap/Interceptor Observations: (check all that apply)

- ☐ Trap/Interceptor left empty following pumping.
- ☐ Manhole lid(s) accessible.
- ☐ "T" present on outlet side of tank.
- ☐ Cap present on outlet "T".
- ☐ Interceptor baffle present & in good condition.

WARNING: Falsification or omission of the information required above is grounds for immediate permit revocation and suspension of dumping privileges.
This form is intended for internal waste tracking and verification by Colorado Springs Utilities and is not an endorsement of the activities of the waste hauler.

285639

SHIP TO

ADDRESS

CITY, STATE, ZIP

F.O.B.	
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DATE _____

AMOUNT

DATE	DESCRIPTION
10/1/2023	Pumped 1000 gallon septic Tank

4000

Thank you
Pat & Chae
Pd Cord

410	u
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