



# Trip Ticket

for Stationary Compactor Special Permit Waste Disposed of at a  
Type IV Municipal Solid Waste Landfill (MSWLF)

Internet address: [www.tceq.com](http://www.tceq.com)

If you have questions on how to fill out this form or about the Special Permit for a Stationary Compactor program, please contact us at 512/239-6001, select Option 2. Administrative data changes must be accompanied by the TCEQ Core Data Form (TCEQ 10400.) Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

### Permittee (owner of the Generator) and Stationary Compactor Information

Permittee: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Stationary Compactor Location: \_\_\_\_\_

### Generator Information (to be completed by the Generator)

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Certification:

I, \_\_\_\_\_, located at \_\_\_\_\_ in \_\_\_\_\_ certify that  
(print name) (physical address) (city)

the stationary compactor wastes to be delivered to the Type IV municipal solid waste landfill below do not include putrescible, hazardous, Class 1 industrial nonhazardous, infectious, or any other waste not allowable in a Type IV landfill.

Generator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Transporter Information (to be completed by the Transporter)

Transporter Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Date Waste Collected: \_\_\_\_\_

### Certification:

I, \_\_\_\_\_, driver, of \_\_\_\_\_,  
(print name) (company name)

located at \_\_\_\_\_, in \_\_\_\_\_, certify that the stationary  
(physical address) (city)

compactor wastes delivered to the Type IV MSWLF below do not include putrescible, hazardous, Class 1 industrial nonhazardous, infectious, or any other waste not allowable in a Type IV landfill.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Type IV Municipal Solid Waste Landfill (MSWLF) Information

Permit Number: \_\_\_\_\_ Amount of waste received: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Certification:

I, \_\_\_\_\_, \_\_\_\_\_, certify that I have been authorized by the Texas  
(print name) (title)

Commission on Environmental Quality to accept the above wastes and that I have disposed of the above indicated wastes in accordance with the requirements outlined in that authorization.

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_