

P.O. BOX 852
ROCKDALE, TX 76567
(512) 446-3986 TCEQ-20394 • BRA58-A
LICENSED & INSURED

NAME <i>Raymond Navarro Jr.</i>		DATE <i>10/27/20</i>
STREET <i>765 CO Rd 305</i>		DATE ORDERED <i>10/27/20</i>
CITY <i>Rockdale</i>	STATE <i>TX</i>	ZIP <i>76567</i>
DATE SCHEDULED <i>10/27/20</i>		
LOCATION <i>Same</i>		No 004538-806
MAKE	MODEL	PHONE <i>433-0177</i>
SERIAL NUMBER		WK. PHONE
MAKE	MODEL	CELL OR E-MAIL
SERIAL NUMBER		
ORIGINAL COMPLAINT		☐ WARRANTY ☐ CONTRACT ☐ SERVICE CONTRACT ☐ NORMAL ☐ RES ☐ COMM. ☐

Pump-out 1- 1,000 gallon septic tank.

pd ch # 3486

Thank You
Mr. Rubio

IF PAID WITH CREDIT CARD 2% CHARGE WILL BE ADDED.

INVOICE - SERVICE CHARGE WILL BE ADDED.									
QTY.	ITEM	PRICE	AMOUNT						
	OTHER								
Additional MATERIALS LISTING on back of Ply 3		TOTAL MATERIALS ➡		\$					
OUR TRAINED PERSONNEL RECOMMEND -				OWNER'S INITIALS					
				ACCEPTED		DECLINED			
IF REPAIR COMMENCEMENT IS AUTHORIZED BUT COMPLETION IS NOT AUTHORIZED, A CHARGE WILL BE IMPOSED FOR DISASSEMBLY, REASSEMBLY OR PARTIALLY COMPLETED WORK.									
PARTS WARRANTY All parts as recorded are warranted as per manufacturer specifications. LABOR GUARANTEE The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days. We do not, of course, guarantee other parts than those we supply. If repairs later become necessary due to other defective parts, they will be charged separately.									
MILEAGE (+) ENDING (-) START TOTAL MILES LABOR TECH #1 HRS. @ /HR. = TECH #2 HRS. @ /HR. = TECHNICIAN SIGNATURE				TRIP CHARGE (+) ARRIVED (-) DEPARTED TIME OVER TIME HRS OVERTIME @ /HR. = HRS OVERTIME @ /HR. = CERT. # TOTAL OTHER CHARGES PARTS MATERIALS \$					
TERMS: DUE UPON COMPLETION									
I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.						SUB-TOTAL \$			
						TAX			
						TRIP CHARGE \$			
						TOTAL AMOUNT DUE \$400.00			
INVOICE PAYABLE UPON RECEIPT. 1 1/2 % SERVICE CHARGE ADDED PER MONTH ON UNPAID BALANCE.						AUTHORIZED SIGNATURE			
ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.									
DATE									

WASTE MANIFEST

Manifest No.: **A 42980**

GENERATOR INFORMATION (To be completed by the GENERATOR)

Company: Ray Owner/Manager: Ray Navam Phone No: 806 433-0177
Generator Address: 765 CR 305 Rockdale TX Zip Code: 76567
City Registration No.: _____
TCEQ Registration No.: _____
EPA Registration No.: _____

WASTE TYPE PRODUCED:

Sewage Sludge ☒ Grease Trap ☐ Grit Trap ☐ Other: _____

Capacity of Facility: 1000 gallons Quantity of Waste Removed: 1000 gallons
Name of Transporter: RUBIO SEPTIC SERVICE
TCEQ Registration No.: 20394 COB Registration No.: _____
Truck No.: _____ License Plate No.: _____

Name of Disposal Site: _____

I certify that the above information is true and correct. Retain the goldenrod copy until you receive the green and white copies from the transporter. Mail the CITY (green) copy within 10 days of receipt. Retain the GENERATOR FINAL MANIFEST (white) for your records.

Representative/Owner/Manager Signature: Ram N. y Date: 10/27/20

TRANSPORTER INFORMATION (To be completed by the TRANSPORTER)

Company: RUBIO SEPTIC SERVICE Phone No: 512-446-3186
Business Address: 1001 W. CAMERON AVE. ROCKDALE TX 76567
Mailing Address: P.O. BOX 852 ROCKDALE, TX 76567

I certify that the above manifest is complete, accurate, and the water will be delivered to the facility named for disposal.

Driver Signature: Reynaldo Rubio Date: 10/27/2020
Owner/Manager Signature: REYNALDO RUBIO Date: 10/27/2020

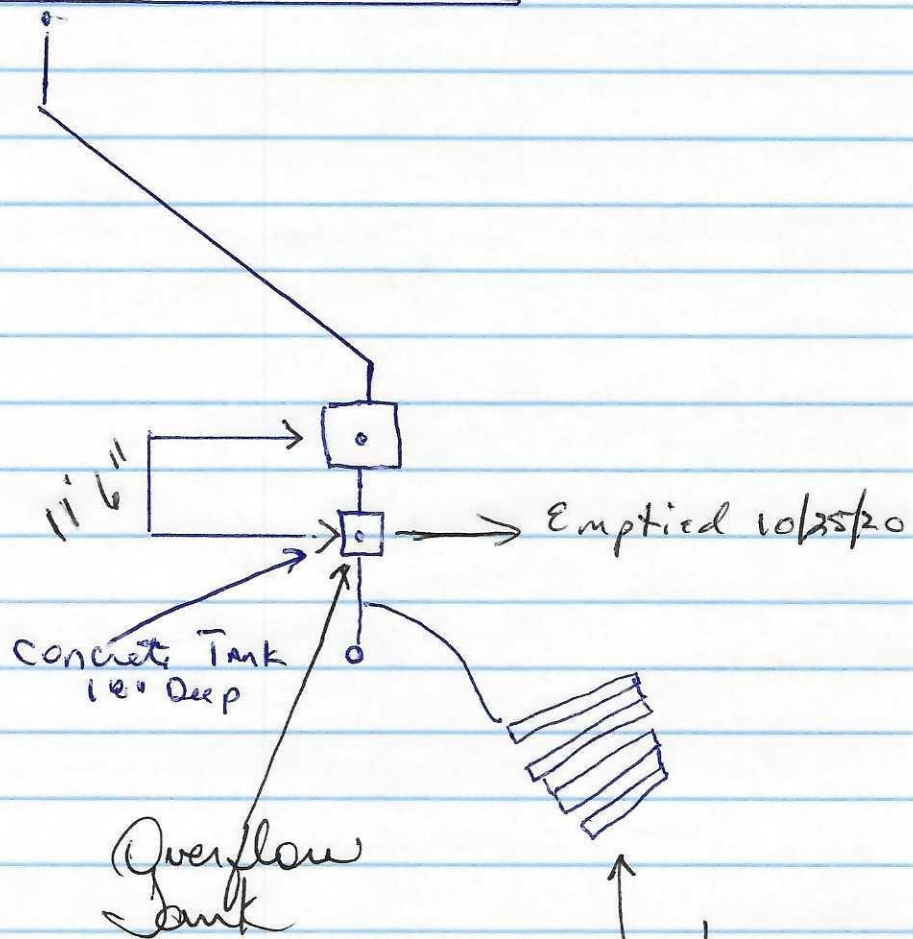
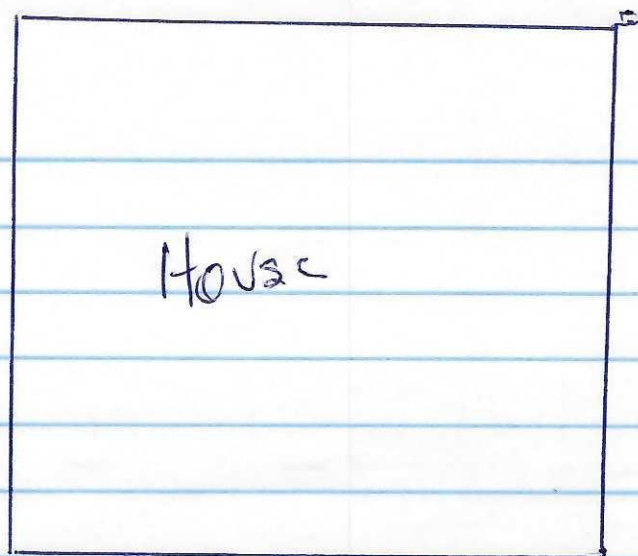
DISPOSAL INFORMATION (To be completed by the DISPOSAL SITE)

Company: City of Heane Owner/Manager/Representative: T. Tomas
Address: _____
Phone No.: _____ Disposal Site TCEQ Registration No.: up10046
Quantity of Waste Received: 1000 gal

I certify under penalty of law that all information provided herein is true, accurate, and complete. I certify that the above listed waste was received and disposed of by this facility in accordance with law. I am aware that there are significant penalties for submitting false information, including the possibility of civil and criminal penalties.

Operator/Representative Signature: E. y Date: 10-27-20

White – Generator Final Green – City Canary – Transporter Pink – Disposal Site Goldenrod – Generator Pump



Overflow Tank emptied
by Rain & tank
Apr 10/20/20

Leach
Lines