

# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

NO 257027

## WASTE SHIPMENT RECORD

S.T.G. # 19720

GENERATOR	1. Material Origin Site <i>1111 W. 1111 ST. W. WYOMING, WY 82001</i>		Generator: Name/Address <i>1111 W. 1111 ST. W. WYOMING, WY 82001</i>		Generator: Phone #
	2. Removal Contractor: Name/Address <i>SCAPICORP WASTE REMEDIATION SERVICES, INC. 120 HUNTER RD. COLLETTA, WY 82409</i>				Contractor: Phone # <i>307-338-4444</i>
	3. Responsible Agency: Name/Address <i>US EPA REGION 1, ONE CONGRESS STREET SUITE 1100 PORTLAND, ME 04111-2003</i>		4. US DOT Class - FRIABLE ASBESTOS ONLY  RQ ASBESTOS, 9, NA 2212, PG III		
	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity
	IF Friable (enter required information)		<i>1. 1000 INSULATION (FRIABLE)</i>		<i>1000</i>
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
	6. Special Handling Instructions <p style="text-align: center;">24-hour emergency spill response no. 800-424-9300</p>				
7. Generator Certification: <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.</small>					
Printed/Typed Name & Title <i>TERRY WALTON, PRESIDENT</i>		Signature <i>Terry Walton</i>		Date <i>1/27/08</i>	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) *If blank, Transporter 2 serves as sole transporter.				
	Company Name & Address <i>SAGE AS &amp; L</i>		Signature: _____ Printed Name: _____ Title: _____		Telephone No. Date:
DISPOSAL SITE	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____ Printed Name: _____ Title: _____		Telephone No. 877-999-9559 Date:
10. Discrepancy Indication Space:					
11. Waste Disposal/Recycling Site Owner or Operator's Certification (Receipt of above Waste Except as Noted in 10)					
Company Name & Address A & L Salvage, Inc. 11225 S.R. 45 P.O. Box 333 Lisbon, OH 44432 Permit No. OH EPA 139120		Signature: <i>Steve Clark</i> Printed Name: <i>Steve Clark</i> Title: <i>Waste Master</i>		Telephone No. 330-424-3739 Date: <i>1/28/08</i>	