

100237476
SERVICE TRANSPORT GROUP, INC.

326484

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

No 467780

WASTE SHIPMENT RECORD

S.T.G. # 62244

GENERATOR	1. Material Origin Site CONSENTINO MIDDLE SCHOOL 685 WASHINGTON STREET HAVERHILL, MA 01832		Generator: Name/Address HAVERHILL SCHOOL DIST 4 SUMMER STREET HAVERHILL, MA 01832		Generator: Phone # 978-374-5775	
	2. Removal Contractor: Name/Address ONE SOURCE ENVIRONMENTAL 112 RANGE RD WINDHAM, NH 03087			Contractor: Phone # 888-989-6637		
	3. Responsible Agency: Name/Address US EPA CONGRESS ST BOSTON, MA		4. US DOT Class - FRIABLE ASBESTOS ONLY NA2212, Asbestos, 9, PG III, RQ			
	5. Description of Materials Specify Friable or Non-Friable <i>Perkandy -</i>		Containers No.	Type	Total Quantity (yd ³) <i>bundle bag</i>	
	IF Friable (enter required information)				<i>BOX 2033</i>	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
	6. Special Handling Instructions <i>24-hour emergency spill response no. 800-424-9300</i> <i>Transporter confirms the contents of each shipment are in proper condition for transport according to applicable international, federal, state and local regulations.</i>					
7. Generator Certification: 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.						
Printed/Typed Name & Title <i>Franklin Delacruz Supervisor</i>		Signature <i>[Signature]</i>		Date <i>2/27/16</i>		
8. Transporter 1 (Acknowledgement of Receipt of Materials) <i>If blank, see Transporter 2 or 3 below.</i>						
Company Name & Address <i>#10</i>		Signature: <i>[Signature]</i>		Telephone No.		
		Printed Name: <i>Rosbel Carra</i>		Date: <i>3/2/16</i>		
		Title: <i>Driver</i>				
9. Transporter 2 (Acknowledgement of Receipt of Materials) <i>If Transporter 1 & 2 are blank, Transporter 3 serves as sole transporter.</i>						
Company Name & Address		Signature:		Telephone No.		
		Printed Name:		Date:		
		Title:				
10. Transporter 3 (Acknowledgement of Receipt of Materials)						
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: <i>[Signature]</i>		Telephone No. 877-999-9559		
		Printed Name: <i>Carl Benn</i>		Date: <i>3/4/16</i>		
		Title:				
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)		STG USE ONLY		Date:		
Sanitary Landfill <input type="checkbox"/>		<input type="checkbox"/>		Signature: <i>JC</i>		
901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input checked="" type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: <i>JWalton</i>		
				Title:		
				Date: <i>3-7-16</i>		