

100239506

# SERVICE TRANSPORT GROUP, INC.

329417

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

No 467801

## WASTE SHIPMENT RECORD

S.T.G. # 13035

GENERATOR

1. Material Origin Site CONSENTINO MIDDLE SCHOOL 685 WASHINGTON STREET HAVERHILL, MA 01832	Generator: Name/Address HAVERHILL SCHOOL DISTRICT 4 SUMMER STREET HAVERHILL, MA 01832	Generator: Phone # 978-382-2531
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2. Removal Contractor: Name/Address ONE SOURCE ENVIRONMENTAL 112 RANGE RD WINDHAM, NH 03087	Contractor: Phone # 888-989-6637
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Contact: Phil Trachier

3. Responsible Agency: Name/Address US EPA CONGRESS ST BOSTON, MA	4. US DOT Class - FRIABLE ASBESTOS ONLY NA2212, Asbestos, 9, PG III, RQ
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5. Description of Materials Specify Friable or Non-Friable <b>Perky</b>	Containers No. <b>1104</b> Type <b>650 Bags Perky</b>	Total Quantity (yd <sup>3</sup> )
IF Friable (enter required information)		
IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		

6. Special Handling Instructions **Transporter confirms the contents of each 24-hour emergency spill response no. 800-424-9300**

7. Generator Certification: **according to applicable international, federal, state and local regulations.**  
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>[Signature]</i>	Signature <i>[Signature]</i>	Date 4-23-16
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TRANSPORTER

8. Transporter 1 (Acknowledgement of Receipt of Materials)	If blank, see Transporter 2 or 3 below.	
Company Name & Address	Signature: _____	Telephone No. _____
	Printed Name: _____	Date: _____
	Title: _____	

9. Transporter 2 (Acknowledgement of Receipt of Materials)	If Transporter 1 & 2 are blank, Transporter 3 serves as sole transporter.	
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> Printed Name: <b>VICACIYDANIN</b> Title: <b>DRIVER.</b>	Telephone No. 877-999-9559 Date: 5.19.16

DISPOSAL SITE

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)	<b>STG USE ONLY</b>	
Sanitary Landfill <input type="checkbox"/> 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	Signature: <i>[Signature]</i> Printed Name: <b>JWebb</b> Title: _____ Date: 5-20-16