

# SERVICE TRANSPORT GROUP, INC.

328466

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

**NO 469060**

## WASTE SHIPMENT RECORD

S.T.G. # 63094

GENERATOR	1. Material Origin Site <b>Consentino <del>WE</del> School 685 Washington Street Haverhill, MA 01832</b>		Generator: Name/Address <b>Haverhill Public Schools 4 Summer Street Haverhill, MA 01830</b>		Generator: Phone # <b>978-374-5775</b>	
	2. Removal Contractor: Name/Address <b>SenCam, Inc. 741 South Main Street Haverhill, MA 01835</b>				Contractor: Phone # <b>978-683-7767</b>	
	3. Responsible Agency: Name/Address <b>US EPA Region 1 1 Congress Street Boston, MA 02114</b>		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA2212, Asbestos, 9, PG III, RQ			
	5. Description of Materials Specify Friable or Non-Friable <i>Now FRIABLE VAT</i>		Containers No. <i>97</i>	Type <i>BAGS</i>	Total Quantity (yd <sup>3</sup> ) <i>2504</i>	
	IF Friable (enter required information)					
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
6. Special Handling Instructions		24-hour emergency spill response no. 800-424-9300				
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>AS AGENT FOR OWNER FLAVIO NUNZI</i>			Signature <i>[Signature]</i>		Date <b>4/10/2016</b>	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) <span style="float: right;">If blank, see Transporter 2 or 3 below.</span>					
	Company Name & Address <b>SenCam, Inc. 741 South Main Street Haverhill, MA 01835</b>		Signature: <i>[Signature]</i>		Telephone No. <b>978-683-7767</b>	
			Printed Name: <i>FLAVIO NUNZI</i>		Date: <b>4/10/2016</b>	
			Title: <i>SUPERVISOR</i>			
9. Transporter 2 (Acknowledgement of Receipt of Materials) <span style="float: right;">If Transporter 1 &amp; 2 are blank, Transporter 3 serves as sole transporter.</span>						
Company Name & Address		Signature: _____		Telephone No. _____		
		Printed Name: _____		Date: _____		
		Title: _____				
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address <b>Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720</b>		Signature: <i>[Signature]</i>		Telephone No. <b>877-999-9559</b>	
			Printed Name: <i>[Signature]</i>		Date: <i>4-26-16</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)		<b>STG USE ONLY</b>		Signature: <i>[Signature]</i>		
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. <u>100277</u>	Minerva Landfill <input checked="" type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. <u>P0104984</u>	<input type="checkbox"/>		Printed Name: <i>[Signature]</i>		
				Date: <b>4-27-16</b>		
				Title: _____		

# SERVICE TRANSPORT GROUP, INC.

328410

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

469057

## WASTE SHIPMENT RECORD

S.T.G. # 62909

<b>GENERATOR</b>	1. Material Origin Site <b>Consentino School</b> 685 Washington Street Haverhill, MA 01832		Generator: Name/Address <b>Haverhill Public Schools</b> 4 Summer Street Haverhill, MA 01830		Generator: Phone # <b>978-374-5775</b>	
	2. Removal Contractor: Name/Address <b>SenCam, Inc.</b> 741 South Main Street Haverhill, MA 01835				Contractor: Phone # <b>978-683-7767</b>	
	3. Responsible Agency: Name/Address <b>US EPA Region 1</b> 1 Congress Street Boston, MA 02114			4. US DOT Class - FRIABLE ASBESTOS ONLY NA2212, Asbestos, 9, PG III, RQ		
	5. Description of Materials Specify Friable or Non-Friable <b>NON FRIABLE VAT</b>		Containers No. <b>143</b>		Type <b>BA65</b>	
	IF Friable (enter required information)				Total Quantity (yd³) <b>~ 1 ACY</b>	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300						
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 <b>AS AGENT FOR OWNER/VA VIA NUMBER</b>			Signature 		Date <b>4/3/16</b>	
<b>TRANSPORTER</b>	8. Transporter 1 (Acknowledgement of Receipt of Materials) <span style="float: right;">If blank, see Transporter 2 or 3 below.</span>					
	Company Name & Address <b>SenCam, Inc.</b> 741 South Main Street Haverhill, MA 01835		Signature: 		Telephone No. <b>978-683-7767</b>	
			Printed Name: <b>FLAVIO NUMBER</b>		Date: <b>4/3/16</b>	
9. Transporter 2 (Acknowledgement of Receipt of Materials) <span style="float: right;">If Transporter 1 &amp; 2 are blank, Transporter 3 serves as sole transporter.</span>						
Company Name & Address		Signature:		Telephone No.		
		Printed Name:		Date:		
		Title:				
<b>DISPOSAL SITE</b>	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: 		Telephone No. 877-999-9559	
			Printed Name: <b>JAMES R. DIAVOLA</b>		Date: <b>4-25-16</b>	
		Title: <b>DRIVER</b>				
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>		Signature:		
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		Printed Name: <b>Kim Roberts</b>		
				Title:		
				Date: <b>4/26/16</b>		