



Certificate of Completion

AUGUST 17, 2011

TO: PELHAM SCHOOL DISTRICT
19 HAVERHILL ROAD
WINDHAM, NH. 03870

ATTN: ALLEN MILLER

This is to certify that Asbestos Abatement work, completed on the date listed below has been performed at the following address and dates:

PELHAM MIDDLE SCHOOL
59 MARSH ROAD
PELHAM, NH. 03070

The work has been reviewed and was found completed in a competent and professional manner.

- Required procedures specified in the contract documents and/or Federal and State laws and regulations have been strictly adhered to with respect to asbestos transportation and disposal at an approved landfill site.

- | | |
|-------------------------------|---|
| • CONTRACTOR: | A-BEST ABATEMENT, INC. |
| • LICENSE NUMBER: | MA AC/000197, ME CF-0077
NH C-056, CT 000223 |
| • SITE SUPERVISOR | FAUSTO SANTIAGO |
| • CERTIFICATION NUMBER | MA 001191 NH 001591 |
| • COMPLETION DATE | AUGUST 17, 2011 |

SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

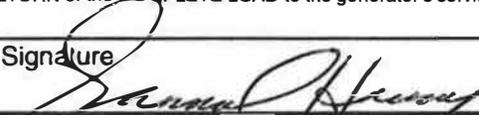
PHONE: (877) 999-9559

Nº 334770

WASTE SHIPMENT RECORD

COPY

S.T.G. # _____

GENERATOR	1. Material Origin Site PELHAM MIDDLE SCHOOL 59 MARSH ROAD PELHAM, NH. 03070		Generator: Name/Address PELHAM SCHOOL DISTRICT 19 HAVERHILL ROAD WINDHAM, NH. 03870		Generator: Phone # 603-635-2321
	2. Removal Contractor: Name/Address A-BEST ABATEMENT, INC. 24 KEEWAYDIN DRIVE SALEM, NH. 03079 Contact: SAM HOMSEY				Contractor: Phone # 603-893-4696
	3. Responsible Agency: Name/Address US EPA NEW ENGLAND NH DES ARD ASBESTOS PROGRAM 29 HAZEN DRIVE CONCORD, NH. 03302		4. US DOT Class - FRIABLE ASBESTOS ONLY NA 2212, RQ ASBESTOS, 9, PG III		
	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity
	IF Friable (Enter required information)		104	NON FRIABLE BAGS	104 104 BAGS
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		8	FRIABLE BAGS	8 BAGS
	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 SAMUEL HOMSEY, PRESIDENT		Signature 		Date 8/17/2011	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
	Company Name & Address A-BEST ABATEMENT, INC. 24 KEEWAYDIN DRIVE SALEM, NH. 03079		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 SAME AS # 10		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: _____		Telephone No. 877-999-9559	
		Printed Name: _____		Date:	
		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"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277	Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984	<input type="checkbox"/>			
		Signature: _____			
		Printed Name: _____			
		Title: _____			