



4/21/21

# Part 360 Waste Tracking Document - Construction & Demolition Debris

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

137023

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input checked="" type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restani con ED</u> Address: <u>Faraday Av</u> <u>Sylvan Av</u> City: <u>Bronx</u> State: <u>N-Y</u> Zip Code: _____

**GENERATOR:** Name: Con ED DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: 4 IRVIN PL City: N-Y-C State: NY Zip: 10003  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: Franco Masonry Cons Inc  
Receiving Facility Name: New York Recycling ☐ Chosen by Transporter  
Address: 475 Exterior St City: Bronx State: NY Zip: 10435

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: \_\_\_\_\_ Date: 04-20-21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: NC-023  
Transporter Company Name: Franco Masonry Cons Inc  
Describe all Discrepancies in type or quantity of waste: Mix ASPHALT, Concrete, Dirt

Driver Name (print): Mirre Phone: 917-3127957 Plate No.: NK-7411  
Signature: \_\_\_\_\_ Date: 04-20-21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 08W87  
Name: New York Recycling Address: 475 Exterior ST  
City: BX State: NY Zip: 10451 Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

NYRTK# 213625

I certify, under penalty of law, that the information contained herein is true and accurate.

I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: Raven Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 4/21/21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



Job # 70083

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

136965

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt.</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restain</u> Address: <u>Asch loop and Adler Pl.</u> City: <u>Bx</u> State: <u>ny</u> Zip Code: _____

**GENERATOR:** Name: CON ED DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: Bx State: ny Zip: \_\_\_\_\_  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: Stanga trucking  
Receiving Facility Name: Castle Hill Recycling ☒ Chosen by Transporter  
Address: 1000 Zerega Ave. City: Bx State: ny Zip: \_\_\_\_\_  
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.  
Signature: [Signature] Date: 4-21-21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: 2A894  
Transporter Company Name: Stanga trucking  
Describe all Discrepancies in type or quantity of waste: 18 yards  
Driver Name (print): RAJENDRA CHEITRAM Phone: 646 436 9594 Plate No.: 5839 ML  
Signature: Rajendra Cheitram Date: 4-21-21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: CHA Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: [Signature] Date: 4-21-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.  
Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



Part 360 Waste Tracking Document - Construction & Demolition Debris

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

136964

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restain</u> Address: <u>Asch loop and Adler PL</u> City: <u>Bx</u> State: <u>NY</u> Zip Code: _____
<b>GENERATOR:</b> Name: <u>Con ED</u> DEC Permit/Reg. No. (if applicable): _____ Address: _____ City: <u>Bx</u> State: <u>NY</u> Zip: _____ Authorized Representative of Generator: _____ Phone: _____ Transporter Name: <u>Stanya trucking</u> Receiving Facility Name: <u>Castle Hill Recycling</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>1000 Zerega Ave</u> City: <u>Bx</u> State: <u>NY</u> Zip: _____	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>[Signature]</u> Date: <u>4-21-21</u>	
<b>TRANSPORTER:</b> To be completed by Transporter DEC Permit/Registration No.: _____ Transporter Company Name: <u>Stanya trucking</u> Describe all Discrepancies in type or quantity of waste: <u>18 yards</u>	
Driver Name (print): <u>RAJENDRA CHETRAM</u> Phone: <u>646 436 9544</u> Plate No.: <u>5839 MT</u> Signature: <u>Rajendra Chetram</u> Date: <u>4-21-21</u>	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>[Signature]</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: [ ] interim processor, or [ ] final site Describe all Discrepancies in type or quantity of waste: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Print Name: _____ Phone: _____ Signature: <u>[Signature]</u> Date: <u>4-21-21</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



X617010515 / 70087 / CS

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

121348

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>ROAD DEBRIS</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>8</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>RESTAURANT CONSTR.</u> Address: <u>WESTCHESTER &amp; PUGSEY</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____
<b>GENERATOR:</b> Name: <u>CONED</u> DEC Permit/Reg. No. (if applicable): _____ Address: _____ City: <u>BX</u> State: _____ Zip: _____ Authorized Representative of Generator: _____ Phone: _____ Transporter Name: <u>STATA</u> Receiving Facility Name: <u>CASTLE HILL</u> <input type="checkbox"/> Chosen by Transporter Address: _____ City: <u>BX</u> State: <u>NY</u> Zip: _____ <small>I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Signature: _____ Date: <u>4/20/21</u>	
<b>TRANSPORTER:</b> <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>2-A894</u> Transporter Company Name: <u>STATA TRUCKING</u> Describe all Discrepancies in type or quantity of waste: <u>ROAD DEBRIS</u> Driver Name (print): <u>JOHN WISNIAZ</u> Phone: _____ Plate No.: <u>5289M</u> Signature: _____ Date: <u>4/20/21</u>	
<b>RECEIVING FACILITY:</b> <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): _____ Name: <u>CHL</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: [ ] interim processor, or [ ] final site Describe all Discrepancies in type or quantity of waste: _____ <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: _____ Phone: _____ Signature: <u>G/A</u> Date: <u>4-20-21</u>	

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

**141862**

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Dirt Asphalt Mix</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>CON Edison</u> Address: <u>City Island</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: Restani DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: 4204 Berrian Blvd City: Astoria State: NY Zip: \_\_\_\_\_  
Authorized Representative of Generator: Henny Barros Phone: \_\_\_\_\_  
Transporter Name: Song  
Receiving Facility Name: CHR ☐ Chosen by Transporter  
Address: Bronx City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: Forman Henny Barros Date: April 20, 21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: \_\_\_\_\_  
Transporter Company Name: Song  
Describe all Discrepancies in type or quantity of waste: Dirt + Asphalt mix

Driver Name (print): Sgt Bacarella Phone: #19 Plate No.: 44464m  
Signature: [Signature] Date: April 20, 21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: CHR Address: 1000 2nd St  
City: Bronx State: NY Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: [Signature] Phone: \_\_\_\_\_  
Signature: [Signature] Date: 04-20-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

**141861**

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>DIRT MIX Asphalt</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>CON EDISON</u> Address: <u>CITY ISLAND AVE</u> City: <u>BRONX</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: Restani DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: 4204 Berrian Blvd City: Astoria State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Authorized Representative of Generator: Kenny Barros Phone: \_\_\_\_\_  
Transporter Name: SMG  
Receiving Facility Name: CHR ☐ Chosen by Transporter  
Address: \_\_\_\_\_ City: BRONX State: \_\_\_\_\_ Zip: NY

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: Forman Kenny Barros Date: April 20, 21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: \_\_\_\_\_  
Transporter Company Name: SMG  
Describe all Discrepancies in type or quantity of waste: Dirt + Mix

Driver Name (print): Sal Baccarella Phone: #19 Plate No.: 44464M  
Signature: \_\_\_\_\_ Date: April 20, 21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: CHR State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: April 20, 21

The completed tracking document for all waste types must be returned to the Generator **within two weeks** of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document **must also be provided to NYS DEC within 15 days** of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



# Part 360 Waste Tracking Document - Construction & Demolition Debris

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

141860

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Dirt Mix</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>CON EDISON</u> Address: <u>CITY ISLAND AVE</u> City: <u>BRONX</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: Restani CON ED DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: 4204 Berrigan Blvd City: Astoria State: NY Zip: \_\_\_\_\_

Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_

Transporter Name: SUNG

Receiving Facility Name: CHR ☐ Chosen by Transporter

Address: 1000 ZEREGIA AVE City: BRONX State: NY Zip: 10462

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: Forman Kenny Barros Date: April 20, 21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: \_\_\_\_\_

Transporter Company Name: SUNG

Describe all Discrepancies in type or quantity of waste: Mix Dirt

Driver Name (print): Sal Bacarelli Phone: #19 Plate No.: 44464ML

Signature: \_\_\_\_\_ Date: April 20, 21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_

Name: CHR Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site

Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 4-20-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]





Part 360 Waste Tracking Document - Construction & Demolition Debris

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

136963

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt.</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restaur.</u> Address: <u>Asch loop and Adler Ave</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: CON ED. DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: BX State: NY Zip: \_\_\_\_\_  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: Stanga trucking.  
Receiving Facility Name: Castle Hill Recycling. ☒ Chosen by Transporter  
Address: 1000 zerega Ave City: BX State: NY Zip: \_\_\_\_\_  
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.  
Signature: X [Signature] Date: 4-20-21.

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: 2A894  
Transporter Company Name: Stanga trucking.  
Describe all Discrepancies in type or quantity of waste: 18 yards.  
Driver Name (print): RAJENDRA CHETRAM. Phone: 606 436 9594 Plate No.: \_\_\_\_\_  
Signature: Rajendra Chetram. Date: 4-20-21.

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: [Signature] Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: [Signature] Date: 4-20-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.  
Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]





Job # ~~20083~~ 70095  
**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

136962

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restane</u> Address: <u>Asch loop and Adler PL.</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: CON ED. DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: BX State: NY Zip: \_\_\_\_\_  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: Stanza trucking  
Receiving Facility Name: Castle Hill Recycling ☒ Chosen by Transporter  
Address: 1000 Zerega Ave. City: BX State: NY Zip: \_\_\_\_\_  
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.  
Signature: [Signature] Date: 4-20-21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: 2A894  
Transporter Company Name: Stanza trucking  
Describe all Discrepancies in type or quantity of waste: 18 yards  
Driver Name (print): RAJENDRA CHETRAM Phone: 6064369594 Plate No.: 52839 MT  
Signature: Rajendra Chetram Date: 4-20-21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: CHL Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: [Signature] Phone: \_\_\_\_\_  
Signature: [Signature] Date: 4-20-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.  
Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



RF 4/20/21

# Part 360 Waste Tracking Document - Construction & Demolition Debris

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

137022

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input checked="" type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
<b>WASTE QUANTITY:</b>	_____ Tons <u>18<sup>Yr</sup></u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restani "CON ED"</u> Address: <u>Faraday AV</u> <u>SYLVAN AV</u> City: <u>Bronx</u> State: <u>N.Y.</u> Zip Code: _____
<b>GENERATOR:</b> Name: <u>Con Edison</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4 IRVIN PL</u> City: <u>N-Y-C</u> State: <u>N.Y.</u> Zip: <u>10003</u> Authorized Representative of Generator: _____ Phone: _____ Transporter Name: <u>Franco Masonry Cons INC</u> Receiving Facility Name: <u>New York Recycling</u> <input type="checkbox"/> Chosen by Transporter Address: <u>475 Exterior St</u> City: <u>Bron</u> State: <u>N.Y.</u> Zip: <u>10431</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>04-20-21</u>	
<b>TRANSPORTER:</b> To be completed by Transporter DEC Permit/Registration No.: <u>NC-023</u> Transporter Company Name: <u>Franco Masonry Cons INC</u> Describe all Discrepancies in type or quantity of waste: <u>Mix ASPHAL, concrete, Dirt</u> Driver Name (print): <u>MIKE</u> Phone: <u>917-312-7957</u> Plate No.: <u>NK 7411</u> Signature: <u>[Signature]</u> Date: <u>04-20-21</u>	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>03W87</u> Name: <u>New York Recycling</u> Address: <u>475 Exterior ST</u> City: <u>BX</u> State: <u>NY</u> Zip: <u>10451</u> Put [X] for: [ ] interim processor, or [ ] final site Describe all Discrepancies in type or quantity of waste: _____ <u>NYRTRK# 213,591</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>Raven</u> Phone: _____ Signature: <u>[Signature]</u> Date: <u>4/20/21</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



X017010515 / 70087 / CS

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

121349

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>ROAD DEBRIS</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>15</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>RESTANI CONST.</u> Address: <u>WESTCHESTER &amp; PUGSLY</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: CONED DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: BX State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: STANIA TRUCKING  
Receiving Facility Name: CASTLE HILL ☐ Chosen by Transporter  
Address: \_\_\_\_\_ City: BX State: NY Zip: \_\_\_\_\_  
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.  
Signature: \_\_\_\_\_ Date: 4/19/21

**TRANSPORTER:** *To be completed by Transporter* DEC Permit/Registration No.: 2A-894  
Transporter Company Name: STANIA TRUCKING  
Describe all Discrepancies in type or quantity of waste: ROAD DEBRIS

Driver Name (print): JOHN COSTA Phone: \_\_\_\_\_ Plate No.: 5Z89MT  
Signature: \_\_\_\_\_ Date: 4/19/21

**RECEIVING FACILITY:** *To be completed by Receiving site* DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: CHH Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 4-19-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.  
Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



Job # ~~70083~~ 70097

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

136960

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restaur.</u> Address: <u>Asch loop and Adler PL.</u> City: <u>Bx</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: CONES DEC Permit/Reg. No. (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: BX State: NY Zip: \_\_\_\_\_

Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_

Transporter Name: Stanya trucking

Receiving Facility Name: Castle Hill Recycling ☒ Chosen by Transporter

Address: 1500 Zerega Ave City: Bx State: NY Zip: \_\_\_\_\_

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: [Signature] Date: 4-19-21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No. 2A984

Transporter Company Name: Stanya trucking

Describe all Discrepancies in type or quantity of waste: 18 yards.

Driver Name (print): RAJENDRA CHETRAM Phone: 646 436 9594 Plate No.: 52839 MA

Signature: Rajendra Chetram Date: 4-19-21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_

Name: CHK Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site

Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: [Signature] Phone: \_\_\_\_\_

Signature: [Signature] Date: 4-19-2021

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.  
Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



Job # ~~70093~~ 70097**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&amp;D Debris

136961

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restaur.</u> Address: <u>Asch loop and Adler Pl.</u> City: <u>Bx</u> State: <u>ny</u> Zip Code: _____
<b>GENERATOR:</b> Name: <u>Con Ed.</u> DEC Permit/Reg. No. (if applicable): _____ Address: _____ City: <u>Bx</u> State: <u>NY</u> Zip: _____ Authorized Representative of Generator: _____ Phone: _____ Transporter Name: <u>Stanza Trucking</u> Receiving Facility Name: _____ <input checked="" type="checkbox"/> Chosen by Transporter Address: _____ City: _____ State: <u>NY</u> Zip: _____ <small>I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Signature: _____ Date: <u>4-19-21</u>	
<b>TRANSPORTER:</b> To be completed by Transporter DEC Permit/Registration No.: <u>2A894</u> Transporter Company Name: <u>Stanza trucking</u> Describe all Discrepancies in type or quantity of waste: <u>18 yards</u> Driver Name (print): <u>RAJENDRA CHETRAM</u> Phone: <u>606 436 9594</u> Plate No.: <u>52839 MT</u> Signature: <u>Rajendra Chetram</u> Date: <u>4-19-21</u>	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>CHR</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: [ ] interim processor, or [ ] final site Describe all Discrepancies in type or quantity of waste: _____  <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: _____ Phone: _____ Signature: _____ Date: <u>4-19-21</u>	
<b>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.</b> Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

**141806**

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
<b>WASTE QUANTITY:</b>	_____ Tons <u>10</u> Cubic Yards   Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Con Ed</u> Address: <u>Bruckner Bns + Haverhuyser</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____
<b>GENERATOR:</b> Name: <u>RESTANT</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4204 Berrian Bns</u> City: <u>ASTORIA</u> State: <u>NY</u> Zip: _____ Authorized Representative of Generator: _____ Phone: _____ Transporter Name: <u>Arflo Construction</u> Receiving Facility Name: <u>Castle Hill Recycling</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1000 Zerega Ave</u> City: <u>Bronx</u> State: <u>NY</u> Zip: _____ <small>I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Signature: _____ Date: _____	
<b>TRANSPORTER:</b> <i>To be completed by Transporter</i> DEC Permit/Registration No.: _____ Transporter Company Name: <u>Arflo Construction</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>LOUIS PUTROLUONO</u> Phone: <u>718 661 3105</u> Plate No.: <u>62094ML</u> Signature: _____ Date: _____	
<b>RECEIVING FACILITY:</b> <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): _____ Name: <u>CHL</u> Address: _____ City: _____ State: _____ Zip: _____   Put [X] for: [ ] interim processor, or [ ] final site Describe all Discrepancies in type or quantity of waste: _____  <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: _____ Phone: _____ Signature: _____ Date: <u>4-19-2021</u> <b>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.</b> [ref: 6 NYCRR 364-5.1(b)(5)]	



Job # 70011

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&amp;D Debris

**136959**

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Sand, Concrete, Asphalt</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>5</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>Restauri</u> Address: <u>Bruckner Blvd and Feile St</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____

**GENERATOR:** Name: Con ED DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: BX State: NY Zip: \_\_\_\_\_  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: Stanya Trucking  
Receiving Facility Name: Castle Hill Recycling ☒ Chosen by Transporter  
Address: 1000 Zerega Ave. City: BX State: NY Zip: \_\_\_\_\_  
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.  
Signature: \_\_\_\_\_ Date: 4-17-21

**TRANSPORTER:** To be completed by Transporter DEC Permit/Registration No.: 2A894  
Transporter Company Name: Stanya Trucking  
Describe all Discrepancies in type or quantity of waste: 5  
Driver Name (print): RAJENDRA CHETRAM Phone: 646-436-9594 Plate No.: S2839 MT  
Signature: Rajendra Chetram Date: 4-17-21

**RECEIVING FACILITY:** To be completed by Receiving site DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: CHP Address: 1000 Zerega  
City: BRONX State: NY Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_

I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: Rgo Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 04-17-21

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste.  
Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.  
[ref: 6 NYCRR 364-5.1(b)(5)]



# Part 360 Waste Tracking Document - Construction & Demolition Debris

This form may be used to satisfy the tracking document requirements of both Part 361-5.6 and Part 364-5.1 for the transport of C&D Debris

141858

<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Dirt mix</u>
<b>WASTE QUANTITY:</b>	_____ Tons <u>14</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>CONEDISON</u> Address: <u>CITY ISLAND</u> City: <u>BRONX</u> State: <u>NY</u> Zip Code: _____
<b>GENERATOR:</b> Name: <u>Restauri</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4204 Berrigan</u> City: <u>Astoria</u> State: <u>NY</u> Zip: _____ Authorized Representative of Generator: _____ Phone: _____ Transporter Name: <u>Sung CHR</u> Receiving Facility Name: <u>CHR</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1000 ZEREGA AVE</u> City: <u>BRONX</u> State: <u>NY</u> Zip: <u>10462</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>Kenny Barros</u> Date: <u>Apr 16, 21</u>	
<b>TRANSPORTER:</b> To be completed by Transporter DEC Permit/Registration No.: _____ Transporter Company Name: <u>Sung</u> Describe all Discrepancies in type or quantity of waste: <u>Dirt + 14 yards</u>	
Driver Name (print): <u>Sgt Bacarella</u> Phone: _____ Plate No.: <u>444640</u> Signature: _____ Date: <u>4/16/21</u>	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>CHR</u> Address: <u>1000 Zeraga</u> City: <u>BRONX</u> State: <u>NY</u> Zip: _____ Put [X] for: [ ] interim processor, or [ ] final site Describe all Discrepancies in type or quantity of waste: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>Rigo</u> Phone: _____ Signature: _____ Date: <u>04-16-2021</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	