


**Department of  
Environmental  
Conservation**
**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

<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 checked="" 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>30</u> Cubic Yards    Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
<b>GENERATOR:</b> Name: <u>ALLSTATE 12</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>37-17 111 ST</u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u> Authorized Representative of Generator: <u>Rosalio Roja</u> Phone: <u>718 651 8800</u> Transporter Name: <u>ALLSTATE 12</u> Receiving Facility Name: <u>Watral Brothers</u> Address: <u>455 4<sup>th</sup> ST</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</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>Joniva Bravo</u> Date: <u>02/26/19</u>	
<b>TRANSPORTER:</b> To be completed by Transporter    DEC Permit/Registration No.: <u>2A-836</u> Transporter Company Name: <u>ALLSTATE 12</u> Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM REGALADO</u> Phone: <u>646 296 5043</u> Plate No.: <u>17161TC</u> Signature: _____    Date: _____	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site    DEC Permit/Reg. No. (if applicable): _____ Name: <u>Watral Brothers</u> Address: <u>45 South 4<sup>th</sup> St.</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> 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>Paul Beck</u> Phone: <u>631-586-8300</u> Signature: <u>Paul Beck</u> Date: <u>2/26/19</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. For wastes that are generated in the City of New York, a copy of the completed tracking document for all waste types except Residue 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)]	


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

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<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 checked="" 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>30</u> Cubic Yards    Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162<sup>ST</sup></u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
<b>GENERATOR:</b> Name: <u>ALLSTATE 12</u> DEC Permit/Reg. No. (if applicable): <u>2A-836</u> Address: <u>37-17 111<sup>ST</sup></u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u> Authorized Representative of Generator: <u>Rosalie Pojo</u> Phone: <u>718 651 8800</u> Transporter Name: <u>ALLSTATE 12</u> Receiving Facility Name: <u>WATERAL BROTHERS.</u> Address: <u>455 4<sup>ST</sup></u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</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>Sonia Bravo</u> Date: <u>02/27/19.</u>	
<b>TRANSPORTER:</b> To be completed by Transporter    DEC Permit/Registration No.: <u>2A-836</u> Transporter Company Name: <u>ALLSTATE 12</u> Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM DEBALADO</u> Phone: <u>646 296 5093</u> Plate No.: <u>171617C</u> Signature: <u>[Signature]</u> Date: <u>02/22/19.</u>	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site    DEC Permit/Reg. No. (if applicable): _____ Name: <u>WATERAL BROTHERS</u> Address: <u>455 4<sup>ST</sup></u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> 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>Paul Beck</u> Phone: <u>631 586-8300</u> Signature: <u>[Signature]</u> Date: <u>02/27/19.</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. For wastes that are generated in the City of New York, a copy of the completed tracking document for all waste types except Residue 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)]	


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

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<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 checked="" 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>30</u> Cubic Yards    Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162 ST.</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
<b>GENERATOR:</b> Name: <u>ALLSTATE 12</u> DEC Permit/Reg. No. (if applicable): <u>2A-836</u> Address: <u>37-17 111 ST</u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u> Authorized Representative of Generator: <u>Rosalio Rojas</u> Phone: <u>718 6518800</u> Transporter Name: <u>ALLSTATE 12</u> Receiving Facility Name: <u>WATRAL BROTHERS</u> Address: <u>455 4ST</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</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>Sonia Bravo</u> Date: <u>02/26/19</u>	
<b>TRANSPORTER:</b> To be completed by Transporter    DEC Permit/Registration No.: <u>2A-836</u> Transporter Company Name: <u>ALLSTATE 12</u> Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM REGALADO</u> Phone: <u>616 2963011</u> Plate No.: <u>171 G7C</u> Signature: <u>[Signature]</u> Date: <u>02/26/19</u>	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site    DEC Permit/Reg. No. (if applicable): _____ Name: <u>WATRAL BROTHERS INC.</u> Address: <u>45 South 4th St.</u> City: <u>Bayshore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> 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>Paul Beck</u> Phone: <u>631-586-8300</u> Signature: <u>Paul Beck</u> Date: <u>2/26/19</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. For wastes that are generated in the City of New York, a copy of the completed tracking document <u>for all waste types except Residue</u> 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)]	



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

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TYPE OF C&D DEBRIS:	<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>CLEAN FILL</u>			
WASTE QUANTITY:	<u>      </u> Tons <u>30</u> Cubic Yards    Check box to indicate quantity is estimated: <input type="checkbox"/>		
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ALLSTATE IL</u>		
	Address: <u>45-35 162<sup>ST</sup></u>		
	City: <u>FLUSHING</u>	State: <u>NY</u>	Zip Code: <u>11358</u>
GENERATOR: Name: <u>ALLSTATE IL</u> DEC Permit/Reg. No. (if applicable): <u>2A-836</u>			
Address: <u>37-17 111<sup>ST</sup></u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11369</u>			
Authorized Representative of Generator: <u>Rosalio Roja</u> Phone: <u>718-651 8900</u>			
Transporter Name: <u>ALLSTATE IL</u>			
Receiving Facility Name: <u>WATRAL BROTHERS</u>			
Address: <u>45 5 4<sup>ST</sup></u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u>			
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Signature: <u>Sonia Bravo</u> Date: <u>02/27/19</u>			
TRANSPORTER: To be completed by Transporter    DEC Permit/Registration No.: <u>2A-836</u>			
Transporter Company Name: <u>ALLSTATE IL</u>			
Describe all Discrepancies in type or quantity of waste: <u>      </u>			
Driver Name (print): <u>WILLIAM REGALADO</u> Phone: <u>416 296 5093</u> Plate No.: <u>17161TC</u>			
Signature: <u>[Signature]</u> Date: <u>02/27/19</u>			
RECEIVING FACILITY: To be completed by Receiving site    DEC Permit/Reg. No. (if applicable): <u>      </u>			
Name: <u>Watra1 Brothers</u> Address: <u>45 5 4<sup>ST</sup></u>			
City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site			
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<b>GENERATOR:</b> Name: <u>ALLSTATE 12</u> DEC Permit/Reg. No. (if applicable): <u>2A-836</u> Address: <u>37-17 111 ST</u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u> Authorized Representative of Generator: <u>Rosalia Bojo</u> Phone: <u>718 651 8800</u> Transporter Name: <u>ALLSTATE 12</u> Receiving Facility Name: _____ Address: _____    City: _____    State: _____    Zip: _____	
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Driver Name (print): <u>WILLIAM REBACADO</u> Phone: <u>646 296 5093</u> Plate No.: <u>171617C</u> Signature: _____    Date: _____	
<b>RECEIVING FACILITY:</b> To be completed by Receiving site    DEC Permit/Reg. No. (if applicable): _____ Name: <u>NATRAI Brothers Inc.</u> Address: <u>45 South 4th St.</u> City: <u>Bayshore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: _____	
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Print Name: <u>Paul Beck</u> Phone: <u>631-586-8300</u> Signature: <u>Paul Beck</u> Date: <u>2/26/19</u>	
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