



Department of
Environmental
Conservation

Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>ASHPALT & DIRT</u>			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction</u> Job # <u>142549</u> Address: <u>86st & 77 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>Joe Murray</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u>				
Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter				
Address: <u>31-40 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>1/8/19</u>				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301 Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Tom Corbain</u> Phone: <u>516-753-1512</u> Plate No: <u>60778MK</u> Signature: <u>[Signature]</u> Date: <u>1/8/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>DURANTE BROS</u> Address: <u>31-40 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 16</u>				
<p>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.</p> <p>Print Name: <u>L. Durante</u> Phone: <u>718-762-2500</u> Signature: <u>[Signature]</u> Date: <u>1/8/18</u></p>				
<p>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)]</p>				

**Department of Environmental Conservation****Part 360 Series Waste Tracking Document - Construction & Demolition Debris**

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input checked="" 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): _____
WASTE QUANTITY:	_____ Tons <u>8</u> Cubic Yards Check box to indicate quantity is estimated <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>820 Lexington Ave & Nostrand Av</u> Address: <u>Brooklyn</u> City: <u>NY</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>X</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland</u> City: <u>Brooklyn</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>X</u> Date: <u>1-8-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Bobby Martinez</u> Phone: <u>516-753-1512</u> Plate No.: <u>CLM 660</u> Signature: <u>X</u> Date: <u>1-8-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24W A 3</u> Name: <u>Allocco Recycling</u> Address: <u>540 Kingsland Av</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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: _____ <u>Entered by rec facility</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>Noel Pastor</u> Phone: <u>718-349-3094</u> Signature: <u>X</u> Date: <u>1-8-19</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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>Concrete mix</u>			
WASTE QUANTITY:	<u>8</u> Tons	<u>8</u> Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Madison St & Wilson Ave</u> Job # <u>141867</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11221</u>			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>Steve Corrente</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>1-7-19</u>			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>			
Transporter Company Name:	<u>PARK TRUCKING INC.</u>			
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print):	<u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-m G</u>			
Signature:	<u>[Signature]</u> Date: <u>1-7-19</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>Z4WA3</u>			
Name:	<u>Allocco</u> Address: <u>540 Kingsland Ave</u>			
City: <u>Brooklyn</u>	State: <u>NY</u>	Zip: <u>11222</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: _____				
<u>[Signature]</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>J. Skano</u> Phone: _____			
Signature:	<u>[Signature]</u> Date: <u>1-7-19</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)]				



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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>DIRT - CONCRETE - ASPHALT</u>
WASTE QUANTITY:	_____ Tons <u>6</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>137 AV - Farmers</u> <u>#1068</u> City: <u>QUEENS</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u>	
Receiving Facility Name: <u>DURANTE BROS</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>123 ST - 31 AV</u> City: <u>Flushing</u> State: _____ 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>J. Durante</u> Date: <u>1-17-19</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>
Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808MT</u> Signature: <u>H. Watts</u> Date: <u>1-17-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u>	
Name: <u>Durante</u> Address: _____	City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: <u>Mix, 6</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>L. Durante</u>	Phone: <u>718)762-2500</u>
Signature: <u>L. Durante</u>	Date: <u>1/17/19</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. 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 <u>within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>E 35 A Ave R</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>David</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking 919</u>	
Receiving Facility Name: <u>Allco</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</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>1-7-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> <u>919</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Ricardo Cortane</u> Phone: <u>516-753-1512</u> Plate No.: <u>693375U</u> Signature: <u>[Signature]</u> Date: <u>1-7-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allco</u> Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>Entered by rec facility</i>	
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>Noel Pantano</u> Phone: <u>718-349-3091</u> Signature: <u>[Signature]</u> Date: <u>1/7/19</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)]	

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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 checked="" type="checkbox"/> Other (specify): <u>Concrete mix</u>
WASTE QUANTITY:	<u>14</u> Tons <u>14</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>108 St & Corona Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11428</u>
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>Shawn L. Groth</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK Trucking</u> Receiving Facility Name: <u>Durante</u> <input type="checkbox"/> Chosen by Transporter Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>Maurice Hallen</u> Date: <u>1/7/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Steven Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>E0812 MK</u> Signature: <u>St Abramowitz</u> Date: <u>1/7/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 14</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>L. Durante</u> Phone: <u>718 782 2500</u> Signature: <u>L.D</u> Date: <u>1/7/19</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. 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)]	



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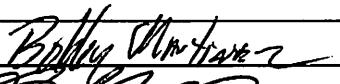
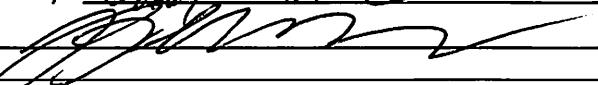
TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Rosney ST</u> Job # <u>141804</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>X. A. Coleby</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>DURANTE BICOS</u> Chosen by Transporter <input checked="" type="checkbox"/> Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>X. A. Coleby</u> Date: _____				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Chris Wise</u>		Phone: <u>516-753-1512</u> Plate No.: <u>558134N</u>		
Signature: <u>Chris</u>		Date: <u>1-7-19</u>		
RECEIVING FACILITY: To be completed by Receiving site		DEC Permit/Reg. No. (if applicable): <u>41W22</u>		
Name: <u>Durante</u>		Address: _____		
City: _____		State: _____		Zip: _____
Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</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>L. Durante</u>		Phone: <u>(718) 762-2500</u>		
Signature: <u>L. Durante</u>		Date: <u>1/7/19</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. 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 <u>must also be provided to NYS DEC</u> within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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WASTE QUANTITY:	_____ Tons	12	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: _____ Address: _____ City: Brooklyn State: NY Zip Code: _____			
GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____ Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558				
Authorized Representative of Generator: Hallen Phone: 516-432-8300				
Transporter Name: Park Trucking				
Receiving Facility Name: Durante Bros <input type="checkbox"/> Chosen by Transporter Address: 31-40 123 St City: Queens 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: 1-7-19				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301 Transporter Company Name: PARK TRUCKING INC.				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print):  Phone: 516-753-1512 Plate No.: CLE880 Signature:  Date: 1-7-19				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22 Name: Durante Bros Address: 31-40 123 St City: Queens State: NY Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: Mix, 12				
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: L. Durante Phone: (718) 762-2800 Signature:  Date: 1-7-19				
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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>CONCRETE & DIRT</u>			
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards		Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction Job # 142549</u> Address: <u>86st & 77 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>Joe Murray</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u>				
Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter				
Address: <u>31-40 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>J. Murray</u> Date: <u>1/7/19</u>				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Tom Captain</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>				
Signature: <u>Tom Captain</u> Date: <u>1/7/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u>				
Name: <u>DURANTE BROS</u> Address: <u>31-40 123 St</u>				
City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 16</u>				
<p>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.</p>				
Print Name: <u>L. Durante</u> Phone: <u>218 762 2500</u>				
Signature: <u>L. Durante</u> Date: <u>1/7/19</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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>MIXED</u>			
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards		Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Bridge ~ Front St</u> <u>141814</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>John E.</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK</u>				
Receiving Facility Name: <u>Allococo</u> <input checked="" type="checkbox"/> Chosen by Transporter				
Address: <u>540 Kingsland Av</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>1-5-19</u>				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>4. Watts</u>		Phone: <u>516-753-1512</u> plate No.: <u>80808mf</u>		
Signature: <u>[Signature]</u>		Date: <u>1-5-19</u>		
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u>				
Name: <u>Allococo Recycling</u> Address: <u>540 Kingsland Ave</u>				
City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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: _____				
<u>Entered by rec facility</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>Noel Pantoja</u>		Phone: <u>718-349-3094</u>		
Signature: <u>[Signature]</u>		Date: <u>1/5/19</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. 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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>CONCRETE - DIRT</u>				
WASTE QUANTITY:	<u> </u> Tons	<u>12</u> Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>		
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Bridge St - Front</u> Date: <u>14-1814</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____				
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>					
Authorized Representative of Generator: <u>John E.</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>PARK</u>					
Receiving Facility Name: <u>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter					
Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</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>1-5-19</u>					
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808M1F</u> Signature: <u>H. Watts</u> Date: <u>1-5-19</u>					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allocco Recycling</u> Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11202</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: _____ <u>Entered by rec facility</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>Aloel Pantoy</u> Phone: <u>718-349-3094</u> Signature: <u>Aloel Pantoy</u> Date: <u>1/5/19</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. 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)]					



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>CONCRETE & DIRT</u>
WASTE QUANTITY:	<u>12</u> Tons <u>12</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION</u> Job # <u>100051</u> Address: <u>82ST 91 AVE</u> City: <u>QUEENS</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>Joe Murray</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>DURANTE Bros</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>31-40 123 ST</u> City: <u>FLESHING</u> State: <u>NY</u> Zip: <u>11354</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>J</u> Date: <u>1/10/19</u>	
TRANSPORTER: <u>To be completed by Transporter</u>	DEC Permit/Registration No.: <u>1A-301</u>
Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Tam Caggiano</u> Phone: <u>516-753-1512</u> Plate No.: <u>6077PMK</u> Signature: <u>R.C.</u> Date: <u>1/10/19</u>	
RECEIVING FACILITY: <u>To be completed by Receiving site</u> DEC Permit/Reg. No. (if applicable): <u>41 W 22</u>	
Name: <u>DURANTE Bros</u> Address: <u>31-40 123 ST</u> City: <u>FLESHING</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 12</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>L. Durante</u> Phone: <u>718-762-2500</u> Signature: <u>J</u> Date: <u>1/10/19</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. 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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>CONCRETE, DIRT</u>			
WASTE QUANTITY:	_____ Tons	8	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction Job#142551</u> Address: <u>82 ST & 91 AV</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>Joe Murray</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u> Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>J. Murray</u> Date: <u>1/10/19</u>				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Tom CARGAIN</u>		Phone: <u>516-753-1512</u> plate No.: <u>60778 MK</u>		
Signature: <u>T. Cargain</u>		Date: <u>1/10/19</u>		
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>414N22</u>				
Name: <u>DURANTE BROS</u>		Address: <u>31-40 123 ST</u>		
City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 8</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>L. Durante</u>		Phone: <u>718-762-2500</u>		
Signature: <u>L. Durante</u>		Date: <u>1/10/19</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. 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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____				
WASTE QUANTITY:	_____ Tons	_____ Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>		
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Ave</u> Address: <u>Atlantic Beach 43rd Seagate</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____				
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>					
Authorized Representative of Generator: <u>XMM</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>Park Trucking</u>					
Receiving Facility Name: <u>Durante Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter					
Address: <u>31-40 123 St</u> City: <u>Queens</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>1-10-19</u>					
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>Bobby Martinez</u> Phone: <u>516-753-1512</u> Plate No.: <u>CY8880</u> Signature: <u>[Signature]</u> Date: <u>1-10-19</u>					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante Bros</u> Address: <u>31-40 123 St</u> City: <u>Queens</u> State: <u>NY</u> Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site					
Describe all Discrepancies in type or quantity of waste: <u>Mix, 8</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>L. Durante</u> Phone: <u>(718)762-2500</u> Signature: <u>[Signature]</u> Date: <u>1-10-19</u>					
<p>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.</p> <p>[ref: 6 NYCRR 364-5.1(b)(5)]</p>					



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>Concrete other</u>
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>Nostrand Ave & Lexington</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11222</u>
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>Shawn Gravith</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK Trucking</u>	
Receiving Facility Name: <u>Durante</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>Mark Markert</u> Date: <u>1/10/18</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Steve Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>60812 MK</u> Signature: <u>Steve Abramowitz</u> Date: <u>1/10/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 16</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>L. Durante</u> Phone: <u>718 762 2508</u> Signature: <u>L. Durante</u> Date: <u>1/10/19</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)]	

**Department of Environmental Conservation****Part 360 Series Waste Tracking Document - Construction & Demolition Debris**

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

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 checked="" type="checkbox"/> Other (specify): <u>DIRT - ROCK</u>
WASTE QUANTITY:	_____ Tons <u>15</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Perry Av - Remsen Pl #1068</u> City: <u>QUEENS</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u> Receiving Facility Name: <u>DURANTE Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>123 St - 31 Av</u> City: <u>Flushing</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>X J. J. Jettan</u> Date: <u>1-10-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808M4</u> Signature: <u>H. Watts</u> Date: <u>1-10-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>Mix, 15</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>L. Durante</u> Phone: <u>(718)762-2508</u> Signature: <u>JZ</u> Date: <u>1/10/19</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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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): _____				
WASTE QUANTITY:	_____ Tons	14	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Narrows Ave & 79th ST</u> Job #141877 City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____				
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>					
Authorized Representative of Generator: <u>X C. Lobel</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>Park Trucking</u>					
Receiving Facility Name: <u>Durante Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter					
Address: <u>31-40 123 ST</u> City: <u>FUshing</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>X C. Lobel</u> Date: <u>1-10-19</u>					
TRANSPORTER: To be completed by Transporter			DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>J. Davis Wise</u>			Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</u>		
Signature: <u>J. Davis Wise</u>			Date: <u>1-10-19</u>		
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u>					
Name: <u>Durante</u>			Address: _____		
City: _____ State: _____ Zip: _____			Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: <u>Mix, 14</u>					
<p>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.</p>					
Print Name: <u>L. Durante</u>			Phone: <u>(718)762-2500</u>		
Signature: <u>L. Durante</u>			Date: <u>1/10/19</u>		
<p>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 <u>must also be provided to NYS DEC</u> within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>					



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Hallen Address: E 35 L Ave R City: Brooklyn State: NY Zip Code: _____			
GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____ Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558				
Authorized Representative of Generator: David Phone: 516-432-8300				
Transporter Name: Park Trucking 919				
Receiving Facility Name: Allocco <input checked="" type="checkbox"/> Chosen by Transporter Address: 540 Kingsland Ave City: Brooklyn 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: 1-10-19				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301 Transporter Company Name: PARK TRUCKING INC. 919				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): Ricardo Capitano Phone: 516-753-1512 Plate No.: 693375U Signature: _____ Date: 1-10-19				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 24 WAP Name: Allocco Address: 540 Kingsland Ave City: Brooklyn State: NY Zip: 11222 Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: _____				
ENTERED BY AR				
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: Komane Phone: 718-349-3084 Signature: _____ Date: 1-10-19				
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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>E 35 St & Ave R</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>Durante</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking 919</u> Receiving Facility Name: <u>Durante</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 St</u> City: <u>Queens</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>Durante</u> Date: <u>1-10-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC. 919</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Ricardo Cortez</u> Phone: <u>516-753-1512</u> Plate No.: <u>693375U</u> Signature: <u>Ricardo Cortez</u> Date: <u>1-10-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: <u>31-40 123 St</u> City: <u>Queens</u> State: <u>NY</u> Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</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>L. Durante</u> Phone: <u>(718) 762-2500</u> Signature: <u>L. Durante</u> Date: <u>1/10/19</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. 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 <u>within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>CONCRETE, DIRT & ASPHALT</u>				
WASTE QUANTITY:	_____ Tons <u>16</u>		Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION</u> Job # <u>140549</u> Address: <u>86 ST & 77 AVE</u> City: <u>Queens</u> State: <u>N.Y.</u> Zip Code: _____				
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>					
Authorized Representative of Generator: <u>Joe Murray</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>PARK TRUCKING</u>					
Receiving Facility Name: <u>DURANTE Bros</u> <input type="checkbox"/> Chosen by Transporter					
Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>1/19/19</u>					
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>Tom Garain</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778PMK</u> Signature: <u>[Signature]</u> Date: <u>1/19/19</u>					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>DURANTE Bros</u> Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 16</u>					
<p>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.</p>					
Print Name: <u>L. Durante</u> Phone: <u>718-782-2500</u> Signature: <u>[Signature]</u> Date: <u>1/19/19</u>					
<p>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)]</p>					



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	2 Tons _____ Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: HALLEN Address: 865T & 77 AVE City: QUEENS State: NY Zip Code: _____
GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558	
Authorized Representative of Generator: Joe Murray Phone: 516-432-8300	
Transporter Name: PARK TRUCKING	
Receiving Facility Name: ALLOCOS <input type="checkbox"/> Chosen by Transporter Address: 594 Scholos St City: Brooklyn 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: 11 9 119	
TRANSPORTER: To be completed by Transporter Transporter Company Name: PARK TRUCKING INC.	DEC Permit/Registration No.: 1A-301
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): Tom Captain Signature: _____	Phone: 516-753-1512 Plate No: 60778MK Date: 11/9/19
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): Name: ALLOCOS Address: 594 Scholos St City: Brooklyn State: NY Zip: _____ 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: John Ryano Signature: _____	Phone: 718 418 2190 Date: 11 9 119
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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Hallen Address: E 35 & Ave R City: Brooklyn State: NY Zip Code: _____			
GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____ Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558				
Authorized Representative of Generator: David Phone: 516-432-8300				
Transporter Name: Park Trucking 919				
Receiving Facility Name: Alcora <input checked="" type="checkbox"/> Chosen by Transporter				
Address: 540 Kingsland Ave City: Brooklyn 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: 1-9-19				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301 Transporter Company Name: PARK TRUCKING INC. 919				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): Ricardo Cortezo Phone: 516-753-1512 Plate No.: 69337ju Signature: _____ Date: 1-9-19				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 24WA3 Name: Alcora Address: 540 Kingsland Ave City: Brooklyn State: NY Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: _____ ENTERED BY ARE				
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: 718-394-309x Signature: _____ Date: 1-9-19				
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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>concrete mix</u>
WASTE QUANTITY:	<u>16</u> Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>130 Ave + 224 St</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11928</u>
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>Shawn Grudin</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK Trucking</u> Receiving Facility Name: <u>Durante</u> <input type="checkbox"/> Chosen by Transporter Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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>Munir</u> Date: <u>1/9/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Steven Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>60812 MK</u> Signature: <u>ST. Abramowitz</u> Date: <u>1/9/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>mix, 1/6</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>L. Durante</u> Phone: <u>718 762 2500</u> Signature: <u>LD</u> Date: <u>1/9/19</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)]	

**Department of Environmental Conservation****Part 360 Series Waste Tracking Document - Construction & Demolition Debris**

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

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 checked="" type="checkbox"/> Other (specify): <u>MIXED</u>
WASTE QUANTITY:	<u>14</u> Tons <u>14</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Perry st - Remsen PL</u> <u># 1068</u> City: <u>QUEENS</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>JOE A.</u> Phone: <u>516-432-8300</u> Transporter Name: <u>PARK</u> Receiving Facility Name: <u>Allacco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland Av</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>J. Hallen</u> Date: <u>1-9-19</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>
Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>M. Watts</u>	Phone: <u>516-753-1512</u> Plate No.: <u>80808MTH</u>
Signature: <u>M. Watts</u>	Date: <u>1-9-19</u>
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>24WAS</u>
Name: <u>Allacco</u>	Address: <u>540 Kingslone</u>
City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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: _____ <u>Entered by ac</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>Sal Sharo</u>	Phone: _____
Signature: <u>Sal Sharo</u>	Date: <u>1-9-19</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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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>DIRT - CONCRETE</u>			
WASTE QUANTITY:	_____ Tons	12	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Perry Av - Remsen PL</u> # <u>1068</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>Joe A</u> Phone: <u>516-432-8300</u> Transporter Name: <u>PARK</u>				
Receiving Facility Name: <u>DURANTE</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>123st 31 Av</u> City: <u>Flushing</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>X Jf</u> Date: <u>1-9-19</u>				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>H.Watts</u>		Phone: <u>516-753-1512</u> Plate No.: <u>80808MT</u>		
Signature: <u>H.Watts</u>		Date: <u>1-9-19</u>		
RECEIVING FACILITY: To be completed by Receiving site		DEC Permit/Reg. No. (if applicable): <u>41W22</u>		
Name: <u>Durante</u>		Address: _____		
City: _____		State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: <u>Mix, 12</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>L.Durante</u>		Phone: <u>(718)762-2500</u>		
Signature: <u>JZ</u>		Date: <u>1/9/19</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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

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 checked="" type="checkbox"/> Other (specify): <u>Concrete & Asphalt mix</u>		
WASTE QUANTITY:	<u>8</u> Tons	<u>8</u> Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Madison St & Wilson Ave</u> Job # <u>141867</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11221</u>		
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>			
Authorized Representative of Generator: <u>Steve Dillon</u> Phone: <u>516-432-8300</u>			
Transporter Name: <u>Park Trucking</u>			
Receiving Facility Name: <u>Allecco</u> <input checked="" type="checkbox"/> Chosen by Transporter			
Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>1-9-19</u>			
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>	
Transporter Company Name: <u>PARK TRUCKING INC.</u>			
Describe all Discrepancies in type or quantity of waste: _____			
Driver Name (print): <u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u>			
Signature: <u>Gary Weill</u> Date: <u>1-9-19</u>			
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24 WA3</u>			
Name: <u>Allecco</u> Address: <u>540 Kingsland Ave</u>			
City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>Noel Pantano</u> Phone: <u>119/18</u>			
Signature: <u>Noel Pantano</u> Date: <u>7/8-3/9-2018</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)]			



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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>Asphalt mix</u>
WASTE QUANTITY:	<u>7</u> Tons <u>7</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>104 AV - 165 ST</u> <u>F1068</u> City: <u>JAMAICA</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u> Transporter Name: <u>PARK</u> Receiving Facility Name: <u>DURANTE</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>123 ST - 31 AV</u> City: <u>Flushing</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: _____	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: _____ Signature: <u>[Signature]</u> Date: _____	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante Bros</u> Address: <u>3140 123rd St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u> Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>Asphalt mix</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>Syafiq A Correa</u> Phone: <u>718 762 2500</u> Signature: <u>[Signature]</u> Date: <u>1-8-19</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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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>MIXED DIRT - CONCRETE</u>			
WASTE QUANTITY:	<u>5</u> Tons	<u>5</u> Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>56 DR - 61st</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: <u>11378</u>			
GENERATOR: Name:	<u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____			
Address:	<u>4270 Austin Blvd.</u>		City:	<u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>
Authorized Representative of Generator:	<u>JOE A</u> Phone: <u>516-432-8300</u>			
Transporter Name:	<u>PARK</u>			
Receiving Facility Name:	<u>All occo</u> <input type="checkbox"/> Chosen by Transporter			
Address:	<u>540 Kingsland Av</u>		City:	<u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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>X Hallen</u> Date: <u>1-8-19</u>			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>			
Transporter Company Name:	<u>PARK TRUCKING INC.</u>			
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print):	<u>H. Watts</u>		Phone:	<u>516-753-1512</u> Plate No.: <u>80808MT</u>
Signature:	<u>H. Watts</u> Date: <u>1-8-19</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>24WA3</u>			
Name:	<u>All occo</u>		Address:	<u>540 KINGSLAND</u>
City:	<u>BK</u>	State:	<u>NY</u>	Zip: <u>11222</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: _____				
<u>ENTERED BY AIR</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>Kemane</u>		Phone:	<u>718-349-3094</u>
Signature:	<u>Kemane</u> Date: <u>1-8-19</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)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Other (specify): <u>Concrete mix</u>
WASTE QUANTITY:	<u>10</u> Tons <u>10</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>4805 Junk Trn Blvd</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11428</u>
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>Erik Abramowitz</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name:	<u>DURANTE</u> <input type="checkbox"/> Chosen by Transporter
Address:	<u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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:	Date: <u>1/8/19</u>
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Steven Abramowitz</u>	Phone: <u>516-753-1512</u> Plate No.: <u>60812 MK</u>
Signature: <u>St. Abramowitz</u>	Date: <u>1/8/19</u>
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>DURANTE</u> Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</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: <u>Mix, 10</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>L. Durante</u>	Phone: <u>718 762 2500</u>
Signature: <u>L. Durante</u>	Date: <u>1/8/19</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)]	

**Department of Environmental Conservation****Part 360 Series Waste Tracking Document - Construction & Demolition Debris**

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>E 35 st & Ave R</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>David</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking 919</u> Receiving Facility Name: <u>Alloco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</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>1-8-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> <u>919</u> Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Ricardo Castano</u> Phone: <u>516-753-1512</u> Plate No.: <u>69337JU</u> Signature: <u>[Signature]</u> Date: <u>1-8-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Alloco</u> Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</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: _____ <u>Entered by rec facility</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>Noel Pantoya</u> Phone: <u>718-349-3094</u> Signature: <u>[Signature]</u> Date: <u>1/8/19</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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>E 35 A Ave R</u> City: <u>Brooklyn</u> State: _____ Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>Daniel</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking 919</u>				
Receiving Facility Name: <u>Durante</u> <input checked="" type="checkbox"/> Chosen by Transporter				
Address: <u>3140 123 st</u> City: <u>Queens</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>L. Durante</u> Date: <u>1-8-19</u>				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301 Transporter Company Name: <u>PARK TRUCKING INC.</u> 919				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Ricardo Cetano</u> Phone: <u>516-753-1512</u> Plate No.: <u>693375U</u> Signature: <u>Ricardo Cetano</u> Date: <u>1-8-19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: <u>3140 123 st</u> City: <u>Queens</u> State: <u>NY</u> Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>				
<p>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.</p> <p>Print Name: <u>L. Durante</u> Phone: <u>(718) 762-2500</u> Signature: <u>L. Durante</u> Date: <u>1-8-19</u></p>				
<p>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)]</p>				

**Department of
Environmental
Conservation****Part 360 Series Waste Tracking Document - Construction & Demolition Debris**
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Const #14-1871</u> Address: <u>LEFFERTS AVE & ALBANY AVE</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>Hallen Const</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING #311</u>	
Receiving Facility Name: <u>Allococo</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>Kingsland Ave</u> City: <u>Bronx</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>1-8-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: <u>ONE & DIRT</u>	
Driver Name (print): <u>E. Perez</u> Phone: <u>516-753-1512</u> Plate No.: <u>35110ME</u> Signature: <u>[Signature]</u> Date: <u>1-8-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allococo</u> Address: <u>Kingsland Ave</u> City: <u>Bronx</u> State: <u>NY</u> Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: _____	
<u>ENTERED BY ARC</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>Roman</u> Phone: <u>718-349-8094</u> Signature: <u>Roman</u> Date: <u>1-8-19</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)]	