



**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

Nº

1416

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>NJ DEP Residential</u>
WASTE QUANTITY:	<u>43.80</u> Tons <u> </u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd.</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____	
Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>	
Authorized Representative of Generator: <u>Maria Hall</u> <u>Kathleen Green</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>	
Receiving Facility Name: <u>IHT / IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>5-13-19</u>	
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>Glen Goff</u> Phone: _____ Plate No. <u>65344 PC #T12</u>	
Signature: <u>[Signature]</u> Date <u>5-13-19</u>	
TRANSPORTER 2: DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>	
Driver Name (print): <u>Nicholas cagnetti</u> Phone: _____ Plate No. _____	
Signature: <u>[Signature]</u> Date <u>5/13/19</u>	
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____	
Name: _____ Address: _____	
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: <u>Agent for IDA</u> Phone: _____	
Signature: <u>[Signature]</u> Date: <u>5/13/19</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.	
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
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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

Nº

1420

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>NJ DEP Residential</u>
WASTE QUANTITY:	<u>47.91</u> Tons <u> </u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____	
Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>	
Authorized Representative of Generator: <u>Maria Hall Kathleen Green</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder: <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>	
Receiving Facility Name: <u>IMT / IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Kathy O'h</u> Date: <u>5-13-19</u>	
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>Glen Sipola</u> Phone: _____ Plate No. <u>65344PC #T12</u>	
Signature: <u>Glen Sipola</u> Date: <u>5-13-19</u>	
TRANSPORTER 2:	
DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>	
Driver Name (print): <u>Nicholas Cagnoli</u> Phone: _____ Plate No. _____	
Signature: <u>Nicholas Cagnoli</u> Date: <u>5/13/19</u>	
RECEIVING FACILITY:	
Name: <u>Agent for IDA</u> Address: _____	
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: _____ Phone: _____	
Signature: <u>NP</u> Date: <u>5/13/19</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.	
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

Nº

1424

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>NY DEP Residential</u>
WASTE QUANTITY:	<u>40.73</u> Tons <u> </u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd.</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u> Authorized Representative of Generator: <u>Maria Hall Kathleen Green</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u> Receiving Facility Name: <u>IMT / IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>10036</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>Bette Oh</u> Date: <u>5-13-19</u>	
TRANSPORTER 1: <input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757 <input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111 Driver Name (print): <u>Glen Capone</u> Phone: _____ Plate No. <u>65344 PC #T12</u> Signature: <u>Glen Capone</u> Date <u>5-13-19</u>	
TRANSPORTER 2: DEC Permit/Registration No.: <u>NYDEC # 30W39R</u> Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u> Driver Name (print): <u>Nicholas Cagnoli</u> Phone: _____ Plate No. _____ Signature: <u>NC</u> Date <u>5/13/19</u>	
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____ Name: <u>Agent for IDA</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site Print Name: _____ Phone: _____ Signature: <u>NPR</u> Date: <u>5/13/19</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.	
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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both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

Nº

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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>NT DEP Residential</u>
WASTE QUANTITY:	<u>41.91</u> Tons <u></u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>NASSAU Blvd.</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name:	MTA Capital Construction DEC Permit/Reg. No. (if applicable): _____
Address:	2 Broadway, B8.51 City: New York State: NY Zip: 10004
Authorized Representative of Generator:	<u>Maria Hall Kathleen Green</u> Phone: 516-315-2681
Transporter/Contract Holder:	HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040
Receiving Facility Name:	<u>IMT IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter
Address:	<u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>10036</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>Kate Ob</u> Date: <u>5-13-19</u>
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print):	<u>Joni Locascio</u> Phone: _____ Plate No. <u>39827 PC</u> #T14
Signature:	<u>Lori Lom</u> Date <u>5-13-19</u>
TRANSPORTER 2:	
DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County	
Driver Name (print):	<u>Nicholas Cagnetti</u> Phone: _____ Plate No. _____
Signature:	<u>NP</u> Date <u>5/13/19</u>
RECEIVING FACILITY:	
DEC Permit/Reg. No. (if applicable): _____	
Name:	<u>Agent for IDA</u> Address: _____
City:	State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Print Name:	Phone: _____
Signature:	<u>NW</u> Date: <u>5/13/19</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.	
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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
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both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

No

141

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): NJ DEP Residential
WASTE QUANTITY:	43.38 Tons _____ Cubic Yards _____ Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Nassau Blvd. Address: 365 W John Street City: Hicksville - State: NY Zip Code: 11801
GENERATOR: Name:	MTA Capital Construction DEC Permit/Reg. No. (if applicable):
Address:	2 Broadway, B8.51 City: New York State: NY Zip: 10004
Authorized Representative of Generator:	Maria Hall Kathleen Green Phone: 516-315-2681
Transporter/Contract Holder	HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040
Receiving Facility Name:	IMT /IDA Logistics <input type="checkbox"/> Chosen by Transporter
Address:	1 Sheridan Blvd. City: Inwood State: NY Zip: 11696
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:	Kate O Date: 5-13-19
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print):	Anthony Christian Phone: _____ Plate No. 56898 PC #TII
Signature:	Anthony Christian Date 5-13-19
TRANSPORTER 2: DEC Permit/Registration No.: NYDEC # 30W39R	
Transporter Company Name: Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County	
Driver Name (print):	Nicholas Cagnoli Phone: _____ Plate No. _____
Signature:	Nicholas Cagnoli Date 5/13/19
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable):	
Name:	Agent for IDA Address: _____
City:	State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Print Name:	Phone: _____
Signature:	Date: 5/13/19
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.	
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

No.

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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): NJ DEP Residential			
WASTE QUANTITY:	45.82	Tons	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Nassau Blvd Address: 365 W John Street City: Hicksville State: NY Zip Code: 11801			
GENERATOR: Name:	MTA Capital Construction DEC Permit/Reg. No. (if applicable):			
Address:	2 Broadway, B8.51	City:	New York	State: NY Zip: 10004
Authorized Representative of Generator:	Maria Hall Kathleen Green Phone: 516-315-2681			
Transporter/Contract Holder	HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040			
Receiving Facility Name:	IMT / IDA Logistics <input type="checkbox"/> Chosen by Transporter			
Address:	1 Sheridan Blvd.	City:	Inwood	State: NY Zip: 11096
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:	Kathy Oh Date: 5-13-19			
TRANSPORTER 1:				
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040	DEC Permit/ Reg No.: NYDEC 364# 2A-757			
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970	DEC Permit/ Reg No.: NYDEC 364# 1A-1111			
Driver Name (print): Anthony Christopher	Phone:	Plate No. 56898 PC #T17		
Signature: Anthony Christopher	Date 5-13-19			
TRANSPORTER 2:	DEC Permit/Registration No.: NYDEC # 30W39R			
Transporter Company Name:	Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County			
Driver Name (print): Nicholas Cagnoli	Phone:	Plate No. _____		
Signature: Nicholas Cagnoli	Date 5/13/19			
RECEIVING FACILITY:	DEC Permit/Reg. No. (if applicable):			
Name:	Agent for IDA Address:			
City:	State:	Zip:	Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name:	Phone:			
Signature:	Date: 5/13/19			
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.				
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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Nº

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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>NJ DEP Residential</u>	
WASTE QUANTITY:	<u>46.79</u> Tons Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>	
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u> Authorized Representative of Generator: <u>Maria Hall Kathleen Green</u> Phone: <u>516-315-2681</u>		
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u> Receiving Facility Name: <u>IMT / IDA logistics</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>10030</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>Kate Oh</u> Date: <u>5-13-19</u>	
TRANSPORTER 1:		
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757 <input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111		
Driver Name (print):	<u>John Locascio</u> Phone: _____ Plate No. <u>39827 PC #T14</u>	
Signature:	<u>John Locascio</u> Date: <u>5-13-19</u>	
TRANSPORTER 2:		
DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>		
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>		
Driver Name (print):	<u>Nicholas Cagnoli</u> Phone: _____ Plate No. _____	
Signature:	<u>Nicholas Cagnoli</u> Date: <u>5/13/19</u>	
RECEIVING FACILITY:		
Name:	<u>Agent for IDA</u> DEC Permit/Reg. No. (if applicable): _____	
Address:	_____	
City:	State: _____ Zip: _____	Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Print Name:	_____	Phone: _____
Signature:	<u>Michael Raynor</u>	Date: <u>5/13/19</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.		
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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No

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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>NJ DEP Residential</u>
WASTE QUANTITY:	<u>42.49</u> Tons <u> </u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd.</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>	
Authorized Representative of Generator: <u>Maria Hall Kathleen Green</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>	
Receiving Facility Name: <u>IMT / IDA logistics</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Dotti Ob</u> Date: <u>5-13-19</u>	
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>Don Cascio</u> Phone: _____ Plate No. <u>39827 PC #T14</u>	
Signature: <u>Don Cascio</u> Date: <u>5-13-19</u>	
TRANSPORTER 2:	
DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>	
Driver Name (print): <u>Nicholas Cagnoli</u> Phone: _____ Plate No. _____	
Signature: <u>Nicholas Cagnoli</u> Date: <u>5/13/19</u>	
RECEIVING FACILITY:	
DEC Permit/Reg. No. (if applicable): _____	
Name: <u>Agent for IDA</u> Address: _____	
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: _____ Phone: _____	
Signature: <u>Nicholas Cagnoli</u> Date: <u>5/13/19</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.	
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

Nº 1718

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>NJ DEP Residential</u>
WASTE QUANTITY:	<u>43.60</u> Tons <u> </u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd.</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____	
Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>	
Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>	
Receiving Facility Name: <u>IMT / IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>10036</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>Maria R. Hall</u> Date: <u>5-13-19</u>	
TRANSPORTER 1:	
<input type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>Anthony Christian</u> Phone: _____ Plate No. <u>56898 PC #T17</u>	
Signature: <u>Anthony Christian</u> Date: <u>5-13-19</u>	
TRANSPORTER 2: DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>	
Driver Name (print): <u>Anthony Christian</u> Phone: _____ Plate No. _____	
Signature: <u>Anthony Christian</u> Date: _____	
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____	
Name: <u>Nicholas Cagnoli</u> Address: _____	
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: _____ Phone: _____	
Signature: <u>Nicholas Cagnoli</u> Date: <u>5/13/19</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.	
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



15-11 130th Street, College Point, NY 11356
Phone: (718) 358-4040

No 1583 - 3TC

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>MIX FILL/Asphalt</u>
WASTE QUANTITY:	<u>27.54</u> Tons _____ Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: _____ Address: <u>COVERT AVE (SOUTH)</u> City: <u>NEW HYDE PARK</u> State: <u>NY</u> Zip Code: <u>11040</u>
GENERATOR: Name: <u>MTA CC Long Island Rail Road</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u> Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter Name: <u>Highway Safety Protection Corp.</u> Receiving Facility Name: <u>I M T</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 SHERIDAN BLVD</u> City: <u>INWOOD</u> State: <u>NY</u> Zip: <u>11096</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>Maria P. Hall</u>	Date: <u>05/14/19</u>
TRANSPORTER: To be completed by Transporter Transporter Company Name: <u>Highway Safety Protection Corp.</u>	DEC Permit/Registration No.: <u>2A-757</u>
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Robert Compton</u> Signature: <u>Robert Compton</u>	Phone: <u>(718) 358-4040</u> Plate No.: <u>73/68 PC</u> Date: <u>05/14/19</u>
RECEIVING FACILITY: To be completed by Receiving site Name: <u>I M T</u> City: <u>Inwood</u> State: <u>NY</u> Zip: _____	DEC Permit/Reg. No. (if applicable): <u>1 Sheridan Blvd</u> Address: _____ Put [X] for: <input 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>Ed Connolly</u> Signature: <u>Ed Connolly</u>	Phone: _____ Date: <u>5-14-19</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)]	



**Department of
Environmental
Conservation**



15-11 130th Street, College Point, NY 11356
Phone: (718) 358-4040

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

No **1586** - 3TC

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>Mix fill</u>
WASTE QUANTITY:	<u>28.51</u> Tons _____ Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Court Ave (South)</u> Address: <u>New Hyde Park</u> City: <u>NY</u> State: <u>NY</u> Zip Code: <u>11040</u>
GENERATOR: Name: MTA CC Long Island Rail Road DEC Permit/Reg. No. (if applicable): _____	Address: 2 Broadway, B8.51 City: New York State: NY Zip: 10004
Authorized Representative of Generator: Maria Hall Phone: 516-315-2681	Transporter Name: Highway Safety Protection Corp.
Receiving Facility Name: IMT Address: 1 Sheridan Blvd City: Inwood State: NY Zip: 11096	<input type="checkbox"/> Chosen by Transporter
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>Maria P. Hall</u> Date: <u>05/14/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 2A-757	Transporter Company Name: Highway Safety Protection Corp.
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Mike Loccisano</u> Phone: (718) 358-4040 Plate No.: <u>18451MM</u>	Date: <u>05/14/19</u>
Signature: _____	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____	Address: <u>1 Sheridan Blvd</u>
Name: <u>Imt</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</u>	Put [X] for: <input 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>Ed Connally</u> Signature: <u>Ed Connally</u>	Phone: _____ Date: <u>5-14-19</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)]	



**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

Nº

1721

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>NJ. Dept of Residential</u>
WASTE QUANTITY:	<u>23.34</u> Tons <u> </u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>118 to 130</u> Address: <u>124 Bergen St</u> City: <u>Floral Park</u> State: <u>NY</u> Zip Code: <u>11001</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u> Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder: <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u> Receiving Facility Name: <u>Imt IIDA Logistics</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 Sherman Blvd</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>110090</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>Maria P. Hall</u> Date: <u>5/14/19</u>	
TRANSPORTER 1:	
<input type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757 <input checked="" type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>John Shee</u> Phone: _____ Plate No. <u>16606MN</u> Signature: <u> </u> Date <u>14 MAY 15</u>	
TRANSPORTER 2:	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u> Driver Name (print): <u>Ed Connolly</u> Phone: _____ Plate No. _____ Signature: <u>Ed Connolly</u> Date <u>5-14-19</u>	
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: <u>Ed Connolly</u> Agent for IIDA EC Phone: _____ Signature: _____ Date: <u>5-14-19</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.	
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

15-11 130th Street, College Point, NY 11356
Phone: (718) 358-4040

Nº 1585 - 3TC

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>Mix fill</u>		
WASTE QUANTITY:	28.68	Tons	Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>COVERT Ave (South)</u> Address: <u>New Hyde Park</u> State: <u>NY</u> Zip Code: <u>11040</u> City: <u>New Hyde Park</u>		
GENERATOR: Name:	MTA CC Long Island Rail Road DEC Permit/Reg. No. (if applicable): _____		
Address:	2 Broadway, B8.51	City:	New York State: NY Zip: 10004
Authorized Representative of Generator:	Maria Hall		Phone: 516-315-2681
Transporter Name:	Highway Safety Protection Corp. <input type="checkbox"/> Chosen by Transporter		
Receiving Facility Name:	IMT <input type="checkbox"/>		
Address:	1 SHERIDAN BLVD City: INWOOD		State: NY Zip: 11096
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:	Maria P. Hall Date: 05/14/19		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: 2A-757		
Transporter Company Name:	Highway Safety Protection Corp.		
Describe all Discrepancies in type or quantity of waste: <u>Dirt Mix</u>			
Driver Name (print):	Joe Giaimo		Phone: (718) 358-4040 Plate No.: 57084 PC
Signature:	Joe Giaimo Date: 05/14/19		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable):		
Name:	IMT Address: 1 Sheridan Blvd		
City:	Inwood	State: NY	Zip: 11096 Put [X] for: <input 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:	Ed Connolly Phone: _____		
Signature:	Ed Connolly Date: 5-14-19		
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)]			



**Department of
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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



15-11 130th Street, College Point, NY 11356
Phone: (718) 358-4040

No. 1581 - 3TC

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:	28.03 Tons Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: _____ Address: <u>COVERT AVE (SOUTH)</u> City: <u>NEW HYDE PARK</u> State: <u>NY</u> Zip Code: <u>11040</u>
GENERATOR: Name: <u>MTA CC Long Island Rail Road</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u> Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter Name: <u>Highway Safety Protection Corp.</u> Receiving Facility Name: <u>IMT</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 SHERIDAN BLVD</u> City: <u>INWOOD</u> State: <u>NY</u> Zip: <u>11096</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>Maria P. Hall</u> Date: <u>05/14/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>2A-757</u> Transporter Company Name: <u>Highway Safety Protection Corp.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Rob Corso</u> Phone: <u>(718) 358-4040</u> Plate No.: <u>70429 PC</u> Signature: <u>Rob Corso</u> Date: <u>05/14/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>IMT</u> Address: <u>1 Sheridan Blvd</u> City: <u>Inwood</u> State: <u>NY</u> Zip: _____ Put [X] for: <input 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>Ed Connelly</u> Phone: _____ Signature: <u>Ed Connelly</u> Date: <u>5-14-19</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)]	



**Department of
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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

No 1781

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>NT DEP Residential</u>				
	WASTE QUANTITY:	<u>47.84</u>	Tons	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ROW 116+00 to 136+00</u>				
	Address: <u>124 BERGEN ST</u>				
	City: <u>Floral Park</u> State: <u>NY</u> Zip Code: <u>11001</u>				
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____					
Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>					
Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>					
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>					
Receiving Facility Name: <u>IMT / IDA logistics</u> <input type="checkbox"/> Chosen by Transporter					
Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Maria P. Hall</u> Date: <u>5/14/19</u>					
TRANSPORTER 1:					
<input type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757					
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111					
Driver Name (print): <u>Glen Graham</u> Phone: _____ Plate No. <u>65364 PC FR</u>					
Signature: <u>Ed Connolly</u> Date <u>5-10-19 5/14/19</u>					
TRANSPORTER 2: DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>					
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>					
Driver Name (print): <u>Ed Connolly</u> Phone: _____ Plate No. _____					
Signature: <u>Ed Connolly</u> Date <u>5-14-19</u>					
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____					
Name: _____ Address: _____					
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site					
Print Name: <u>Agent for IDA EC</u> Phone: _____					
Signature: _____ Date: <u>5-14-19</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.					
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

No.

1730

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:	48.61 Tons Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: 111 Ho 136 Address: 124 BERGEN City: FLORAL PARK State: NY Zip Code: 11001
GENERATOR: Name: MTA Capital Construction DEC Permit/Reg. No. (if applicable): _____ Address: 2 Broadway, B8.51 City: New York State: NY Zip: 10004 Authorized Representative of Generator: Maria Hall Phone: 516-315-2681	
Transporter/Contract Holder: HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 Receiving Facility Name: Int IDA Logistics <input type="checkbox"/> Chosen by Transporter Address: 1 Sherman Blvd City: Inwood State: NY Zip: 11006	
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: Maria P. Hall Date: 5/14	
TRANSPORTER 1: <input type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757 <input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111 Driver Name (print): Glyn Graham Phone: _____ Plate No. 65433PC Signature: Glyn Graham Date: 5/14/19 T-12	
TRANSPORTER 2: Transporter Company Name: Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County Driver Name (print): Ed Connolly Phone: _____ Plate No. _____ Signature: Ed Connolly Date: 5-14-19	
RECEIVING FACILITY: Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site Print Name: Sent for IDA Fee Phone: _____ Signature: _____ Date: 5-14-19	
<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>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
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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

No.

1724

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:	46.90 Tons _____ Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: 718 136 Address: 124 Bergen AV City: FLORAL PARK State: NY Zip Code: 11001
GENERATOR: Name: MTA Capital Construction DEC Permit/Reg. No. (if applicable): _____ Address: 2 Broadway, B8.51 City: New York State: NY Zip: 10004 Authorized Representative of Generator: Maria Hall Phone: 516-315-2681	
Transporter/Contract Holder: HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 Receiving Facility Name: INT IDA LOGISTICS <input type="checkbox"/> Chosen by Transporter Address: 1 Sheridan Blvd City: Inwood State: NY Zip: 10036	
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: Maria R. Hall Date: 5/14/19	
TRANSPORTER 1: <input type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757 <input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111 Driver Name (print): Greg Capra Phone: _____ Plate No. 65433PC Signature: _____ Date 5/14/19 T-12	
TRANSPORTER 2: Transporter Company Name: Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County Driver Name (print): Ed Connolly Phone: _____ Plate No. _____ Signature: Ed Connolly Date 5-14-19	
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site Print Name: Agent for IDA EC Phone: _____ Signature: _____ Date: 5-14-19	
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. 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
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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

Nº

1720

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>NJ DEP Residential</u>			
	WASTE QUANTITY: <u>46.01</u> Tons _____ Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>			
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Cherry Lane</u> Address: <u>365 W John Street</u>			
	City: <u>Hicksville</u> - State: <u>NY</u> Zip Code: <u>11801</u>			
GENERATOR: Name: <u>MTA Capital Construction</u>		DEC Permit/Reg. No. (if applicable): _____		
Address: <u>2 Broadway, B8.51</u>		City: <u>New York</u>		State: <u>NY</u> Zip: <u>10004</u>
Authorized Representative of Generator: <u>Maria Hall</u>			Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>				
Receiving Facility Name: <u>IMT / IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 Sheridan Blvd</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Maria P. Hall</u>		Date: <u>5-14-19</u>		
TRANSPORTER 1:				
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040		DEC Permit/ Reg No.: NYDEC 364# 2A-757		
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970		DEC Permit/ Reg No.: NYDEC 364# 1A-1111		
Driver Name (print): <u>GEORGE CALAGENA</u>		Phone: _____ Plate No. <u>40134 PC #T10</u>		
Signature: <u>GEORGE CALAGENA</u>		Date <u>5-14-19</u>		
TRANSPORTER 2: DEC Permit/Registration No.: <u>NYDEC # 30W39R</u> Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>				
Driver Name (print): <u>Ed Connolly</u>		Phone: _____ Plate No. _____		
Signature: <u>Ed Connolly</u>		Date <u>5-14-19</u>		
RECEIVING FACILITY:		DEC Permit/Reg. No. (if applicable): _____		
Name: _____		Address: _____		
City: _____		State: _____	Zip: _____	Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Print Name: <u>Agent for TDA EC</u>		Phone: _____		
Signature: <u>Agent for TDA EC</u>		Date: <u>5-14-19</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.				
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
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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

No.

1791

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>NJ DEP Residential</u>
WASTE QUANTITY:	<u>44.31</u> Tons <u> </u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Cherry Lane</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>	
Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>	
Receiving Facility Name: <u>IMT / IDA Logistics</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Maria R. Hall</u> Date: <u>5-14-19</u>	
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP, 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>George Cartagena</u> Phone: _____ Plate No. <u>40134 PC #T10</u>	
Signature: <u>G. Cartagena</u> Date: <u>5-14-19</u>	
TRANSPORTER 2:	
DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>	
Driver Name (print): <u>Ed Connolly</u> Phone: _____ Plate No. _____	
Signature: <u>Ed C. Connolly</u> Date: <u>5-14-19</u>	
RECEIVING FACILITY:	
DEC Permit/Reg. No. (if applicable): _____	
Name: _____ Address: _____	
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: <u>Agent for IDA EC</u> Phone: _____	
Signature: _____ Date: <u>5-14-19</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.	
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

Nº

1731

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>NJ DEP Residential</u>
WASTE QUANTITY:	<u>36.53</u> Tons <u> </u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Nassau Blvd.</u> Address: <u>365 W John Street</u> City: <u>Hicksville</u> State: <u>NY</u> Zip Code: <u>11801</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____	
Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u>	
Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u>	
Receiving Facility Name: <u>IMT / IDA logistics</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>1 Sheridan Blvd.</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Maria P. Hall</u> Date: <u>5-14-19</u>	
TRANSPORTER 1:	
<input checked="" type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757	
<input type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111	
Driver Name (print): <u>GEORGE ALAGENA</u> Phone: _____ Plate No. <u>40134 PC #710</u>	
Signature: <u>Edd Connolly</u> Date: <u>5-14-19</u>	
TRANSPORTER 2:	
DEC Permit/Registration No.: <u>NYDEC # 30W39R</u>	
Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u>	
Driver Name (print): <u>Edd Connolly</u> Phone: _____ Plate No. _____	
Signature: <u>Edd Connolly</u> Date: <u>5-14-19</u>	
RECEIVING FACILITY:	
DEC Permit/Reg. No. (if applicable): _____	
Name: _____ Address: _____	
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Print Name: <u>Agent for IDA EC</u> Phone: _____	
Signature: _____ Date: <u>5-14-19</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.	
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
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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

No.

1657

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>NO DEP Residues</u>
WASTE QUANTITY:	<u>34.63</u> (<u>34.63</u>) Tons Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>118 to 136 Row</u> Address: <u>124 Bergen ST</u> City: <u>Floral Park</u> State: <u>NY</u> Zip Code: <u>11001</u>
GENERATOR: Name: <u>MTA Capital Construction</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>2 Broadway, B8.51</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10004</u> Authorized Representative of Generator: <u>Maria Hall</u> Phone: <u>516-315-2681</u>	
Transporter/Contract Holder: <u>HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040</u> Receiving Facility Name: <u>EMT 11pt Logistics</u> <input type="checkbox"/> Chosen by Transporter Address: <u>1 Sheridan Blvd</u> City: <u>Inwood</u> State: <u>NY</u> Zip: <u>11096</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>Maria R. Hall</u> Date: <u>5-19-19</u>	
TRANSPORTER 1: <input type="checkbox"/> HIGHWAY SAFETY PROTECTION CORP., 15-11 130 St., Flushing, NY 11356 (718) 358-4040 DEC Permit/ Reg No.: NYDEC 364# 2A-757 <input checked="" type="checkbox"/> JOHN MARTINEZ TRUCKING, 112 Florida Street, Farmingdale, NY 11735 (631) 445-0970 DEC Permit/ Reg No.: NYDEC 364# 1A-1111 Driver Name (print): <u>Brian Glasky</u> Phone: <u>(718) 276-2222</u> Plate No. <u>206 TS-TU</u> Signature: <u>Brian Glasky</u> Date: <u>5-19-19</u>	
TRANSPORTER 2: Transporter Company Name: <u>Inwood Materials Terminal, Barge Transportation Facility, 1 Sheridan Blvd., Inwood, NY Nassau County</u> Driver Name (print): <u>Ed Connolly</u> Phone: _____ Plate No. _____ Signature: <u>Ed Connolly</u> Date: <u>5-17-19</u>	
RECEIVING FACILITY: DEC Permit/Reg. No. (if applicable): _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site Print Name: <u>Agent for IDA EC</u> Phone: _____ Signature: _____ Date: <u>5-17-19</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.	
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)]	