



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>ASPHALT & 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</u> <u>JOB #142549</u> Address: <u>86ST & 77 AVE</u> City: <u>QUEENS</u> State: <u>NY</u> 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: DURANTE BROS ☐ Chosen by Transporter

Address: 31-40 123ST City: FLUSHING State: NY Zip: 11354

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

Signature: [Signature] Date: 11/8/19

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): TOM CARBAIN Phone: 516-753-1512 Plate No.: 60778 MK

Signature: [Signature] Date: 11/8/19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22

Name: DURANTE BROS Address: 31-40 123ST

City: FLUSHING State: NY Zip: 11354 Put [X] for: ☒ interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: Mix, 16

I certify, under penalty of law, that the information that I entered 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: 718-762-2500

Signature: [Signature] Date: 11/8/18

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 <u>8</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: _____ Address: <u>888 Lexington Ave & Nostred Ave</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>[Signature]</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>[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: _____ Driver Name (print): <u>Bobby Martinez</u> Phone: <u>516-753-1512</u> Plate No.: <u>CLD110</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>24W A3</u> Name: <u>Allocco 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>1-8-19</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:	_____ 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> <u>Job #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-MG</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>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>entered by me</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 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 #1068</u> City: <u>QUEENS</u> State: <u>NY</u> 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 A Phone: 516-432-8300

Transporter Name: PARK

Receiving Facility Name: DURANTE BROS ☒ Chosen by Transporter

Address: 1235 - 31 AV City: FLUSHING 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: [Signature] Date: 1-17-19

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): H. WATTS Phone: 516-753-1512 Plate No.: 8088MT

Signature: [Signature] Date: 1-7-19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22

Name: Durante Address: _____

City: _____ State: _____ Zip: _____ Put [X] for: ☒ Interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: Mix, 6

I certify, under penalty of law, that the information that I entered 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) 762-2500

Signature: [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.
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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input 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>Davis</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking 919</u> Receiving Facility Name: <u>Albaca</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: _____ 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. 919</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Ricardo Costano</u> Phone: <u>516-753-1512</u> Plate No.: <u>693375V</u> Signature: _____ 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>Albaca</u> Address: <u>305 40 540 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>718-349-3081</u> Signature: _____ 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:	_____ 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: 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: Shawn Grobman Phone: 516-432-8300

Transporter Name: PARK Trucking

Receiving Facility Name: DURANTE ☐ Chosen by Transporter

Address: 3140 123 St City: Flushing State: NY Zip: 11354

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

Signature: [Signature] Date: 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): STEVEN Abramowitz Phone: 516-753-1512 Plate No.: 60812 MK

Signature: [Signature] Date: 1/7/19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22

Name: DURANTE Address: 3140 123 St

City: Flushing State: NY Zip: 11354 Put [X] for: ☒ Interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: Mix, 14

I certify, under penalty of law, that the information ~~contained herein~~ that I entered 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: 718 782 2500

Signature: [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.
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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>ROONEY 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 Colletta</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>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 Colletta</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>55813M</u> Signature: <u>C Wise</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 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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WASTE QUANTITY:	_____ 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: _____ Address: <u>Ave U + Hendrickson St</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>THAM</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>1-7-19</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>Bobby Martinez</u> Phone: <u>516-753-1512</u> Plate No.: <u>CLW50</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>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, 12</u> I certify, under penalty of law, that the information ^{that I entered} 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) 762-2800</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 & 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</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 123ST</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>11/7/19</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 CARRAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: _____ Date: <u>11/7/19</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 123ST</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 2500</u> Signature: _____ Date: <u>11/7/19</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 ST - 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>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>1-5-19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> 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>80808MH</u> Signature: <u>[Signature]</u> Date: <u>1-5-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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>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: _____ <p style="text-align: right;"><u>Entered by rec facility</u></p> <p style="text-align: center;">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>Noel Pantoja</u> Phone: <u>718-349-3097</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:	_____ 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> <u>14-1814</u> City: <u>BROOKLYN</u> State: <u>NY</u> 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: John E. Phone: 516-432-8300

Transporter Name: PARK

Receiving Facility Name: Allocco ☒ 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: [Signature] Date: 1-5-19

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): H. Watts Phone: 516-753-1512 Plate No.: 80808mf

Signature: [Signature] Date: 1-5-19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 24WA3

Name: Allocco Recycling Address: 540 Kingsland Ave

City: BROOKLYN State: NY Zip: 11222 Put [X] for: ☒ interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: _____

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

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

Print Name: Noel Pantoja Phone: 718-349-3094

Signature: [Signature] Date: 1/5/19

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>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 Job # 168551</u>
	Address: <u>82ST 91 AVE</u>
	City: <u>QUEENS</u> State: <u>NY</u> 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: DURANTE BRAS ☐ Chosen by Transporter
Address: 31-40 123 ST City: FLUSHING State: NY Zip: 11354

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.

Describe all Discrepancies in type or quantity of waste: _____

Driver Name (print): TOM CARBAIN Phone: 516-753-1512 Plate No.: 60778 MK
Signature: _____ Date: 1/10/19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41 W22
Name: DURANTE BRAS Address: 31-40 123 ST
City: FLUSHING State: NY Zip: 11354 Put [X] for: ☒ interim processor, or ☐ 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: 718-762-2500
Signature: _____ Date: 1/10/19

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>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 CONSTRUCTION JOB#142551</u> Address: <u>82ST & 91AV</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 BRAS</u> <input type="checkbox"/> Chosen by Transporter Address: <u>31-40 123ST</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>11/10/19</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 CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</u> Signature: _____ Date: <u>11/10/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W 22</u> Name: <u>DURANTE BRAS</u> Address: <u>31-40 123ST</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. <u>that I entered</u> 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: _____ Date: <u>11/10/19</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 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 checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: _____ 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>[Signature]</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>CV8880</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 <u>that I entered</u> 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>	
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 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 Gradlun</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>[Signature]</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>[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</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 <u>that I entered</u> 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> 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>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</u> <u>#1068</u> City: <u>QUEENS</u> State: <u>NY</u> 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 A Phone: 516-432-8300

Transporter Name: PARK
Receiving Facility Name: DURANTE BROS ☒ Chosen by Transporter
Address: 123ST - 31 RD City: FLUSHING State: NY Zip: _____

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

Signature: X [Signature] Date: 1-10-19

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): H. WATTS Phone: 516-753-1512 Plate No.: 80808M4
Signature: [Signature] Date: 1-10-19

RECEIVING FACILITY: *To be completed by Receiving site* DEC Permit/Reg. No. (if applicable): 41W22
Name: Durante Address: _____
City: _____ State: _____ Zip: _____ Put [X] for: ☒ Interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: Mix, 15

I certify, under penalty of law, that the information ~~contained herein~~ that I entered 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) 762-2548
Signature: [Signature] Date: 1/10/19

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 type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ 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>Narrows Ave & 79th St</u> Job # <u>141877</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</u> <u>C. Colabello</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>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</u> <u>C. Colabello</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>Chris Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</u> Signature: <u>Chris 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> I certify, under penalty of law, that the information ^{that I entered} 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>	
<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:	_____ 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>Albino</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: _____ 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 Capatano</u> Phone: <u>516-753-1512</u> Plate No.: <u>693375U</u> Signature: _____ Date: <u>1-10-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24 WBS</u> Name: <u>Albino</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: _____ <p style="text-align: center;">ENTERED BY ARC</p> <p style="text-align: center;">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>Roman</u> Phone: <u>718-349-3084</u> Signature: _____ 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 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:	_____ 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 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>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: _____ 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 Cortano</u> Phone: <u>516-753-1512</u> Plate No.: <u>69337JU</u> Signature: _____ 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 <u>that I entered</u> 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: _____ 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 & 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 JOB #140549</u> Address: <u>86ST & 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 123ST</u> City: <u>FLUSHING</u> State: <u>N.Y.</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>1/9/19</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>TOM CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778PMK</u> Signature: <u>Tom Carbain</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 BROS</u> Address: <u>31-40 123ST</u> City: <u>FLUSHING</u> State: <u>N.Y.</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 <u>that I entered</u> 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: _____ 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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____		
WASTE QUANTITY:	<u>2</u> Tons _____ 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>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>ALLOCCO</u> <input type="checkbox"/> Chosen by Transporter Address: <u>594 SCHOLLES ST</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: _____ Date: <u>11 9 119</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 CABRAN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: _____ Date: <u>11/9/19</u>			
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>ALLOCCO</u> Address: <u>560TT ST</u> <u>594 SCHOLLES ST</u> City: <u>BROOKLYN</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: _____ 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>John Ryan</u> Phone: <u>718 4182190</u> Signature: _____ Date: <u>11 9 119</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 <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: _____ 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>Albacco</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>1-9-19</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>69337JU</u> Signature: <u>[Signature]</u> Date: <u>1-9-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Albacco</u> Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</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: _____ <p style="text-align: right;">ENTERED BY ARC</p> <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>Roman</u> Phone: <u>718-394-3094</u> Signature: <u>[Signature]</u> Date: <u>1-9-19</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 MIX</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>130 AVE + 224 ST</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11928</u>

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: Shawn Gradstein Phone: 516-432-8300

Transporter Name: PARK TRUCKING

Receiving Facility Name: Durante ☐ Chosen by Transporter

Address: 3140 123 ST City: FLUSHING State: NY Zip: 11354

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

Signature: [Signature] Date: 1/9/19

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): STEVEN ABRAMOWITZ Phone: 516-753-1512 Plate No.: 60812 MT

Signature: [Signature] Date: 1/9/19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22

Name: Durante Address: _____

City: _____ State: _____ Zip: _____ Put [X] for: ☒ Interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: MIX, 1/6

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 2500

Signature: [Signature] Date: 1/9/19

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>MIXED</u>
WASTE QUANTITY:	_____ 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>#10608</u> City: <u>Queens</u> State: <u>NY</u> 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 A. Phone: 516-432-8300

Transporter Name: Park

Receiving Facility Name: Allocco ☒ Chosen by Transporter

Address: 540 Kingsland Av City: Brooklyn State: NY Zip: 11222

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

Signature: [Signature] Date: 1-9-19

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): H. Watts Phone: 516-753-1512 Plate No.: 80828mH

Signature: [Signature] Date: 1-9-19

RECEIVING FACILITY: *To be completed by Receiving site* DEC Permit/Reg. No. (if applicable): 24WA3

Name: Allocco Address: 540 Kingsland

City: Brooklyn State: NY Zip: 11222 Put [X] for: ☒ interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: _____

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

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

Print Name: Sal Siano Phone: _____

Signature: [Signature] Date: 1-9-19

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>DIRT - CONCRETE</u>
WASTE QUANTITY:	_____ 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>PERRY AVE - 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</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>123rd 31 AVE</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: _____ <small>I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Signature: <u>[Signature]</u> Date: <u>1-9-19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> 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>8080SMH</u> Signature: <u>[Signature]</u> Date: <u>1-9-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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> <small>I certify, under penalty of law, that the information contained herein <u>that I entered</u> is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: <u>L. Durante</u> Phone: <u>(718) 762-2500</u> Signature: <u>[Signature]</u> Date: <u>1/9/19</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 type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete & Asphalt Mix</u>
WASTE QUANTITY:	_____ 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> <u>Job #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 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>[Signature]</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>[Signature]</u> Phone: <u>1/9/18</u> Signature: <u>Noel Pantoja</u> Date: <u>718-319-3024</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>Asphalt Mix</u>
WASTE QUANTITY:	_____ 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>#1068</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>123ST - 31 RD</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: <i>To be completed by Transporter</i> 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: <i>To be completed by Receiving site</i> 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>Sepafin A Coraes</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 <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>MIXED DIRT - CONCRETE</u>
WASTE QUANTITY:	_____ 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> <u>#1068</u> City: <u>Maspeth</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>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 KINGSLAND RD</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>1-8-19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> 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>80808MH</u> Signature: <u>[Signature]</u> Date: <u>1-8-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allocco</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 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>Kernane</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 type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>concrete mix</u>
WASTE QUANTITY:	_____ 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 JUNCTION BLVD</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11428</u>

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: Ed Murchison Phone: 516-432-8300

Transporter Name: PARK TRUCKING

Receiving Facility Name: DURANTE ☐ Chosen by Transporter

Address: 3140 123 ST City: FLUSHING State: NY Zip: 11354

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

Signature: [Signature] Date: 1/8/19

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): STEVEN ABRAMOWITZ Phone: 516-753-1512 Plate No.: 60812 MK

Signature: [Signature] Date: 1/8/19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41022

Name: DURANTE Address: 3140 123 ST

City: FLUSHING State: NY Zip: 11354 Put [X] for: ☒ interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: Mix, 10

I certify, under penalty of law, that the information ~~contained herein~~ that I entered 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 2500

Signature: [Signature] Date: 1/8/19

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 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>Albacco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingland 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 Costano</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>Albacco</u> Address: <u>540 Kingland 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>1/8/19</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 <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: _____ 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: _____ Date: <u>1-8-19</u>	
TRANSPORTER: To be completed by Transporter Transporter Company Name: <u>PARK TRUCKING INC. 919</u> DEC Permit/Registration No.: <u>1A-301</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Ricardo Cestano</u> Phone: <u>516-753-1512</u> Plate No.: <u>69337JU</u> Signature: _____ 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> I certify, under penalty of law, that the information provided herein <u>that I entered</u> 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: _____ 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 <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>BYN</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>ALLOCCO</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>KINGSLAND AVE</u> City: <u>BYN</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: _____ 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>S PEREIRA</u> Phone: <u>516-753-1512</u> Plate No.: <u>3510ME</u> Signature: _____ 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>ALLOCCO</u> Address: <u>KINGSLAND AVE</u> City: <u>BYN</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: _____ <p style="text-align: right;"><u>ENTERED BY ARC</u></p> <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>Roman</u> Phone: <u>718-349-3094</u> Signature: _____ Date: <u>1-8-19</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>	