

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

49938

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

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 checked="" type="checkbox"/> Other* (specify): <u>CONCRETE</u>
WASTE QUANTITY:	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>CON Edison W. 28TH STREET</u> Address: <u>281 11TH AVENUE</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip Code: <u>10001</u>
GENERATOR: Name: <u>CON Edison</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>281 11TH AVE</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10001</u> Authorized Representative of Generator: <u>R. MARCIC</u> Employee ID: <u>00548</u> Company: <u>CON Edison</u> Phone: <u>907 559 3490</u> Transporter Name: <u>C. FRANCIS CONSTRUCTION CORP.</u> Receiving Facility Name: <u>ALLOCCO RECYCLING</u> Address: <u>540 KINGSLAND AVE</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11222</u> <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>Rafael Munoz</u> Date: <u>6/9/24</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: _____ Transporter Company Name: <u>CFC</u> Describe all Discrepancies in type or quantity of waste: <u>MIX</u>	
Driver Name (print): <u>ROBERT WITTER</u> Phone: <u>201 832 5724</u> Plate No.: <u>81604 min</u> Signature: <u>Robert Witter</u> Date: <u>6/9/24</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 [] final site Describe all Discrepancies in type or quantity of waste: _____ <div style="text-align: right;"><u>ENTERED BY ARE</u></div> <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: _____ Phone: <u>718 349 3094</u> Signature: _____ Date: <u>6/9/24</u>	
The completed tracking document must be returned to the Generator within two weeks of receipt of the waste. <small>* A copy of the completed tracking document must also be provided to DEC within two weeks of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.</small>	

**Part 360 Waste Tracking Document - Construction & Demolition Debris****49938**

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

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 checked="" type="checkbox"/> Other* (specify): <u>CONCRETE</u>
WASTE QUANTITY:	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>CON Edison W. 28TH STREET</u> Address: <u>281 11TH AVENUE</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip Code: <u>10001</u>
GENERATOR: Name: <u>CON Edison</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>281 11TH AVE.</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10001</u> Authorized Representative of Generator: <u>R. MARCIC</u> Employee ID: <u>00548</u> Company: <u>CON Edison</u> Phone: <u>917 559 3490</u> Transporter Name: <u>C. FRANCIS CONSTRUCTION CORP.</u> Receiving Facility Name: <u>ALLOCCO RECYCLING</u> Address: <u>540 KINGSLAND AVE.</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11222</u> <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>Rafael M...</u> Date: <u>6/9/21</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: _____ Transporter Company Name: _____ Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Herbert Wilton</u> Phone: _____ Plate No.: _____ Signature: _____ Date: <u>6/9/21</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): <u>2400043</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: [] interim processor, or [] final site Describe all Discrepancies in type or quantity of waste: <u>ENTERED BY ARL</u> <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: _____ Phone: <u>718 342 3570</u> Signature: _____ Date: <u>6/9/21</u>	

The completed tracking document must be returned to the Generator within two weeks of receipt of the waste.
* A copy of the completed tracking document must also be provided to DEC within two weeks of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.

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

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

49939

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 checked="" type="checkbox"/> Other* (specify): <u>Concrete</u>
WASTE QUANTITY:	_____ Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con Edison W. 28th STREET</u> Address: <u>281 11th AVENUE</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip Code: <u>10001</u>
GENERATOR: Name: <u>Con Edison</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>281 11th Ave</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10001</u> Authorized Representative of Generator: <u>ROBERT MARCIC</u> Employee ID: <u>00548</u> Company: <u>Con Edison</u> Phone: _____ Transporter Name: <u>C. Francis Construction Corp.</u> Receiving Facility Name: <u>Allocco Recycling</u> Address: <u>540 Kingsland Ave</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11222</u> <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>6/9/21</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: _____ Transporter Company Name: <u>CFC</u> Describe all Discrepancies in type or quantity of waste: <u>MIX</u> Driver Name (print): <u>Robert Witter</u> Phone: <u>2018325724</u> Plate No.: <u>81604MM</u> Signature: <u>[Signature]</u> Date: <u>6/9/21</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>BRK</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or [] final site Describe all Discrepancies in type or quantity of waste: _____ <div style="text-align: right;"><u>ENTERED BY ARS</u></div> <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: <u>[Signature]</u> Phone: <u>212 348 3094</u> Signature: <u>[Signature]</u> Date: <u>6/9/21</u>	
The completed tracking document must be returned to the Generator within two weeks of receipt of the waste. <small>* A copy of the completed tracking document must also be provided to DEC within two weeks of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.</small>	

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

49939

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

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 checked="" type="checkbox"/> Other* (specify): <u>Concrete</u>		
WASTE QUANTITY:	<u> </u> Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>		
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con Edison W. 28th STREET</u> Address: <u>281 11th AVENUE</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip Code: <u>10001</u>		
GENERATOR: Name: <u>Con Edison</u> DEC Permit/Reg. No. (if applicable): <u> </u> Address: <u>281 11th AVE.</u> City: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10001</u> Authorized Representative of Generator: <u>ROBERT MARCIC</u> Employee ID: <u>00545</u> Company: <u>Con Edison</u> Phone: <u> </u> Transporter Name: <u>C. FRANCIS CONSTRUCTION CORP.</u> Receiving Facility Name: <u>ALLOCCO RECYCLING</u> Address: <u>540 KINGS LAND AVE</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11222</u> <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>6/9/21</u>			
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u> </u> Transporter Company Name: <u>CFC</u> Describe all Discrepancies in type or quantity of waste: <u> </u> Driver Name (print): <u>ROBERT WITTE</u> Phone: <u>301229734</u> Plate No.: <u>21B04</u> Signature: <u>[Signature]</u> Date: <u>6/9/21</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 KINGS LAND</u> City: <u>BR</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: [] interim processor, or [] final site Describe all Discrepancies in type or quantity of waste: <u> </u> <u>ENTERED BY ARC</u> <small>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</small> Print Name: <u>[Signature]</u> Phone: <u>718 348 3090</u> Signature: <u>[Signature]</u> Date: <u>6/9/21</u>			

The completed tracking document must be returned to the Generator within two weeks of receipt of the waste.
* A copy of the completed tracking document must also be provided to DEC within two weeks of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.



**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>Broken Concrete</u>
WASTE QUANTITY:	<u>2</u> Tons <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con Edison West 28th Street Service Center</u> Address: <u>281 11th Avenue</u> City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10001</u>

GENERATOR: Name: Onsite Construction Enterprises, Inc. DEC Permit/Reg. No. (if applicable): _____

Address: 32-09 10th Street City: Astoria State: NY Zip: 11106

Authorized Representative of Generator: George Hamilton Phone: 631-872-6493

Transporter Name: C Francis Construction Corp

Receiving Facility Name: Allocco Recycling ☐ Chosen by Transporter

Address: 540 Kingsland Avenue 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: 6-9-21

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

Transporter Company Name: CFC

Describe all Discrepancies in type or quantity of waste: _____

Driver Name (print): Robert Witter Phone: _____ Plate No.: 81604 mm

Signature: [Signature] Date: 6/9/21

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

Name: Allocco Address: 540 Kingsland

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

Describe all Discrepancies in type or quantity of waste: _____

ENTERED BY ARC

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

Print Name: [Signature] Phone: 718-348-3084

Signature: [Signature] Date: 6/9/21

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