



**Department of
Environmental
Conservation**

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input checked="" type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>30</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ALL STATE 12</u> Address: <u>45-35 162 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
GENERATOR: Name: <u>ALLSTATE 12</u>	DEC Permit/Reg. No. (if applicable): _____
Address: <u>37-17 11 ST</u>	City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u>
Authorized Representative of Generator: <u>Rosalio Rojo</u>	Phone: <u>718 651 8800</u>
Transporter Name: <u>ALLSTATE 12</u>	DEC Permit/Reg. No. (if applicable): _____
Receiving Facility Name: <u>Watral Brothers</u>	DEC Permit/Reg. No. (if applicable): _____
Address: <u>45S 4 ST</u>	City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u>
<p>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.</p>	
Signature: <u>Jonica Bravo</u>	Date: <u>02/26/19</u>
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>ZA-836</u>
Transporter Company Name: <u>ALLSTATE 12</u>	DEC Permit/Registration No.: <u>ZA-836</u>
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM REGALADO</u>	Phone: <u>6462965043</u> Plate No.: <u>17161TC</u>
Signature: _____	Date: _____
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____
Name: <u>Watral Brothers</u>	Address: <u>45 South 4th St.</u>
City: <u>Bay Shore</u>	State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: _____	
<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>Paul Beck</u>	Phone: <u>631-586-8300</u>
Signature: <u>Paul Beck</u>	Date: <u>2/26/19</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. For wastes that are generated in the City of New York, a copy of the completed tracking document <u>for all waste types except Residue</u> must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	



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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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input checked="" type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>30</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162 St</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
GENERATOR: Name: <u>ALLSTATE 12</u> DEC Permit/Reg. No. (if applicable): <u>ZA-836</u> Address: <u>37-17 111 St</u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u> Authorized Representative of Generator: <u>Rosalia Rojo</u> Phone: <u>718 681 8800</u> Transporter Name: <u>ALLSTATE 12</u> Receiving Facility Name: <u>WATDAL BROTHERS.</u> Address: <u>455 4 St</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u>	
<p>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.</p> <p>Signature: <u>Sonia Brando</u> Date: <u>02/27/19</u></p> <p>TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>ZA-836</u> Transporter Company Name: <u>ALLSTATE 12</u></p> <p>Describe all Discrepancies in type or quantity of waste: _____</p> <p>Driver Name (print): <u>WILLIAM REGALADO</u> Phone: <u>6462963093</u> Plate No.: <u>171617C</u> Signature: <u>(Signature)</u> Date: <u>02/27/19</u></p> <p>RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>WATDAL BROTHERS</u> Address: <u>455 4 St</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: _____</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> <p>Print Name: <u>Paul Beck</u> Phone: <u>631 386-8300</u> Signature: <u>Paul Beck</u> Date: <u>02/27/19</u></p> <p>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. For wastes that are generated in the City of New York, a copy of the completed tracking document for all waste types except Residue must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	



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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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input checked="" type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>30</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162 St.</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
GENERATOR: Name: <u>ALLSTATE 12</u> DEC Permit/Reg. No. (if applicable): <u>ZA-836</u> Address: <u>37-17 111 St</u> City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u> Authorized Representative of Generator: <u>Rosalie Loja</u> Phone: <u>718 6518800</u>	
Transporter Name: <u>ALLSTATE 12</u> Receiving Facility Name: <u>WATKIN Brothers</u> Address: <u>455 457</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u>	
<p>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.</p> <p>Signature: <u>Sonia Bravo</u> Date: <u>02/26/19</u></p>	
TRANSPORTER: To be completed by Transporter Transporter Company Name: <u>ALLSTATE 12</u>	DEC Permit/Registration No.: <u>ZA-836</u>
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM REGALADO</u> Signature: <u>(initials)</u>	Phone: <u>6162161841</u> Plate No.: <u>171617C</u> Date: <u>02/26/19</u>
<p>RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable):</p> <p>Name: <u>WATKIN Brothers Inc.</u> Address: <u>45 South 49th St.</u> City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u> Put [X] for <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site</p> <p>Describe all Discrepancies in type or quantity of waste: _____</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> <p>Print Name: <u>Paul Beck</u> Phone: <u>631-586-8300</u> Signature: <u>Paul Beck</u> Date: <u>2/26/19</u></p>	
<p>The completed tracking document for all waste types must be returned to the Generator <u>within two weeks of receipt of the waste</u>. For wastes that are generated in the City of New York, a copy of the completed tracking document <u>for all waste types except Residue</u> must also be provided to NYS DEC <u>within 15 days of waste delivery to the receiving facility</u>. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>CLEAN FILL</u>
WASTE QUANTITY:	_____ Tons <u>30</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162 St</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
GENERATOR: Name: <u>ALLSTATE 12</u>	DEC Permit/Reg. No. (if applicable): <u>ZA-836</u>
Address: <u>37-17 111 St</u>	City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u>
Authorized Representative of Generator: <u>Rosalio Rojo</u>	Phone: <u>718-651 8800</u>
Transporter Name: <u>ALLSTATE 12</u>	
Receiving Facility Name: <u>Watral Brothers</u>	
Address: <u>455 4 St</u>	City: <u>Bay Shore</u> State: <u>NY</u> Zip: <u>11706</u>
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>Sonia Bravo</u>	Date: <u>02/27/19</u>
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>ZA-836</u>
Transporter Company Name: <u>ALLSTATE 12</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM REGALADO</u>	Phone: <u>6462965093</u> Plate No.: <u>17161TC</u>
Signature: <u>[initials]</u>	Date: <u>02/27/19</u>
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____	
Name: <u>Watral Brothers</u>	Address: <u>455 4 St</u>
City: <u>Bay Shore</u>	State: <u>NY</u> Zip: <u>11706</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: _____	
<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>Paul Beck</u>	Phone: <u>631 586-8300</u>
Signature: <u>Paul Beck</u>	Date: <u>02/27/19</u>
<p>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. For wastes that are generated in the City of New York, a copy of the completed tracking document for all waste types except Residue must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	


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WASTE QUANTITY:	_____ Tons <u>30</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>ALLSTATE 12</u> Address: <u>45-35 162 St.</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip Code: <u>11358</u>
GENERATOR: Name: <u>ALLSTATE 12</u>	DEC Permit/Reg. No. (if applicable): <u>ZA-836</u>
Address: <u>37-17 111 St</u>	City: <u>CORONA</u> State: <u>NY</u> Zip: <u>11368</u>
Authorized Representative of Generator: <u>Rosario Rojo</u>	Phone: <u>718 651 8800</u>
Transporter Name: <u>ALLSTATE 12</u>	
Receiving Facility Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
<p>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.</p>	
Signature: <u>Sonia Brown</u>	Date: _____
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>ZA-836</u>
Transporter Company Name: <u>ALLSTATE 12</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>WILLIAM REGALADO</u>	Phone: <u>6462965093</u> Plate No.: <u>171617C</u>
Signature: _____	Date: _____
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____
Name: <u>NATRAI Brothers Inc.</u>	Address: <u>45 South. 4th St.</u>
City: <u>Bayshore</u> State: <u>NY</u> Zip: <u>11706</u>	Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: _____	
<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>Paul Beck</u>	Phone: <u>631-586-8300</u>
Signature: <u>Paul Beck</u>	Date: <u>2/26/19</u>
<p>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. For wastes that are generated in the City of New York, a copy of the completed tracking document for all waste types except Residue must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	