



**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

RECEIVED
NYS DEC

DIVISION OF
MATERIALS MANAGEMENT

MAR 21 2019

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 - CONCRETE</u>			
WASTE QUANTITY:	<u>14</u> Tons	<u>14</u> Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>101 AV - 125 ST</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: 123 ST - 31 AV 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: [Signature] Date: 3-14-19

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): J. WATTS Phone: 516-753-1512 Plate No.: 86805MT

Signature: [Signature] Date: 3-14-19

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, 14

that I entered

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: 3/14/19

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)]



Department of
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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 type="checkbox"/> Other (specify): <u>MIXED</u>			
WASTE QUANTITY:	_____ Tons	<u>10</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 OR - 64 ST</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: Allenco 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: X John Date: 3-11-19

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.: 80808MIF

Signature: H. Watts Date: 3-11-19

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

Name: Allenco 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: _____

Printed 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: Ramone Phone: 718-349-3094

Signature: Ramone Date: 3/11/19

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): Asphalt mix			
WASTE QUANTITY:	_____ Tons	5	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: HALEN Address: FRANCIS LEWIS Blvd - 94 AV #1068 City: QUEENS State: NY Zip Code: _____			

GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____

Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558

Authorized Representative of Generator: JOE A. Phone: 516-432-8300

Transporter Name: PARK

Receiving Facility Name: DURANTE Chosen by Transporter

Address: 123 ST - 31 AV 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 Date: 3-13-19

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.: 80808MT

Signature: H. WATTS Date: 3-13-19

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, 5 yds
that I am

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: J.D. Phone: _____

Signature: J.D. Date: 3/15/19

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 DIRT & ASPHALT - CONCRETE</u>			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>GATES AV - 64 ST</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>STEVE Dillon</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK</u>				
Receiving Facility Name: <u>Durante Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter				
Address: <u>123 ST - 31 AV</u> City: <u>Flushing</u> State: <u>NY</u> Zip: _____				
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature: <u>J.D.</u> Date: <u>3-9-19</u>				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>H. Wolfe</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808MTH</u>				
Signature: <u>J.D.</u> Date: <u>3-9-19</u>				
RECEIVING FACILITY: To be completed by Receiving site		DEC Permit/Reg. No. (if applicable): <u>41W22</u>		
Name: <u>Durante</u> Address: _____				
City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16 yds</u> <u>that is extra</u>				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>J.D.</u> Phone: _____				
Signature: <u>J.D.</u> Date: <u>3/9/19</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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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 - CONCRETE</u>		
WASTE QUANTITY:	_____ Tons	12 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>GATES AV - 64 ST</u> City: <u>QUEENS</u> State: <u>NY</u> Zip Code: <u>14-2558</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: STEVE DILLON Phone: 516-432-8300

Transporter Name: PARK

Receiving Facility Name: DURANTE Chosen by Transporter

Address: 123ST - 31 AV 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: SJ Date: 3-9-19

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.: 8080SMF

Signature: THOMAS Date: 3-9-19

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, 12yd³
at T enter

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: JD Phone: _____

Signature: JD Date: 3/9/19

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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[ref: 6 NYCRR 364-5.1(b)(5)]



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WASTE QUANTITY:	_____ Tons	16	Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>1995+ & 112 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11423</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: Tamara 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: K Date: 3/13/19

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): Steve Abramowitz Phone: 516-753-1512 Plate No.: 60812 MK

Signature: St Abramowitz Date: 3/13/19

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, 16yds
that I enter

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: SD Phone: 718 762 2500

Signature: J Date: 3/13/19

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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[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>ASPHALT / dirt</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>1995+ 112 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11423</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>Tan Du</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>3/14/19</u>				
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>				
Transporter Company Name:	<u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print):	<u>Steven Abramowitz</u>		Phone:	<u>516-753-1512</u>	Plate No.: <u>G0812MK</u>
Signature:	<u>[Signature]</u> Date: <u>3/14/19</u>				
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>41622</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>Miss 16</u>					
<p>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</p>					
Print Name:	<u>L. Durante</u>		Phone:	<u>718 761 2500</u>	
Signature:	<u>[Signature]</u> Date: <u>3/14/19</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.					
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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>Dirt concrete</u>			
WASTE QUANTITY:	_____ Tons	_____ 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>199 5th 112 AVE</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11423</u>			
GENERATOR: Name:	The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____			
Address:	4270 Austin Blvd.		City:	Island Park
Address:	340 123 St		City:	Flushing
Authorized Representative of Generator:	<u>Deochand Tanda</u> Phone: 516-432-8300			
Transporter Name:	<u>PARKTRUCKING</u>			
Receiving Facility Name:	<u>DURANTE</u> <input type="checkbox"/> Chosen by Transporter			
Address:	340 123 St		City:	Flushing
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature:	<u>J. Dangler</u> Date: <u>3/15/19</u>			
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):	<u>Steven Abramowitz</u>		Phone:	516-753-1512
Signature:	<u>St. Abr</u>		Plate No.:	<u>60812 MK</u>
Date:	<u>3/15/19</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>41W22</u>			
Name:	<u>DURANTE</u>		Address:	<u>340 123 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 yds</u>				
<u>that I enter</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>JD</u>		Phone:	_____
Signature:	<u>/</u>		Date:	<u>3/15/19</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	16	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>199 St + 112 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11423</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: Dochard Tandy Phone: 516-432-8300

Transporter Name: PARK TRUCKING

Receiving Facility Name: Durante 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: D. Tandy Date: 3/14/19

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.: G0812MK

Signature: St. Abr Date: 3/14/19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41622

Name: Durante 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, 16

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: L.D. Date: 3/17/19

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)]



**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>concrete/Dirt</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>199 St + 112 Ave</u> City: <u>Queens</u> State: <u>N.Y</u> Zip Code: <u>11423</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>Deochand Tode</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>D. Durante</u> Date: <u>3/15/15</u>			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>			
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Steven Abramowitz</u>	Phone: <u>516-753-1512</u> Plate No.: <u>60842 MK</u>			
Signature: <u>St. Durante</u>	Date: <u>3/15/19</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>41W22</u>			
Name: <u>DurANTE</u>	Address: <u>3140 123 St</u>			
City: <u>Flushing</u>	State: <u>NY</u>	Zip: <u>11354</u>	Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>L. Durante</u>	Phone: <u>718 762 2500</u>			
Signature: <u>L.D.</u>	Date: <u>3/15/19</u>			
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				

Department of
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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>Concrete / DIRT</u>			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>199 St & 112 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11</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:	<u>TANU</u>		Phone: 516-432-8300	
Transporter Name:	<u>PARK TRUCKING</u>			
Receiving Facility Name:	<u>DURANTE</u>		<input type="checkbox"/> Chosen by Transporter	
Address:	3140 123rd	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:	<u>[Signature]</u>		Date:	3/11/19
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):	<u>Steven Abramowitz</u>		Phone:	516-753-1512 Plate No.: G0812 MK
Signature:	<u>[Signature]</u>		Date:	3/11/19
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>41W22</u>			
Name:	<u>DURANTE</u>		Address:	3140 123rd
City:	Flushing	State:	NY	Zip: 11354 Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>				
<p>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</p>				
Print Name:	<u>L. Durante</u>		Phone:	718 762 2500
Signature:	<u>[Signature]</u>		Date:	3/11/19
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	_____ 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>199 St & 112 Ave</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11423</u>			
GENERATOR: Name:	The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____			
Address:	4270 Austin Blvd.		City:	Island Park
Authorized Representative of Generator:	<u>Fan Du</u>		Phone: 516-432-8300	
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:	Flushing
Address:	3140 123 St		City:	Flushing
Address:	3140 123 St		City:	Flushing
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>ES</u>		Date:	<u>3/12/19</u>
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):	<u>Steven Abramowitz</u>		Phone:	516-753-1512
Signature:	<u>St Abram</u>		Plate No.:	<u>60812 MK</u>
Date:	<u>3/12/19</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 yds</u> <u>that I enter</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>JD</u>		Phone:	<u>718 762 2500</u>
Signature:	<u>K</u>		Date:	<u>3/12/19</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>AS A FAIT</u>			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>E24 St + Glennwood Rd</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11222</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:				Phone: 516-432-8300
Transporter Name:	<u>PARK Trucking</u>			
Receiving Facility Name:	<u>DURANTE</u> <input type="checkbox"/> 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:	<u>John J. Durante</u> Date: 3/9/19			
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):	Steve Abramowitz	Phone:	516-753-1512	Plate No.: G08 12 MK
Signature:	<u>St. Steve</u> Date: 3/9/19			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): 4WU22			
Name:	DURANTE	Address:	3140 123 St	
City:	Flushing	State:	NY	Zip: 11354 Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: Mix, 16 yds that I enter				
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>JD</u>		Phone:	718 762 2500
Signature:	<u>J. Durante</u> Date: 3/9/19			
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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>MIX</u>			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Const</u> Address: <u>219 St & 115th 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>Jose Soto</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking</u>				
Receiving Facility Name: _____ <input checked="" type="checkbox"/> Chosen by Transporter				
Address: _____ City: _____ State: _____ Zip: _____				
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature: <u>Jose Soto</u> Date: <u>3/13/19</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>None</u>				
Driver Name (print): <u>Rich Kizane</u> Phone: <u>516-753-1512</u> Plate No.: <u>33888-A</u> Signature: _____ Date: <u>3/13/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____				
Name: _____ Address: _____				
City: _____ State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
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>Alfredo J. Soto</u> Phone: _____ Signature: <u>Alfredo J. Soto</u> Date: <u>3/13/19</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): <u>MIX</u>				
WASTE QUANTITY:	_____ Tons <u>16</u>		Cubic Yards <u></u>	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Const</u> Address: <u>219 St & 115 St</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u></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:	<u>Jose Sorto</u>		Phone: 516-432-8300		
Transporter Name:	<u>Park Trucking</u>				
Receiving Facility Name:	<u>Allco</u>		<input checked="" type="checkbox"/> Chosen by Transporter		
Address:	<u>Brooklyn</u>		City:	<u>Brooklyn</u>	State: <u>NY</u> Zip: <u></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>Jose Sorto</u>				
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: <u>Nope</u>					
Driver Name (print):	<u>Mark Kinnon</u>		Phone:	516-753-1512	Plate No. <u>33855-DW</u>
Signature:	<u>Mark Kinnon</u>				
Date:	<u>3/14/19</u>				
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>24WTAJ</u>				
Name:	<u>Allco</u>		Address:	<u>540 Kingsland Ave</u>	
City:	<u>Brooklyn</u>	State: <u>NY</u>	Zip: <u>11202</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>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>Sgt. Skand</u>				
Signature:	<u>Sgt. Skand</u>				
Phone:					
Date:	<u>3/13/19</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): <u>Mix</u>			
WASTE QUANTITY:	<u>16</u> 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</u> Address: <u>2195+2 115th 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>Jake Sarto</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking</u>				
Receiving Facility Name: <u>Stone Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter				
Address: <u>Day Blvd</u> City: <u>Carmel</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>Jake Sarto</u> Date: <u>3/14/15</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>Note</u>				
Driver Name (print): <u>Mc 4 Kingue</u> Phone: <u>516-753-1512</u> Plate No. <u>33588-PW</u> Signature: <u>RK</u> Date: <u>3/14/15</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): Name: <u>Stone Creek</u> Address: <u>Day Blvd</u> City: <u>Carmel</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>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>Alexis Soto</u> Phone: _____ Signature: <u>Alexis Soto</u> Date: <u>3/14/15</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. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>				

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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Mix</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 Const</u> Address: <u>219 St & 115th ae</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 Sarto</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Stay Crk</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: _____ City: _____ State: _____ Zip: _____	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>John Sarto</u> Date: <u>3/15/15</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>None</u>	
Driver Name (print): <u>John Kincse</u>	Phone: <u>516-753-1512</u> Plate No.: <u>32858-DW</u>
Signature: <u>John Kincse</u>	Date: <u>3/15/15</u>
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____	
Name: <u>Stay Crk</u>	Address: _____
City: _____	State: _____ Zip: _____ Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>John Sarto</u>	Phone: _____
Signature: <u>John Sarto</u>	Date: <u>3/15/15</u>
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	

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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>MIX</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 Const</u> Address: <u>145th Ave & 219 St</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>Jose Soto</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Star Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>Daly Blvd</u> City: <u>Alexandria</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>Jose Soto</u> Date: <u>3/11/19</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>None</u>				
Driver Name (print): <u>Bright Kinsme</u>		Phone: <u>516-753-1512</u> Plate No.: <u>3388-DW</u>		
Signature: <u>[Signature]</u> Date: <u>3/11/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____				
Name: <u>Star Creek</u>		Address: <u>Daly Blvd</u>		
City: <u>Alexandria</u> State: <u>NY</u> Zip: _____		Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: _____				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>Heidi A. Soto</u>		Phone: <u>314-411-1113</u>		
Signature: <u>[Signature]</u>		Date: <u>3/11/19</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): <u>MIX</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 Const</u> Address: <u>Rockaway Blvd 11558</u> City: <u>Queens</u> State: <u>NY</u> Zip Code: <u>11558</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:	<u>Mike Reister</u> Phone: 516-432-8300			
Transporter Name:	<u>Park Trucking</u>			
Receiving Facility Name:	<u>Dumonts Dr Bld</u> <input type="checkbox"/> Chosen by Transporter			
Address:	123 St City: Queens State: NY Zip: 11558			
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>Melvin Pusse</u> Date: <u>3/12/19</u>			
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: <u>None</u>				
Driver Name (print):	<u>Phil Kinane</u> Phone: 516-753-1512 Plate No.: <u>33898 DR</u>			
Signature:	<u>Phil Kinane</u> Date: <u>3/12/19</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>41W22</u>			
Name:	<u>Deutsche Bros</u> Address: <u>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>B/C, 16yd, but I enter</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>JD</u> Phone: _____			
Signature:	<u>JD</u> Date: <u>3/12/19</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): <i>MW</i>			
WASTE QUANTITY:	Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <i>Hallen Const</i> Address: <i>115th + 219 st</i> City: <i>Queens</i> State: <i>NY</i> 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>Jose Soto</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking Corp</u>				
Receiving Facility Name: <u>Dowling Bros</u> <input type="checkbox"/> Chosen by Transporter				
Address: <u>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: _____ Date: <u>3/12/15</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>None</u>				
Driver Name (print): <u>John Knoe</u> Phone: <u>516-753-1512</u> Plate No. <u>33ESF-22</u> Signature: <u>JK</u> Date: <u>3/12/15</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>HW22</u> Name: <u>Dowling Bros</u> Address: <u>123 st</u> City: <u>Flushing</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: <u>B/C, 16 yds</u> <u>that I enter</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>JD</u> Phone: _____ Signature: <u>JD</u> Date: <u>3/12/15</u>				
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



**Department of
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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>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>Bergen Ave Bet Ave T & Ave U</u> Date: <u>July 14 1912</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 Michael Podhaskie</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allenco Recycling</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kings</u> City: _____ State: _____ Zip: _____	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>[Signature]</u> Date: <u>4.8.19</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>Gibbs Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813MC</u> Signature: <u>[Signature]</u> Date: <u>4.8.19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24 WA 3</u> Name: <u>Allenco</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: _____	
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>Romanus</u> Phone: <u>212 349-3091</u> Signature: <u>[Signature]</u> Date: <u>3/8/19</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>	



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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	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Hallen Address: 4270 Austin Blvd & Haspel St & 52nd Ave City: Queens State: NY Zip Code: _____			
GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____ Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558				
Authorized Representative of Generator: X JAMES QUINN Phone: 516-432-8300				
Transporter Name: PARK TRUCKING				
Receiving Facility Name: Durante Bros <input checked="" type="checkbox"/> 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: X Date: 3-14-19				
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): Chris Wise Phone: 516-753-1512 Plate No.: 55813ML Signature: X Date: 3-14-19				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22 Name: Durante Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: Mix, 16 that I entered				
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: X Date: 3/14/19				
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)]				



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

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

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>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>Bergen Ave BT Austin & Ave U</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 MICHAEL PODHASKIE</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>DURANTE Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>31-40 123 St</u> City: <u>FUshing</u> State: <u>NY</u> Zip: <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>John D. Durante</u> Date: <u>4-8-19</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>Chris Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</u>	
Signature: <u>Chris Wise</u> Date: <u>4-8-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u>	
Name: <u>Durante</u> Address: _____	
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.D.</u> Date: <u>3/8/19</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>ASPHALT, CONCRETE & DIRT</u>			
WASTE QUANTITY:	_____ Tons	15	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>141024</u> Address: <u>106 ST & 86 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>Chris Ceeta</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u>				
Receiving Facility Name: <u>DURANTE Bros</u> <input type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>				
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature: <u>[Signature]</u> Date: _____				
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 CARRETTI</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: <u>[Signature]</u> Date: <u>3/15/19</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: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: <u>Mix, 15</u>				
<p>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</p> <p>Print Name: <u>L.J. Durante</u> Phone: <u>718 762 2500</u> Signature: <u>[Signature]</u> Date: <u>3/15/19</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. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>				



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

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

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 + DIRT</u>		
WASTE QUANTITY:	Tons	16	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction Job # 141024</u> Address: <u>106 ST & 86 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>Chris CERTA</u> Phone: <u>516-432-8300</u>			
Transporter Name: <u>PARK TRUCKING</u>			
Receiving Facility Name: <u>DURANTE Bros</u> <input type="checkbox"/> Chosen by Transporter			
Address: <u>31-40 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>			
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Signature: <u>Tom Garbin</u> Date: _____			
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: 1A-301	
Transporter Company Name: <u>PARK TRUCKING INC.</u>			
Describe all Discrepancies in type or quantity of waste: _____			
Driver Name (print): <u>Tom Garbin</u>		Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>	
Signature: <u>Tom Garbin</u>		Date: <u>3/15/19</u>	
RECEIVING FACILITY: To be completed by Receiving site		DEC Permit/Reg. No. (if applicable): <u>41622</u>	
Name: <u>Hallen Construction</u> Address: <u>31-40 123 St</u>		Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>			
Describe all Discrepancies in type or quantity of waste: _____			
<u>Not in order</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>SD</u>		Phone: <u>718 762 2500</u>	
Signature: <u>SD</u>		Date: <u>3/15/19</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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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>CONCRETE, ASPHALT & DIRT</u>			
WASTE QUANTITY:	_____ Tons	14	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction</u> Job # <u>142576</u> Address: <u>Williamson & 193 St</u> City: <u>Queens</u> State: <u>N.Y.</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: Chris Ceeta Phone: 516-432-8300

Transporter Name: PARK TRUCKING

Receiving Facility Name: DURANTE Bros Chosen by Transporter

Address: 31-40 123 St City: Flushing State: N.Y. 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: 3/13/19

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.: 60778MK

Signature: [Signature] Date: 3/13/19

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

Name: DURANTE Bros Address: 31-40 123 St

City: Flushing State: N.Y. Zip: 11354 Put [X] for: interim processor, or final site

Describe all Discrepancies in type or quantity of waste: Mix, 14 yds
that = enter

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: JD Phone: 718 782 2800

Signature: [Signature] Date: 3/13/19

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)]



**Department of
Environmental
Conservation**

Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

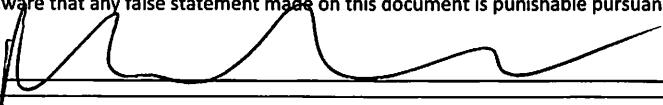
TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>DIRT & ROCKS</u>
WASTE QUANTITY:	Tons <u>12</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION JOB # 141024</u> Address: <u>106 ST & 86 ST & PARK LANE SOUTH</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>MIKE PRESCOTT</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>DURANTE Bros</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>31-40 123 ST</u> City: <u>FLUSHING</u> State: <u>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: <u>[Signature]</u> Date: <u>3/14/19</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>60778MK</u>	
Signature: <u>[Signature]</u> Date: _____	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41 W 22</u>	
Name: <u>DURANTE Bros</u> Address: <u>31-40 123 ST</u>	
City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>Mix, 12</u>	
<i>not Entered</i>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>L. Durante</u> Phone: <u>718 762 2500</u>	
Signature: <u>[Signature]</u> Date: <u>3/14/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks of receipt of the waste</u> . Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document <u>must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility</u> . [ref: 6 NYCRR 364-5.1(b)(5)]	



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Environmental
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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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 #141024</u> Address: <u>106st & 86st & Park Lane South</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>Mike Prescott</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>3/14/19</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>Thomas CARBON</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature:  Date: _____				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>416122</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>				
<p>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</p> <p>Print Name: <u>L. Durante</u> Phone: <u>718 762 2500</u> Signature:  Date: <u>3/14/19</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. 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, DIRT, & ASPHALT</u>			
WASTE QUANTITY:	Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction</u> Job # <u>142576</u> Address: <u>Williamson at 193ST</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>Chris Ceeta</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u> Receiving Facility Name: <u>A Closer</u> <input 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>Tom Carbain</u> Date: <u>3/12/19</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>60778MK</u> Signature: <u>Tom Carbain</u> Date: <u>3/12/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24 W A 3</u> Name: <u>A Closer</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 Stagno</u> Phone: <u>718 349 3094</u> Signature: <u>Sal Stagno</u> Date: <u>3/12/19</u>				
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



Department of
Environmental
Conservation

Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>ASPHALT DIRT</u>			
WASTE QUANTITY:	Tons	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION JOB# 142576</u> Address: <u>Williamson & 193st</u> City: <u>QUEENS</u> State: <u>N.Y.</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:	<u>CHRIS CECITA</u> Phone: 516-432-8300			
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:	<u>CM</u> <u>CH</u> Date: <u>3/11/19</u>			
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):	<u>Tom CARBAIN</u>	Phone:	516-753-1512	Plate No.: <u>60778MK</u>
Signature:	<u>DR</u> Date: <u>3/11/19</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:	_____	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>				
<u>I certify, under penalty of law, that the information contained herein is true and accurate.</u> <u>I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</u>				
Print Name:	<u>L. Durante</u> Phone: <u>718 762 2500</u>			
Signature:	<u>L.D.</u> Date: <u>3/11/19</u>			
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				

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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete mix Asphalt mix</u>
WASTE QUANTITY:	<u>8</u> Tons <u>8</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEY</u> Address: <u>Ave S & E 14th</u> Job # <u>141907</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11229</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>Yovanny</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Stony Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>4001 Daily Blvd</u> City: <u>oceanside</u> State: <u>NY</u> Zip: <u>11572</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>3-15-19</u>	
TRANSPORTER: <u>To be completed by Transporter</u>	DEC Permit/Registration No.: <u>1A-301</u>
Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>4K990-RG</u> Signature: <u>Gary Weill</u> Date: <u>3-15-19</u>	
RECEIVING FACILITY: <u>To be completed by Receiving site</u> DEC Permit/Reg. No. (if applicable): _____	
Name: <u>Stony Creek</u> Address: <u>4001 Daily Blvd</u> City: <u>ocean-side</u> State: <u>NY</u> Zip: <u>11572</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: _____ Phone: _____	
Signature: _____ Date: _____	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	

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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete mix</u>
WASTE QUANTITY:	<u>18</u> Tons <u>18</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Ave S & Ocean Ave</u> Job # <u>14907</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11229</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: Tom Foley Phone: 516-432-8300

Transporter Name: Parks Trucking

Receiving Facility Name: Allocco Chosen by Transporter

Address: 540 Kingsland Ave 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: 3-13-19

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): Gary Weill Phone: 516-753-1512 Plate No.: 44990-m G

Signature: [Signature] Date: 3-13-19

RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 24WG3

Name: Allocco 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: _____

entered by me SS

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: Sgt Skand Phone: _____

Signature: [Signature] Date: 3-13-19

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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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>Concrete mix</u>		
WASTE QUANTITY:	Tons	16	Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Ave S & E 14th</u> Job # <u>141907</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11229</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>Yovanny</u> Phone: <u>516-432-8300</u>			
Transporter Name: <u>Park Trucking</u>			
Receiving Facility Name: <u>Stony Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter			
Address: <u>4001 Daly Blvd</u> City: <u>Ocean side</u> State: <u>NY</u> Zip: <u>11572</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>3-14-19</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>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u>			
Signature: <u>Gary P Weill</u> Date: <u>3-14-19</u>			
RECEIVING FACILITY: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): _____			
Name: <u>Stony Creek</u> Address: <u>4001 Daly Blvd</u>			
City: <u>Ocean side</u> State: <u>NY</u> Zip: <u>11572</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: _____		Phone: _____	
Signature: _____		Date: _____	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			



**Department of
Environmental
Conservation**

Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

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>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>Stillwell Ave & Kings Hwy</u> Job # <u>2070</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11223</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>Dominic</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 123rd 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>Dominic</u> <u>Gary Weill</u>		Date: <u>3-9-19</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-PMG</u>	
Signature: <u>Gary Weill</u>		Date: <u>3-9-19</u>	
RECEIVING FACILITY: To be completed by Receiving site		DEC Permit/Reg. No. (if applicable): <u>410UZ2</u>	
Name: <u>Durante Bros</u>		Address: <u>31-40 123rd 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: _____			
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>Romeo Mitchell</u>		Phone: _____	
Signature: <u>Romeo Mitchell</u>		Date: _____	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			

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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete & Asphalt mix</u>			
WASTE QUANTITY:	<u> </u> Tons	<u>10</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>Stillwell Ave & Kings Hwy</u> Job # <u>2070</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11223</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>Dominic</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>Dominic</u> Date: <u>3-9-19</u>				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-mG</u> Signature: <u>Gary Weill</u> Date: <u>3-9-19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24 WA3</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 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>718-349-3894</u> Signature: <u>Noel Pantoja</u> Date: <u>3/9/19</u>				
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				

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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete + Asphalt mix</u>
WASTE QUANTITY:	<u>18</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>Hallen</u> Address: <u>Ave S & Ocean Ave</u> Job # <u>141907</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11229</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>Tom Foley</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>T. Foley</u> Date: <u>3-11-19</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>
Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u> Signature: <u>Gary Weill</u> Date: <u>3-11-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>29WA3</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 ARS</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>Romano</u> Phone: <u>718-349-3094</u> Signature: <u>Romano</u> Date: <u>3/4/19</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)]	