



RF 4/21/21 bts

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

137023

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 checked="" 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>18</u> Cubic Yards _____ Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restani con ED</u> Address: <u>4 Faraday Av</u> City: <u>Bronx</u> State: <u>N.Y.</u> Zip Code: _____
GENERATOR: Name: <u>Con ED</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4 Irvin Pl</u> City: <u>N.Y.C</u> State: <u>NY</u> Zip: <u>10003</u>	
Authorized Representative of Generator: _____ Phone: _____	
Transporter Name: <u>Franco Masonry Cons Inc</u>	
Receiving Facility Name: <u>New York Recyclin</u> <input type="checkbox"/> Chosen by Transporter Address: <u>475 Exterior St</u> City: <u>Bronx</u> State: <u>NY</u> Zip: <u>10435</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>04-20-21</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>NC-023</u>
Transporter Company Name: <u>Franco Masonry Cons Inc</u>	
Describe all Discrepancies in type or quantity of waste: <u>Mix Asphalt, Concrete, Dirt</u>	
Driver Name (print): <u>Mike</u> Phone: <u>917-312-7857</u> Plate No.: <u>NK-7411</u>	
Signature: <u>[Signature]</u> Date: <u>04-20-21</u>	
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>08W87</u>
Name: <u>New York Recycling</u>	Address: <u>475 Exterior St</u>
City: <u>BX</u>	State: <u>NY</u> Zip: <u>10451</u> Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: <u>NYRTH# 213,625</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>Raven</u>	Phone: _____
Signature: <u>[Signature]</u>	Date: <u>4/21/21</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)]	



Job # 70083

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136965

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>Sand, Concrete, Asphalt.</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restauri</u> Address: <u>Asch Loop and Adler Pl.</u> City: <u>Bx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	CON ED. DEC Permit/Reg. No. (if applicable): _____		
Address:	City:	<u>Bx</u>	State: <u>NY</u> Zip: _____
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Stanya trucking</u>		
Receiving Facility Name:	<u>Castle Hill Recycling</u> <input checked="" type="checkbox"/> Chosen by Transporter		
Address:	1000 Zerega Ave.	City: <u>BX</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>4-21-21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>2A844</u>		
Transporter Company Name:	<u>Stanya trucking</u>		
Describe all Discrepancies in type or quantity of waste: <u>18 yards</u>			
Driver Name (print): <u>RAJENDRA CHETRAM</u>	Phone: <u>646 436 9594</u> Plate No.: <u>52839 ML</u>		
Signature: <u>Rajendra Chetram</u>	Date: <u>4-21-21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CHH</u>	Address: _____		
City: _____	State: _____	Zip: _____	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>JW</u>	Phone: _____		
Signature: <u>JW</u>	Date: <u>4-21-21</u>		
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			



Job # 10083

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136964

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>Sand, Concrete, Asphalt</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restain</u> Address: <u>Asch Loop and Adler PL.</u> City: <u>Bx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	DEC Permit/Reg. No. (if applicable): _____		
Address:	City:	<u>Bx</u>	State: <u>NY</u> Zip: _____
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Stanya trucking</u>		
Receiving Facility Name:	<u>Castle Hill Recycling</u> <input checked="" type="checkbox"/> Chosen by Transporter		
Address:	<u>1000 Zerega Ave</u>	City: <u>Bx</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>4-21-21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____		
Transporter Company Name:	<u>Stanya trucking</u>		
Describe all Discrepancies in type or quantity of waste: <u>18 yards</u>			
Driver Name (print): <u>Rajendra Chetram</u>	Phone: <u>646 436 9594</u> Plate No.: <u>58839 MJ</u>		
Signature: <u>Rajendra Chetram</u>	Date: <u>4-21-21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CJL</u>	Address: _____		
City: _____	State: _____	Zip: _____	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>M</u>	Phone: _____		
Signature: <u>M</u>	Date: <u>4-21-21</u>		
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document <u>must also be provided to NYS DEC within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			



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Part 360 Waste Tracking Document - Construction & Demolition Debris

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

121348

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>ROAD DABE'S</u>
WASTE QUANTITY:	Tons <u>8</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>RCS TRN CONST R.</u> Address: <u>WEST CHESTER & PUGSLEY</u> City: <u>BY</u> State: <u>NY</u> Zip Code: <u> </u>
GENERATOR: Name: <u>CONED</u> DEC Permit/Reg. No. (if applicable): <u> </u>	
Address: _____	City: <u>BT</u> State: _____ Zip: _____
Authorized Representative of Generator: _____	Phone: <u> </u>
Transporter Name: <u>STANTA</u>	
Receiving Facility Name: <u>CASTLE MILL</u>	<input type="checkbox"/> Chosen by Transporter
Address: _____	City: <u>BT</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>4/20/21</u>
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>2+A894</u>
Transporter Company Name: <u>STANTA TRUCKING</u>	
Describe all Discrepancies in type or quantity of waste: <u>ROAD DEBRIS</u>	
Driver Name (print): <u>JUN LUSOY</u>	Phone: _____ Plate No: <u>52591K</u>
Signature: _____	Date: <u>4/20/21</u>
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____
Name: <u>CHH</u>	Address: _____
City: _____	State: _____ Zip: _____ Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: _____	Phone: _____
Signature: <u>GIA</u>	Date: <u>4-20-21</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)]	



Part 360 Waste Tracking Document - Construction & Demolition Debris

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

141862

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>Dirt Asphalt Mix</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>CON EDISON</u> Address: <u>City Island</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	<u>Restani</u> DEC Permit/Reg. No. (if applicable): _____		
Address:	<u>4204 Bronx Blvd</u> City: <u>Astoria</u> State: <u>NY</u> Zip: _____		
Authorized Representative of Generator:	<u>Henry Barros</u> Phone: _____		
Transporter Name:	<u>SNG</u>		
Receiving Facility Name:	<u>CHP</u> <input type="checkbox"/> Chosen by Transporter		
Address:	<u>Bronx</u> City: _____ 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>Forman Henry Barros</u>		Date: <u>April 20, 21</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____		
Transporter Company Name:	<u>SNG</u>		
Describe all Discrepancies in type or quantity of waste: <u>Dirt Asphalt mix</u>			
Driver Name (print): <u>SQL Bacarelli</u>	Phone:	<u>#19</u>	Plate No.: <u>44464M</u>
Signature: <u>[Signature]</u>	Date: <u>April 20, 21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CHP</u>	Address:	<u>1000 Rego Pkwy</u>	
City: <u>Bronx</u> State: <u>NY</u> Zip: _____	Put [X] for: [] interim processor, or [] final site		
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>Ray</u>	Phone:		
Signature: <u>[Signature]</u>	Date: <u>04-20-21</u>		
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			



Part 360 Waste Tracking Document - Construction & Demolition Debris

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

141861

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>Dirt Mix Asphalt</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>CON EDISON</u> Address: <u>City Island Ave</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	<u>Restani</u> DEC Permit/Reg. No. (if applicable): _____		
Address:	<u>4204 Bergen Blvd</u> City: <u>Astoria</u> State: _____ Zip: _____		
Authorized Representative of Generator:	<u>Kenny Barros</u> Phone: _____		
Transporter Name:	<u>SMG</u>		
Receiving Facility Name:	<u>CHR</u> <input type="checkbox"/> Chosen by Transporter		
Address:	City: <u>Bronx</u> State: _____ Zip: <u>NY</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>Forman Kenny Barros</u>		Date: <u>April 20, 21</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____		
Transporter Company Name:	<u>SMG</u>		
Describe all Discrepancies in type or quantity of waste:	<u>Dirt + Mix</u>		
Driver Name (print): <u>Sgt Bacarella</u>	Phone:	<u>#19</u>	Plate No.: <u>44464M</u>
Signature: <u>[Signature]</u>	Date: <u>April 20, 21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CHR</u>	Address:	_____	
City: <u>CHR</u>	State: _____ Zip: _____	Put [X] for: [] interim processor, or [] final site	
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>J. Barros</u>	Phone:	_____	
Signature: <u>[Signature]</u>	Date: <u>April 20, 21</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)]			



Part 360 Waste Tracking Document - Construction & Demolition Debris

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

141860

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>Dirt mix</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>CON EDISON</u> Address: <u>City Island Ave</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	<u>Restani CONED</u> DEC Permit/Reg. No. (if applicable): _____		
Address:	Address: <u>4204 Berryton Blvd</u> City: <u>Astoria</u> State: <u>NY</u> Zip: _____		
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>SMG</u>		
Receiving Facility Name:	<u>CHC</u> <input type="checkbox"/> Chosen by Transporter		
Address:	Address: <u>1000 Zerega Ave</u> City: <u>Bronx</u> State: <u>NY</u> Zip: <u>10462</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>Fernando Henry Barros</u>		Date: <u>April 20, 21</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____		
Transporter Company Name:	<u>SMG</u>		
Describe all Discrepancies in type or quantity of waste: <u>mix dirt</u>			
Driver Name (print): <u>Syl Bacarelli</u>	Phone:	<u>#19</u>	Plate No.: <u>44464ML</u>
Signature: <u>PN</u>	Date: <u>April 20, 21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CHC</u>	Address: _____		
City: <u>CHC</u>	State: _____	Zip: _____	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: _____	Phone: _____		
Signature: <u>HL</u>	Date: <u>4-20-21</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)]			



Job # ~~70085~~ 70095

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136963

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>Sand, Concrete, Asphalt.</u>
WASTE QUANTITY:	Tons <u>18</u> Cubic Yards <input type="checkbox"/> Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restani</u> . Address: <u>Asch Loop and Adler Ave</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>CON EB</u> . DEC Permit/Reg. No. (if applicable): _____	
Address: _____	City: <u>BX</u> State: <u>NY</u> Zip: _____
Authorized Representative of Generator: _____	Phone: _____
Transporter Name: <u>Stanya trucking</u> .	
Receiving Facility Name: <u>Castle Hill Recycling</u> .	<input checked="" type="checkbox"/> Chosen by Transporter
Address: <u>1000 Zeeaga Ave</u> City: <u>BX</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>Oren</u>	Date: <u>4-20-21</u>
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>2A894</u>
Transporter Company Name: <u>Stanya trucking</u> .	
Describe all Discrepancies in type or quantity of waste: <u>18 yards.</u>	
Driver Name (print): <u>RAJENDRA CHETRAM</u> .	Phone: <u>646 436 9594</u> Plate No.: _____
Signature: <u>Rajendra Chetram</u> .	Date: <u>4-20-21</u>
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____
Name: <u>CH</u>	Address: _____
City: <u>CH</u>	State: _____ Zip: _____
Put [X] for: [] interim processor, or [] final site	
Describe all Discrepancies in type or quantity of waste: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>JM</u>	Phone: _____
Signature: <u>JM</u>	Date: <u>4-20-21</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)]	



Job # ~~70095~~ 70095
Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136962

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>Sand, Concrete, Asphalt.</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restone</u> Address: <u>Asch Loop and Adler PL.</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	CON ED. DEC Permit/Reg. No. (if applicable): _____		
Address:	City:	BX	State: NY Zip: _____
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Stanza trucking</u>		
Receiving Facility Name:	<u>Castle Hill Recycling</u> <input checked="" type="checkbox"/> Chosen by Transporter		
Address:	1000 Zerega Ave.	City:	BX 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: <u>Rajendra Chetram</u>		Date: <u>4-20-21</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>2A894</u>		
Transporter Company Name:	<u>Stanza trucking</u>		
Describe all Discrepancies in type or quantity of waste: <u>18 yards.</u>			
Driver Name (print): <u>RAJENDRA CHETRAM</u>	Phone: <u>6164369594</u>	Plate No.: <u>52 839 MJ</u>	
Signature: <u>Rajendra Chetram</u>	Date: <u>4-20-21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>Ctl</u>	Address: _____		
City: <u>Ctl</u>	State: _____	Zip: _____	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>JW</u>	Phone: _____		
Signature: <u>JW</u>	Date: <u>4-20-21</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)]			



RF 4/20/21

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

137022

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 checked="" 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	18 ^{Yr}	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restani CON ED</u> Address: <u>Faraday Av</u> <u>Sylvan Av</u> City: <u>Bronx</u> State: <u>N.Y.</u> Zip Code: _____			
GENERATOR: Name:	<u>Con Edison</u> DEC Permit/Reg. No. (if applicable): _____			
Address:	<u>4 IRVIN PL</u> City: <u>N.Y.C</u> State: <u>N.Y.</u> Zip: <u>10003</u>			
Authorized Representative of Generator:	Phone: _____			
Transporter Name:	<u>Franco Masonry Cons INC</u>			
Receiving Facility Name:	<u>New York Recycling</u> <input type="checkbox"/> Chosen by Transporter			
Address:	<u>475 Exterior St</u> City: <u>Bronx</u> State: <u>N.Y.</u> Zip: <u>10431</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>Raven</u> Date: <u>04-20-21</u>			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>NC-023</u>			
Transporter Company Name:	<u>Franco Masonry Cons INC</u>			
Describe all Discrepancies in type or quantity of waste: <u>Mix Asphalt, concrete, Dirt</u>				
Driver Name (print): <u>MIC</u>	Phone: <u>917-312-7957</u> Plate No.: <u>NK7411</u>			
Signature:	Date: <u>04-20-21</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>03W87</u>			
Name: <u>New York Recycling</u>	Address:	<u>475 Exterior ST</u>		
City: <u>Box</u>	State: <u>NY</u>	Zip: <u>10451</u>	Put [X] for: [] interim processor, or [] final site	
Describe all Discrepancies in type or quantity of waste: <u>NYRTK# 213,591</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>Raven</u> Phone: _____			
Signature:	Date: <u>4/20/21</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)]				



XG17010515 / Z0087 /CS

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

121349

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): ROAD DEBRIS		
WASTE QUANTITY:	Tons	15	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: RESTANI CONST. Address: WESTCHESTER & PUGSLEY City: BX State: NY Zip Code: —		
GENERATOR: Name:	CONED DEC Permit/Reg. No. (if applicable):		
Address:	City:	BX	State: Zip:
Authorized Representative of Generator:	Phone:		
Transporter Name:	STANZA TRUCKING		
Receiving Facility Name:	CASTLE HILL <input type="checkbox"/> Chosen by Transporter		
Address:	City:	BX	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:		Date: 4/19/21	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: 2A-894		
Transporter Company Name:	STANZA TRUCKING		
Describe all Discrepancies in type or quantity of waste: ROAD DEBRIS			
Driver Name (print):	DMW STANZA	Phone:	Plate No.: 528945
Signature:	Date: 4/19/21		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable):		
Name:	Address:		
City:	State:	Zip:	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste:			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name:	Phone:		
Signature:	Date: 4-19-21		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			

Job # 70083 Job # 70097

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136960

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>Sand, Concrete, Asphalt</u>		
WASTE QUANTITY:	Tons	<u>18</u>	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restani</u> . Address: <u>Asch loop and. Adler PL.</u> City: <u>BX</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	<u>CON GS</u> . DEC Permit/Reg. No. (if applicable): _____		
Address:	City:	<u>BX</u>	State: <u>NY</u> Zip: _____
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Stanya trucking</u> .		
Receiving Facility Name:	<u>Castle Hill Recycling</u> . <input checked="" type="checkbox"/> Chosen by Transporter		
Address:	<u>1000 Zerega Ave</u>	City:	<u>BX</u> State: <u>NY</u> Zip: _____
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Signature:	<u>X</u> Date: <u>4-19-21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No. <u>DA 984</u>		
Transporter Company Name:	<u>Stanya trucking</u>		
Describe all Discrepancies in type or quantity of waste: <u>18 yards.</u>			
Driver Name (print):	<u>RAJENDRA CHETRAM</u>	Phone:	<u>646 436 9594</u> Plate No.: <u>SD 839 ML</u>
Signature:	<u>Rajendra Chetram</u> . Date: <u>4-19-21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name:	<u>CH</u> Address: _____		
City:	State:	Zip:	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name:	<u>W</u> Phone: _____		
Signature:	Date: <u>4-19-2021</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)]			

Job # ~~70097~~ 70097

Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136961

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>Sand, Concrete, Asphalt.</u>		
WASTE QUANTITY:	Tons	<u>18</u>	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restani</u> Address: <u>Asch Loop and Adler Ph.</u> City: <u>Box</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	<u>Con Ed.</u> DEC Permit/Reg. No. (if applicable): _____		
Address:	City:	<u>BX</u>	State: <u>NY</u> Zip: _____
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Stanya Trucking</u>		
Receiving Facility Name:	<input checked="" type="checkbox"/> Chosen by Transporter		
Address:	City:	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>Rajendra Chetram</u>		Date: <u>4-19-21</u>	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>2A894</u>		
Transporter Company Name:	<u>Stanya trucking</u>		
Describe all Discrepancies in type or quantity of waste: <u>18 yards</u>			
Driver Name (print): <u>RATENDRA CHETRAM</u>	Phone: <u>646 436 9594</u> Plate No.: <u>52839 MJ</u>		
Signature: <u>Rajendra Chetram</u>	Date: <u>4-19-21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CHL</u>	Address: _____		
City: <u>CHL</u>	State: _____	Zip: _____	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>M</u>	Phone: _____		
Signature: <u>M</u>	Date: <u>4-19-21</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)]			



Part 360 Waste Tracking Document - Construction & Demolition Debris

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

141806

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>10</u> Cubic Yards		Check box to indicate quantity is estimated: <input type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con ED</u> Address: <u>Bruker Bros & Hanauer</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name:	<u>RESTANT</u> DEC Permit/Reg. No. (if applicable): _____			
Address:	<u>4204 Berrian Bns</u> City: <u>Astoria</u> State: <u>NY</u> Zip: _____			
Authorized Representative of Generator:	Phone: _____			
Transporter Name:	<u>Anflo Construction</u>			
Receiving Facility Name:	<u>Castle Hill Recycling</u> <input type="checkbox"/> Chosen by Transporter			
Address:	<u>2000 Zerega Ave</u> City: <u>Bronx</u> State: <u>NY</u> Zip: _____			
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature:	<u>[Signature]</u> Date: _____			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____			
Transporter Company Name:	<u>Anflo Construction</u>			
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>Louis Puglisi</u>	Phone: <u>718 661 3105</u> Plate No.: <u>62094ML</u>			
Signature:	<u>[Signature]</u> Date: _____			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____			
Name:	<u>CHL</u> Address: _____			
City:	<u>Bronx</u> State: _____ Zip: _____ Put [X] for: [] interim processor, or [] final site			
Describe all Discrepancies in type or quantity of waste: _____				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name:	<u>[Signature]</u> Phone: _____			
Signature:	<u>[Signature]</u> Date: <u>4-19-2021</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)]				



Job # 70011
Part 360 Waste Tracking Document - Construction & Demolition Debris

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

136959

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>Sand, Concrete, Asphalt</u>		
WASTE QUANTITY:	Tons <u>5</u>	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Restani</u> Address: <u>Bruckner Blvd and Faile St</u> City: <u>Bx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	DEC Permit/Reg. No. (if applicable): _____		
Address:	City: <u>Bx</u>	State: <u>NY</u>	Zip: _____
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Stanya trucking</u>		
Receiving Facility Name:	<u>Castle Rock Recycling</u> <input checked="" type="checkbox"/> Chosen by Transporter		
Address:	<u>1000 Zerega Ave.</u>	City: <u>Bx</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>4-17-21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>2A894</u>		
Transporter Company Name:	<u>Stanya trucking</u>		
Describe all Discrepancies in type or quantity of waste: <u>S.</u>			
Driver Name (print): <u>RAJENDRA CHETRAM</u>	Phone: <u>6164369504</u> Plate No.: <u>52839 M</u>		
Signature: <u>Rajendra Chetram</u>	Date: <u>4-17-21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name: <u>CHR</u>	Address: <u>1000 Zerega</u>		
City: <u>Bronx</u>	State: <u>NY</u>	Zip: _____	Put [X] for: [] interim processor, or [] final site
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>Rgo</u>	Phone: _____		
Signature: <u>Rgo</u>	Date: <u>4-17-21</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)]			



Part 360 Waste Tracking Document - Construction & Demolition Debris

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

141858

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Dirt mix</u>		
WASTE QUANTITY:	Tons	14	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>CONEDISON</u> Address: <u>CITY ISLAND</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name:	<u>Restani</u> DEC Permit/Reg. No. (if applicable): _____		
Address:	<u>4204 Berry St</u> City: <u>Astoria</u> State: <u>NY</u> Zip: _____		
Authorized Representative of Generator:	Phone: _____		
Transporter Name:	<u>Sing CHR</u>		
Receiving Facility Name:	<u>CHR</u> <input type="checkbox"/> Chosen by Transporter		
Address:	<u>1000 ZEEGE AVE</u>	City:	<u>Bronx</u> State: <u>NY</u> Zip: <u>10462</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>Kenny Barros</u> Date: <u>Apr. 16, 21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>SU21G</u>		
Transporter Company Name:			
Describe all Discrepancies in type or quantity of waste: <u>Dirt 14 yards</u>			
Driver Name (print):	<u>Sgt Bacarelli</u>	Phone:	Plate No.: <u>44964N</u>
Signature:	<u>Barros</u> Date: <u>4/16/21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): _____		
Name:	<u>CHR</u>	Address:	<u>1000 Zeege</u>
City:	<u>Bronx</u>	State:	<u>NY</u> Zip: _____
Put [X] for: [] interim processor, or [] final site			
Describe all Discrepancies in type or quantity of waste: _____			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name:	<u>R. Barros</u>	Phone:	_____
Signature:	<u>Barros</u> Date: <u>04-16-2021</u>		
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			