



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 concrete</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>HALLÉN</u> Address: <u>199 Austin 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: Tandy Phone: 516-432-8300

Transporter Name: PARK Trucking

Receiving Facility Name: Allacco Chosen by Transporter

Address: 540 Kingsland 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: 3/8/16 RECEIVED
NYS DEC MAR 18 2019

TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: DA-301

Transporter Company Name: PARK TRUCKING INC.

Describe all Discrepancies in type or quantity of waste: _____

Driver Name (print): Steve Abramov Phone: 516-753-1512 Plate No.: G0812MK

Signature: [Signature] Date: 3/8/16

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

Name: Allacco 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 rec facility

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

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

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

Signature: [Signature] Date: 3/8/19

The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility.

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



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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	<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>199 5th 112 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>Tandy</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>PARK Trucking</u>					
Receiving Facility Name: <u>Durant E</u> <input type="checkbox"/> Chosen by Transporter					
Address: <u>3190 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>3/7/19</u>					
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>Steve Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>60812 MK</u> Signature: <u>[Signature]</u> Date: <u>3/7/19</u>					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durant E</u> Address: <u>3190 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> <u>that I entered</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>[Signature]</u> Date: <u>3/7/19</u>					
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]					



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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>concrete, Dirt, Ash</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>H A LLEN</u> Address: <u>199 St + 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>Deochand Tanda</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARKTRUCKING</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>Tanda</u> Date: <u>3/6/19</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>Steve Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>60812 MK</u> Signature: <u>Steve Abramowitz</u> Date: <u>3/6/19</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. Durante</u> Date: <u>3/6/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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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>Queen</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>Dedicated Trader</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. Tauda</u> Date: <u>3/4/19</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>Steve Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>60812MK</u> Signature: <u>S. Abramowitz</u> Date: <u>3/4/19</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 2503</u> Signature: <u>L.D.</u> Date: <u>3/4/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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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>NY</u> Zip Code: <u>11923</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 Tanda</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>Deochand Tanda</u> Date: <u>3/5/19</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>G0812 MK</u> Signature: <u>St. Abramowitz</u> Date: <u>3/5/19</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> <u>that I entered</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>LD</u> Date: <u>3/5/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>within 15 days</u> 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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	Tons _____ Tons Cubic Yards _____ Cubic Yards Check box to indicate quantity is estimated <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Coast</u> Address: <u>Bayside</u> City: <u>Bayside</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>Hallen Const</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking Inc</u>	
Receiving Facility Name: <u>Allococo</u> Chosen by Transporter <input checked="" type="checkbox"/> Address: <u>Kingsland Ave</u> City: <u>Bayside</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>Noel Pantoja</u> Date: <u>3-4-19</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>Conc of DIRT</u>	
Driver Name (print): <u>E. Hernandez</u> Phone: <u>516-753-1512</u> Plate No.: <u>3511040</u> Signature: <u>E. Hernandez</u> Date: <u>3-4-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allococo</u> Address: <u>Kingsland Ave</u> City: <u>Bayside</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>I</u> <u>Entered by rec facility</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>Noel Pantoja</u> Phone: <u>718-349-3094</u> Signature: <u>Noel Pantoja</u> Date: <u>3-4-19</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 must also be provided to NYS DEC <u>within 15 days of waste delivery to the receiving facility</u> . [ref: 6 NYCRR 364-5.1(b)(5)]	



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste, <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete mix</u>		
WASTE QUANTITY:	_____ Tons	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>Homecrest Ave & Aves</u> Job # <u>141834</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>Allocco</u> Chosen by Transporter <input checked="" type="checkbox"/> 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>J. J. Hallen</u> Date: <u>3-8-19</u>			
TRANSPORTER: To be completed by Transporter Transporter Company Name: <u>PARK TRUCKING INC.</u>		DEC Permit/Registration No.: <u>1A-301</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>3-8-19</u>			
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allocco</u> Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site			
Describe all Discrepancies in type or quantity of waste: _____ <u>Entered by rec facility</u>			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>Noel Pantoja</u> Phone: <u>718-349-3081</u> Signature: <u>Noel Pantoja</u> Date: <u>3/8/19</u>			
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document <u>must also be provided to NYS DEC</u> <u>within 15 days</u> of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			



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WASTE QUANTITY:	_____ Tons <u>8</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>ocean Ave & Ave S</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>Parks Trucking</u>	
Receiving Facility Name: <u>Stony Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>4001 Poly 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>T. Foley</u> Date: <u>3-7-19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-mG</u> Signature: <u>Gary P. Weill</u> Date: <u>3-7-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>Stony Creek</u> Address: <u>4001 Poly Blvd</u> City: <u>oceanside</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 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 & Asphalt mix</u>
WASTE QUANTITY:	_____ Tons <u>16</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>Bergen Ave & Ave U</u> Job # <u>141912</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11234</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>Mike Podlaski</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>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>M. Hallen</u> Date: <u>3-6-19</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-RG</u> Signature: <u>Gary Weill</u> Date: <u>3-6-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>Stony Creek</u> Address: <u>4001 Daly Blvd</u> City: <u>Oceanside</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 within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste , <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete mix</u>			
WASTE QUANTITY:	Tons	18	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>Mazeau St & 57th DR</u> Job #142550 City: <u>Maspeth</u> State: <u>NY</u> Zip Code: <u>11378</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:	Guliano Phone: 516-432-8300			
Transporter Name:	Park Trucking			
Receiving Facility Name:	Durante Bros, <input checked="" type="checkbox"/> Chosen by Transporter			
Address:	31-40 123 rd ST City: Flushing State: NY Zip: 11354			
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature:	Date: 3-5-19			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: 1A-301			
Transporter Company Name:	PARK TRUCKING INC.			
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print):	Gary Weill Phone: 516-753-1512 Plate No.: 44990-MG			
Signature:	S. Weill Date: 3-5-19			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): 41W22			
Name:	Durante Bros Address: 31-40 123 rd 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, 18				
<p>I certify, under penalty of law, that the information contained above 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:	L. Durante Phone: 718-762-2500			
Signature:	Date: 3/5/19			
<p>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete & Asphalt mix</u>
WASTE QUANTITY:	_____ Tons <u>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>Mazeau St & LIE service Rd</u> Job # <u>142550</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: <u>11378</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>Guliano</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u>	
Receiving Facility Name: <u>Durante Bros.</u> Chosen by Transporter <input checked="" type="checkbox"/> 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>[Signature]</u> Date: <u>3-4-19</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>3-4-19</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 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: <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>[Signature]</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)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete & Asphalt Mix</u>
WASTE QUANTITY:	_____ Tons <u>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>104 st & Rav C+</u> Job # <u>100000</u> City: <u>Howard Beach</u> State: <u>NY</u> Zip Code: <u>11414</u>
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>Shawn G</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>M. Hallen</u> Date: <u>3-2-19</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>3-2-19</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 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: <u>Min, 18yo</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>JJ</u> Phone: _____ Signature: <u>JJ</u> Date: <u>3/2/19</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>DIRT - ROCK</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>56 DR. - 64ST</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: _____				
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>					
Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>PARK</u>					
Receiving Facility Name: <u>Durante</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>123ST - 31^A</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. Lee</u> Date: <u>3-8-19</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>H. WATTS</u> Phone: <u>516-753-1512</u> Plate No. <u>80808MT</u> Signature: <u>J. Lee</u> Date: <u>3-8-19</u>					
RECEIVING FACILITY: <u>To be completed by Receiving site</u> 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, 8</u> <u>that I entered</u>					
I certify, under penalty of law, that the information contained in this document 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 <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</u> 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	<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>56 DR - 64 ST #1068</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>JOE A.</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK</u>				
Receiving Facility Name: <u>All occo</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland AV</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>J. J. Hallen</u> Date: <u>3-8-19</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>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>8080 8mtt</u> Signature: <u>H. Watts</u> Date: <u>3-8-19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24 WA 3</u> Name: <u>All occo</u> Address: <u>540 Kingsland AV</u> City: <u>BK</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: _____				
<u>Entered by ARC</u> I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>Romano</u> Phone: <u>718-349-3094</u> Signature: <u>Romano</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>DIRT - ROCK</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</u> Address: <u>56 OR - 64 ST</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK</u>				
Receiving Facility Name: <u>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>Karen</u> Date: <u>3-7-19</u>				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>8080SMH</u> Signature: <u>J. Woods</u> Date: <u>3-7-19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: <u>Mix, 8</u> <u>that I entered</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>3/7/19</u>				
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input 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</u> Address: <u>ley ST - 56 PR</u> <u>F1068</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: _____		
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>			
Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>			
Transporter Name: <u>PARK</u>			
Receiving Facility Name: <u>Allococo</u> <input checked="" type="checkbox"/> Chosen by Transporter			
Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u>			
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Signature: <u>[Signature]</u> Date: <u>3-6-19</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. Watts</u>		Phone: <u>516-753-1512</u> Plate No.: <u>80808MF</u>	
Signature: <u>[Signature]</u>		Date: <u>3-6-19</u>	
RECEIVING FACILITY: To be completed by Receiving site		DEC Permit/Reg. No. (if applicable): <u>24WA3</u>	
Name: <u>Allococo Recycling</u>		Address: <u>540 Kingsland Ave</u>	
City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u>		Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: _____			
<u>Entered by rec facility</u>			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>Noel Pantos</u>		Phone: <u>718-319-3094</u>	
Signature: <u>[Signature]</u>		Date: <u>3/6/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>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 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>KEG- MIX</u>
WASTE QUANTITY:	_____ Tons <u>8</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>64 ST - 56 DR</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u>	
Receiving Facility Name: <u>DURANTE</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. Durante</u> Date: <u>3-6-19</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. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808M1f</u> Signature: <u>H. Watts</u> Date: <u>3-6-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41622</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, 8</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. Durante</u> Phone: <u>(718)762-2500</u> Signature: <u>J. Durante</u> Date: <u>3/6/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>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 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>DIRT - CONCRETE</u>
WASTE QUANTITY:	_____ Tons <u>6</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>Northern Blvd - 82 st #1068</u> City: <u>QUEENS</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u> Authorized Representative of Generator: <u>JOE A</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u> Receiving Facility Name: <u>DURANTE</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>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. Durante</u> Date: <u>3-5-19</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. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808MH</u> Signature: <u>H. Watts</u> Date: <u>3-5-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41622</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, b</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Print Name: <u>L. Durante</u> Phone: <u>(718) 762-2500</u> Signature: <u>L. Durante</u> Date: <u>3/5/19</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>MIXED</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>Water St - Gold St</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>	
Authorized Representative of Generator: <u>STEVE</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u>	
Receiving Facility Name: <u>Allococo</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>540 Kingsland Av</u> City: <u>Brooklyn</u> State: <u>NJ</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>J. Stev</u> Date: <u>3-2-19</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. Wyatt</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808M-1</u> Signature: <u>H. Wyatt</u> Date: <u>3-2-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allococo Recycling</u> Address: <u>540 Kingsland Av</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: _____	
Entered by rec facility	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>Noel Pantoja</u> Phone: <u>718-349-3094</u> Signature: <u>Noel Pantoja</u> Date: <u>3/2/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>MIXED</u>
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>WATER ST - Gold St # 14-1911</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>STEVE</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u>	
Receiving Facility Name: <u>Durante</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>123 ST - 314U</u> City: <u>Flushing</u> State: <u>NY</u> Zip: _____	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3-2-19</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. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>SD 808 MTF</u> Signature: <u>[Signature]</u> Date: <u>3-2-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>LI 1 W 22</u>	
Name: <u>Durante Bros</u> Address: <u>3140 123 ST</u>	
City: <u>Flushing</u> State: <u>N.Y</u> Zip: <u>11354</u> Put [X] for: <input type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: _____	
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>[Signature]</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)]	



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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	10	Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Hallen Address: BERGEN AVE Bet. AVE T AND AVE U Job #141912 City: Brooklyn 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 MICHAEL PODHASKIE Phone: 516-432-8300					
Transporter Name: PARK TRUCKING Receiving Facility Name: DURANTE BROS <input checked="" type="checkbox"/> Chosen by Transporter Address: 31-40123 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: 7-7-19					
TRANSPORTER: To be completed by Transporter Transporter Company Name: PARK TRUCKING INC.			DEC Permit/Registration No.: 1A-301		
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): Chris Wise Signature: _____			Phone: 516-753-1512 Plate No.: 55813 ML Date: 4-7-19		
RECEIVING FACILITY: To be completed by Receiving site Name: L. Durante Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site			DEC Permit/Reg. No. (if applicable): 41W22		
Describe all Discrepancies in type or quantity of waste: Mix, 10 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 Signature: _____			Phone: (718) 762-2500 Date: 3/7/19		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]					



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____			
WASTE QUANTITY:	_____ Tons _____ 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</u> <u>Br Ave T</u> & <u>Ave U</u> <u>Job #141912</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 Pochaskie</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 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>John Pochaskie</u> Date: <u>4.6.19</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>4.6.19</u>			
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>24WA3</u>			
Name:	<u>Allenco</u>		Address: <u>540 Kingsland Ave</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 88</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 Sharro</u>		Phone:	_____
Signature:	<u>Sal Sharro</u> Date: <u>3-6-19</u>			
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input 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: Bergen Ave BT Ave T & Ave U City: Brooklyn 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: _____ Phone: 516-432-8300				
Transporter Name: Park Trucking				
Receiving Facility Name: Allococo Recycling <input checked="" type="checkbox"/> 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 _____ Date: 3-4-19				
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): Charles Wise		Phone: 516-753-1512 Plate No.: 55813ML		
Signature: _____		Date: 3-4-19		
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 24WA3				
Name: Allococo Recycling		Address: 540 Kingsland Ave		
City: Brooklyn		State: NY Zip: 11222 Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: _____				
Entered by rec facility				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: Noel Pantos		Phone: 718-349-3094		
Signature: _____		Date: 3/4/19		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____				
WASTE QUANTITY:	_____ Tons	12	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 Between Ave T and 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 PONASKIE</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>Park Trucking</u>					
Receiving Facility Name: <u>Durante Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter					
Address: <u>31-40 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>					
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.					
Signature: <u>[Signature]</u> Date: <u>3-4-19</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>55893 ML</u>					
Signature: <u>[Signature]</u> Date: <u>3-4-19</u>					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>416022</u>					
Name: <u>Durante</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: <u>Mix, 12</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)762-2500</u>					
Signature: <u>[Signature]</u> Date: <u>3/4/19</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>					



**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 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 Job# 141912</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 Bz 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>3-5-19</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>5581344</u>
Signature: <u>Chris Wise</u> Date: <u>3-5-19</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>[Signature]</u> Date: <u>3/5/19</u>	
<p>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

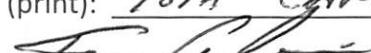
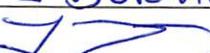
TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>ASPHALT & DIRT</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 CONSTRUCTION JOB #142576</u> Address: <u>Williamson & 193 ST</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>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>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>Chris Ceeta</u> Date: <u>3/8/19</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>Tom CARBAIN</u>			Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>		
Signature: <u>Tom Carbin</u> Date: <u>3/8/19</u>					
RECEIVING FACILITY: To be completed by Receiving site			DEC Permit/Reg. No. (if applicable): <u>41W22</u>		
Name: <u>DURANTE Bros</u>			Address: <u>31-40 123 ST</u>		
City: <u>Flushing</u> State: <u>N.Y.</u> Zip: <u>11354</u>			Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: <u>Mix, 10</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 <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 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): CONCRETE, DIRT			
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: HALLEN Construction Job# 142576 Address: WILLIAMSON & 193 ST City: Queens NY 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: CHRIS CEETA Phone: 516-432-8300				
Transporter Name: PARK TRUCKING				
Receiving Facility Name: DURANTE BROS <input 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:  Date: 3/8/19				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301 Transporter Company Name: PARK TRUCKING INC.				
Describe all Discrepancies in type or quantity of waste: _____				
Driver Name (print): Tom GARBIN Phone: 516-753-1512 Plate No.: 60778M/K Signature:  Date: 3/8/19				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41 W22 Name: HALLEN Address: 31-40 123 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, 15				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: L. Durante Phone: 718 762-2500 Signature:  Date: 3/8/19				
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>CONCRETE & DIRT</u>
WASTE QUANTITY:	_____ Tons <u>14</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 #142576</u> Address: <u>Williamson & 193 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>Chris Cappa</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 Carbasin</u> Date: <u>3/7/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Tom Carbasin</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: <u>Tom Carbasin</u> Date: <u>3/7/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>DURANTE Bros</u> Address: <u>31-40 123 St</u> City: <u>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, 14</u> <u>that I entered</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>LD</u> Date: <u>3/7/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>CONCRETE & DIRT</u>				
WASTE QUANTITY:	_____ Tons <u>16</u>		Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION JOB # 142576</u> Address: <u>Williamson & 193st</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>CHRIS CETTA</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>Chris Tita</u> Date: <u>3/7/19</u>					
TRANSPORTER: To be completed by Transporter			DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>Tam CARGAIN</u>			Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>		
Signature: <u>Tom Cargain</u> Date: <u>3/7/19</u>					
RECEIVING FACILITY: To be completed by Receiving site			DEC Permit/Reg. No. (if applicable): <u>41W22</u>		
Name: <u>DURANTE BROS</u>			Address: <u>31-40 123 st</u>		
City: <u>Flushing</u> State: <u>N.Y.</u> Zip: <u>11354</u>			Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>					
I certify, under penalty of law, that the information contained herein 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>3/7/19</u>		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]					

**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

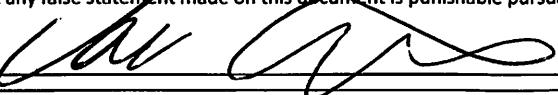
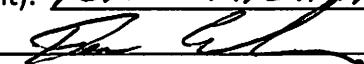
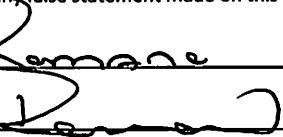
TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction 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 checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction Job # 142576</u> Address: <u>Williamson & 193 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>Chris Cetta</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>John Hallen</u> Date: <u>3/6/19</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 Carban</u> Date: <u>3/6/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>414122</u> Name: <u>DURANTE Bros</u> Address: <u>31-40 123 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>JZ</u> Date: <u>3/6/19</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): CONCRETE & DIRT			
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 Construction Job # 142556 Address: Williamsburg 193 St 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: CHRIS CETTA Phone: 516-432-8300				
Transporter Name: PARK TRUCKING				
Receiving Facility Name: Allocos <input type="checkbox"/> 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:  Date: 3/6/19				
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 CARPENTER Phone: 516-753-1512 Plate No.: 60778MK Signature:  Date: 3/6/19				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 24W43 Name: Allocos Address: 540 KINGSLAND AVE City: Brooklyn State: NY Zip: 11222 Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste:				
Entered By MRC				
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: KENNEDY Phone: 718 349 3094 Signature:  Date: 3/6/19				
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		10	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 CETTA 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: John Cetra Date: 3/5/19

TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301

Transporter Company Name: PARK TRUCKING INC.

Describe all Discrepancies in type or quantity of waste: _____

Driver Name (print): Tom Gargan Phone: 516-753-1512 Plate No.: 60778 MK

Signature: Tom Gargan Date: 3/5/19

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

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, 10

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. Durante Date: 3/5/19

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



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction-Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>CONCRETE, DIRT</u>				
WASTE QUANTITY:	_____ Tons <u>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 # 142576</u> Address: <u>Williamson & 193 St</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>Chris Cetta</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>Chris Cetta</u> Date: <u>3/5/19</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 CARBON</u>			Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</u>		
Signature: <u>Tom Carbon</u>			Date: <u>3/5/19</u>		
RECEIVING FACILITY: To be completed by Receiving site			DEC Permit/Reg. No. (if applicable): <u>41W22</u>		
Name: <u>DURANTE BROS</u>			Address: <u>31-40 123 St</u>		
City: <u>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>					
Print Name: <u>L. Durante</u>			Phone: <u>718-762-2500</u>		
Signature: <u>L. Durante</u>			Date: <u>3/5/19</u>		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]					



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>CONCRETE & DIRT</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 JOB # 142576</u> Address: <u>WILLIAMSON & 193 ST</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>CHRIS COTTA</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>John A. Hallen</u> Date: <u>3/4/19</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>60778MLC</u> Signature: <u>Tom Carbain</u> Date: <u>3/4/19</u>					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41 W22</u> Name: <u>DURANTE Bros</u> Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>N.Y.</u> Zip: <u>11354</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site					
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>					
<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>718 762 2500</u> Signature: <u>LD</u> Date: <u>3/4/19</u>					
<p>The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC <u>within 15 days</u> 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</u>
WASTE QUANTITY:	_____ Tons <u>8</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Construction Job # 142576</u> Address: <u>Williamson Ave & 193 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>Chris Cetta</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>JM</u> Date: <u>3/4/19</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 Gribain</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>	
Signature: <u>TG</u> Date: <u>3/4/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u>	
Name: <u>Durante Bros</u> Address: <u>31-40 123 St</u>	
City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: <u>Mix, 8</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>L. Durante</u> Phone: <u>718-782-2500</u>	
Signature: <u>LD</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)]	



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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, ROCK, & DIRT</u>			
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards		Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION JOB #14184</u> Address: <u>WATER ST & GOLD ST</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): _____ Address: <u>4270 Austin Blvd.</u> City: <u>Island Park</u> State: <u>NY</u> Zip: <u>11558</u>				
Authorized Representative of Generator: <u>Jay Parzick</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u>				
Receiving Facility Name: <u>DURANTE BUS</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: <u>3/2/19</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 Cagatian</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: <u>[Signature]</u> Date: <u>3/2/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41622</u> Name: <u>DURANTE BUS</u> Address: <u>31-40 123 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: _____				
<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>Romeo Mitchell</u> Phone: <u>718 762 2500</u> Signature: <u>[Signature]</u> Date: <u>3/2/19</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 <u>16</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 # 141814</u> Address: <u>WATER ST & GOLD ST</u> City: <u>BROOKLYN</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>JAY PARZECI</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>All deco</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: _____ Date: <u>3/2/19</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 Carbasio</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>	
Signature: <u>Tom Carbasio</u> Date: <u>3/2/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WAT3</u>	
Name: <u>All deco</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 Pantoya</u> Phone: <u>718-349-3094</u>	
Signature: <u>Noel Pantoya</u> Date: <u>3/2/19</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>MIX</i>
WASTE QUANTITY:	Tons <i>16</i> Cubic Yards <input type="checkbox"/> 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>115 Austin Ave & 21951</i> City: <i>Gowanus</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</u>	
Receiving Facility Name: <u>All Occo</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: _____ City: <u>Brocklyn</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>3/8/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: <u>Nope</u>	
Driver Name (print): <u>Mark Enare</u> Phone: <u>516-753-1512</u> Plate No.: <u>338J DR</u> Signature: <u>Mark Enare</u> Date: <u>3/8/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>Q4 WMA3</u> Name: <u>All Occo</u> Address: <u>English Rd</u> City: <u>Brocklyn</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>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>Ramona</u> Phone: <u>718-349-3094</u> Signature: <u>Ramona</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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Const</u> Address: <u>219 St & 115 th 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>Stony Creek Park Truck</u> Receiving Facility Name: <u>Stony Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>Doyle Blvd</u> City: <u>Queens</u> State: <u>NY</u> Zip: _____	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>Jose Soto</u> Date: <u>3/7/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: <u>Note</u>	
Driver Name (print): <u>Phyllis K. Mancuso</u> Phone: <u>516-753-1512</u> Plate No.: <u>338882W</u> Signature: _____ Date: _____	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>Stony Creek</u> Address: <u>Doyle Blvd</u> City: <u>Queens</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>John J. Signor</u> Phone: _____ Signature: <u>John J. Signor</u> Date: <u>3/7/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris
This form may be used to satisfy the tracking document requirements of both section 361-5.6 and section 364-5.1 for the transport of C&D Debris

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input 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 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: <u>Dwight Bros</u> <input checked="" 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: <u>Jose Soto</u> Date: <u>3/6/19</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>Note</u>	
Driver Name (print): <u>Mark Kinney</u> Phone: <u>516-753-1512</u> Plate No. <u>3388-De</u> Signature: <u>Mark Kinney</u> Date: <u>3/6/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>Dwight 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: _____	
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: <u>3/6/19</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>30 Hallen Const</u> Address: <u>119 + 1/4 rd & 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>Oceanside</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>3/5/18</u>				
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: <u>No</u>				
Driver Name (print): <u>Billy Edwards</u> Phone: <u>516-753-1512</u> Plate No. <u>33888-DW</u> Signature: <u>Billy Edwards</u> Date: <u>3/5/18</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>Oceanside</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>Rebekah Soto</u> Phone: _____ Signature: <u>Rebekah Soto</u> Date: <u>3/5/18</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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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>114 Austin Blvd & 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>Story Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>114 Austin Blvd</u> City: <u>Oceanside</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>3/5/19</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>J. Kinney</u> Phone: <u>516-753-1512</u> Plate No.: <u>33258DW</u> Signature: <u>[Signature]</u> Date: <u>3/5/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): _____ Name: <u>Story Creek</u> Address: <u>114 Austin Blvd</u> City: <u>Oceanside</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: _____ Phone: _____ Signature: <u>[Signature]</u> Date: <u>3/5/19</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>Ave S & Ocean Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: _____			
GENERATOR: Name:	The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____			
Address:	4270 Austin Blvd.	City:	Island Park	State: NY Zip: 11558
Authorized Representative of Generator:	<u>Jose Soto</u> Phone: 516-432-8300			
Transporter Name:	<u>Park Trucking</u>			
Receiving Facility Name:	<u>Durante Bros</u> <input checked="" type="checkbox"/> Chosen by Transporter			
Address:	<u>123 St</u>	City:	<u>Plushng</u>	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>R. P. Kelly</u> Date: <u>3/4/19</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>Nope</u>				
Driver Name (print):	<u>R. L. Kinne</u>	Phone:	516-753-1512	Plate No.: <u>33F88-PW</u>
Signature:	<u>R. L. Kinne</u> Date: <u>3/4/19</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>123 St</u>	
City:	<u>Plushng</u>	State:	<u>NY</u>	Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>				
<u>I certify, under penalty of law, that the information contained herein is true and accurate.</u> I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name:	<u>L. Durante</u>	Phone:	<u>(718)762-2500</u>	
Signature:	<u>L. Durante</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)]				