



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>Reg - Mix</u>
WASTE QUANTITY:	<u>7</u> Tons <u>7</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>56 DR - 61 ST</u> <u>II 1068</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>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 Av</u> City: <u>Brooklyn</u> State: <u>N</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>3-26-19</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>888SMH</u> Signature: <u>[Signature]</u> Date: <u>3-26-19</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 Pantoja</u> Phone: <u>718-349-3094</u> Signature: <u>[Signature]</u> Date: <u>3/26/19</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>DIRT - Asphalt</u>
WASTE QUANTITY:	_____ Tons <u>12</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>203 ST - 112 AV</u> <u>14-2590</u> City: <u>Saint Albans</u> State: <u>NY</u> Zip Code: <u>11412</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>Faruke</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 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>3-27-19</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>80808M14</u> Signature: <u>H. Watts</u> Date: <u>3-27-19</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, 12</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>3/27/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Asphalt ~ 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>203st - 212 AV</u> / <u>14-2590</u> City: <u>Saint Albans</u> State: <u>NY</u> Zip Code: <u>11412</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>Faruice</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK</u>				
Receiving Facility Name: _____ <input checked="" type="checkbox"/> Chosen by Transporter				
Address: _____ City: _____ State: _____ Zip: _____				
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature: <u>X J. Clark</u> Date: <u>3-27-19</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. W. Pitts</u>		Phone: <u>516-753-1512</u> Plate No. <u>80808MT</u>		
Signature: <u>J. Clark</u>		Date: <u>3-27-19</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, 15 yds</u>		<u>Not to enter</u>		
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>J.D.</u>		Phone: _____		
Signature: <u>J. Clark</u>		Date: <u>3/27/19</u>		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>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>7st - 3av</u> <u>14-1917</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11215</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>Carlos B.</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK</u>	
Receiving Facility Name: <u>Allocco</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>C. B.</u> Date: <u>3-28-19</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>8050SMH</u> Signature: <u>H. Watts</u> Date: <u>3-28-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>QHWA3</u> Name: <u>Allocco</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: _____ <u>entered by me</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>S. I. Straub</u> Phone: _____ Signature: <u>S. I. Straub</u> Date: <u>3-28-19</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>12</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>203 ST - 113 AV</u> <u># 14-2590</u> City: <u>SAINT ALBANS</u> State: <u>NY</u> Zip Code: <u>11412</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>FARUKE</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>3-29-19</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>80806MT</u> Signature: <u>J. Durante</u> Date: <u>3-29-19</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, 12</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>J.D</u> Date: <u>3/29/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Asphalt - Mix</u>			
WASTE QUANTITY:	<u> </u> Tons	<u>16</u> Cubic Yards	Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>203 ST - 113 AV 14-2590</u> City: <u>SAINT ALBANS</u> State: <u>NY</u> Zip Code: <u>11412</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>FARUKE</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. H. Watts</u> Date: <u>3-29-19</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>J. H. Watts</u>		Phone: <u>516-753-1512</u> Plate No.: <u>80505M4</u>		
Signature: <u>J. H. Watts</u>		Date: <u>3-29-19</u>		
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u>				
Name: <u>Ourante</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 yd</u> <u>that I enter</u>				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>JH</u>		Phone: _____		
Signature: <u>JH</u>		Date: <u>3/29/19</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)(9)]				



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Asphalt & Concrete 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>Ave S & Ocean Ave / Ave S & E 17th St</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 F. Gavanally</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3-27-19</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>[Signature]</u> Date: <u>3-27-19</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: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>[Signature]</u> Phone: <u>718-349-309X</u> Signature: <u>[Signature]</u> Date: <u>3/27/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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WASTE QUANTITY:	_____ Tons <u>16</u> <u>18</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Ave S & ocean Ave</u> <u>JOB #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 T</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u>	
Receiving Facility Name: <u>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3-28-19</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>Greg Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u> Signature: <u>Greg Weill</u> Date: <u>3-28-19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>Z4WA3</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 me [Signature]</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>Salsano</u> Phone: _____ Signature: <u>[Signature]</u> Date: <u>3-28-19</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 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>Ave S & ocean Ave / Ave S & E 17st</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 F. Iovanni</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u>	
Receiving Facility Name: <u>Stony Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>4001 Daly Blvd</u> City: <u>ocean side</u> State: <u>NY</u> Zip: <u>11572</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>J. M. J.</u> Date: <u>3-29-19</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 Well</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-PG</u> Signature: <u>John Phisell</u> Date: <u>3-29-19</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 <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>Ave S & ocean Ave / Aves 5 & E 17 St</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 F. Yoravsky</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allocco</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>[Signature]</u> Date: <u>3-29-19</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>[Signature]</u>	Date: <u>3-29-19</u>
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>24nA3</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>718-349-3091</u>
Signature: <u>[Signature]</u>	Date: <u>3/29/19</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>15</u> Cubic Yards		Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN CONSTRUCTION</u> Job # <u>142591</u> Address: <u>ERICSSON ST & 24 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>Joe Murray</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>31 119</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 Garbain</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: <u>Tom Garbain</u> Date: <u>31 119</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41 W 22</u> Name: <u>DURANTE BROS</u> Address: <u>31-40 123 ST</u> City: <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, 16yo</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>JM</u> Phone: <u>718 782 2500</u> Signature: <u>JM</u> Date: <u>3/26/19</u>				
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>ASPHALT, DIRT</u>
WASTE QUANTITY:	_____ Tons <u>12</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 #142591</u> Address: <u>ERICSSON ST & 24 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>Joe Murray</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3/27/19</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 Corbin</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</u> Signature: <u>[Signature]</u> Date: <u>3/27/19</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, 12 yds</u> <u>that is entire</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>JD</u> Phone: <u>718-262-2500</u> Signature: <u>[Signature]</u> Date: <u>3/27/19</u>	
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>ASPHALT, DIRT & CONCRETE</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 #142591</u> Address: <u>ERICSSON ST & 24 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>Joe Murray</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3/27/19</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 Garbain</u> Phone: <u>516-753-1512</u> plate No.: <u>60778MK</u> Signature: <u>[Signature]</u> Date: <u>3/27/19</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, 16yds</u> <u>hot + anta</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>JD</u> Phone: <u>718-762-2500</u> Signature: <u>[Signature]</u> Date: <u>3/27/19</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, ASPHALT & CONCRETE</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 # 142591</u> Address: <u>ERICSSON ST & 24 AV</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 MURRAY</u> Phone: <u>516-432-8300</u> Transporter Name: <u>PARK TRUCKING</u> Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: <u>11354</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>31/11/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Tom CARBAJAL</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</u> Signature: <u>[Signature]</u> Date: <u>31/11/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>DURANTE BROS</u> Address: <u>31-40 123 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 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.	
Print Name: <u>L. Durante</u> Phone: <u>718-762-2500</u> Signature: <u>[Signature]</u> Date: <u>3/28/19</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>ASPHALT, DIRT</u>
WASTE QUANTITY:	_____ Tons <u>12</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 # 142591</u> Address: <u>ERICSSON ST & 24 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>JOE MURRAY</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>31-40 123 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: <u>11354</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: _____	
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: <u>1A-301</u>
Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Tom Garbarin</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u>	
Signature: <u>[Signature]</u> Date: <u>3/28/19</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>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, 12</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>918-782-2500</u>	
Signature: <u>[Signature]</u> Date: <u>3/28/19</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, ASPHALT</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</u> Job # <u>14259</u> Address: <u>ERICSSON ST & 24 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>Joe Murray</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: <u>11354</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3/28/19</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 Corbain</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</u> Signature: <u>[Signature]</u> Date: <u>3/28/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41 W 22</u> Name: <u>DURANTE BROS</u> Address: <u>31-40 123 ST</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site	
Describe all Discrepancies in type or quantity of waste: _____	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: _____ Phone: <u>718-762-2500</u> Signature: <u>[Signature]</u> Date: <u>3/28/19</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>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#142591</u> Address: <u>ERICSSON ST & 24 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>Joe Murray</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK TRUCKING</u>				
Receiving Facility Name: <u>DURANTE BOATS</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>3/29/19</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>3/29/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>410022</u> Name: <u>DURANTE BOATS</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 yds</u> <u>that is extra</u>				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>JO</u> Phone: <u>718-776-21500</u> Signature: <u>[Signature]</u> Date: <u>3/29/19</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 # 142591</u> Address: <u>ERICSSON ST & 24 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>Joe Murray</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>DURANTE BROS</u> <input type="checkbox"/> Chosen by Transporter	
Address: <u>31-40 123 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: <u>11354</u>	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: <u>[Signature]</u> Date: <u>3/29/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u>	
Describe all Discrepancies in type or quantity of waste: _____	
Driver Name (print): <u>Tom CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: <u>[Signature]</u> Date: <u>3/29/19</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, 16yds</u> <u>that I enter</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>JD</u> Phone: <u>718-762-2802</u> Signature: <u>[Signature]</u> Date: <u>3/29/19</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 #142591</u> Address: <u>ERICSSON ST & 24 AV</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 Murray</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>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>J. Murray</u> Date: <u>3/29/19</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 Saba</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: <u>S. Saba</u> Date: <u>3/29/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41 W 22</u>	
Name: <u>Durante</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, 16yds</u> <u>#1 enter</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Print Name: <u>JO</u> Phone: <u>718 782 2500</u> Signature: <u>JO</u> Date: <u>3/29/19</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.</p> <p>[ref: 6 NYCRR 364-5.1(b)(5)]</p>	



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Asphalt/Dirt</u>				
WASTE QUANTITY:	_____ Tons <u>14</u>		Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>144 St & 85 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>Deborah Tandy</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</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>3/27/19</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>GU812MK</u>
Signature:	<u>[Signature]</u> Date: <u>3/27/19</u>				
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>416022</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, 14</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>3/27/10</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

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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): Asphalt Dirt			
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>144 St & 85 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>Deochland Trade</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>PARK Trucking</u>				
Receiving Facility Name: <u>Durante</u> <input type="checkbox"/> Chosen by Transporter				
Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u>				
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature: <u>D. Durante</u> Date: <u>3/28/19</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 Abramowifz</u> Phone: <u>516-753-1512</u> Plate No.: <u>G0812MK</u> Signature: <u>St. Abr</u> Date: <u>3/28/19</u>				
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>4LW22</u> Name: <u>Durante</u> Address: <u>3140</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 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.</p> <p>Print Name: <u>L. Durante</u> Phone: <u>718 762 2580</u> Signature: <u>L.D</u> Date: <u>3/28/19</u></p>				
<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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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete Dirt</u>			
WASTE QUANTITY:	_____ Tons	16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>144 St + 85 Ave</u> City: <u>Flushing</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>Pearlhand 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 125 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11384</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>B Tanda</u> Date: <u>3/29/19</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>608 12 m K</u> Signature: <u>st thw</u> Date: <u>3/29/19</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 yd, kt = mts</u>				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>SD</u> Phone: <u>718 762 2500</u> Signature: <u>/</u> Date: <u>3/29/19</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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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>57th Rd & 58th PL</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>X Ali</u> Phone: <u>516-432-8300</u>				
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>DURANTE Bros</u> 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>M</u>		Date: <u>3.27.19</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): _____		Phone: <u>516-753-1512</u> Plate No.: <u>55813M</u>		
Signature: _____		Date: <u>3.27.19</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, 16yd, that I sent</u>				
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Print Name: <u>JD</u>		Phone: _____		
Signature: <u>J</u>		Date: <u>3/27/19</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
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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> Job # <u>14 2594</u> Address: <u>57th Rd & 58th Pl</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>X JAMES QUINN</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allocco 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 D. Hallen</u>		Date: <u>3-27-19</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>Chris Wise</u> Signature: <u>Chris Wise</u>		Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</u> Date: <u>3-27-19</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</u> City: <u>BK</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site				
Describe all Discrepancies in type or quantity of waste: _____ <i>Entered by me</i> <u>S. Salstrom</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>Salstrom</u> Signature: <u>Salstrom</u>		Phone: _____ Date: <u>3-27-19</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): _____			
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> # <u>142590</u> Address: <u>203 ST & 113 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>XFAKURK</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>Chris Wise</u> Date: <u>3-28-19</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: _____				
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>				
<p>I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.</p> <p>Print Name: <u>L. Durante</u> Phone: <u>718-762-2500</u> Signature: <u>L. Durante</u> Date: <u>3-28-19</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 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: 203 ST & 113 ^{AVE} City: Queens State: NY Zip Code: _____				
GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____ Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558					
Authorized Representative of Generator: X FRANK Phone: 516-432-8300					
Transporter Name: PARK TRUCKING					
Receiving Facility Name: DURANTE BROS <input checked="" type="checkbox"/> Chosen by Transporter Address: 31-40 123 ST City: FLUSHING State: NY Zip: 11354					
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.					
Signature: X C. R. J. Date: 3.28.19					
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): Cyprus Wise			Phone: 516-753-1512 Plate No.: 55813ML		
Signature: C. R. J. Date: 3.28.19					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22					
Name: Durante			Address: _____		
City: _____ State: _____ Zip: _____			Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: Mix, 1b					
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: 3/28/19		
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	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> 14 2594 Address: <u>57th Rd & 58th Pl</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>X</u> Phone: <u>516-432-8300</u>					
Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allococo 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>X</u> Date: <u>3.29.19</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>Chris Wise</u> Signature: <u>Chris</u>			Phone: <u>516-753-1512</u> Plate No.: <u>55813 ML</u> Date: <u>3.29.19</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 Pantoja</u> Signature: <u>Noel P</u>			Phone: <u>718-349-3094</u> Date: <u>3/29/19</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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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: 57 th Rd & 58 th Pl City: Queens			State: NY Zip Code: 142594	
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 Phone: 516-432-8300					
Transporter Name: Park Trucking					
Receiving Facility Name: Durante Bros <input checked="" type="checkbox"/> Chosen by Transporter					
Address: 31-40 123 St City: Flushing State: NY Zip: 11354					
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.					
Signature: X Date: 3.29.19					
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: 1A-301					
Transporter Company Name: PARK TRUCKING INC.					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): Chris Wise Phone: 516-753-1512 Plate No.: 55813ML					
Signature: Chris Wise Date: 3.29.19					
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): 41W22					
Name: Durante Address: _____					
City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site					
Describe all Discrepancies in type or quantity of waste: Min 16 yds tht I enter					
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.					
Print Name: JG Phone: _____					
Signature: JG Date: 3/29/19					
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 checked="" 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</u>				
WASTE QUANTITY:	_____ Tons		16	Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>Duffield & Willowby</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: _____ Phone: <u>516-432-8300</u>					
Transporter Name: _____					
Receiving Facility Name: <u>Allocco</u> <input type="checkbox"/> Chosen by Transporter Address: <u>Greenpoint</u> City: <u>Brooklyn</u> State: _____ Zip: _____					
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.					
Signature: _____ Date: _____					
TRANSPORTER: To be completed by Transporter			DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): <u>Tom Ross</u>			Phone: <u>516-753-1512</u> Plate No.: <u>33298AU</u>		
Signature: <u>Tom Ross</u>			Date: <u>3/23/19</u>		
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24WA3</u>					
Name: <u>Allocco Recycling</u>			Address: <u>540 Kingsland Ave</u>		
City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11220</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>718-349-3094</u>		
Signature: <u>Noel Pantoja</u>			Date: <u>3/23/19</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>161</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 Const</u> Address: <u>Austin Ave & Brooklyn</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>Joe Soto</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>PARK TRUCKING</u>	
Receiving Facility Name: <u>Alvaco Corp</u> <input checked="" type="checkbox"/> Chosen by Transporter	
Address: <u>Kingsland Ave</u> City: <u>Brooklyn</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>Joe Soto</u> Date: <u>3/27/18</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>Victor Kinane</u> Phone: <u>516-753-1512</u> Plate No.: <u>33828-AU</u> Signature: <u>PK</u> Date: <u>3/27/18</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24W93</u> Name: <u>Alvaco Corp</u> Address: <u>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 3-1 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>Karen C</u> Phone: <u>718-349-3094</u> Signature: <u>Karen C</u> Date: <u>3/27/18</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 checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>Mix</u>			
WASTE QUANTITY:	_____ Tons <u>12</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>Broadway & Kent Ave</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>Jose Sarto</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>123 Plz</u> City: <u>Plz Hrsg</u> State: <u>NY</u> Zip: <u>11701</u>				
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.				
Signature: <u>Jose Sarto</u> Date: <u>3/29/19</u>				
TRANSPORTER: To be completed by Transporter		DEC Permit/Registration No.: <u>1A-301</u>		
Transporter Company Name: <u>PARK TRUCKING INC.</u>				
Describe all Discrepancies in type or quantity of waste: <u>None</u>				
Driver Name (print): <u>Rich Kinane</u>		Phone: <u>516-753-1512</u> Plate No. <u>335F-AO</u>		
Signature: <u>RK</u>		Date: <u>3/29/19</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 Plz</u>		
City: <u>Plz Hrsg</u>		State: <u>NY</u> Zip: <u>11701</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, 12</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>3/29/19</u>		
The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]				



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

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <u>MIX</u>
WASTE QUANTITY:	<u>16</u> Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Const</u> Address: <u>Broadway & Kent 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>Jose Soto</u> Phone: <u>516-432-8300</u>	
Transporter Name: <u>Park Trucking</u>	
Receiving Facility Name: <u>D'Locco Jay</u> Chosen by Transporter <input checked="" type="checkbox"/>	
Address: <u>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>Jose Soto</u> Date: <u>3/29/18</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>None</u>	
Driver Name (print): <u>Chetka Khan</u> Phone: <u>516-753-1512</u> plate No.: <u>33887W</u>	
Signature: <u>Chetka Khan</u> Date: <u>3/29/18</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>04WAB</u>	
Name: <u>D'Locco Jay</u> Address: <u>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 SS</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>Sally Shano</u> Phone: _____	
Signature: <u>Sally Shano</u> Date: <u>3/25/18</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)]	



Department of
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Conservation

Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): <i>Mix</i>
WASTE QUANTITY:	<i>16</i> Tons <i>16</i> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <i>Hallen Const</i> Address: <i>First Ave & Broadway</i> City: <i>Brooklyn</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>Allace</u> Chosen by Transporter <input checked="" type="checkbox"/> Address: <u>Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: _____	
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.	
Signature: _____ Date: <u>3/28/19</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>Brett Kinone</u> Phone: <u>516-753-1512</u> Plate No.: <u>33888-AW</u> Signature: _____ Date: <u>3/28/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>241MA3</u> Name: <u>Dalloc</u> Address: <u>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 fac</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 Strong</u> Phone: _____ Signature: <u>Paul Pachino</u> Date: <u>3/28/18</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)]	