



Part 360 Waste Tracking Document - Construction & Demolition Debris

49938

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill* <input type="checkbox"/> Residue* <input checked="" type="checkbox"/> Construction Waste* <input type="checkbox"/> Demolition Waste* <input checked="" type="checkbox"/> Other* (specify): CONCRETE		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: CON EDISON W. 28TH STREET Address: 281 11TH AVENUE City: NEW YORK State: NY Zip Code: 10001		
GENERATOR: Name:	Con Edison	DEC Permit/Reg. No. (if applicable):	
Address:	281 11TH AVE	City:	New York State: NY Zip: 10001
Authorized Representative of Generator:	R. MARCIC	Employee ID: 00548	
Company:	Con Edison	Phone: 901 559 3890	
Transporter Name:	C. FRANCIS CONSTRUCTION CORP.		
Receiving Facility Name:	Allocco Recycling		
Address:	540 Kingsland Ave.	City:	Brooklyn State: NY Zip: 11222
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Signature:	Ralph Miree Date: 6/9/24		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.:		
Transporter Company Name:	CFC		
Describe all Discrepancies in type or quantity of waste: mix			
Driver Name (print): Robert Witter	Phone: 201-325-7244 Plate No.: 81604-mm		
Signature: Robert Witter	Date: 6/9/24		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): 24WA3		
Name:	Allocco	Address:	540 Kingsland
City:	BK	State:	NY Zip: 11222
Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site			
Describe all Discrepancies in type or quantity of waste: Envirotex BX AR			
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:	Ralph Miree Phone: 718 349 3090		
Signature:	Date: 6/9/24		
The completed tracking document must be returned to the Generator <u>within two weeks</u> of receipt of the waste.			
* A copy of the completed tracking document must also be provided to DEC <u>within two weeks</u> of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.			



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill* <input type="checkbox"/> Residue* <input checked="" type="checkbox"/> Construction Waste* <input type="checkbox"/> Demolition Waste* <input checked="" type="checkbox"/> Other* (specify): <u>CONCRETE</u>		
WASTE QUANTITY:	<u>18</u> Tons	<u>18</u> Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con Edison W. 28th Street</u> Address: <u>281 11th Avenue</u> City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10001</u>		
GENERATOR: Name:	<u>Con Edison</u> DEC Permit/Reg. No. (if applicable): _____		
Address:	<u>281 11th Ave.</u>	City:	<u>New York</u> State: <u>NY</u> Zip: <u>10001</u>
Authorized Representative of Generator:	<u>R. MARC C</u> Employee ID: <u>00548</u>		
Company:	<u>Con Edison</u> Phone: <u>917 559 3490</u>		
Transporter Name:	<u>C. Francis Construction Corp.</u>		
Receiving Facility Name:	<u>Allocco Recycling</u>		
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>R. Marc C</u> Date: <u>6/9/21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____		
Transporter Company Name:	<u>CTC</u>		
Describe all Discrepancies in type or quantity of waste: _____			
Driver Name (print): <u>John M. Mino</u>	Phone:	<u>1-800-924-1000</u>	Plate No.: <u>2440093</u>
Signature:	<u>John M. Mino</u> Date: <u>6/9/21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>2440093</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 type="checkbox"/> interim processor, or <input type="checkbox"/> final site			
Describe all Discrepancies in type or quantity of waste: _____			
<u>John M. Mino</u> Date: <u>6/9/21</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>John M. Mino</u> Phone: <u>718 347 3576</u>		
Signature:	<u>John M. Mino</u> Date: <u>6/9/21</u>		
The completed tracking document must be returned to the Generator <u>within two weeks</u> of receipt of the waste.			
* A copy of the completed tracking document must also be provided to DEC <u>within two weeks</u> of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.			

**Part 360 Waste Tracking Document - Construction & Demolition Debris**

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

49939

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill* <input type="checkbox"/> Residue* <input checked="" type="checkbox"/> Construction Waste* <input type="checkbox"/> Demolition Waste* <input checked="" type="checkbox"/> Other* (specify): <u>Concrete</u>		
WASTE QUANTITY:	Tons	18	Cubic Yards
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con Edison w. 28th STREET</u> Address: <u>281 11th AVENUE</u> City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10001</u>		
GENERATOR: Name: <u>Con Edison</u>	DEC Permit/Reg. No. (if applicable): _____		
Address: <u>281 11th Ave.</u>	City: <u>New York</u>	State: <u>NY</u>	Zip: <u>10001</u>
Authorized Representative of Generator: <u>Robert Marcic</u>	Employee ID: <u>00548</u>		
Company: <u>Con Edison</u>	Phone: _____		
Transporter Name: <u>C. Francis Construction Corp.</u>			
Receiving Facility Name: <u>Allococo Recycling</u>			
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>Robert Mew</u>	Date: <u>6/9/21</u>		
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____		
Transporter Company Name: <u>CFC</u>			
Describe all Discrepancies in type or quantity of waste: <u>MIX</u>			
Driver Name (print): <u>Robert Witter</u>	Phone: <u>2018325724</u> Plate No: <u>81604MM</u>		
Signature: <u>Robert Witter</u>	Date: <u>6/9/21</u>		
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): <u>24WAZ</u>		
Name: <u>Allococo</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: <u>ENTRENZO BY ARS</u>			
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.			
Print Name: <u>Kennan</u>	Phone: <u>212 349 3094</u>		
Signature: <u>Kennan</u>	Date: <u>6/9/21</u>		
The completed tracking document must be returned to the Generator <u>within two weeks</u> of receipt of the waste.			
* A copy of the completed tracking document must also be provided to DEC <u>within two weeks</u> of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.			



Part 360 Waste Tracking Document - Construction & Demolition Debris

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49939

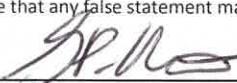
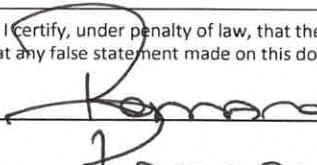
TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill* <input type="checkbox"/> Residue* <input checked="" type="checkbox"/> Construction Waste* <input type="checkbox"/> Demolition Waste* <input checked="" type="checkbox"/> Other* (specify): <u>Concrete</u>			
	WASTE QUANTITY:	<u>18</u> Tons	<u>18</u> Cubic Yards	Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Con Edison W. 28TH STREET</u> Address: <u>281 11TH AVENUE</u> City: <u>new york</u> State: <u>NY</u> Zip Code: <u>10001</u>			
GENERATOR: Name:	<u>Con Edison</u> DEC Permit/Reg. No. (if applicable): _____			
Address:	<u>281 11TH Ave.</u>	City:	<u>new york</u>	State: <u>NY</u> Zip: <u>10001</u>
Authorized Representative of Generator:	<u>Robert Marcic</u> Employee ID: <u>00545</u>			
Company:	<u>Con Edison</u> Phone: _____			
Transporter Name:	<u>C. Francis Construction Corp.</u>			
Receiving Facility Name:	<u>Allocco Recycling</u>			
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>Patti Mew</u> Date: <u>6/9/21</u>			
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____			
Transporter Company Name:	<u>CFC</u>			
Describe all Discrepancies in type or quantity of waste: <u>none</u>				
Driver Name (print): <u>Robert F. Mew</u>	Phone: <u>212-297-714</u> Plate No.: <u>FIEU4150</u>			
Signature:	<u>Robert F. Mew</u> Date: <u>6/9/21</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 type="checkbox"/> interim processor, or <input type="checkbox"/> final site
Describe all Discrepancies in type or quantity of waste: <u>none</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>Kerman</u> Phone: <u>718 348 3040</u>			
Signature:	<u>Kerman</u> Date: <u>6/9/21</u>			
The completed tracking document must be returned to the Generator within two weeks of receipt of the waste.				
* A copy of the completed tracking document must also be provided to DEC within two weeks of waste delivery for all waste types except for the marked waste types that are generated outside the City of New York.				



**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): Broken Concrete				
WASTE QUANTITY:	 Tons  Cubic Yards		Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>		
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: Con Edison West 28th Street Service Center Address: 281 11th Avenue City: New York State: NY Zip Code: 10001				
GENERATOR: Name: Onsite Construction Enterprises, Inc. DEC Permit/Reg. No. (if applicable): _____ Address: 32-09 10th Street City: Astoria State: NY Zip: 11106 Authorized Representative of Generator: George Hamilton Phone: 631-872-6493 Transporter Name: C Francis Construction Corp Receiving Facility Name: Allocco Recycling <input type="checkbox"/> Chosen by Transporter Address: 540 Kingsland Avenue City: Brooklyn State: NY Zip: 11222					
I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.					
Signature:	 Date: 6/9/21				
TRANSPORTER: To be completed by Transporter	DEC Permit/Registration No.: _____				
Transporter Company Name: CFC					
Describe all Discrepancies in type or quantity of waste: _____					
Driver Name (print): Robert Witter	Phone: _____ Plate No.: B1604MM				
Signature: Robert Witter	Date: 6/9/21				
RECEIVING FACILITY: To be completed by Receiving site	DEC Permit/Reg. No. (if applicable): 24 W A 3				
Name: Allocco	Address: 540 Kingsland Avenue				
City: BK	State: NY	Zip: 11222	Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site		
Describe all Discrepancies in type or quantity of waste: _____					
 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: Komara	Phone: 718-348-3084				
Signature: Komara	Date: 6/9/21				
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]					