

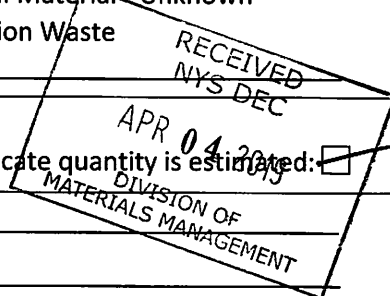


Department of
Environmental
Conservation

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 Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>	
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>56 OR - 61ST #1068</u> City: <u>Maspeth</u> State: <u>NY</u> Zip Code: <u>11378</u>	



GENERATOR: Name: The Hallen Construction Co. Inc. DEC Permit/Reg. No. (if applicable): _____
Address: 4270 Austin Blvd. City: Island Park State: NY Zip: 11558
Authorized Representative of Generator: JOE A. Phone: 516-432-8300

Transporter Name: PARK
Receiving Facility Name: Allocco ☒ Chosen by Transporter
Address: 540 KINGSLAND AVE City: Brooklyn State: N Zip: 11222

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: [Signature] Date: 3-26-19

TRANSPORTER: *To be completed by Transporter* DEC Permit/Registration No.: 1A-301
Transporter Company Name: PARK TRUCKING INC.

Describe all Discrepancies in type or quantity of waste: _____

Driver Name (print): H. Watts Phone: 516-753-1512 Plate No.: 888SMH
Signature: [Signature] Date: 3-26-19

RECEIVING FACILITY: *To be completed by Receiving site* DEC Permit/Reg. No. (if applicable): 24WA3
Name: Allocco Recycling Address: 540 Kingsland Ave
City: Brooklyn State: NY Zip: 11222 Put [X] for: ☒ Interim processor, or ☐ final site

Describe all Discrepancies in type or quantity of waste: _____

Entered by rec facility

I certify, under penalty of law, that the information contained herein is true and accurate.
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: Noel Pantoja Phone: 718-349-3094
Signature: [Signature] Date: 3/26/19

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

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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>DIRT - ASPHALT</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</u> Address: <u>203 ST - 112 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: _____ <small>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.</small> Signature: <u>[Signature]</u> Date: <u>3-27-19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80808mt</u> Signature: <u>[Signature]</u> Date: <u>3-27-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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> <small>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.</small> Print Name: <u>L. Durante</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>Asphalt - 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</u> Address: <u>203rd - 212nd 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: _____ <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>[Signature]</u> Date: <u>3-27-19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>H. W. [Signature]</u> Phone: <u>516-753-1512</u> Plate No. <u>80808MH</u> Signature: <u>[Signature]</u> Date: <u>3-27-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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 2 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>SD</u> Phone: _____ 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>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 - 3RD</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 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: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>H. Watts</u> Phone: <u>516-753-1512</u> Plate No.: <u>80508MH</u> Signature: <u>[Signature]</u> Date: <u>3-28-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): <u>24WIA3</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</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 Strano</u> Phone: _____ Signature: <u>[Signature]</u> Date: <u>3-28-19</u>	
<p>The completed tracking document for all waste types must be returned to the Generator within two weeks of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]</p>	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Asphalt - 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</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: _____ <small>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.</small> Signature: <u>[Signature]</u> Date: <u>3-29-19</u>			
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>H. WATTS</u> Phone: <u>516-753-1512</u> Plate No.: <u>8080GMH</u> Signature: <u>[Signature]</u> Date: <u>3-29-19</u>			
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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>			
<small>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.</small> Print Name: <u>L. Durante</u> Phone: <u>(718) 762-2500</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

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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 - 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>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>[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>H. WATTS</u> Phone: <u>516-753-1512</u> Plate No.: <u>805 SMH</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</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 is not</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>[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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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>HALL EN</u> Address: <u>Aves + ocean Ave / Aves + E17th</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 F / Yovanny</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: _____ Date: <u>3-27-19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Gary Weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u> Signature: <u>Gary Pweill</u> Date: <u>3-27-19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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: _____ <p style="text-align: right;">ENTERED BY <u>ARC</u></p> <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>Romano</u> Phone: <u>718-349-3094</u> Signature: _____ Date: <u>3/27/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete & Asphalt mix</u>		
WASTE QUANTITY:	<u>16</u> Tons <u>118</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>		
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLAM</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 Kings land 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: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Gary weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u> Signature: <u>[Signature]</u> Date: <u>3-28-19</u>			
RECEIVING FACILITY: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allocco</u> Address: <u>540 Kings land 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 <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]			



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Concrete MIX</u>		
WASTE QUANTITY:	<u>8</u> 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 17th</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 / YOVANNY</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Stony Creek</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>4001 Daly Blvd</u> City: <u>ocean side</u> State: <u>NY</u> Zip: <u>11572</u> <small>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.</small> Signature: <u>[Signature]</u> Date: <u>3-29-19</u>			
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Gary Well</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: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): _____ Name: <u>Stony Creek</u> Address: <u>4001 Daly Blvd</u> City: <u>ocean side</u> State: <u>NY</u> Zip: <u>11572</u> Put [X] for: <input checked="" type="checkbox"/> interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: _____ <small>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.</small> 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 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 + E17 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 / Yonanny</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: <u>To be completed by Transporter</u> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>Gary weill</u> Phone: <u>516-753-1512</u> Plate No.: <u>44990-MG</u> Signature: <u>[Signature]</u> Date: <u>3-29-19</u>	
RECEIVING FACILITY: <u>To be completed by Receiving site</u> DEC Permit/Reg. No. (if applicable): <u>24WA3</u> Name: <u>Allocco</u> Address: <u>540 Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: _____ <u>Entered by rec facility</u> I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Print Name: <u>Noel Pantoja</u> Phone: <u>718-349-3094</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 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: _____ Date: <u>3/11/19</u>	
TRANSPORTER: To be completed by Transporter DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>TOM CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MK</u> Signature: _____ Date: <u>3/11/19</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: <u>Mix, 1640</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: _____ 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: _____ 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>TAM CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</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 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 yd</u> <u>that is 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>718-7622500</u> Signature: _____ 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>BRUSSON ST 224 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: _____ 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: _____ 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, 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>JD</u> Phone: <u>718-762-2500</u> Signature: _____ 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: _____ Date: <u>3/1/19</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>60778 MK</u> Signature: <u>Tom Carbin</u> Date: <u>3/1/19</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 provided <u>that I entered</u> is true 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 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:	<u> </u> 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: <u> </u>
GENERATOR: Name: <u>The Hallen Construction Co. Inc.</u> DEC Permit/Reg. No. (if applicable): <u> </u> 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> </u>	
TRANSPORTER: <u>To be completed by Transporter</u> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: <u> </u> Driver Name (print): <u>TOM CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 M/K</u> Signature: <u>[Signature]</u> Date: <u>3/28/19</u>	
RECEIVING FACILITY: <u>To be completed by Receiving site</u> 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 <u>that I entered</u> is true 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 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>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: _____ 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 CARBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778 MK</u> Signature: _____ 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: _____ 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 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>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: _____ 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 CARLBAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MIK</u> Signature: <u>Tom Carlbain</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, 16 yd,</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>SD</u> Phone: <u>718-762-1500</u> Signature: _____ 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, 16 yds</u> <u>that I enter</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Print Name: <u>JD</u> Phone: <u>718-762-2500</u> Signature: <u>[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: _____ Date: <u>3/29/19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): <u>TON GABAIN</u> Phone: <u>516-753-1512</u> Plate No.: <u>60778MRL</u> Signature: _____ Date: <u>3/29/19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> 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, 16 yds</u> <u>at 1 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>SD</u> Phone: <u>718 762 2500</u> Signature: _____ 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>ASHFALT / 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>HALLÉN</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>Deochand Tandu</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>60812 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>41022</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> I certify, under penalty of law, that the information <u>that I entered</u> is true 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>3/27/19</u>	
The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input checked="" type="checkbox"/> Other (specify): <u>Asphalt Dirt</u>
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> Address: <u>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>Deochand Tande</u> Phone: <u>516-432-8300</u> Transporter Name: <u>PARK TRUCKING</u> Receiving Facility Name: <u>Durante</u> <input type="checkbox"/> Chosen by Transporter Address: <u>3140 123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11354</u> I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>[Signature]</u> Date: <u>3/28/19</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 Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>60812 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>41W22</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> I certify, under penalty of law, that the information <u>that I entered</u> is true 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 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 type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALL EN</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>Deochand Tandra</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>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>Steve Abramowitz</u> Phone: <u>516-753-1512</u> Plate No.: <u>608 12 mk</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</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>44 ± at 2</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>[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 type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>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>[Signature]</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 123ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: <u>11354</u> I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>[Signature]</u> Date: <u>3.27.19</u>	
TRANSPORTER: <i>To be completed by Transporter</i> DEC Permit/Registration No.: <u>1A-301</u> Transporter Company Name: <u>PARK TRUCKING INC.</u> Describe all Discrepancies in type or quantity of waste: _____ Driver Name (print): _____ Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</u> Signature: _____ Date: <u>3.27.19</u>	
RECEIVING FACILITY: <i>To be completed by Receiving site</i> DEC Permit/Reg. No. (if applicable): <u>41W22</u> Name: <u>Durante</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: <u>Mix, 16 yds</u> <u>that 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>SD</u> Phone: _____ 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 type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> 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 GUINN</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>[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>Chris Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</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</u> City: <u>BK</u> State: <u>NY</u> Zip: <u>11222</u> Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: <u>entered by 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>Sal Strand</u> Phone: _____ Signature: <u>[Signature]</u> Date: <u>3-27-19</u> The completed tracking document for all waste types must be returned to the Generator <u>within two weeks</u> of receipt of the waste. Statewide for restricted-use fill, limited-use fill and contaminated fill, and for all waste types, except residue, generated in the City of New York, a copy of the completed tracking document must also be provided to NYS DEC within 15 days of waste delivery to the receiving facility. [ref: 6 NYCRR 364-5.1(b)(5)]	



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Part 360 Series Waste Tracking Document - Construction & Demolition Debris

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

TYPE OF C&D DEBRIS:	<input type="checkbox"/> Limited-Use Fill <input type="checkbox"/> Restricted-Use Fill <input type="checkbox"/> Contaminated Fill <input type="checkbox"/> Fill Material - Unknown <input type="checkbox"/> General Fill <input type="checkbox"/> Residue <input type="checkbox"/> Construction Waste <input type="checkbox"/> Demolition Waste <input type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <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> # <u>142590</u> Address: <u>203rd & 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>X FARUK</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Paul Trucking</u> Receiving Facility Name: <u>DURANTE BROS</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>X 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>X [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>Chris Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</u> Signature: <u>[Signature]</u> Date: _____	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>41622</u> Name: <u>Durante</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u>	
I certify, under penalty of law, that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Print Name: <u>L. Durante</u> Phone: <u>(718) 762-2500</u> Signature: <u>[Signature]</u> Date: <u>3/28/19</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 type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen</u> Address: <u>203rd & 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>X Frank</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>Floresburg</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>X [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>Chris Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813 ML</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>41W22</u> Name: <u>Durante</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: <u>Mix, 16</u> I certify, under penalty of law, that the information <u>that I entered</u> contained herein is true 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 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 <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> <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: _____ 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: _____ 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>Chris Wise</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813 ML</u> Signature: _____ 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>Allocco 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: _____ 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 type="checkbox"/> Other (specify): _____
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>HALLEN</u> <u>14 25 94</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>[Signature]</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>DURANTE BROS</u> <input checked="" type="checkbox"/> Chosen by Transporter Address: <u>31-40 123 ST</u> City: <u>FLUSHING</u> State: <u>NY</u> Zip: <u>11354</u> I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>[Signature]</u> Date: <u>3.29.19</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>Chris WISE</u> Phone: <u>516-753-1512</u> Plate No.: <u>55813ML</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</u> Address: _____ City: _____ State: _____ Zip: _____ Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: <u>Mix, 16 yds</u> <u>that 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>SD</u> Phone: _____ 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 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 <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>Duffield & W. 116th 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: _____ Phone: <u>516-432-8300</u> Transporter Name: _____ Receiving Facility Name: <u>Allocco</u> <input type="checkbox"/> Chosen by Transporter Address: <u>GREENPARK</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>[Signature]</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>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>3/23/19</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 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>Cent Ave & Broadway</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>Alcoa</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>Jose Soto</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: <u>None</u> Driver Name (print): <u>Art Kinore</u> Phone: <u>516-753-1512</u> Plate No.: <u>33558-AU</u> Signature: <u>Art Kinore</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>Alcoa</u> Address: <u>Kingsland Ave</u> City: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11222</u> Put <input checked="" type="checkbox"/> for interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: _____ <p style="text-align: right;">ENTERED BY ARS</p> <p style="text-align: center;">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>Roman</u> Phone: <u>218-349-3094</u> Signature: <u>Roman</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 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>Brooklyn & 1st 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 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: _____ I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law. Signature: <u>Jose 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>Chut Kinane</u> Phone: <u>516-753-1512</u> Plate No.: <u>3385A-AO</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>123 St</u> City: <u>Flushing</u> State: <u>NY</u> Zip: _____ Put [X] for: <input checked="" type="checkbox"/> Interim processor, or <input type="checkbox"/> final site Describe all Discrepancies in type or quantity of waste: <u>Mix, 12</u> I certify, under penalty of law, that the information contained herein <u>that I entered</u> is true 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>3/29/19</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:	_____ 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 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>José Soto</u> Phone: <u>516-432-8300</u> Transporter Name: <u>Park Trucking</u> Receiving Facility Name: <u>Allocca Dry</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>José Soto</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>Archie Kman</u> Phone: <u>516-753-1512</u> Plate No.: <u>3388-RW</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>24MB3</u> Name: <u>Allocca Dry</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>Sal Siano</u> Phone: _____ 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)]	



**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>MC</u>
WASTE QUANTITY:	_____ Tons <u>16</u> Cubic Yards Check box to indicate quantity is estimated: <input checked="" type="checkbox"/>
LOCATION WHERE WASTE WAS PICKED UP:	Source Name: <u>Hallen Const</u> Address: <u>East Ave & Broadway</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>Allocco</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: _____ 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>Bruce Kinane</u> Phone: <u>516-753-1512</u> Plate No.: <u>33898-AN</u> Signature: _____ Date: <u>3/28/19</u>	
RECEIVING FACILITY: To be completed by Receiving site DEC Permit/Reg. No. (if applicable): <u>24MA3</u> Name: <u>Allocco</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 for</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 Strano</u> Phone: _____ Signature: _____ 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)]	