



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

0 tons of Recyclables

FACILITY INFORMATION			
FACILITY NAME: <i>Trashmaster</i>			
FACILITY LOCATION ADDRESS: <i>2640 Route 14</i>	FACILITY CITY: <i>Montour Falls</i>	STATE: <i>Ny</i>	ZIP CODE: <i>14865</i>
FACILITY TOWN: <i>Six</i>	FACILITY COUNTY: <i>Schuyler</i>	FACILITY PHONE NUMBER: <i>607-594-7106</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #: (Refer to DEC Permit) <i>Reg# 49T10007</i>	DATE ISSUED: <i>9/17/19</i>	DATE EXPIRES: <i>9/17/24</i>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <i>49T10007</i>
FACILITY CONTACT: <i>Donita Parmenter</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607-594-7106</i>	CONTACT FAX NUMBER: <i>607-594-7113</i>
CONTACT EMAIL ADDRESS: <i>donita@parmenterinc.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>Ronald Parmenter</i>	OWNER PHONE NUMBER: <i>607-594-7106</i>	OWNER FAX NUMBER: <i>607-594-7113</i>	
OWNER ADDRESS: <i>P.O. Box 328</i>	OWNER CITY: <i>Odesse</i>	STATE: <i>Ny</i>	ZIP CODE: <i>14869</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>donita@parmenterinc.com</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental
Conservation Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-
7260 Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

<u>Donita Parmenter</u> Signature	<u>1/27/2021</u> Date
<u>Donita Parmenter</u> Name (Print or Type)	<u>V.P.</u> Title (Print or Type)
<u>donita@parmenterinc.com</u> Email (Print or Type)	
<u>P.O. Box 328</u> Address	<u>Odessa</u> City
<u>Ny 14869</u> State and Zip	<u>(607) 594-7106</u> Phone Number

ATTACHMENTS: YES NO