



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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021
SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Paragon Recycling & Transfer corp			
FACILITY LOCATION ADDRESS: 45 dale st	FACILITY CITY: west babylon	STATE: ny	ZIP CODE: 11704
FACILITY TOWN: babylon	FACILITY COUNTY: suffolk	FACILITY PHONE NUMBER: 631-249-1639	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Babylon (Town)			NYSDEC REGION #: 1
360 PERMIT #: (Refer to DEC Permit) 1-4720-008561-00002	DATE ISSUED: 12/16/16	DATE EXPIRES: 12/15/21	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 52T46
FACILITY CONTACT: glenn ferrante	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 631-249-1639	CONTACT FAX NUMBER: 631-249-1681
CONTACT EMAIL ADDRESS: gferrante@uniquesanitation.com			
OWNER INFORMATION			
OWNER NAME: Paragon Recycling & Tra	OWNER PHONE NUMBER: same	OWNER FAX NUMBER: same	
OWNER ADDRESS: 35 dale st	OWNER CITY: west babylon	STATE: ny	ZIP CODE: 11704
OWNER CONTACT: glenn ferrante	OWNER CONTACT EMAIL ADDRESS: same		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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 2021? 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 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.


Signature

3/31/2022
Date

glenn ferrante
Name (Print or Type)

sec. treasurer
Title (Print or Type)

gferrante@uniquesanitation.com
Email (Print or Type)

35 dale st
Address

west babylon
City

ny 11704
State and Zip

(631) 245-1639
Phone Number

ATTACHMENTS: YES NO