



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, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31,
2022 SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Trashmasters			
FACILITY LOCATION ADDRESS: 2640 Route 14	FACILITY CITY: Montour Falls	STATE: NY	ZIP CODE: 14865
FACILITY TOWN: Dix	FACILITY COUNTY: Schuyler	FACILITY PHONE NUMBER: 607-594-7106	
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) 49T10007	DATE ISSUED: 09/17/2019	DATE EXPIRES: 09/17/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 49T10007
FACILITY CONTACT: Donita Parmenter	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 607-594-7106	CONTACT FAX NUMBER: 607-594-7113
CONTACT EMAIL ADDRESS: donita@parmenterinc.com			
OWNER INFORMATION			
OWNER NAME: Ronald Parmenter	OWNER PHONE NUMBER: 607-594-7106	OWNER FAX NUMBER: 607-594-7113	
OWNER ADDRESS: P.O. Box 328	OWNER CITY: Odessa	STATE: NY	ZIP CODE: 14869
OWNER CONTACT: Donita Parmenter	OWNER CONTACT EMAIL ADDRESS: donita@parmenterinc.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input 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 2022? 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.

<u>Donita Parmenter</u> Signature	<u>7/31/2023</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 14825</u> State and Zip	<u>(607) 594-7106</u> Phone Number

ATTACHMENTS: YES NO