

2008 ANNUAL FACILITY REPORT



GENERAL INFORMATION

(Must be completed for **each** facility on site)

Today's Date:

1. Facility Location

Facility Name WASHINGTON TRANSFER STATION	Street Address 961 SOUTH MAIN STREET
Town WASHINGTON	State/ZIP NH 03280

2. Permittee Information

Name TOWN OF WASHINGTON	Mailing Address 7 HALFMOON POND RD.
Town WASHINGTON	State/ZIP NH 03280
Email address for distribution of forms:	

3. Operational Status (check one)

Operated all of 2008
 Did not receive waste in 2008
 Operated part of 2008 only. Stopped/started receiving waste on _____, 2008

4. For Municipal Facilities

Check which collection and recycling options are available to residents of your community. Please list all haulers that operate in your town

<u>MSW</u>	<u>Recycling</u>	<u>Service Options</u>
<input type="checkbox"/>	<input type="checkbox"/>	Curbside, Municipal Service
<input type="checkbox"/>	<input type="checkbox"/>	Curbside, Municipal Contract with Private Hauler
<input type="checkbox"/>	<input type="checkbox"/>	Curbside, Individual Contract with Private Hauler
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Residential Drop-off

Name of Hauler	Uses transfer station	Name of Hauler	Uses transfer station
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. For Municipal Facilities Only - Financing of Facility

What method of financing is used to fund facility?
 Annual User Fees Yes No If yes, how much per household? _____

Pay As You Throw	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how much per bag?	
Budget Line Item	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, how much per year?	\$110,000.00

(If a combination of financing, please indicate all types and amounts.)

6. Hours of Operation

<i>Normal Hours of Operation</i>			
Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	<u>10:00 AM 6:00PM</u>	Saturday	<u>9:00AM 5:00PM</u>
		Sunday	<u>11:00AM 7:00PM</u>
<i>Seasonal Hours of Operation</i>			
Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	<u>10:00 AM 6:00PM</u>	Saturday	<u>9:00AM 5:00PM</u>
		Sunday	<u>11:00AM 5:00PM</u>

7. Contact Information

Who should be contacted with waste disposal or recycling related questions?

Name	Mailing Address	
<u>EDWARD G. THAYER</u>	7 HALFMOON POND RD.	
Town	State/ZIP	Email
<u>WASHINGTON</u>	NH 03280	HIGHWAY@WASHINGTONNH.ORG
Daytime Telephone Number		

8. Additional Questions: (Please answer the following questions so that we can update information on your facility)

	Yes	No
1. Does your town have a mandatory recycling ordinance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you offer electronic waste recycling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Do you charge for construction and demolition waste disposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Do you charge for bulky items like furniture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Do you charge for white goods disposal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you have a town/city recycling committee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you accept sharps, needles or medical waste?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Has anyone at your facility been injured by a medical sharps (needle)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Does your town/city use a special revenue or enterprise fund to account for revenues from recycling, fees and charges, sale of Pay as You Throw Bags, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2008 ANNUAL FACILITY REPORT FOR TRANSFER STATION/
PROCESSING FACILITY**



This form must be completed for the facility types listed below in Question 10. Separate forms must be completed for other types of activities at this location, or for other facilities under your jurisdiction.

Today's Date: MARCH 17, 2009

9. Name of Facility: Town of WASHINGTON Transfer Station

10. Facility Types:

<input type="checkbox"/>	C&D Processing Facility	<input type="checkbox"/>	Electronics Demanufacturer
<input checked="" type="checkbox"/>	Transfer Station/Recycling Center	<input type="checkbox"/>	Recycling Center Only
<input type="checkbox"/>	Material Recovery Facility	<input type="checkbox"/>	Composting Facility

11. Waste Accepted

Please indicate measurement units as follows: T=Tons, CY(L)=Cubic Yards Loose, CY(C)=Cubic Yards Compacted. **Add to the amount of waste the letter E for estimate or the letter A for actual.**

If you prepare a separate calendar year report which provides the information requested below, that report may be submitted instead of completing these questions. **Use a separate sheet for additional entries if necessary.**

Waste Type	List New Hampshire Towns Using Facility	Amount	List Other States Using Facility	Amount	Disposal Destination
Residential MSW	WASHINGTON	357 E			MT. CARBURY
	STODDARD	50 E			MT. CARBURY
Commercial/ Industrial MSW					
Construction/ Demolition Debris	WASHINGTON	167 A			MT. CARBURY
	WASHINGTON	100 A			ERRCO
Other					

12. Compost

Amount of leaf and yard waste added to compost pile in 2008	5 E	Tons
Amount of food waste added to compost pile in 2008		Tons

13. Recycling

Please list tonnages and ultimate destination (market) for recyclable materials. Do you need to convert different weights to tons? See the attached conversion chart.		
Material	Quantity (2008) In tons	Destination
Single Stream Recycling		
Dual Stream Recycling		
If neither Single or Dual Stream complete the following items as appropriate		
All containers commingled (metals & plastics)	68.7 A	KEENE MRF
Cans-Aluminum		
Cans-Commingled (steel & aluminum)		
Cans-Steel		
Corrugated Cardboard		
Electronics		
Glass (including glass aggregate)		
Mixed Paper (including magazines)	67.2 A	KEENE, BILLERICA MA
Newspaper		
Office Paper		
Plastic-commingled (PETE & HDPE)		
Plastic-HDPE		
Plastic-PETE		
Propane Tanks (skip if already counted in scrap metal)	58 A EA	
Scrap Metal	70 A	B. ROVNER
Textiles		
Other Waste Streams		
Total (in tons):		
Do you operate a swap shop? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		

14. Equipment Survey

What equipment does the municipality own? Lease?					
Item	Own?	Lease?	Item	Own?	Lease?
Horizontal baler	<input type="checkbox"/>	<input type="checkbox"/>	Roll off Container	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vertical baler	<input type="checkbox"/>	<input type="checkbox"/>	Trailer (Storage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forklift/Skid Steer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plastic granulator	<input type="checkbox"/>	<input type="checkbox"/>
Scale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glass crusher	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Complete and return this form by MARCH 31, 2009 to:

Department of Environmental Services
 Waste Management Division - SWTAS
 29 Hazen Drive; PO Box 95
 Concord, NH 03302-0095

Or email to:
donald.maurer@des.nh.gov

If you have any questions, please call the Solid Waste Technical Assistance Section at (603) 271-3713.

RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS!