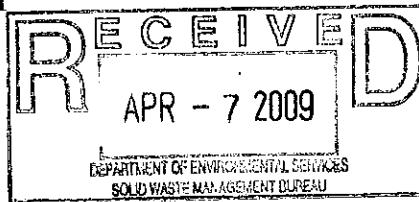


2008 ANNUAL FACILITY REPORT

GENERAL INFORMATION

(Must be completed for each facility on site)

Today's Date: 3/30/9



1. Facility Location

Facility Name ACWORTH RECYCLING & TRANSFER STA.	Street Address 222 BERYL MT. RD.
Town ACWORTH	State/ZIP NH 03601

2. Permittee Information

Name TOWN OF ACWORTH	Mailing Address PO BOX 37
Town ACWORTH	State/ZIP NH 03601
Email address for distribution of forms: TOWNOFF	

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

MSW	Recycling	Service Options
<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	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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 No If yes, how much per bag? _____

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:

9. Name of Facility:

10. Facility Types:

<input type="checkbox"/> C&D Processing Facility <input checked="" type="checkbox"/> Transfer Station/Recycling Center <input type="checkbox"/> Material Recovery Facility	<input type="checkbox"/> Electronics Demanufacturer <input type="checkbox"/> Recycling Center Only <input type="checkbox"/> Composting Facility
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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	ACWORTH	286T			GDS/CASELLA NEWPORT
Commercial/Industrial MSW	0				
Construction/Demolition Debris	ACWORTH	100T			GDS/CASELLA NEWPORT
Other					

12. Compost

Amount of leaf and yard waste added to compost pile in 2008	0	Tons
Amount of food waste added to compost pile in 2008	0	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)	20 T E	NRRA
Cans-Aluminum		
Cans-Commingled (steel & aluminum)		
Cans-Steel		
Corrugated Cardboard		
Electronics	5.18 T	NRRA
Glass (including glass aggregate)	NOT Weighed	Highway Dept.
Mixed Paper (including magazines)	60 T E	NRRA
Newspaper		
Office Paper		
Plastic-commingled (PETE & HDPE)		
Plastic-HDPE		
Plastic-PETE		
Propane Tanks (skip if already counted in scrap metal)		
Scrap Metal	16.96 T	
Textiles		
Other Waste Streams	TIRES 334 UNITS	NRRA
Total (in tons):	102,14 T E	
Do you operate a swap shop? <input type="checkbox"/> Yes or <input checked="" 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"/> 1	<input checked="" type="checkbox"/> 2
Vertical baler	<input type="checkbox"/>	<input type="checkbox"/>	Trailer (Storage)	<input checked="" type="checkbox"/> 2	<input type="checkbox"/>
Forklift/Skid Steer	<input type="checkbox"/>	<input type="checkbox"/>	Plastic granulator	<input type="checkbox"/>	<input type="checkbox"/>
Scale	<input type="checkbox"/>	<input type="checkbox"/>	Glass crusher	<input 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!

Budget Line Item Yes No If yes, how much per year? \$ 80,000 +-
 (If a combination of financing, please indicate all types and amounts.)

6. Hours of Operation

Normal Hours of Operation			
Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	11 AM - 6 PM	Saturday	9 AM - 4 PM
		Sunday	1 PM - 5 PM
Seasonal Hours of Operation			
Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	_____	Saturday	_____
		Sunday	_____

7. Contact Information

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

Name	KATHI BRADT		Mailing Address	POB 37	
Town	ACWORTH		State/ZIP	NH 03601	
Daytime Telephone Number	603-835-6879		Email	TOWNOFF@SOVER.NET	

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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |