

2008 ANNUAL FACILITY REPORT



GENERAL INFORMATION

(Must be completed for each facility on site)

Today's Date:

1. Facility Location

Facility Name MT TRASHMORE	Street Address RT-114.
Town GRANTHAM	State/ZIP NH.

2. Permittee Information

Name FRANK CHATSON SUPERVISOR	Mailing Address PO BOX 265
Town SPRINGFIELD	State/ZIP NH.
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

MSW	Recycling	Service Options			
<input type="checkbox"/>	<input type="checkbox"/>	Curbside, Municipal Service			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Curbside, Municipal Contract with Private Hauler			
<input checked="" type="checkbox"/>	<input checked="" 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	
DOODLES	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
WOMR OBER	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
MATT GALLIEN	Yes <input checked="" 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? **10.00**
 Pay As You Throw Yes No If yes, how much per bag?

Budget Line Item Yes No If yes, how much per year? _____
 (If a combination of financing, please indicate all types and amounts.)

6. Hours of Operation

Normal Hours of Operation			
Monday	8 AM - 12 PM	Thursday	CLOSED
Tuesday	CLOSED	Friday	10-12 - 1-4
Wednesday	8 AM - 12 PM 1 PM - 4 PM	Saturday	8 AM - 12 PM
		Sunday	1 PM - 4 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 FRANK CHAISSON	Mailing Address PO BOX 265	
Town SPRINGFIELD NH	State/ZIP	Email
Daytime Telephone Number W-863-9713 H-763-9474-C-477-1801		

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

- Does your town have a mandatory recycling ordinance?
- Do you offer electronic waste recycling?
- Do you charge for construction and demolition waste disposal?
- Do you charge for bulky items like furniture?
- Do you charge for white goods disposal?
- Do you have a town/city recycling committee?
- Do you accept sharps, needles or medical waste?
- Has anyone at your facility been injured by a medical sharps (needle)?
- 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.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

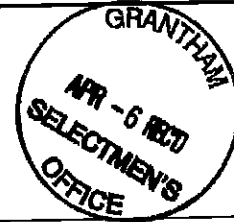
**2008 ANNUAL FACILITY REPORT FOR TRANSFER STATION/
PROCESSING FACILITY**



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: 24 MARCH 2009 AD.

9. Name of Facility: INT TRASHWORE.



10. Facility Types:

<input checked="" type="checkbox"/> C&D Processing Facility	<input type="checkbox"/> Electronics Demanufacturer
<input checked="" type="checkbox"/> Transfer Station/Recycling Center	<input checked="" 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	GRANTHAM	798.10 TNS	NONE		GDS/CASELLA Newport, NH
	/	0			GDS/CASELLA Newport NH
	GRANTHAM	232.89 TNS			GDS-CASELLA Newport NH.
Other		0			

12. Compost

Amount of leaf and yard waste added to compost pile in 2008	Tons	0
Amount of food waste added to compost pile in 2008	Tons	0

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)		
Cans-Aluminum		
Cans-Commingled (steel & aluminum)	14.600	CONCORD N.H.
Cans-Steel		
Corrugated Cardboard	74.820	BILLERICA MA.
Electronics		
Glass (including glass aggregate)	160.820	NEW LONDON NH
Mixed Paper (including magazines)	273.140	BILLERICA MA.
Newspaper		
Office Paper		
Plastic-commingled (PETE & HDPE)	77.500	BILLERICA MA.
Plastic-HDPE		
Plastic-PETE		
Propane Tanks (skip if already counted in scrap metal)		
Scrap Metal	92.100	CLAREMONT.
Textiles	0	
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 checked="" 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 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
 PO Box 95-29 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!