

2008 ANNUAL FACILITY REPORT



GENERAL INFORMATION

(Must be completed for each facility on site)

MAR 09 2009

Today's Date:

1. Facility Location

Facility Name <i>Charlestown Transfer Station</i>	Street Address <i>18 Fling Rd.</i>
Town <i>Charlestown</i>	State/ZIP <i>N.H. 03608</i>

2. Permittee Information

Name <i>Town of Charlestown</i>	Mailing Address <i>P.O. Box 385</i>
Town <i>Charlestown</i>	State/ZIP <i>NH 03603</i>
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 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? *25.00 per year*

Pay As You Throw Yes No If yes, how much per bag?

Budget Line Item Yes No If yes, how much per year? \$ 319,057.00
 (If a combination of financing, please indicate all types and amounts.)

6. Hours of Operation

Normal Hours of Operation			
Monday		Thursday	8:00 - 4:30
Tuesday	8:00 - 4:30	Friday	8:00 - 4:30
Wednesday	9:30 - 6:00	Saturday	8:00 - 4:30
		Sunday	
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	Mailing Address	
Keith Weed	PO Box 385	
Town	State/ZIP	Email
Charlestown	NH 03603	
Daytime Telephone Number		
603-826-4421		

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

2008 ANNUAL FACILITY REPORT FOR TRANSFER STATION/
PROCESSING FACILITY



Deleted: _____

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: 2/18/2009

9. Name of Facility: Charlestown 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	Charlestown	1281.1T			Mt. Carberry Berlin, NH North Country Bethlehem, NH Gorham Newport NH
Commercial/Industrial MSW					
Construction/Demolition Debris	Charlestown	350.41T			Mt. Carberry North Country
Other					

12. Compost

Amount of leaf and yard waste added to compost pile in 2008	500 yds 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)	46.60	Keene
Cans-Aluminum	1.4	Advanced, Claremont
Cans-Commingled (steel & aluminum)		
Cans-Steel		
Corrugated Cardboard	125.98	NPPRA
Electronics	15.34	East Coast
Glass (including glass aggregate)	109.38	Keene
Mixed Paper (including magazines)	139.69	Keene
Newspaper		
Office Paper		
Plastic-commingled (PETE & HDPE)		
Plastic-HDPE		
Plastic-PETE		
Propane Tanks (skip if already counted in scrap metal)	0.65	East Coast
Scrap Metal	78.15	Advanced
Textiles		
Other Waste Streams		
Total (in tons):	517.09	
Do you operate a swap shop? <input 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"/> 13	<input type="checkbox"/>
Vertical baler	<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	Trailer (Storage)	<input type="checkbox"/>	<input type="checkbox"/>
Forklift/Skid Steer	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	Plastic granulator	<input type="checkbox"/>	<input type="checkbox"/>
Scale	<input checked="" type="checkbox"/> 1	<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

Deleted: PO Box 95

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!