## 2008 ANNUAL FACILITY REPORT

### **GENERAL INFORMATION**

(Must be completed for each facility on site)

Today's Date: 3- N-2009



	ation		PSC White PSC and Control of Cont	en er en	
	usfer Statio	Street Addr			
Town .	uster Stano	State/ZIP	mica m	the rd	
_ unity		iy.H.	03603		
2. Permittee Inf	formation				
Nama		Mailing Ad	dress	·	
Town Cha	ed Unity			2	
Town	1.1	State/ZIP	13 center vs		
		N.H.	03603		
Email address for	distribution of forn	ns:			
3 Operational S	Status (check one	5			
or operational t	one of the property of the pro	<u> </u>			
Operated all c	of 2008		□ Did	not receive waste in 20	008
		-			,00
Operated part	of 2008 only. Stop	ped/started)receivi	ng waste on $8-1$ , 20	008	
	<u> </u>				
<ol><li>For Municipa</li></ol>					
Check which colle	ection and recycling	options are availa	able to residents of you	r community. Please	list all
haulers that operat	te in your town				
MSW	Dogga Har	<u> </u>		<u> </u>	
MISW	Recycling	Service Optic			
	H		nicipal Service nicipal Contract with I	Duizzata II.al	
		Curbside, Ind	incipal Contract with I	Private Hauler	
	×		ividual Contract with I	Tivate Hauter	
X	<u> </u>	Residential D		Tivate Hauter	
Name of Hauler	Uses tra		rop-off		on .
Name of Hauler	Uses tra	Residential D		Uses transfer static	on T
		Residential Dransfer station  No   X	rop-off	Uses transfer static	on
Garys	Yes	Residential Dansfer station  No 🔀	rop-off	Uses transfer static Yes No Yes No	on
Garys	Yes Yes	Residential Deansfer station  No	rop-off	Uses transfer static Yes No Yes No Yes No	on
Garys	Yes Yes Yes Yes	Residential Dansfer station  No X  No X  No \( \)	rop-off	Uses transfer static Yes No Yes No Yes No Yes No Yes No	on
Garys	Yes	Residential Diansfer station  No X  No X  No N	rop-off	Uses transfer static Yes No	on
Garys	Yes Yes Yes Yes Yes	Residential Dansfer station  No X  No No No No	rop-off	Uses transfer static Yes No	on
Garys	Yes	Residential Dansfer station  No X  No X  No N	rop-off	Uses transfer static Yes No	on
Garys GDS	Yes	Residential Diansfer station  No X  No X  No N	Name of Hauler	Uses transfer static Yes No	
Gorys GDS  5. For Municipa	Yes	Residential Diamsfer station  No X  No X  No N	Name of Hauler	Uses transfer static Yes No	
Gorys GDS  5. For Municipa	Yes	Residential Dansfer station  No X  No X  No N	Name of Hauler	Uses transfer static Yes No	on

Budget Line Item	Yes	No _	If yes, how mu			\$175	,000 (grass
6. Hours of Oper		on oj jinan <u>cing, j</u>	olease indicate all	types and a	imount	<i>s.)</i>	
		Normal He	ours of Operation				
Monday	_		<i>J</i> 1	Thursday	,		
Tuesday				Friday	-		
Wednesday	1+05 PI	<u> </u>		Saturday	_	8A)	1 to 4PM
				Sunday	-		
		Seasonal H	ours of Operation				
Monday			J 1	Thursday	-		
Tuesday		<del></del>		Friday	-		
Wednesday				Saturday	-		
				Sunday	-		
				•	-		
Daytime Telephone	Dowd - Se own Number 43 - 310 2		Address uter rd #: 03603	3	Email Unit	1 1 @ V	alley. Net
8. Additional information	Questions: ( on your fac	(Please answer ility)	the following o	questions :			<u> </u>
1 D	1	1	-		Y	es	No
		datory recycling	ordinance?				
2. Do you offer			( 1° 16	,		¥	
			on waste disposal?	?		刻	
<ul><li>4. Do you charge</li><li>5. Do you charge</li></ul>		ms like furniture	<i>:</i>			<del>挙</del>	
		ods disposai? cycling committe	a.O			실	
		es or medical wa				싁	
			.ste <i>:</i> . medical sharps (n	eedle\9		4	
9. Does your toy	/n/city use a si	necial revenue or	enterprise fund to	iccuic): Laccount fo	r [	=	
revenues from	recycling fee	es and charges s	ile of Pay as You	Throw Race	⊥ <u>[</u> 2	_	
etc.		- and ondigos, be	acorray as rou.	rmow Daga	э,		

# 2008 ANNUAL FACILITY REPORT FOR TRANSFER STATION/PROCESSING FACILITY



( <del> </del>		
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.

	acility: Unity transfe		
Facility Type	; 3:		
	D Processing Facility		Electronics Demanufacturer
f1	ansfer Station/Recycling Center	Ц	Recycling Center Only
<u></u>	aterial Recovery Facility		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	Amount	Disposal
Residential MSW	Unity	75 T	Using Facility		Destination
Commercial/ Industrial MSW		O			
Construction/ Demolition Debris		25 T	Α.		
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 (		
different weights to tons	? See the attached conversion	chart.
<u> </u>	Quantity (2008) In tons	Destination
Single Stream Recycling		
Dual Stream Recycling	30.72 TA	NERA
If neither Single or Dual Stream complete the following items as appropriate		
All containers commingled (metals & plastics)		
Cans-Aluminum	.9 T E	NRRA
Cans-Commingled (steel & aluminum)	,	
Cans-Steel	4.2T E	NRRA
Corrugated Cardboard	8 + 5	NRRA
Electronics	2十 日	
Glass (including glass aggregate)		
Mixed Paper (including magazines)	SEVOUND/SEVNEN	INVEGENDA
Newspaper		
Office Paper		
Plastic-commingled (PETE & HDPE)		
Plastic-HDPE		
Plastic-PETE		
Propane Tanks (skip if already counted in scrap metal)		
Scrap Metal	7.56 T A	NERA
Textiles	1.50 1 71	/ / / / / / / / / / / / / / / / / / / /
Other Waste Streams	<del></del>	
Total (in tons):	5 <b>3</b> , 38	
Do you operate a swap shop? Yes or No		

14. Equipment Survey

What equipment does	the municip	ality own?	Lease?		
Item	Own?	Lease?	Item	Own?	Lease?
Horizontal baler			Roll off Container	X	
Vertical baler 2	$\boxtimes$		Trailer (Storage)		
Forklift/Skid Steer	K		Plastic granulator		
Scale			Glass crusher		

### 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 <u>Solid Waste Technical Assistance Section</u> at (603) 271-3713. **RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS!** 

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