

# 2013 ANNUAL FACILITY REPORT



## TRANSFER STATIONS and RECYCLING FACILITIES

Recycling and waste activity for calendar year 2013 (January 1 - December 31). Please complete all 4 pages and make a copy for your records.

### 1. Facility Location (Env-Sw 1105.13(a))

Facility Name JAFFREY TRANSFER STATION	
Physical Address (Facility location, <u>not</u> mailing address) 110 OLD SHARON ROAD	
Town/City JAFFREY	DES Solid Waste Permit Number DES-SW-LP-92-003

### 2. Permittee Information as Indicated on Permit (Env-Sw 1105.13(b))

Permittee Name TOWN OF JAFFREY			
Mailing Address 1 10 GOODNOW STREET		Mailing Address 2	
Town/City JAFFREY	State NH	Zip Code 03452	Permittee Phone Number (603) 532-6521
Permittee Email Address RHEGLIN@TOWNOFJAFFREY.COM; DSTARR@TOWNOFJAFFREY.COM			

### 3. Facility Status (Env-Sw 1105.13(d))

<input checked="" type="checkbox"/> Operated the entire calendar year.	<input type="checkbox"/> Did not operate in the calendar year.
<input type="checkbox"/> Operated part of the calendar year only. Started operating on ____ / ____ /2013. Stopped operating on ____ / ____ /2013. month/day/year month/day/year	
Please check all boxes that apply to your facility.	
<b>Universal Wastes Accepted</b> <input type="checkbox"/> Antifreeze <input checked="" type="checkbox"/> Batteries (Automotive) <input checked="" type="checkbox"/> Batteries (Rechargeable) <input checked="" type="checkbox"/> Cathode Ray Tubes (CRTs) <input checked="" type="checkbox"/> Fluorescent Lamps <input checked="" type="checkbox"/> Mercury-Containing Devices	<b>Other Wastes and Activities at the Facility</b> <input checked="" type="checkbox"/> Used Oil <input type="checkbox"/> Household Hazardous Waste Event Date: ____ / ____ /13 <input type="checkbox"/> Other (Specify) ____ Do you have a used oil burner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you compost? <input type="checkbox"/> No <input checked="" type="checkbox"/> Leaf & Yard <input type="checkbox"/> Food Do you have a brush pile? <input type="checkbox"/> No <input type="checkbox"/> Chip <input checked="" type="checkbox"/> Burn

### 4. Contact Information Provide the name of the person who can answer questions about this report.

Name DOUG STARR / TOWN ENGINEER		
Work Mailing Address JAFFREY DPW / 23 KNIGHT STREET		
Town/City JAFFREY	State NH	Zip Code 03452
Work Email Address DSTARR@TOWNOFJAFFREY.COM	Daytime Phone Number (603) 532-7876	

Facility Name: \_\_\_\_\_

**5. Recycling (Env-Sw 1105.13(e) & (f))** Please list sources, tonnages and destination/market for all recyclable materials. If the tonnage is provided in "Dual Stream Recycling" or "Single Stream Recycling," do not list the materials separately. For further guidance, see the instruction sheet.

Material	Source of Recyclables		Tons Received in 2013	Destination/Market (Name & Location of the Facility that Accepted the Material)
	NH	US State other than NH		
Dual Stream Recycling (Metal, Plastic, Glass)				
Single Stream Recycling (Metal, Plastic, Glass, Fiber)				
<b>Materials (Not Included Above)</b>				
Containers - Aluminum/Steel/Tin Cans Only	JAFFREY		6.44	NRRA 2101 Dover Road Epsom, NH 03234
Containers - Metals & Plastic Only				
Containers - Plastic only	JAFFREY		16.1	NRRA (see address above)
Containers - Other (specify)				
Electronics (Other than CRTs)	JAFFREY		2.93	E-WASTE 81 Fitzgerald Drive Jaffrey, NH 03452
Fiber - Corrugated Cardboard (OCC)	JAFFREY		32.72	NRRA (see address above)
Fiber - Mixed Paper (Office/Newspaper/Magazines)	JAFFREY		117.73	NRRA (see address above)
Glass - Processed Glass Aggregate (PGA)	JAFFREY		10 (est.)	JAFFREY HIGHWAY DEPT.
Glass (Excluding PGA)				
Plastic - Rigid (Yard Toys, etc.)				
Propane Tanks for Reuse				
Scrap Metal	JAFFREY		63.43	NRRA (see address above)
Scrap Tires	JAFFREY		4,163 tires (est.)	MONADNOCK DISPOSAL 101 Old Sharon Road Jaffrey, NH 03452

Facility Name: \_\_\_\_\_

Other Recyclables (Specify)				
CRT's	JAFFREY		4.83	E-WASTE (see address above)
BATTERIES	JAFFREY		1.06 (47 batteries)	STILLWATER RECYCLING 44 Mead Street Leominster, MA 01453

Facility Name: \_\_\_\_\_

**6. Waste Received from New Hampshire and Out-of-State (Env-Sw 1105.13(e) & (f))** For further guidance, see the instruction sheet.

Waste Type	Source of Waste: Separate tonnages by NH or specify the US state(s) where the waste was from.		Tons Received in 2013	Destination Facility (Name and Location of the Facility that Accepted the Waste)	Destination Facility Type
<b>Commercial/Industrial Solid Waste</b>	NH Only		N/A	N/A	<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T
	Other State:				<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T
	Other State:				<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T
<b>Construction &amp; Demolition Debris</b>	NH Only		709.59	MONADNOCK DISPOSAL 101 Old Sharon Road Jaffrey, NH 03452	<input checked="" type="checkbox"/> LF <input checked="" type="checkbox"/> Inc. <input type="checkbox"/> P/T
	Other State:				<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T
	Other State:				<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T
<b>Residential Solid Waste</b>	NH Only		856.90	MONADNOCK DISPOSAL (see address above)	<input checked="" type="checkbox"/> LF <input checked="" type="checkbox"/> Inc. <input type="checkbox"/> P/T
	Other State:				<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T
	Other State:				<input type="checkbox"/> LF <input type="checkbox"/> Inc. <input type="checkbox"/> P/T

**7. Facility Operator Information (Env-Sw 1105.13(c))** Attach an additional sheet if needed, but it must include the same required information.

Name	Home Address	Home/Cell Phone #	Certificate #	Expiration Date
1. JANET CHALKE	C/O JAFFREY DPW, 23 KNIGHT STREET, JAFFREY, NH 03452	603 532-6521	#002020	5/8/2014
2. SHERRY GOSS	C/O JAFFREY DPW, 23 KNIGHT STREET, JAFFREY, NH 03452	603 532-6521	#001576	4/27/2014
3. BRUCE HANSON	C/O JAFFREY DPW, 23 KNIGHT STREET, JAFFREY, NH 03452	603 532-6521	#001412	3/11/2014
4.				

Facility Name: \_\_\_\_\_

5.				
6.				

Facility Name: \_\_\_\_\_

**8. Estimated Quantity of Waste Stored at the Facility, by Type, as of the End of the Calendar Reporting Year (Env-Sw 1105.13(i))** How much of the following wastes did the facility have onsite on 12/31/13?

Waste Type	Tons Onsite on 12/31/13
Commercial/Industrial Solid Waste	N/A
Construction & Demolition Debris	0
Recyclables	20 (estimated)
Residential Solid Waste	0

**9. Summary/Assessment of Environmental Monitoring in 2013 (Env-Sw 1105.13(j))**

Did the facility conduct environmental monitoring? ☒ Yes ☐ No

If yes, what was the reason?

☒ The facility is next to or located on the landfill. ☒ Other: NHDES GROUNDWATER MANAGEMENT PERMIT GWP-198402073 AND NHDES LANDFILL POST-CLOSURE PERMIT DES-SW-TP-92-015 (HALEY & ALDRICH IS RETAINED BY TOWN FOR ANNUAL MONITORING AND REPORTS.

Please provide the name and address where the results were sent. NHDES

Please provide a summary and assessment of the results: ON FILE AT NHDES

**10. Signature of Permittee or Authorized Official**

*I certify that the information on this form is accurate and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RANDALL W. HEGLIN / DPW DIRECTOR  
Printed/Typed Name and Title

**Complete and return this form by MARCH 31, 2014 to:**

Department of Environmental Services  
Waste Management Division - SWCAS  
PO Box 95  
Concord, NH 03302-0095  
FAX: (603) 271-2456  
Email: [solidwasteinfo@des.nh.gov](mailto:solidwasteinfo@des.nh.gov)

Note: Additional instructions for Sections 3, 5 and 6 are on page 5. Please do **not** submit the instructions with your form. The table for converting other units to tons is <http://des.nh.gov/organization/divisions/waste/swmb/css/categories/forms.htm>.



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## **2013 Annual Facility Report Transfer Stations & Recycling Facilities Additional Instructions for Sections 3, 5 and 6**

### **SECTION 3 (page 1) - Facility Status**

Information in this section is required by Env-Sw 1105.13(d).

- If the facility received waste during the entire calendar year, check the "Operated the entire calendar year" box.
- If the facility did not receive any waste during the entire calendar year, check the "Did not operate in the calendar year" box.
- If the facility received waste during a part of the calendar year, check the "Operated part of the calendar year only" box and enter the dates the facility started and stopped receiving waste(s).

We also request that you provide information about Universal Waste and other wastes your facility accepts, as well as other activities at your facility.

### **SECTION 5 (page 2) - Recycling**

Information in this section is required by Env-Sw 1105.13(e) & (f). You may attach additional sheets if you need more space, but they must be formatted the same as the report. If the information is provided in "Dual Stream Recycling" or "Single Stream Recycling," do not list it separately.

- "Single stream" means all recyclables are combined; "dual stream" is for the combination of all recyclables *except* fiber.
- Enter the tonnages according to the source of the material. There is a column for all recyclables from within NH and a column for all recyclables from out-of-state. List each state separately.
- If your receipts are in cubic yards or other units, use the conversion chart to determine tonnages. (<http://des.nh.gov/organization/divisions/waste/swmb/css/categories/forms.htm>)
- Identify the disposal destination for each recyclable material by the facility name *and* location. Do not enter a business entity only (i.e., Casella or Waste Management).
- If more than one disposal destination is used for a material, provide the tonnage for each disposal destination separately and, if necessary, attach additional sheets.

### **SECTION 6 (page 3) - Waste Received from NH and Out-of-State**

Information in this section is required by Env-Sw 1105.13(e) & (f). You may attach additional sheets if you need more space, but they must be formatted the same as the report.

- Enter the tonnages according to the source of the waste. There is a row for all waste from within NH, and two rows for all wastes from out-of-state. List each state separately.
- If your receipts are in cubic yards or other units, use the conversion chart to determine tonnages. (<http://des.nh.gov/organization/divisions/waste/swmb/css/categories/forms.htm>)
- Identify the disposal destination for each waste type by the facility name and location. Do not enter a business entity only (i.e., Casella or Waste Management).
- If more than one disposal destination is used for a waste type, provide the tonnage for each disposal destination separately and, if necessary, attach additional sheets.
- Identify whether the disposal destination is a landfill (LF), incinerator (Inc.), or processing and treatment (P/T) other than incineration.

