



RSA 149-M

2014 ANNUAL FACILITY REPORT

TRANSFER STATIONS and RECYCLING FACILITIES



Please complete all 5 pages identifying recycling and waste activities for calendar year 2014 (January 1 - December 31). Remember to 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 No. (DES-SW-XX-##-###) 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;			

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

☒ Operated the entire calendar year.
☐ Did not operate in the calendar year.
☐ Operated part of the calendar year only. Started operating on ____ / ____ /2014. Stopped operating on ____ / ____ /2014. MM / DD MM / DD

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

Name DOUG STARR	Job Title 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 in-state and out-of-state tonnages and destination/market for all recyclable materials. If the material listed in B & C is provided in A, do not list the tonnage separately. For further guidance, see the instruction sheet.

A. Material	Source and Amount of Recyclables Received in 2014					Destination/Market (Name & Location of the Facility that Accepted the Material)
	Tons from NH*	Units	Other State	Tons*	Units	
Dual Stream Recycling (Metal, Plastic, Glass)						
Single Stream Recycling (Metal, Plastic, Glass, Fiber)						
B. Materials (Not Included Above)						
Containers - Aluminum/Steel/Tin Cans Only	12					NRRA 2101 DOVER ROAD EPSOM, NH 03234
Containers - Metals & Plastic Only						
Containers - Plastic only	10.06					NRRA (SEE ADDRESS ABOVE)
Electronics	7.98					E-WASTE RECYCLERS 81 FITZGERALD DRIVE JAFFREY, NH 03452 URT 61 INDUSTRIAL DRIVE DOVER, NH 03820
Fiber - Corrugated Cardboard (OCC)	53.85					NRRA (SEE ADDRESS ABOVE)
Fiber - Mixed Paper (Office/Newspaper/Magazines)	93.89					NRRA (SEE ADDRESS ABOVE)
Glass - Processed Glass Aggregate (PGA)						
Glass (Excluding PGA)						
Plastic - Rigid (Yard Toys, etc.)						
Scrap Metal	60.63					NRRA (SEE ADDRESS ABOVE)
Textiles						
C. Materials (Not Included Above)						



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Facility Name: _____

Tanks (Acetylene, Propane, etc.)		28			0.5 (est.)	ALLEN & MATHEWSON ENEGY PO BOX 518 RINDGE, NH 03461
Tires		5,550 (est.)			62 (est.)	MONADNOCK DISPOSAL 101 OLD SHARON ROAD JAFFREY, NH 03452

*See <http://des.nh.gov/organization/divisions/waste/swmb/css/categories/forms.htm> for converting other units to tons.

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 2014*	Destination Facility Name (Name of the Facility that Accepted the Waste)	Destination Facility Location (Location of the Facility that Accepted the Waste)
Commercial/Industrial Solid Waste	NH Only			
	NH Only			
	NH Only			
	Other State:			
	Other State:			
Construction & Demolition Debris	NH Only	638.89	MONADNOCK DISPOSAL 101 OLD SHARON ROAD JAFFREY, NH 03452	WHEELABRATOR CONCORD 11 WHITNEY ROAD CONCORD, NH
	NH Only			NORTH COUNTRY ENVIRONMENTAL SERVICES TRUDEAU ROAD/PO BOX 9 BETHLEHEM, NH
	NH Only			
	Other State:			
	Other State:			
Residential Solid Waste	NH Only	810.83	MONADNOCK DISPOSAL 101 OLD SHARON ROAD JAFFREY, NH 03452	WHEELABRATOR CONCORD 11 WHINEY ROAD CONCORD, NH
	NH Only			NORTH COUNTRY ENVIRONMENTAL SERVICES TRUDEAU ROAD/PO BOX 9 BETHLEHEM, NH



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Facility Name: _____

	NH Only				
	Other State:				
	Other State:				

*See <http://des.nh.gov/organization/divisions/waste/swmb/css/categories/forms.htm> for converting other units to tons.

Contact solidwasteinfo@des.nh.gov and phone (603) 271-2925
PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

Facility Name: _____

7. 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 12/31/14?

Waste Type	Tons Onsite on 12/31/14
Commercial/Industrial Solid Waste	N/A
Construction & Demolition Debris	0
Recyclables	20 (est.)
Residential Solid Waste	0

8. Facility Operator Information (Env-Sw 1105.13(c)) Provide information for all operators regardless of certification designation. Attach an additional sheet if needed, but it must include the same required information.

Name	Address	Phone #	Certificate #	Expiration Date
1. JANET CHALKE	C/O JAFFREY DPW, 23 KNIGHT STREET, JAFFREY, NH 03452	603-532-6521	#002020	5/8/2015
2. SHERRY BLOOD	C/O JAFFREY DPW, 23 KNIGHT STREET, JAFFREY, NH 03452	603-532-6521	#001576	4/27/2015
3. BRUCE HANSON	C/O JAFFREY DPW, 23 KNIGHT STREET, JAFFREY, NH 03452	603-532-6521	#001412	3/11/2015
4.				
5.				
6.				

9. Summary and Assessment of Environmental Monitoring in 2014 (Env-Sw 1105.13(j))

Did the facility conduct environmental monitoring in 2014? ☒ Yes ☐ No (If no, proceed to the next section.)

If yes, was monitoring required by (check all that apply): ☐ Solid Waste Rules ☒ Permit ☐ Voluntary

☒ Results were submitted to DES. If so, to who were the results submitted? MELANIE DOIRAN; PETER BEBLOWSKI

Please attach a brief summary and assessment of the results. Provide a short paragraph that summarizes the results; please do NOT submit the entire report.

Facility Name: _____
☒ The transfer station is next to or located on a landfill.



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Facility Name: _____

10. Compliance Certification & Signature (Env-Sw 1105.13(l) or Env-Sw 1105.13(m), Env-Sw 1105.13(o)) To be completed by an elected or appointed representative of the governing body, if the permittee is a political subdivision, or of an authorized representative, if the permittee is a private entity.

☒ I certify the facility is in compliance with: the facility operating plan in accordance with Env-Sw 1105.04(b); any applicable requirements of Env-Sw 900 (Management of Certain Wastes); all terms and conditions of the facility permit; and, if applicable, the requirements of: Env-Hw 1100 for the management of universal wastes; Env-Hw 807 for the management of used oil; and Env-A 1000 for the operations of a burn pile.

OR

☐ I CAN NOT certify the facility is in compliance with the requirements listed above, and have attached a schedule for achieving compliance.

The information on this form is accurate and complete to the best of my knowledge.


Signature (Appointed or Authorized Representative)

3/24/15
Date

DAVID CARON / TOWN MANAGER

Printed/Typed (Name and Title)

Additional Facility Information

Please check all boxes identifying wastes accepted and other activities that took place at your facility.

☐ Antifreeze	☒ Used Oil Collection
☒ Batteries (Automotive)	☐ Used Oil Burner (EPA ID No. NHD_____)
☒ Batteries (Non-alkaline)	☐ Household Hazardous Waste Event (Date: ____/____/14)
☒ Cathode Ray Tubes (CRTs)	☒ Compost (☒ Leaf & Yard ☐ Food)
☒ Fluorescent Lamps	☒ Brush pile (☐ Chip ☒ Burn)
☒ Mercury-Containing Devices	☐ None of these apply to my facility.

Complete and return this form by MARCH 31, 2015 to:

DES - Waste Management Division - SWCAS
PO Box 95, Concord, NH 03302-0095
FAX: (603) 271-2456 * Email: solidwasteinfo@des.nh.gov