

INSTRUCTIONS
for obtaining a



Type I Modification To Solid Waste Management Facility Permit

pursuant to
RSA 149-M and New Hampshire Administrative Solid Waste Rule Env-Sw 315

Read these instructions before completing the attached form. For additional assistance contact the NH Department of Environmental Services (DES), Permitting & Design Review Section (P&DRS) at (603) 271-2925 or the below noted mailing address or TDD Access: Relay NH 1-800-735-2964.

Note: All references on this form beginning with "Env-Sw" are citations from the New Hampshire Solid Waste Rules. To obtain a copy of the Rules, contact the DES Public Information & Permitting Office at (603) 271-2975 or above noted TDD Access. The Rules are also available on the Internet at <http://www.des.nh.gov/rules>.

Complete the attached form to obtain either a "type I-A" or "type I-B" permit modification pursuant to Env-Sw 315.02(b) or (c), respectively. Before completing the form, be certain the proposed facility modification falls within the definition of either a type I-A or type I-B modification. [If unfamiliar with how to make this determination, refer to the worksheet on the reverse side of this instruction sheet and/or contact the P&DRS for assistance.]

All requested information must be provided as specified. Do NOT skip any question, unless instructed to do so. Do NOT mark any question "not applicable." If you need more room than provided on the form to answer a particular question and are using a paper copy of the form, attach additional pages as necessary; mark each page clearly to show both the applicant name and the question being answered; and indicate on the form that the additional pages are attached.

Submit THREE copies of the completed form, EACH bearing ORIGINAL signatures, to the following address:

NH Department of Environmental Services (DES)
Waste Management Division (WMD)
Permitting & Design Review Section (P&DRS)
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

Include the required fee, as determined from the following table. Make checks or money orders payable to "TREASURER, State of New Hampshire":

Type I-A Modification, without a capacity increase	\$1500
Type I-A Modification, with a capacity increase	See Env-Sw 310.07(a)(2) for formula to calculate or contact the P&DRS for assistance, at (603) 271-2925
Type I-B Modification	\$100

Your application will be processed by DES in accordance with Env-Sw 304 and Env-Sw 305. If your application is correctly filed (i.e., you submit the right number of copies, each with original signatures, and the required fee), your application will be accepted for processing. Within 60 days of receipt, and earlier whenever possible, you will be notified whether the application is complete (i.e., whether the application provides all information required to support a full technical review and determine whether the proposed modification meets all requirements of the Rules). If incomplete, you will be given instructions for correcting the deficiencies. If complete, you will be notified in writing and the agency will undertake a technical review of the application to determine whether the proposal meets all requirements of the Rules. In addition, for certain type I-A modifications, the agency must also hold a public hearing within the host municipality during the technical review process. Following the close of the technical review process and the hearing, if held, DES will make a final decision to issue or deny the requested modification. You will be notified in writing, as will the host municipality and host solid waste management district.

WORKSHEET FOR DETERMINING MODIFICATION TYPE

STEP 1: In order to correctly use and complete the attached application form, you must first confirm that your proposed facility modification is a "type I" modification (as opposed to being either a "type II" through "type V" modification). If your response to each of the following questions is "FALSE," your proposed facility modification most likely falls within the scope of a "type I" modification:

True **False** The proposed change is required by a condition of my permit which requires me to submit final plans for DES approval based on preliminary plans provided to DES on an earlier date. (Note: If this statement is "TRUE," your proposed modification is most likely a "type II" modification and you need to file your application by completing a "Type II Permit Modification Application Form.")

True **False** The proposed change is one of the following **AND** I am able to certify compliance with each of the statements provided in Section X of this application form:

— A change in facility operating hours between the hours of 6 AM and 6 PM or within alternative limits specified in my permit, or for a private facility managing only on-site generated waste, within limits allowed by local ordinance.

— A change in a key above-ground site feature, for instance a facility structure or appurtenance, which will not alter the permitted function(s) of the facility, change the basis of the approved facility design or violate any applicable siting criteria specified in the Rules, and which is merely a change to improve facility operations within the limits specified in my permit.

— For a facility permitted to collect recyclable materials, a change in the type of select recyclable materials (paper, cardboard, glass, plastic, metal or textiles) to be collected which does not increase the facility's approved storage capacity or require a change in the approved financial assurance plan of record for the facility.

— For landfills, a change in the type of cover material to be used at the facility, pursuant to Env-Sw 806.03.

— A name change for the permittee or facility that does not constitute a change in ownership or operational control of the facility.

— A change in organizational structure, including a change in the individuals/entities holding 10% or more of the permittee's equity or debt and/or a change in officers, directors, partners or key employees, that does not constitute a change in ownership or operational control of the facility.

(Note: If you respond "TRUE" to the above statement, your proposed modification is most likely a "type III" modification and you need to file your application by completing a "Type III Permit Modification Application Form.")

True **False** The proposed change is to transfer my permit or otherwise authorize a change in the ownership or operational control of the facility. (Note: If you respond "TRUE" to this statement, your proposed modification is most likely a "type IV" modification and you need to file your application by completing a "Type IV Permit Modification Application Form.")

True **False** The proposed change is to authorize the destruction or relocation of facility records. (Note: If you respond "TRUE" to this statement, your proposed modification is most likely a "type V" modification and you need to file your application by completing a "Type V Permit Modification Application Form.")

STEP 2: If your response to each of the above is "FALSE," you may assume that the proposed modification is a type I modification. You must now determine whether the proposed change is a "type I-A" or "type I-B" modification, as defined by Env-Sw 315.02(b) or (c).

A "type I-A" modification is one that will change facility operations in a manner having the potential to adversely affect the state's ability to establish and maintain an integrated system of facilities which: (1) will assist in achieving the waste reduction/recycling goals in RSA 149-M:2; (2) is consistent with the hierarchy in RSA 149-M:3; and (3) will provide a substantial public benefit pursuant to RSA 149-M:11. Therefore, if any of the following statements are TRUE relative to the change you are proposing at your facility, the change falls within the definition of a "type I-A" modification.

True **False** The proposed modification will increase the approved design capacity of the facility.

True **False** The proposed modification will extend the expiration date of the permit.

True **False** The proposed modification will reduce the operating life expectancy of a NH landfill without a comparable reduction in the permitted capacity of the landfill, as by directly or indirectly increasing the quantity of waste which will be received daily at a New Hampshire landfill.

True **False** The proposed modification will expand the permitted service area of the subject facility.



True False The proposed modification will change the subject facility service type from a "limited service" area facility (one which can accept waste from only certain sources specified in the permit) to an "unlimited service" area facility (one which can accept waste from any source).

True False The proposed modification will change facility operations to include a waste management method less preferred in the RSA 149-M:3 hierarchy. The methods, in order of descending preference as specified in RSA 149-M:3 are: source reduction; recycling and reuse; composting; waste-to-energy technologies (including incineration); incineration without resource recovery; and landfilling.

If you answer "FALSE" to each of the above statements, your proposed modification is most likely a "type I-B" modification, i.e., a modification which is unlikely to have an adverse effect on the state's ability to establish and maintain an integrated system of facilities which (1) will assist in achieving the waste reduction/recycling goals in RSA 149-M:2; (2) is consistent with the hierarchy in RSA 149-M:3; and (3) provides a substantial public benefit pursuant to RSA 149-M:11.



Waste Management Division

<i>For Office Use Only:</i>	
WMD Log #:	_____
Date Rec'd.:	_____
No. of Copies:	_____
Fee: \$ _____	/Check # _____



APPLICATION FORM FOR TYPE I MODIFICATION TO SOLID WASTE MANAGEMENT FACILITY PERMIT

pursuant to
RSA 149-M and New Hampshire Administrative Solid Waste Rule Env-Sw 315

SECTION I. FACILITY IDENTIFICATION

(1)	Facility name: Newton Transfer Station/Recycling Center
(2)	Functional classification: <input checked="" type="checkbox"/> collection/storage/transfer <input type="checkbox"/> processing/treatment <input type="checkbox"/> landfill
(3)	Mailing address: 2 Town Hall Road P.O. Box 378 Newton NH 03858
(4)	Permit number: DES-SW-90-012
(5)	Location, by street address and municipality: 4 Dugway Road Newton NH 03858

SECTION II. PERMITTEE IDENTIFICATION

(1)	Permittee/applicant name: Board of Selectmen-Town of Newton NH Transfer Station/Recycling Center		
(2)	Mailing address: 2 Town Hall Road P.O. Box 378 Newton NH 03858		
(3)	Telephone number: (603) 382-4405		
(4)	If different than above, identify the individual associated with and designated by the permittee/applicant to be the contact individual for matters concerning this application:		
	(a) Name: Mary Winglass	(b) Title: Selectmen's Office Manager	
	(c) Mailing address: 2 Town Hall Road P.O. Box 378 Newton NH 03858		
	(d) Telephone number: (603) 382-4405 ext 10	(e) E-Mail: selectmen@newtonnh.net	

SECTION III. DESCRIPTION OF PROPOSED MODIFICATION

Describe the proposed modification by answering each of the following questions. Use additional paper as necessary.

(1)	Provide a BRIEF description of the proposed modification. [Check box if response is provided on separate paper <input checked="" type="checkbox"/> The current facility permit since 1990 has become outdated; updating types of waste and recycling accepted by the town		
(2)	Identify whether the proposed modification is a "type I-A" or "type I-B" modification. (If uncertain, use the worksheet provided with the instructions for this form): <input type="checkbox"/> Type I-A <input checked="" type="checkbox"/> Type I-B		
(3)	Identify, either below or on separate paper, each written permit condition that will require amendment to effect the proposed modification and provide draft language for the same. [Check box if response is provided on separate paper <input type="checkbox"/> Revising Part 2 of April 1990 Request for Modification DES-SW-90-012		
(4)	Identify, below, each "last approved plan of record" identified in the permit which will be affected by the proposed modification and will therefore require amendment/revision:		
	Check here if affected	TYPE OF PLAN	DES APPROVAL DATE
	<input checked="" type="checkbox"/>	Facility design plans/specifications	5/3/1990
	<input checked="" type="checkbox"/>	Facility operating plan	pending
	<input checked="" type="checkbox"/>	Facility closure plan	pending
	<input type="checkbox"/>	Facility financial assurance plan	N/A
	<input type="checkbox"/>	Other plan (specify):	
			WMD LOG # (Find this number on your copy of the approval)
			41-90
			pending
			pending
			N/A

(5)	Submit, on separate paper, the proposed amendments/revisions for each document identified pursuant to (4) above, based on the below listed instructions. (Note: The revisions may be presented in the form of replacement pages ready for substitution into the last approved plan of record, each page being clearly marked to show the date of revision. In the event there is no last approved plan of record for any of the following, you must prepare and submit a full plan, including the proposed modification(s), in accordance with the applicable cited Rules.)
	<input checked="" type="checkbox"/> Facility design plans must be prepared in accordance with Env-Sw 1103.05.
	<input checked="" type="checkbox"/> Facility operating plans must be prepared in accordance with Env-Sw 1105.11.
	<input checked="" type="checkbox"/> Facility closure plans must be prepared in accordance with Env-Sw 1106.04.
<input type="checkbox"/> Financial assurance plans must be prepared as specified in Env-Sw 1400 and must include all related draft financial assurance documents required to effect the proposed modification.	
(6)	In order for DES to approve the proposed modification, the agency must be able to conclude from the information provided in this application that the proposed modification meets all applicable requirements of the Rules. Therefore, for any aspect of the proposed modification where it may not be self-evident that the proposed change meets all applicable requirements of the Rules, you should explicitly provide such information. Provide your response below and/or use separate paper as necessary. (Check box if response is attached on separate paper <input type="checkbox"/>)
	Updating 1990 Permit DES-SW-90-012 to make accepted waste, operating conditions and current site plan.

SECTION IV. SCHEDULE

Provide a proposed schedule for implementing the modification. Use separate paper if necessary. (Check box if response is attached on separate paper)

Upon approval of this permit modification application.
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SECTION V. STATEMENT OF NEED

Provide a statement of need describing why the proposed change is necessary or desirable. Use separate paper if necessary. (Check box if response is attached on separate paper)

Updating 1990 Permit DES-SW-90-012 to make accepted waste, operating conditions and site plan current, as directed by D.E.S. via email 02/07/2012; extension approved by D.E.S. to December 20, 2013
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SECTION VI. IMPACT EVALUATION

On separate paper, identify all impacts, both positive and adverse, which the proposed modification will have, including each of the below listed considerations.

- (1) The effect the modification will have on facility function, capacity, life expectancy, service type and service area.
- (2) The effect the modification will have on the environment, public health and safety.
- (3) The effect the modification will have on the state's ability to achieve the goals and objectives specified in RSA 149-M:2, namely achieving a 40% minimum weight reduction in the solid waste stream on a per capita basis by the year 2000 and avoiding the disposal of recyclable materials in a lined landfill with a leachate collection system.
- (4) The effect the modification will have on establishing and maintaining integrated waste management systems consistent with the hierarchy of waste management methods in RSA 149-M:3 [the methods, in descending order of preference as specified in RSA 149-M:3, are: source reduction; recycling and reusing; composting; waste-to-energy technologies (including incineration), incineration without resource recovery; and landfilling].
- (5) Consistency with the state solid waste management plan and the applicable district plan, pursuant to RSA 149-M:12, I(b). If necessary, contact the P&DRS at (603) 271-2925 for plan information.

SECTION VII. PUBLIC BENEFIT DEMONSTRATION

Provide a "demonstration of public benefit" based on the below listed instructions. Check which one of the listed instructions applies to your particular application.

<input type="checkbox"/>	For a type I-A modification of a standard permit, provide a "demonstration of public benefit" in accordance with RSA 149-M:11 and in conformance with the provisions of Env-Sw 1005.05. Prepare and submit the demonstration on separate paper.
<input type="checkbox"/>	For a type I-A modification of an emergency permit or a research and development permit, or a permit-by-notification, there is a presumption of public benefit, provided that the proposed modification meets all requirements of the Rules. Therefore, you may skip this section and go to Section VIII.
<input checked="" type="checkbox"/>	For a type I-B modification, there is a presumption of public benefit, provided that the proposed modification meets all requirements of the Rules. Therefore, you may skip this section and go to Section VIII.



SECTION VIII. OTHER PERMITS

Complete the following table to identify and provide the status of all other permits or approvals necessary to effect the proposed modification.

Type of Permit/Approval Required	Date the Application was/will be Submitted	Status/Comments
		**PLEASE SEE ATTACHED LIST OF PERMITS

SECTION IX. LEGAL NOTICES

Submit proof of having provided certain legal notifications and filings, as follows:

- (1) You must send by certified mail, or deliver in hand, a complete copy of this application to the host municipality, host solid waste management district and other affected entities, with a "notice of filing," as specified by Env-Sw 303.
- (2) For a type I-A modification, you must send by certified mail, or deliver in hand, a "notice of filing" to each owner of property abutting the facility site, as specified by Env-Sw 303. If the applicant/permittee or the owner of the facility site owns any abutting parcel of land, the "notice of filing" must be sent to the owner(s) of the next parcel(s) not owned by the permittee/applicant or facility site owner.
- (3) You must also provide a "notice of filing" to the New Hampshire Department of Justice/Office of the Attorney General (NH DoJ/AGO) if, pursuant to Section X(2) of this form, you are required to submit business and personal disclosure information.
- (4) You must attach to this application "proof" that notification has been provided as required by (1) through (3) above. Therefore, attach a copy of the notice(s) of filing and the signature(s) of all required recipients, acknowledging receipt.

SECTION X. CERTIFICATION OF COMPLIANCE/COMPLIANCE REPORT

All applications for permit modification must be submitted with either certification of compliance or a compliance report, as follows:

- (1) If you are ABLE to certify that each of the statements numbered (1) - (8) below are true, do so by your signature.
- (2) If you are UNABLE to certify that each of the statements numbered (1) - (8) below are true, you must:
 - Prepare and submit a separate Compliance Report as specified by Env-Sw 303.15; and
 - If the proposed modification involves a change in organizational structure, or a change in individuals/entities holding 10% or more of the permittee's debt or equity, or a change in officers, directors, partners or key employees, none of which constitutes a change in operational control of the facility or a change in ownership per Env-Sw 315.02(f), also submit completed "business and personal disclosure forms" for each non-compliant individual and entity involved in the change. Obtain the required forms from the P&DRS at (603) 271-2925. Submit the completed forms, with the notice of filing referenced by Section IX(3) of this form and a copy of the Compliance Report, direct to the New Hampshire Department of Justice/Office of Attorney General, Environmental Protection Bureau, 33 Capitol Street, Concord, NH 03301-6397. [Note: Copies of the completed disclosure forms should NOT be attached to this application when it is submitted to DES or to the host municipality, host solid waste management district and other effected entities, pursuant to Section IX(1) above. Only the NH DoJ/AGO should receive copies of the disclosure forms].

COMPLIANCE STATEMENT

The applicant shall certify that each of the statements listed in (1)-(8) below are true for each of the following individuals and entities:

- The applicant, and
- The facility owner, and
- The facility operator, and
- All individuals and entities holding 10% or more of the applicant's debt or equity, and
- All of the applicant's officers, directors, and partners, and
- All individuals and entities having managerial, supervisory or substantial decision making authority and responsibility for the management of the facility operations or the activity(s) for which approval is being sought.

- (1) No individual or entity listed above has been convicted of or plead guilty or no contest to a felony in any state or federal court during the 5 years before the date of the application.
- (2) No individual or entity listed above has been convicted of or plead guilty or no contest to a misdemeanor for a violation of environmental statutes or rules in any state or federal court during the 5 years before the date of the application.
- (3) No individual or entity listed above has owned or operated any hazardous or solid waste facility which has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules during the 5 years before the date of the application.

- | | | | | | |
|-----|--|-----|---|-----|---|
| (4) | No individual or entity listed above has been the subject of any administrative or judicial enforcement action for a violation of environmental statutes and rules during the 5 years before the date of the application; | | | | |
| (5) | All hazardous and solid waste facilities owned or operated in New Hampshire by any individual or entity listed above are in compliance with either.
<table border="1"> <tr> <td>(a)</td> <td>All applicable environmental statutes, rules, and DES permit requirements; or</td> </tr> <tr> <td>(b)</td> <td>A DES approved schedule for achieving compliance therewith.</td> </tr> </table> | (a) | All applicable environmental statutes, rules, and DES permit requirements; or | (b) | A DES approved schedule for achieving compliance therewith. |
| (a) | All applicable environmental statutes, rules, and DES permit requirements; or | | | | |
| (b) | A DES approved schedule for achieving compliance therewith. | | | | |
| (6) | All individuals and entities listed above are in compliance with all civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order to which DES is a party. | | | | |
| (7) | All individuals and entities listed above have paid, or are in compliance with the payment schedule for any administrative fine assessed by DES. | | | | |
| (8) | All individuals and entities listed above are in compliance with all terms and conditions under every administrative order, court order or settlement agreement relating to programs implemented by DES. | | | | |

Signature of the permittee/applicant certifying the above statements are true:

Permittee/Applicant Name (Print Clearly or Type) Raymond D. Thayer, Chairman, Board of Selectmen

Permittee/Applicant Signature Raymond D. Thayer

Date 12/19/13

SECTION XI. PERMITTEE/APPLICANT SIGNATURE REQUIREMENTS

The permittee/applicant must sign the following statement prior to submitting this application. All copies of the application filed with DES must bear the permittee's/applicant's ORIGINAL signature. If the permittee/applicant is not an individual, an individual duly authorized by the permittee/applicant shall sign the application.

To the best of my knowledge and belief, the information and material submitted herewith is correct and complete. I understand that any approval granted by DES based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by DES, without alteration of the text.

Permittee/Applicant Name (Print Clearly or Type) Raymond D. Thayer, Chairman, Board of Selectmen

Permittee/Applicant Signature Raymond D. Thayer

Date 12/19/13

SECTION XII. PROPERTY OWNER SIGNATURE

If the permittee and property owner are not the same, the property owner must also sign this form as follows. All copies of the application filed with DES must bear the property owner's ORIGINAL signature. If the property owner is not an individual, an individual duly authorized by the property owner shall sign the application.

- | | |
|-----|---|
| (1) | I hereby affirm that the permittee/applicant has the legal right to occupy and use the property on which the subject facility is or will be located for the purposes specified in this application. |
| (2) | I hereby affirm that I shall grant access to the property for closure and post-closure monitoring of the subject facility and site as required by RSA 149-M and the New Hampshire Solid Waste Rules (Env-Sw 100 - 300 and Env-Sw 400 - 2000), as amended. |

Property Owner Name (Print Clearly or Type) Raymond D. Thayer, Chairman, Board of Selectmen

Property Owner Signature Raymond D. Thayer

Date 12/19/13



INVOICE NO.	REFERENCE	AMOUNT	DISCOUNT	NET AMT.
121813TS		100.00		100.00

DATE

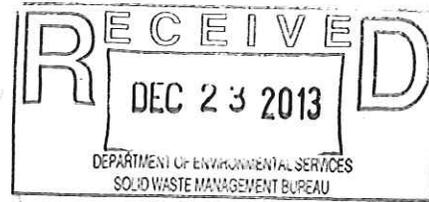
12/18/2013

CHECK NUMBER

0012744

CHECK AMOUNT

100.00



SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

TOWN OF NEWTON
 P.O. BOX 378
 NEWTON, N.H. 03858

MERRIMAC SAVINGS BANK
 MERRIMAC, MA 01860-1810
 53-7406/2113

12744
 FRAUD-A-HOR

CHECK NO. 0012744

One Hundred and No/100 Dollars

PAY TO THE ORDER OF

Treasurer, State of New Hampshire
 Waste Management Division
 P.O. Box 95
 Concord, NH 03302-0095

DATE
 12/18/2013

AMOUNT
 *****100.00

NOT VALID AFTER 180 DAYS



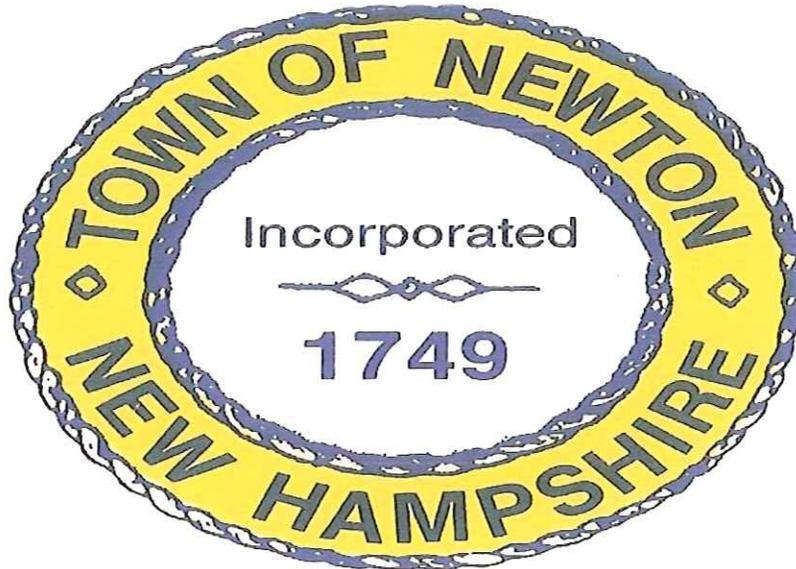
Man C. Riordan
 AUTHORIZED SIGNATURE

0012744 121813740621

184838

Details on Back Security Features Included

Newton NH Transfer Station/Recycling Center



OPERATING PLAN
Permit # :DES-SW-90-012

Solid Waste Collection, Storage and Transfer Facility
4 Dugway Road Newton NH 03858
2 Town Hall Road, PO Box 378 Newton NH 03858
(603) 382-7250

Date: January 31, 2008
Updated: December 17, 2013



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SECTION I

FACILITY IDENTIFICATION

Facility Name: Newton NH Transfer Station/Recycling Center

Mailing Address: PO Box 378, Newton, NH 03858

Street Address: 2 Dugway Road, Newton, NH 03858

Permit Number: DES-SW-90-012 & PIP NO: #651

Facility Type: Collection, Storage, and Transfer Facility

Average Quantity of Waste: the Facility is designed to Receive Daily 50 tons per day

Maximum Quantity of Waste to be stored at the Facility: 2,000 tons

Facility Service Type: Limited Public

Facility Service Area Description: This Facility accepts waste from the following towns:
The Town of Newton - For the purpose of Household Waste, Recyclables, Bulk Items, Construction and Demolition.

The Towns of East Kingston, Kingston, and South Hampton - For the purpose of Bulk Items, Construction and Demolition (C&D), Tires, Electronics, Clothing Drop, Book Drop, Florescent Lights/CFL/Mercury Containing Items, Propane Tanks, Freon Containing Items, White Goods/Scrap Metal, Paper and Cardboard, Used Motor Oil/Transmission fluid and Car Batteries Only.

Permittee/Facility Owner Name: Town of Newton, NH Transfer Station/Recycling Center

Mailing Address: PO Box 378, Newton, NH 03858 Telephone: (603) 382 – 4405

Property Owner: Town of Newton, NH

Mailing Address: PO Box 378, Newton, NH 03858

Operator(s) Name: Town of Newton, NH

Mailing Address: PO Box 378, Newton, NH 03858

SECTION II
PROHIBITED AND AUTHORIZED WASTES

1. **Prohibited Waste:** This facility is not permitted to receive any of the following types of solid waste
 - i. asbestos waste
 - ii. explosive waste
 - iii. contained gaseous waste(for recycle, only)
 - iv. liquid waste
 - v. infectious waste
 - vi. animal carcasses
 - vii. contaminated soils
 - viii. other absorbent media

2. **Authorized Waste:** The items listed below constitute the only types of solid waste the facility is authorized to collect, store, and transfer.
 - a. Mixed municipal solid waste, as defined by Env-Sw 103.46 namely “Solid waste generated at residences
 1. Kitchen trash/general household trash
 2. Non-recyclables
 - b. Recyclable materials:
 1. Paper/Cardboard
 2. Comingled (glass, plastic, aluminum)
 3. Ferrous Metal
 4. Non-Ferrous Metal
 5. Clothing Drop
 6. Cell Phones
 7. Batteries (AAA, 9-volt, d-cell, etc)
 8. Books, VHS, DVD, Vinyl Records
 9. Used Motor Oil/Transmission Fluid
 10. Tires
 11. Yard Waste (brush, leaves, grass)
 12. Freon units
 - c. Recyclable Universal Waste:
 1. Florescent Lights/CFL/Mercury Containing Items
 2. Electronics and CRTs
 3. Car Batteries
 - d. Bulky Waste:
 1. Furniture
 2. Sofa/Chairs
 3. Mattresses
 4. Anything that is big enough that it would not be considered Household waste (not to include items that have other designated uses)

3. *Inert construction and demolition debris:*

1. Asphalt
2. Fiberglass
3. Metal
4. Shingles
5. Brick
6. Glass
7. Plaster
8. Tile
9. Concrete
10. Insulation
11. Porcelain Fixtures
12. Drywall
13. Untreated/Unpainted wood and lumber
14. Treated/painted wood and lumber
15. Carpeting
16. Plastic/Vinyl
17. Wood ash from household stoves

**SECTION III
ROUTINE OPERATIONS PLAN**

1. **Hours of Operation:** The facility is open to receive and transfer waste as specified below:

Days	Hours
Monday	Closed
Tuesday	12:00 am – 7:00pm
Wednesday	Closed
Thursday	12:00 am – 7:00 pm
Friday	Closed
Saturday	8:00 am – 5:00 pm
Sunday	9:00 am – 4:00 pm

2. **Facility Access Control:** The facility employs the following types of access control to prevent unauthorized uses are indicated below.

1. Perimeter Fencing
2. Locked buildings
3. Locked gates
4. Natural Barriers: The areas not covered by the perimeter fence are wooded, hill and swamp areas.
5. Access Restricted sign: (see below)

3. **Signs and Postings:** Signs and posting at the facility generally include the following information:

- a. Facility Signs - Facility Name, Hours of Operation, Permit Number, Contact Info.
- b. No Parking - No parking in front of the “Swap Area”.
- c. Stop Sign - Stop at Guard Shack.
- d. Speed Limit Sign - 5 MPH while in the Facility.
- e. State Law - No children under 12 out of vehicle.
- f. Universal Waste - Computers, monitors, electronics.
- g. Leaves and Yard Waste - No trash or debris.
- h. Scrap Metal - No Freon containing items, propane tanks, microwaves, fire extinguishers, or trash.
- i. Propane Tanks - Disposal fees apply see attendant.
- j. Tires- Tires.
- k. Auto Batteries-Auto Batteries
- l. Mercury Devices- RSA 149, what items contain mercury.
- m. Video Surveillance-Video cameras used on premises.

- n. No Smoking-No smoking.
- o. Used Motor Oil-Please see attendant.
- p. Used Motor Oil on Tank-contact info for vendor.
- q. P.P.E. Sign-Required when handling used motor oil.
- r. Please Recycle-Help protect our environment.
- s. Household Rubbish-Household rubbish.
- t. Used Motor Oil-Clear containers only
- u. Mixed Paper-"Anything that rips", list of acceptable items.
- v. Thank You For Recycling-Thank you for recycling.
- w. Aluminum Cans-Boy Scouts Aluminum can recycling.
- x. Process/Don't Process-what items are accepted.
- y. Benefit of Recycling-Tonnage and cost of waste.
- z. Commingled Container-Commingled items.
- aa. Employee Bathroom-Employee Bathroom.
- bb. Brush and Clean Wood Only-No pressure Treated, painted, stained, varnished wood, plywood, pressboard, or furniture

4. On-site Traffic Patterns: Vehicles enter the Facility via the second left off of Dugway Road at which time all shall stop at Guard Shack (1). If the residents have regular trash they pull forward and can access all stops in a half moon style. If the residents have items for other areas, the guard will direct the resident to the necessary area(s), each area has a sign with an explanation of what is accepted in that area. Attached to this Operation Plan is a copy of the Site Plan for the Facility, this Site Plan shows the traffic direction and areas of the Transfer Station.

5. Waste Acceptance and Rejection Procedures: - Only authorized wastes, as specified in the permit are accepted by the facility. Incoming wastes are inspected and, if necessary, sampled and analyzed to assure the facility accepts authorized waste only. All unauthorized waste are rejected by the facility. The operator advises the transporter of a rejected waste as to potentially available alternative facilities which the operator believes or knows to be authorized to receive the type of waste being rejected. Out-of-state waste is not accepted.

(a) Unloading and sorting procedures are described below:

1. Wastes shall be unloaded directly into the appropriate containers/areas by the person(s) delivering the wastes: Customer(s) can receive help if said person(s) signs a waiver absolving the Town of Newton of any responsibility if damage/injury occurs in the unloading process. Wastes which will be unloaded in this manner include:
 - a. Household Waste
 - b. Bulky Waste/Construction and Demolition (C&D)
 - c. All Recycling

(b) **Waste inspection procedures:** All transfer containers (and/or stockpiles of waste, as may apply to tires, scrap metal, appliances or other waste stored in accordance with Env-Sw 404.05) shall be visually screened by the facility operator on a routine basis to identify and remove unacceptable waste. Additional waste inspection procedures are described below:

1. Relative to the collection, storage and transfer of source-separated recyclable materials, as defined in Env-Sw 104.42, individual users of the facility are expected to participate in the inspection and sorting of the wastes which they deliver. The facility operator shall oversee such activities and instruct users to immediately remove any unacceptable waste which they may deliver. Any/All loads that are brought into the Transfer Station/Recycling Center shall be inspected in this manner.
 2. Relative to RSA 159-M: 58, the operator on duty shall periodically inspect incoming wastes for mercury-added products and, if found, reject the load or separate and recycle the mercury-added products.
 3. Relative to the collection, storage and transfer of mixed municipal solid waste, the operator on duty shall periodically intercept bags of waste prior to their placement in the authorized transfer container and will visually inspect the contents to determine that no unacceptable wastes, as specified in Section II of this Operating Plan, have been received.
6. **Waste Quantity, Source and Destination Monitoring Procedures:** The quantity, source, and destination of all incoming waste and outgoing waste shall be measured and recorded in the facility operating records (ref. Env-Sw 1105.06) and Env-Sw 1105.09):

(a) **Waste Quantity** - The quantity of each incoming and outgoing waste shall be measured and recorded by the method(s) described below:

1. The Newton facility shall provide vendor receipts to record the quantity of the following outgoing waste:
 - i. Household waste
 - ii. Recyclables
 - iii. Construction & Demolition
 - iv. Scrap Metal
 - v. Bulk Waste
 - vi. Batteries (automobile/truck etc.)
 - vii. Electronics
 - viii. Brush/Clean Wood
2. Other:
 - i. Propane tanks (by count)
 - ii. Fluorescent bulbs (by Count)
 - iii. Waste oil/Transmission Fluid (by gallons)
 - iv. Mercury containing devices (by count)
 - v. Freon Containing Items (by unit)
 - vi. Hazardous Waste Day (Itemized list/Haz-Waste Day Only)

(b) **Source Monitoring Procedures:** Operators shall record the source of all incoming waste as follows:

1. Town residents will have the appropriate colored sticker (as per the Town's Resident Sticker Policy) and display it as per the resident sticker policy before being admitted

- into the Transfer Station/Recycling Center (make sure plate numbers match Permit).
2. East Kingston, Kingston, South Hampton will show their drivers license before being admitted into the Transfer Station/Recycling Center.

(c) **Destination Monitoring Procedures:** Operators shall record the destination of all outgoing waste as follows:

1. The manifest shall show where the waste is going and who the hauling & receiving company is.
2. The Manager or "Person in Charge" will sign the invoices from the vendor, check for correctness, sign and turn in to be paid by the Bookkeeper.

7. **Storage Time and Capacity limits:** The maximum total quantity of waste permitted to be stored at the facility is indicated in the Standard Permit in Section I of this manual.

1. All waste storage and transfer procedures shall meet the following additional requirements:
 - i. All solid waste received at the facility shall be actively managed;
 - ii. All solid waste leaving the facility shall be transferred to an authorized facility;
 - iii. Waste shall not be stored at the facility for a period of time which results in a condition adversely affecting the environment, public health or safety, including conditions that attract insects and vectors, generate odors or leachate, or have the potential to cause fire or explosion.
 - iv. Putrescible wastes shall be transferred from the facility before producing a noticeable odor or within one week of its receipt by the facility, whichever is earlier.
 - iv. Tires shall be stored and transferred in accordance with the applicable requirements of Env-Sw 905.02. Tires are stored in Building 2 on the right side and they are laced together for safety which allows for more storage.
2. Procedures for monitoring compliance with the above-listed requirements will be as follows:
 - a. Household Waste – The containers are emptied on a weekly basis.
 - b. Bulky Waste/Construction and Demolition (C&D) – Containers are emptied when they are full; usually on a weekly/ bi-weekly basis.
 - c. Recyclables
 1. Cardboard/Paper – emptied monthly
 2. Commingled – bi-weekly
 3. Tires – when the quantity reaches 100
 4. Propane Tanks – when the quantity reaches 100 twenty pound tanks
 5. Automobile Batteries when there are 6 pallets
 6. Freon Units when the quantity reaches 25 units.
 7. Scrap Metal – when the pile is sufficient to fill an 80 yard container (usually monthly).
 8. Brush/Clean Wood Pile- Burn pile per permit #51328 - brush less than five inches in diameter.
 9. Compost Pile-Once the Compost breaks down to just dirt, the product will be taken from the Facility by Newton Residents (after signing the waiver).

- d. Universal Waste and Other Universal Waste.
 1. Electronics – when the container is full (usually every 4 months).
 2. Fluorescent Light Bulbs, Mercury Switches, etc. –5,000 units of fluorescent bulbs, etc. (or once/twice a year).
 3. CRT, Televisions, Monitors- When 45-Yard Container is full (usually twice a month).
8. **Collection, Storage and Transfer Procedures:** The procedures employed by the facility to collect, store and transfer each type of waste received are as follows:

(a) Collection Methods and Procedures:

1. **Household Waste:** is placed into a compactor by the resident and then packed by operator into a 50 yard container. When the container pressure reached 1,500 psi the container is full and closed for the day.
2. **Bulk Waste/Construction and Demolition (C&D):** is placed into either the 30 yard or 40 yard container. (Depending on which one is being used that day). Once the container is full the Highway Department is contacted to crush down Container, this can be done twice before shipped off site.
3. **Propane Tanks:** are stored behind Building # 2 in the Propane Tank Bin.
4. **Automobile Batteries:** Start with a Spill Pallet and put a regular wooden pallet on top of it. Place a piece of cardboard on the wooden pallet, then label the pallet with another piece of paper “Automobile Batteries” and the date the pallet was started, this will be taped to the cardboard. Keep the smaller batteries in the center of the pallet, and duct tape any and all terminals on batteries (duct tape does not have metal inside of it). Once the pallet is full place another sheet of cardboard on top of the batteries, then shrink wrap the pallet. Take another wooden pallet and place on top of shrink wrapped pallet, perform the first procedure for the second pallet. When the second pallet is full and properly shrink wrapped both pallets. Store four pallets of batteries in Building 2 and store two pallets in Building #7. Label and date signs to be placed on or adjacent to pallet.
5. **White Goods and Scrap Metal**
 1. **White Goods:** are kept separately to await the removal of all units by a vendor who removes the Freon offsite.
 2. **Scrap Metal:** kept separately in a scrap metal pile
 2. **Electronics:** are deposited into the Electronics Container (an attendant will stack the units to ensure a full box and for safety reasons.
 3. **Fluorescent Bulb, CFL, and Mercury Containing Items:** are given to the attendant to be properly stored in building #2. Depending on the item it will depend on where it is stored, see Manager or “Person in Charge” for correct location. When a new box is started The Start Date **Must** be labeled in clear view (date should be put on multiple sides). The bulbs and switches, etc. boxed then the date and count will be labeled on each box per the vendor’s, state requirements and CFC documentation.
6. **Brush and Clean Wood:** Start each pile 40 feet away from the tree line. Fire Department is notified prior to any burn. Burn is done in accordance per the rules

and regulations of the commercial burn permit. If/when the town receives a volume of brush in excess due to a storm related event, the materials are dropped in front of the piles, use the Kubota to manage the materials back into the pile. Keep the piles as compacted as possible, while getting the pile as high as you can. Make sure there is enough room on the left side of each pile so a truck and/or trailer can back down to remove from the site.

7. **Compost Pile:** Keep the piles in order from newest to oldest, the newest goes to the far left (this is the material residents bring to drop off). When a resident comes in with material for the compost pile, have them unload the contents onto the ground (far left). Use the Kubota to mix the brought in materials with dirt, mix until all the materials separate. If there is no dirt to mix in, the pile will have to be turned on a weekly basis while keeping it moist if necessary. If there is dirt available turn piles on a bi-weekly bases, and ensure the pile is moist enough. Be sure piles stay moist, the center of the pile can reach 140 degrees (this is a huge fire hazard)
8. **Tires:** Are to be kept in Building # 2 on the right side; stack the tires into rows leaning them up against each other. Make sure to leave enough room (approximately 5 feet) at the end of the row so the door can properly close.
9. **Book Drop:** Check opening on a daily basis to ensure it is clear. If opening is not clear, put hand inside and move items to the back of the container. This will ensure that Residents can deposit items safely, and we use the Container to the fullest of its ability.
10. **Used Oil Tank:** Accepted in clear containers only to be checked by Attendant. Oil is handled by Attendant only.
11. All Vendor Contact Information can be found in the Manager's Desk, the information is in the File Drawer under "Contact Information".

(b) Storage Methods and Procedures:

1. **30 and 40-Yard Containers:** Are considered full when the waste level is up to the top level of the container
2. **50-Yard Household Trash Compactors:** Are considered full when 1,500 psi is seen on the dial. Any time after the psi reaches 1,100 the container is considered full enough to have it emptied.
3. **Scrap Metal:** Scrap Metal pile is considered full when there is enough to fill (4)-40 Yard Containers.
4. **Propane Tanks Bin:** Is considered full when the tanks reach the top and then the Propane Tanks can be removed from the property.
5. **Tires:** Are considered full when there are 100 tires, they can then be picked up
6. **50-Yard Paper/Cardboard Compactors:** Are considered full when the psi reaches 1,500, they can now be emptied.
7. **Brush/Clean Wood Pile:** Material burned when brush is less than five inches in diameter. The only exception is when the volume is excessive due to a storm event.
8. **Compost:** is considered full when the pile is 10 feet away from the vehicle path/in and out.
9. **Clothing Containers:** Are considered full when materials cannot fit in the container anymore. These are emptied weekly on a schedule.

10. **Book Drop**: Is considered full when materials cannot fit in the container anymore. This Container is emptied on a monthly basis.
11. **Used 500 Gal. Motor Oil Tank**: is considered full when the container is $\frac{3}{4}$ of the way full.

(c) Storage Methods and Procedures for Universal Waste:

1. **Electronics Container**: Is considered full when the items reach the doorway, and the door can properly close.
2. **Automobile Batteries**: Are considered full when there are six full pallets.
3. **Fluorescent Bulbs, CFL, and Mercury Containing Items**: Are considered full when there are 5,000 units

(d) Transfer methods and procedures:

1. **Construction and Demolition**: Is sent to the ERRCO plant, 270 Exeter Road, PO Box 348 Epping, NH 03042 for processing
2. **Bulk Waste**: Is sent to LL&S, Inc., 87 Lowell Road, Salem, NH 03079 via Mello Disposal Co. PO Box 348, 95 Tenney Street, Georgetown, MA 01833.
3. **Household Waste**: Is sent to Covanta, 100 Recovery Way, Haverhill, MA 01835 via Mello Disposal Co. PO Box 348, 95 Tenney Street, Georgetown, MA 01833.
4. **Scrap Metal**: Is handled by Northeast Resource Recovery Association (NRRRA) 2101 Dover Road, Epsom, NH 03234 and the vendors that they are currently using.
5. **Commingled Recycling**: Is sent to Integrated Paper Recyclers, LLC, 8 Clinton Street, Woburn, MA 01801 via Mello Disposal Co. PO Box 348, 95 Tenney Street, Georgetown, MA 01833.
6. **Paper/Cardboard**: Is sent to Recycling Associates Inc. 1 Whipple St., Nashua, NH 03060
7. **Used Motor Oil**: Is handled by: Clean Harbor and is picked up by Murphy's Waste Oil Services Inc., 252 Salem Street, Woburn, MA 01801.
8. **Tires**: Are picked up by Bob's Tire Company, PO Box 1090, Mattapoisett, MA 02739
9. **Brush/Clean Wood**: Is handled by: Pro Bark Inc., PO Box 1155 Plaistow NH 03865
10. **Propane Tanks**: Is handled by: Aurjent Cylinder Recycling, 246 Rt. 13 Brookline NH 03033
12. **Clothing Containers**: Is handled by: New England Clothing Recycling, 72 Heritage Rd., Dracut Mass, 01826
13. **Book Drop**: Is handled by: Got Books Recycling, 35 Concord St., North Reading, Mass. 01864

(e) Transfer Methods and Procedures for Universal Waste:

1. **Florescent Lights/CFL/Mercury Containing Items, Automobile Batteries**: Is handled by Northeast Resource Recovery Association (NRRRA) 2101 Dover Road, Epsom, NH 03234 and the vendors that they are currently using.

2. **Electronics**: Is handled by E.L. Harvey and Sons, Inc. 68 Hopkinton Road, Westborough, Mass 01581.
3. **Freon Containing Items**: Is handled by J&D Recycling 16 Tanglewood Drive, Newton, NH 03858

SECTION IV
FACILITY MAINTENANCE, INSPECTION AND MONITORING PLAN

1. This section of the Operation Plan addresses all routine maintenance, inspection and monitoring requirements necessary to assure the integrity of the Newton Transfer Station/Recycling Center operations, including a description of the measures to be undertaken to monitor and inhibit the following:
 - (a) ***Spontaneous Combustion:*** The Fire Department is to be called (Telephone# 911/Panic Button located at first building entering the premises immediately. There are fire extinguishers located in the buildings and are to be used.
 - (b) ***Other Fire Hazards:*** The Fire Department is to be called (Telephone# 911)/Panic Button immediately from buildings#1.3.4.and 5. There are fire extinguishers located in the buildings and are to be used.
 - (c) ***Vector Production:*** All household trash is removed from the station on a regular basis. Clean-up of any food scraps is done continually. If evidence is found that suggests there is a possibility of vectors then the appropriate manner of removal is used (i.e. bait and or traps).
 - (d) ***Generation of Methane:*** Not applicable
 - (e) ***Hazardous and/or Explosive Gasses:*** These items are to be refused and are unacceptable at the Transfer Station. Any items found are to be placed a safe distance from any buildings until the appropriate measures can be taken. (i.e. notifying the police etc.)
 - (f) ***Odors:*** The household waste is managed so that the waste is not stored onsite for more than 5 days. If the odors are too bad the Manager/Assistant Manager will call vendor to transfer the container off site within 24 hours. A deodorizer (Zep Formula 5764) is used to keep the odors under control. Place one (1) scoop of the deodorizer into the chute when it is free of debris; use the deodorizer when the smell is overwhelming in the attendant's opinion or resident complaint. The deodorizer is stored in the Packer Building (#4), if available a back-up container can be found in Building (#3). The compost pile is actively managed and turned on a weekly basis to keep the odors down.
 - (g) ***Windblown Litter:*** Litter is picked up on a constant basis. Attendants do a complete walk around of the whole Transfer Station/Recycling Center including the road area that parallels the boundary to clean up any litter. We do this as good neighbors to the community.
 - (h) ***Leachate:*** Not applicable

- (i) **Spills:** There are Spill Kits available in Buildings (2, 3, 4, and 7) for the containment of Oil, Paint, or any suspicious liquids that may have spilled on the ground. As soon as a spill is identified it is to be cleaned up immediately (notify Manager/Assistant Manager), Stop the liquid from contaminating more area by surrounding the liquid with absorbing socks. Once the liquid is contained use the dri-sorb to soak up the remaining liquid. Once the liquid is absorbed into the material, pick up absorbing sock and used dri-sorb and place into kitty litter bucket found in Building (2). Place bucket in Gaylord Box in Building (7), replenish all supplies used with items found in big Spill Kit in Building (7). For a more detailed explanation see Section 5 Contingency Plan.

2. Additional Facility Maintenance, Inspection and Monitoring procedures:

- (a) Five video cameras are used to monitor building and the site 24/7.
- (b) Building and site inspections and maintenance: As needed
- (c) Site-specific management procedures to prevent the discharge of pollutants to the surface water or groundwater (ref. Env-Sw 1002):
1. Surface Water: Berm: Fire Pond at rear of property but not located in the vicinity of the Transfer Station
 2. Groundwater Monitoring: The Town of Newton, NH monitors the water quality in the area surrounding the Transfer Station. The town has hire R.W. Gillespie & Associates, Inc, 86 Industrial Park Road, Suite 4, Saco, ME 04072 to come in and do ground water sampling tests every 4 months for pollutants. This is covered by NHDES Groundwater Management Permit No. GWP-199101029-N-001. See attached approved Annual Groundwater Monitoring - 2013 and 2014 from R.W. Gillespie & Associates, Inc.
- (d) Procedures to assure that setbacks and facility siting standards are maintained:
1. A berm and existing fence is used to help in the containment of debris/litter from leaving the Transfer Station. It further serves as a wall to help separate the Transfer Station from its abutting neighbors. Refer to attached site plan.
 2. The fence and gates on the roadside have privacy strips.

SECTION V
CONTINGENCY PLAN

1. Facility operators shall identify potential emergencies such as fire, explosion, operator injury, etc. based on the type of facility and wastes being handled and describe the procedures as follow:
 - (a) **Police:** Call 911 immediately, using telephones located at buildings #1,3,4, and 5. If there is a threat to anyone on the premises or a robbery takes place. DO NOT provoke anyone if you feel you are threatened (stay in view of cameras), if it is a robbery turn over what they are asking for (“don’t be a hero”). There are “Panic Buttons” at the facility, the Guard has one and the Manager/Supervisor also carries one. The Panic Button Method can also be used to contact Emergency Personnel as well.
 - (b) **Fire:** Call 911 immediately. The area is to be cordoned off. Fire Extinguishers are located in the building(s) and should be used to try and keep the fire from spreading”). There are “Panic Buttons” at the facility, the Guard has one and the Manager/Supervisor also carries one. The Panic Button Method can also be used to contact Emergency Personnel. An accident/incident investigation report (Form “D”) is completed by the Manager/Supervisor.
 - (c) **Explosion:** Call 911 immediately. A check is to be made by the manager/supervisor in charge to insure that all personal in the Transfer Station is accounted for. A check is also made to insure that any residents that were in the Transfer Station are accounted for by all personal. The area is to be cordoned off with caution tape and watched to insure that no one can be hurt if there are further explosions. There are “Panic Buttons” at the facility, the Guard has one and the Manager/Supervisor also carries one. The Panic Button Method can also be used to contact Emergency Personnel. An accident/incident investigation report (Form “D”) is completed by the Manager/Supervisor.
 - (d) **Operator Injury:** Depending on the severity of the injuries, 911 is to be called. If unconscious the operator is not to be moved. If conscious the injury is assessed by the injured and/or by an appropriately trained operator as to whether the injured is sent to the hospital or not. The first aid kit is located in the “Recycling Building (#5) use anything needed to treat injury. An Employer’s First Report of Occupational Injury or Disease (attached) and an Accident/Incident Investigation Report (Form “D” attached) is completed by the manager/supervisor or operator and sent to the Selectmen’s office within 5 days. There are “Panic Buttons” at the facility, the Guard has one and the Manager/Supervisor or operator, also carries one. The Panic Button Method can also be used to contact Emergency Personnel.
 - (e) **Other Potential Emergencies**
 1. **Power loss:** In the case of loss of power care will be taken in the operation of any power equipment, turn all equipment off. Check the oil level (front left panel) in generator located near building#1 before you power on; then switch generator on

to “Run” (right side top panel). Switch the Main Power Switch (located in front of generator) from Main, to Off and then to Generator. You can now resume with Limited Operations as needed. **Note: You can only run ONE Compacter at a time.** The Packer Attendant and The Recycling Attendant(s) must communicate with each other to run the Compactors. After power has been restored turn off all equipment, then switch Main Power Switch from Generator, to Off, then to Main. After those steps have been completed you may resume to Normal Operations. Note: **Once a week** a check is done by running the generator for 20 minutes and recorded on form (see attached).

- 2. Chemical Spill:** Stop all traffic through area using station personnel; notify Manager/Supervisor immediately. Retrieve the “Spill Kits, located in Buildings 2, 4, 7. In Building 2 (Tire, Battery, and Florescent Light Building) the spill kit is located under light switch. In Building 4 (Household Trash Compacter Building), the spill kit is located under the desk labeled “Spill Kit. In Building #7. (Kabota Garage), the Spill Kit is in the far right corner, it is blue. The Spill Kits in Buildings 2 and 4 are for smaller spills (accordingly for auto leakage). For large spills (1 gallon or more) the Spill Kit in Building 7 is to be used, this Kit is a Mobile Kit and can be taken anywhere. If the spill is small, contain the spill using the absorbing material, then let the material absorb the spill until the entire spill is no longer a liquid. After the spill is a solid mass dispose of the contents as if it were regular trash, depending on it being non- hazardous. If it is a large spill, get the Spill Kit from Building 7. Contain the spill with the materials you find in the Spill Kit. Call Clean Harbors at once 1-800-522-4645 let them know you have an Emergency Spill they will direct you what to do. Substantial spills, five gallons and more, that threaten ground water tables must be reported to DES.

The following local and state officials shall be contacted in the event of an emergency at the facility:

Fire Department: Telephone #911/Panic Button

Ambulance Service: Telephone #911/Panic Button

Police: Telephone #911/Panic Button

Selectmen’s Office: Telephone (603) 382 4405 x10

NH Department of Environmental Services:

- Solid Waste Issues (603) 271-2925
- Spill response & complaint investigations
Monday – Friday, 8am to 4pm
(603) 271-3899
Weekends and Evenings
(603) 223-4381, State Police

- Surface Water Impacts
National Response Center 1-800-424-8802

**SECTION VI
EMPLOYEE TRAINING PROGRAM**

1. Operator Certification: Facility operators shall be trained and certified in accordance with the requirements of Chapter Env-Sw 1600 shall of the Solid Waste Rules. In order to receive certification, applicants must fulfill the education and experience qualifications specified in Env-Sw 1605, submit an application on forms provided by the Department, attend the Department's operator training program,(attached is a list of operator certifications) and pass an examination applicable to the level of certification being sought. For more information on the certification program, contact the Solid Waste Operator Training Program of the New Hampshire Department of Environmental Services at (603) 271 – 2925
2. Certification Workshops: Operator certification is valid for one year from the date of issuance. In order to renew their certification, all certified facility operators shall attend at least one annual workshop administered or approved by the Department of Environmental Services. If a certificate holder fails to attend an annual workshop, then he/she will be ineligible to renew their certification. A calendar of upcoming solid waste facility workshops may be obtained from the Solid Waste Operator Training Program at (603) 271 -2900. Also the town of Newton NH provides annual training for operator recertification.
3. Town employee programs include training through Life Resources Member Assistance Program which takes place up to four times per year.
4. Safety Training: The Town of Newton Fire Department provides training for its employees to include fire extinguisher use, basic CPR/AED, First Aid, Lock-out-Tag-out procedures, Industrial Ergonomic and other trainings such as Preventing Workplace Harassment and Workplace Violence Prevention.
5. Special Equipment Training in Accordance with Manufacturer Recommendations:
 - (a) Training on the Kubota, Generator and Compactors is performed by the manager or designee on an as needed basis. Manuals with instruction are part of the training. Maintenance repair and training are recorded on paper for reference.

SECTION VII RECORD KEEPING AND REPORTING

Record keeping at the facility shall comply with the requirements of Env-Sw 1105.06, Facility Operating Record and Env-Sw 1105.07, Reporting Requirements. All Transfer Station hard copy records are kept at the Town Hall. You may retrieve any Information about the Transfer Station at 2 Town Hall Road, Newton NH (off of Rte.108). Before going call 603-382-4405 ext. 14 to set up an appointment with the Town Administrator. Record keeping and reporting includes the following:

1. Facility Operating Record:

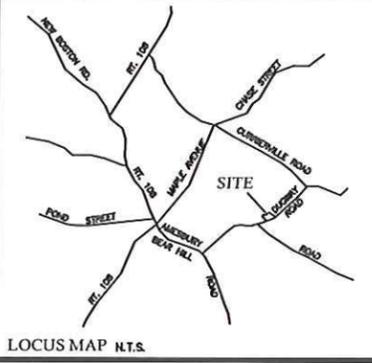
- (a) The lead operator shall compile and maintain records at the facility which document all phases of facility operations, including the following:
 - 1. Identification of the facility by name, location by street and municipality and permit number.
 - 2. Identification of the permittee by name, address and telephone number;
 - 3. Identification of all facility operator(s) by name, address, certificate number, and date(s) of employment at the facility
 - 4. Quantity, type, source and destination of all waste received by the facility;
 - 5. Quantity, type, and destination of all waste generated by the facility, if any, including bypass waste and residual waste;
 - 6. Record of inspections, maintenance, and repairs;
 - 7. Record of accidents, violations, remedial and emergency event response actions;
 - 8. Record of complaints received and related response actions;
 - 9. Data from all environmental monitoring performed at or for the facility, whether required by the solid waste rules or the permit or undertaken voluntarily;
 - 10. Documentation of contact with the waste management district(s) served by the facility as required by ENV-Sw 1105.12

2. Reporting Requirements to DES:

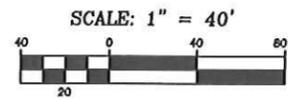
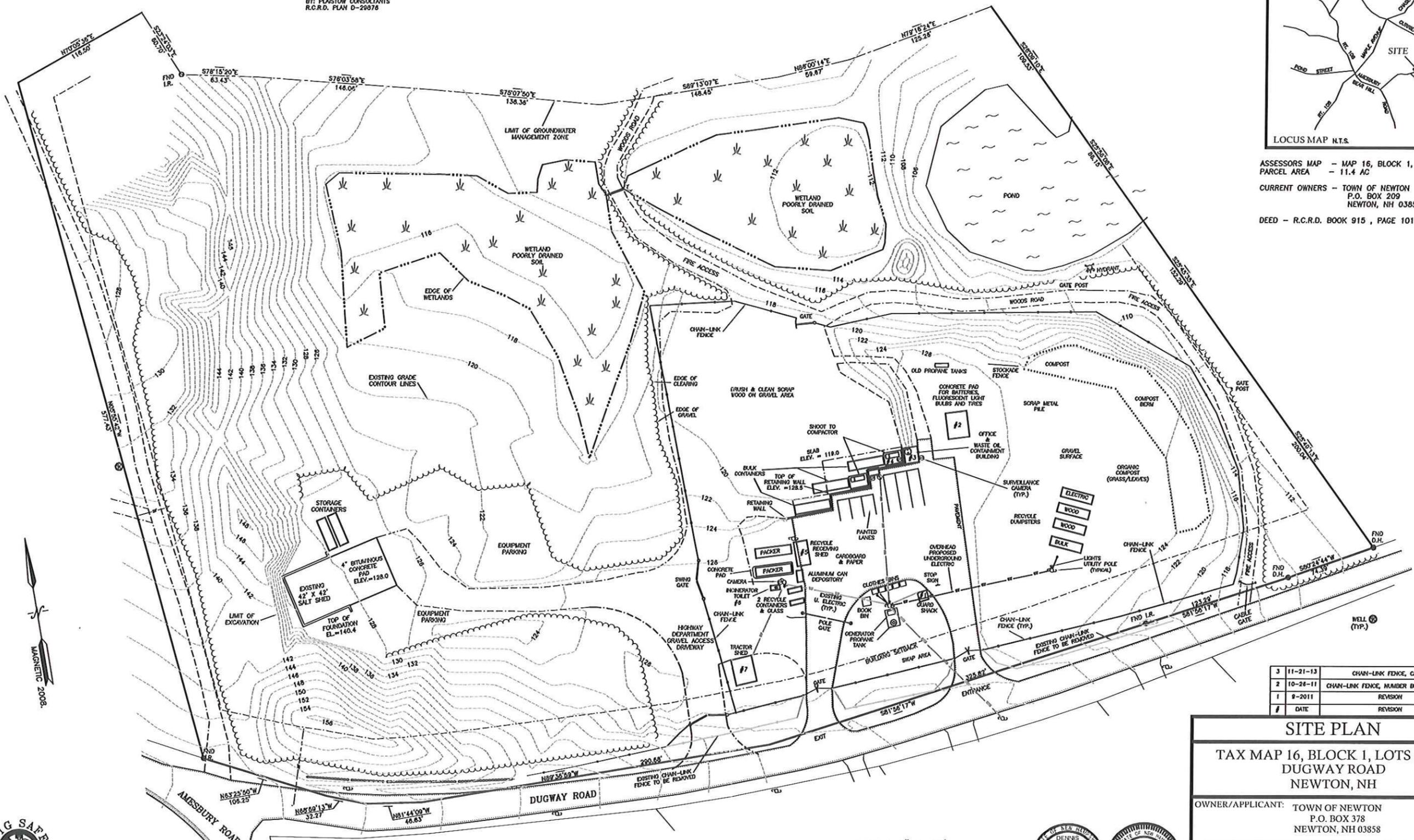
- (a) Submit an Annual Facility Report by March 31st for the prior calendar year. Use AFR form, attached (per Env-Sw1105.1)

3. Facility Upgrades/ Revisions: DES to be contacted in writing of any proposed facility modifications, prior to implementation.

PLAN REFERENCES:
 1.) "PLAN F LAND IN NEWTON, N.H. PREPARED FOR THE TOWN OF NEWTON BOARD OF SELECTMEN" SCALE: 1"=50', APRIL 08, 2002. BY: PLAINSTON CONSULTANTS R.C.R.D. PLAN D-28876



ASSESSORS MAP - MAP 16, BLOCK 1, LOTS 2 & 3.
 PARCEL AREA - 11.4 AC
 CURRENT OWNERS - TOWN OF NEWTON
 P.O. BOX 209
 NEWTON, NH 03858
 DEED - R.C.R.D. BOOK 915, PAGE 101



3	11-21-13	CHAIN-LINK FENCE, CAMERAS
2	10-26-11	CHAIN-LINK FENCE, NUMBER BUILDINGS, TOILET
1	9-20-11	REVISION
#	DATE	REVISION

SITE PLAN
 TAX MAP 16, BLOCK 1, LOTS 2 & 3
 DUGWAY ROAD
 NEWTON, NH

OWNER/APPLICANT: TOWN OF NEWTON
 P.O. BOX 378
 NEWTON, NH 03858

DESIGN BY:
 Civil Construction Management Inc.
 8 Merrimac Road, Box 475
 Newton, NH 03858
 Tel (603) 382-7650

Sheet:
S1

DRAWN BY: D. HULLY, MSCE. CHK BY: D. QUINTAL, PE.
 DESIGNED BY: D. HULLY, MSCE. DATE: NOVEMBER, 2008



Town of Newton NH

Closure Plan

Transfer Station/Recycling Center

PO Box 378, 2 Town Hall Road
Newton NH 03858
603-382-7250

Date: December 17, 2013

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Section 1: Facility Identification

Facility Name: Newton Transfer Station and Recycling Center.

Telephone Number: 603-382-7250

Mailing Address: 2 Town Hall Road P.O. Box 378 Newton NH 03858

Location: 4 Dugway Road Newton NH 03858

Permit Number: DES-SW-90-012

Section 2: Closure Schedule

Anticipated Closure Date: The Town of Newton has no anticipated Closure Date. **If the Transfer Station should close the following steps should be taken: All Vendor Contact Information can be found in Building #3 in the Desk Files listed as Contact Info.**

1. Make proper notification of pending facility closure – see section 4 of this plan.
2. Call current Solid Waste Vendor and have all equipment removed from site this process should take no longer than a month to complete.
 - (2) 2-Yard Compactors /50-Yard Closed Containers and its contents.
 - (3) 30-Yard Open Top Containers and its contents.
 - (1) 40-Yard Open Top Container and its contents.
 - (1) 30-Yard Closed Top Container and its contents
 - Empty and return the town-owned 30-Yard Closed Top Container, following emptying and disposal of contents at an appropriate facility. This container will either be sold or scrapped for metal. This process should take no longer than a month to complete.

3. Call current Electronic Recycling Vendor to remove Closed Container and its contents. This process should take no longer than a month to complete.
4. Call current paper and cardboard vendor and have their equipment removed. This process should take no longer than a month.
 - (1) 3-Yard Compacter/50-Yard Closed Container and its contents.
5. Call current Freon Vendor to remove appliances containing Freon, have a count of type and number of appliances. This process should take no longer than a month.
6. After Freon has been removed from appliances, call current Scrap Metal Vendor to have all Scrap Metal Removed. If Town Owned 30-Yard Closed Top Container has not been sold at this point, have the Scrap Metal Vendor remove also. The Metal Catwalk in between Comingled Recycling will also be removed as scrap metal. This process should take no longer than a month.
7. Call local landscapers to have Compost piles/loam removed from the Facility. This process should take no longer than a month.
8. Call current Florescent Light Vendor to remove all florescent lights/CFL/Mercury Containing Items from the Facility. This process should take no longer than a month.
9. Call current Car Battery Vendor and have all Car Batteries removed from Facility. This process should take no longer than a month.
10. Call current Tire Vendor to remove all tires in the Facility. This process should take no longer than a month.
11. Call current Propane Tank Vendor and have all Propane tanks removed from Facility. This process should take no longer than a month.

12. Call current Brush Pile/Clean Wood Pile Vendor to come in and chip up all piles and have chips removed from the Facility. This process should take no longer than a month.
13. Call current Used Motor Oil Vendor and have all Used Motor Oil Removed from the Facility, and remove Storage Container for Used Motor Oil from the Facility. This process should take no longer than a month.
14. Call current Clothing Drop Vendor and have Containers and contents removed from the Facility. This process should take no longer than a month.
15. Call current Book Drop Vendor, have the Book Drop Container contents remove from the Facility. This process should take no longer than one month.
16. Call Boy Scouts to remove Aluminum Can Collector and all of its contents from the Facility. This process should take no longer than one month.
17. Call current Panic Button Vendor to remove all devices from Facility and stop services provided to the Transfer Station. This process should take no longer than a month.
18. Call current Internet Vendor to remove all devices and wires from Facility and to stop services provided to the Transfer Station. This process should take no longer than 2 months.
19. Call current Electric Company to remove all devices, poles, wire and stop service provided to the Transfer Station. This process should take no longer than 2 months.
20. Call current Phone Company to remove Service to the Facility and stop services provided to the Transfer Station. This process should take no longer than 2 months.

21. All Offices and Buildings will remain on the property; appropriately clean buildings and dispose of any debris/trash and lock all windows and doors. The use of the buildings will be decided at a later date.
22. Power Equipment, Tools, Maintenance Equipment, and Service Equipment will stay as Town property and will be used/moved by the Highway Department/DPW. This process will take less than a month.
23. All Computer Equipment, Electronics, Administrative Devices will stay as Town property and be brought to Town Hall. This process will take less than a month.
24. All files and paper work will be brought to Town Hall. This process will take less than a month.
25. Property gates to remain closed and locked.

Section 3: Waste Identification

The following wastes are received by the facility:

1. **Authorized Waste:** The items listed below constitute the only types of solid waste the facility is authorized to collect, store, and transfer.
 - a. Mixed municipal solid waste, as defined by Env-Sw 103.46 namely "Solid waste generated at residences"
 1. Kitchen trash/general household trash
 2. Non-recyclables
 - b. Recyclable materials:
 1. Paper/Cardboard
 2. Comingled (glass, plastic, aluminum)
 3. Ferrous Metal
 4. Non-Ferrous Metal
 5. Clothing Drop
 6. Cell Phones
 7. Batteries (AAA, 9-volt, d-cell, etc)
 8. Books, VHS, DVD, Vinyl Records
 9. Used Motor Oil/Transmission Fluid
 10. Tires

11. Yard Waste (brush, leaves, grass)
12. Freon units
- c. Recyclable Universal Waste:
 1. Florescent Lights/CFL/Mercury Containing Items
 2. Electronics and CRTs
 3. Car Batteries
- d. Bulky Waste:
 1. Furniture
 2. Sofa/Chairs
 3. Mattresses
 4. Anything that is big enough that it would not be considered Household waste (not to include items that have other designated uses)
- e. Inert construction and demolition debris:
 1. Asphalt
 2. Fiberglass
 3. Metal
 4. Shingles
 5. Brick
 6. Glass
 7. Plaster
 8. Tile
 9. Concrete
 10. Insulation
 11. Porcelain Fixtures
 12. Drywall
 13. Untreated/Unpainted wood and lumber
 14. Treated/painted wood and lumber
 15. Carpeting
 16. Plastic/Vinyl
 17. Wood ash from household stoves

Section 4: Notifications:

1 year prior to closing you must notify the following parties in writing (unless otherwise noted) when waste will no longer be accepted and when the facility will be closed.

- The Town of Newton NH Residents through Town Meeting
- NH Department Of Environmental Services (603) 271-2925
29 Hazen Dr. PO 95 Concord NH 03302-0095
- Town of Kingston (603) 642-3342 and admin@kingstonnh.org
163 Main St., PO Box 716 Kingston NH 03848
- Town of East Kingston (603) 642-8406 eastking@myfairpoint.net
PO Box 249 East Kingston NH 03827
- Town of South Hampton (603) 394-7696 townsh@myfairpoint.net
3 Hilldale Ave. South Hampton NH 03827
- All vendors listed in the Transfer Station Contact Information List
(found in files under "Contact Information" in desk Building #3)

Section 5 & 6: Closure and Post Closure:

Closure per the implementation of the schedule in section 2 and design plans and specifications for construction of required closure systems. All monitoring currently performed per the post closure requirements for the onsite landfill will continue in accordance with State permitting process.

Section 7: Record Keeping and Reporting

Record keeping at the facility shall comply with the requirements of Env-Sw 1105.06, Facility Operating Record and Env-Sw 1105.07, Reporting Requirements. All Transfer Station hard copy records are kept at the Town Hall. You may retrieve any Information about the Transfer Station at 2 Town Hall Road, Newton NH (off of Rte.108). Before going call 603-382-4405 ext. 14 to set up an appointment with the Town Administrator. Record keeping and reporting includes the following:

1. Facility Operating Record:

- (a) The lead operator shall compile and maintain records at the facility which document all phases of facility operations, including the following:

1. Identification of the facility by name, location by street and municipality and permit number.
2. Identification of the permittee by name, address and telephone number;
Identification of all facility operator(s) by name, address, certificate number, and date(s) of employment at the facility
3. Quantity, type, source and destination of all waste received by the facility;
4. Quantity, type, and destination of all waste generated by the facility, if any, including bypass waste and residual waste;
5. Record of inspections, maintenance, and repairs;
6. Record of accidents, violations, remedial and emergency event response actions;
7. Record of complaints received and related response actions;
8. Data from all environmental monitoring performed at or for the facility, whether required by the solid waste rules or the permit or undertaken voluntarily;
9. Documentation of contact with the waste management district(s) served by the facility as required by ENV-Sw 1105.12

2. Reporting Requirements to DES:

1. Submit an Annual Facility Report by March 31st for the prior calendar year. Use AFR form, attached (per Env-Sw1105.1)
2. Facility Upgrades/ Revisions: DES to be contacted in writing of any proposed facility modifications, prior to implementation.

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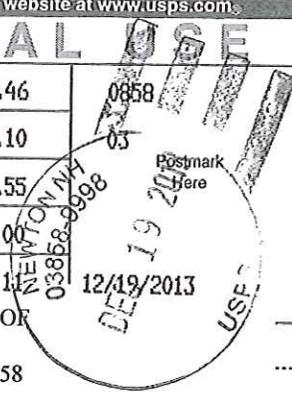
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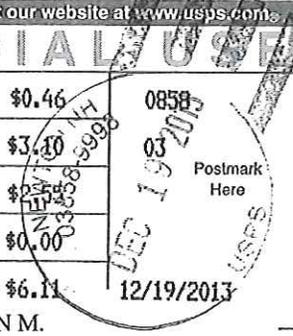
Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.11

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LARNARD, KEVIN M.
LARNARD, CINDY
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City, S

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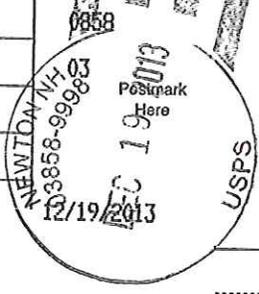
Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.11

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CONNER, ERIC C.
CONNER, MELISSA J.
4 BROOKSIDE LANE
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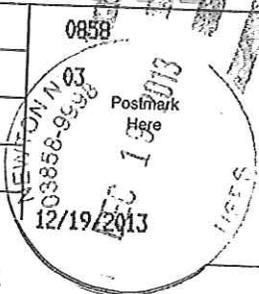
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MACKENZIE, PAUL A.
MACKENZIE, SUSAN M.
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City, Sta

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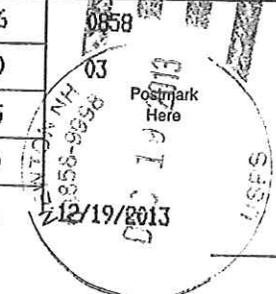
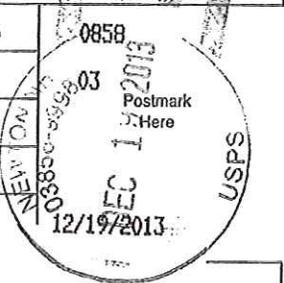
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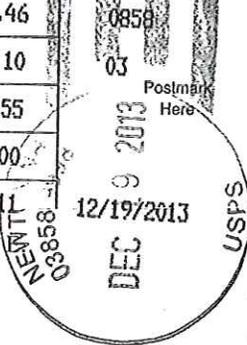
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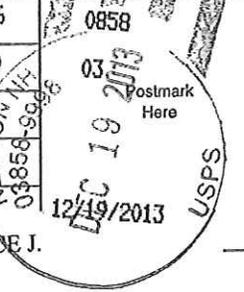
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TOWN OF NEWTON

OFFICE OF THE SELECTMEN



OFFICE 382-4405
FAX 382-9140
www.newton-nh.gov

P.O. BOX 378
2 TOWN HALL ROAD
NEWTON, NH 03858

December 17, 2013

Notice of Filing to Abutters,

Per the Department of Environmental Services, per Env-Sw 303.05, the Town of Newton Board of Selectmen is required to provide notice to the abutters of the Transfer Station at 4 Dugway Road, Newton NH 03858 of Newton's Type 1B Modification to Solid Waste Management Facility Permit #DES-SW-90-012.

The proposed modification is required since the town's current facility permit dated 1990 has become outdated therefore we are required to update the State on the types of waste and recycling accepted at the Transfer Station. Revisions/updates have been made to the facility site plan, operating plan and closure plan dated December 17, 2013.

A copy of the documents is available for viewing at the Town Hall Selectmen's Office 2 Town Hall Road, Newton, NH 03858. You may also contact Mary Winglass, Office Manager in the Selectmen's Office at (603) 382-4405 ext. 10 with any questions.

Board of Selectmen
Town of Newton



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NEWTON, TOWN OF
P. O. BOX 378
NEWTON, NH 03858

000016 000001 0004-1 (1.380 ac. at 2 BROOKSIDE LANE)
LYSYKH, VENIAMIN
LYSYKH, YELENA
2 BROOKSIDE LANE
NEWTON, NH 03858

000016 000001 0004-2 (1.420 ac. at 4 BROOKSIDE LANE)
CONNER, ERIC C.
CONNER, MELISSA J.
4 BROOKSIDE LANE
NEWTON, NH 03858

000016 000001 0004-3 (1.400 ac. at 6 BROOKSIDE LANE)
LARNARD, KEVIN M.
LARNARD, CINDY
6 BROOKSIDE LANE
NEWTON, NH 03858

000016 000001 0004-4 (2.150 ac. at 8 BROOKSIDE LANE)
MACKENZIE, PAUL A.
MACKENZIE, SUSAN M.
8 BROOKSIDE LANE
NEWTON, NH 03858

000016 000005 000007 (5.700 ac. at 7 DUGWAY ROAD)
JAMES, SUZANNE W. WREST-
7 DUGWAY ROAD
NEWTON, NH 03858

000016 000005 000008 (1.200 ac. at 40 AMESBURY ROAD)
LEMAIRE, NANCY R.
LEMAIRE, JOSEPH F.
40 AMESBURY ROAD
NEWTON, NH 03858

000016 000005 000009 (1.330 ac. at 44 AMESBURY ROAD)
BOURQUE, DAVID A.
BOURQUE, ANN R.
44 AMESBURY ROAD
NEWTON, NH 03858

000016 000005 0007-1 (0.690 ac. at 9 DUGWAY ROAD)
OVERBERG, GUNNAR G.
OVERBERG, MARION C.
9 DUGWAY ROAD
NEWTON, NH 03858

000016 000005 0009-1 (1.000 ac. at 3 DUGWAY ROAD)
COOK, JR., ROBERT E.
COOK, CINDY L.
3 DUGWAY ROAD
NEWTON, NH 03858

000016 000005 0009-2 (1.000 ac. at 5 DUGWAY ROAD)
DEROSIER, LAWRENCE J.
DEROSIER, LINDA A.
5 DUGWAY ROAD
NEWTON, NH 03858

000016 000005 0016-1 (5.420 ac. at 7A DUGWAY ROAD)
FRENCH, ALAN L.
7 A DUGWAY ROAD
NEWTON, NH 03858



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Board of Selectmen
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Kingston, NH 03848**

**Town of East Kingston
Board of Selectmen
24 Depot Road
East Kingston, NH 03827**

**Town of South Hampton
Board of Selectmen
3 Hilldale Avenue
South Hampton, NH 03827**

STAPLES

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Étiquette de format 85 mm x 102 mm compatible avec Avery®5164/8164



TOWN OF NEWTON

OFFICE OF THE SELECTMEN



OFFICE 382-4405
FAX 382-9140
www.newton-nh.gov

P.O. BOX 378
2 TOWN HALL ROAD
NEWTON, NH 03858

December 17, 2013

Town of Kingston
Board of Selectmen
PO Box 716
Kingston, NH 03848

Per the Department of Environmental Services Env-Sw 303.05, the Town of Newton Board of Selectmen is sending a complete application of Newton's Type 1B Modification to Solid Waste Management Facility Permit #DES-SW-90-012.

The proposed modification is required since the town's current facility permit dated 1990 has become outdated therefore we are required to update the State on the types of waste and recycling accepted at the Transfer Station. Revisions/updates have been made to the facility site plan, operating plan and closure plan dated December 17, 2013.

Please contact Mary Winglass, Selectmen's Office Manager at (603) 382-4405 ext. 10 with any questions.

Best Regards,
Board of Selectmen



TOWN OF NEWTON

OFFICE OF THE SELECTMEN



OFFICE 382-4405
FAX 382-9140
www.newton-nh.gov

P.O. BOX 378
2 TOWN HALL ROAD
NEWTON, NH 03858

December 17, 2013

Town of East Kingston
Board of Selectmen
24 Depot Road
East Kingston, NH 03827

Per the Department of Environmental Services Env-Sw 303.05, the Town of Newton Board of Selectmen is sending a complete application of Newton's Type 1B Modification to Solid Waste Management Facility Permit #DES-SW-90-012.

The proposed modification is required since the town's current facility permit dated 1990 has become outdated therefore we are required to update the State on the types of waste and recycling accepted at the Transfer Station. Revisions/updates have been made to the facility site plan, operating plan and closure plan dated December 17, 2013.

Please contact Mary Winglass, Selectmen's Office Manager at (603) 382-4405 ext. 10 with any questions.

Best Regards,
Board of Selectmen



TOWN OF NEWTON

OFFICE OF THE SELECTMEN



OFFICE 382-4405
FAX 382-9140
www.newton-nh.gov

P.O. BOX 378
2 TOWN HALL ROAD
NEWTON, NH 03858

December 17, 2013

Town of South Hampton
Board of Selectmen
3 Hilldale Avenue
South Hampton, NH 03827

Per the Department of Environmental Services Env-Sw 303.05, the Town of Newton Board of Selectmen is sending a complete application of Newton's Type 1B Modification to Solid Waste Management Facility Permit #DES-SW-90-012.

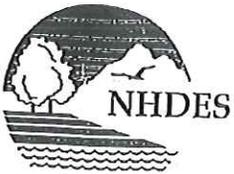
The proposed modification is required since the town's current facility permit dated 1990 has become outdated therefore we are required to update the State on the types of waste and recycling accepted at the Transfer Station. Revisions/updates have been made to the facility site plan, operating plan and closure plan dated December 17, 2013.

Please contact Mary Winglass, Selectmen's Office Manager at (603) 382-4405 ext. 10 with any questions.

Best Regards,
Board of Selectmen

NEWTON TRANSFER STATION STATE CERTIFICATIONS

Name	Certification#	Expiration Date	Level
Bonnie Burnham	#003624	11/20/2014	IV
Peter Gagnon	#003287	Pending	IV
Jack Kozec	#003629	11/30/2014	IV
Richard Harris	#003926	10/25/2014	I
Justin Winspar	#003981	10/25/ 2014	I
Thomas DiFalco	#003251	8/20/2014	IV



The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES



Thomas S. Burack, Commissioner

November 15, 2013

PETER GAGNON, JR.
45 AMESBURY ROAD
NEWTON, NH 03858

Dear Mr. Gagnon,

The Department of Environmental Services (DES) has received your request to become a level 4 solid waste operator.

You may not be aware, but DES has proposed rules that would change the level system for operators. If adopted in 2014, all current level 1-4 operators would become a "principal operator." Consequently, although you are welcome to take the class and test on March 6, 2014, there may not be much of a difference from what would happen without the class and test.

Please contact Nelson Ordway at 271-2925 or nelson.ordway@des.nh.gov to let us know if you still want to join us on March 6, 2014

Sincerely,

Sharon Yergeau, Supervisor
Solid Waste Compliance Assurance Section

Be it known that:

PETER M GAGNON JR

is hereby granted certification # 003287 pursuant to
RSA 149-M and the NH Solid Waste Rules as a

Level 2 Solid Waste Facility Operator

and is authorized accordingly to work at
New Hampshire solid waste facilities.

This Certification Expires On

10/23/2013



Issue Date

2/20/2013

A handwritten signature in black ink, appearing to read "Michael J. Wimsatt".

Michael J. Wimsatt, Director
Waste Management Division

Be it known that:

JACK M KOZEC

is hereby granted certification # 003629 pursuant to
RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at
New Hampshire solid waste facilities.

This certification expires on 11/30/2014.



A handwritten signature in black ink, appearing to read "Michael J. Wimsatt".

Michael J. Wimsatt, Director
Waste Management Division

Be it known that:

THOMAS J DIFALCO

is hereby granted certification # 003251 pursuant to
RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator
and is authorized accordingly to work at
New Hampshire solid waste facilities.

This Certification Expires On

8/20/2014



Issue Date

6/13/2013

A handwritten signature in black ink, appearing to read 'Michael J. Winsatt', written over a horizontal line.

Michael J. Winsatt, Director
Waste Management Division

Be it known that:

RICHARD G HARRIS

is hereby granted certification # 003926 pursuant to
RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at
New Hampshire solid waste facilities.

This certification expires on 10/25/2014.



A handwritten signature in black ink, appearing to read "Michael J. Wimsatt". The signature is written in a cursive style with a long, sweeping underline.

Michael J. Wimsatt, Director
Waste Management Division

Be it known that:

BONNIE J BURNHAM

is hereby granted certification # 003624 pursuant to
RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at
New Hampshire solid waste facilities.

This certification expires on 11/30/2014.



A handwritten signature in black ink, appearing to read 'Michael J. Wimsatt', is written over a horizontal line.

Michael J. Wimsatt, Director
Waste Management Division

Be it known that:

JUSTIN R WINSPER

is hereby granted certification # 003981 pursuant to
RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at
New Hampshire solid waste facilities.

This certification expires on 10/25/2014.



A handwritten signature in black ink, appearing to read 'Michael J. Wimsatt', is written over a horizontal line.

Michael J. Wimsatt, Director
Waste Management Division

Kabota Tractor Training

Date	Employee Name	Instructor	Instruction on....
9-May-13	Jack Kozec	Peter Gagnon	Controls and Manual Training
	Ricky Harris	"	"

**Kabota Tractor
Maintenance**

Date	Work completed by	Job Performed
6-Aug-13	Peter Gagnon	Replace (2) two hydrolic hoses

GENERATOR SERVICE SHEET:

DATE. OIL CK. TIME/ON. TIME/OFF. OPERATOR.

NEWTON TRANSFER STATION

Permit #

Board of Selectmen, PO Box 378, Newton, NH 03858

10786

Date

Receipt - Bulky Items

License Plate #

Sticker # or Town

VOID

QTY	ITEM	PRICE	QTY	ITEM	PRICE
	Air Conditioners			Refrigerators (Doors REMOVED)	
	Chairs			Rugs & Linoleums	
	Construction & Demo			Shingles	
	Dryers			Sofas	
	Freezers (Doors Removed)			Stoves	
	Furniture			Televisions/Monitors	
	Humidifiers / Dehumidifiers			Tires	
	Mattresses / Box Springs			Toilets/Sinks	
	Miscellaneous			Washers	
	Propane Tanks			Water Heaters	

Amount Collected: \$

Senior Discount: \$

Check

Check #

Checks must have phone number on them

Cash

Employee Signature

TOWN OF NEWTON, NH

ACCIDENT / INCIDENT INVESTIGATION REPORT

Date, Time & Location of Accident: _____

Employee Name: _____

Department: _____ Position: _____

Department Head / Supervisor: _____

Witness(s): (Name, Add. & Tel.) _____

* Brief Description of Accident / Incident: _____

Did Injured Person Receive 1st Aid? Yes No By Whom: _____

Was Injured Person Transported to a Medical Facility? Yes No

If Yes: Name of Medical Facility: _____

Transported By: _____

If No: Person Went Home: Yes No If Yes: Time: _____

Person Remained at Work: Yes No

Other: _____

Was a Worker's Compensation Form completed and filed? Yes No

* Comments: _____

What could have been done to prevent this Accident / Incident?

Have the unsafe conditions been corrected? Yes No

If Yes, what has been done? _____

If No, what needs to be done? _____

Department Head / Supervisor: _____

Name

Date

* Continue additional information on back of form if needed.

~~Newton, NH Safety Committee Form D-1 (Front)~~

**NEW HAMPSHIRE MUNICIPAL ASSOCIATION
PROPERTY-LIABILITY TRUST, INC.**
P.O. Box 617, Concord, NH 03302-0617
Tel. 1-800-646-2758 Fax (603) 226-2322

NOTICE OF CLAIM

SECTION A PLEASE COMPLETE THIS SECTION FOR ALL CLAIMS

MEMBER _____ DEPARTMENT _____
 PERSON TO CONTACT _____ TELEPHONE () _____
 DATE OF ACCIDENT OR EVENT _____ TIME OF ACCIDENT OR EVENT _____
 PREVIOUSLY REPORTED _____ (Y/N) DATE OF PREVIOUS NOTICE _____

SECTION B LOSS (AUTO, SLIP & FALL, FALSE ARREST, DISCRIMINATION, ETC.)

LOCATION OF ACCIDENT (Including city & state)	AUTHORITY CONTACTED & REPORT NO.	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)		

SECTION C MEMBER VEHICLE

VEH. NO. YEAR, MAKE, MODEL	V.I.N. (Vehicle identification)	PLATE NO.		
DRIVER'S NAME & ADDRESS (Check if same as owner)	RESIDENCE PHONE / /	BUSINESS PHONE / /		
RELATION TO MEMBER (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN VEHICLE BE SEEN?	WHEN?	OTHER INSURANCE ON VEHICLE

SECTION D PROPERTY DAMAGE (GENERAL LIABILITY/AUTO LIABILITY)

DESCRIBE PROPERTY (if auto, year, make model, plate no.)	OTHER VEH/PROP. INS. COMPANY OR AGENCY NAME & POLICY NO. <input type="checkbox"/> YES <input type="checkbox"/> NO		
OWNER'S NAME & ADDRESS	BUSINESS PHONE / /	RESIDENCE PHONE / /	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)	BUSINESS PHONE / /	RESIDENCE PHONE / /	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?	

SECTION E INJURED (GENERAL LIABILITY/AUTO LIABILITY)

NAME & ADDRESS	PHONE (AC, No.)	PED.	MEM. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY

SECTION F WITNESS OR PASSENGERS

NAME & ADDRESS	PHONE (AC, No.)	MEM. VEH.	OTHER VEH.	OTHER (Specify)

SECTION G LOSS OF OR DAMAGE TO YOUR PROPERTY

LOCATION OF LOSS	POLICE OR FIRE DEPT. TO WHICH REPORTED
KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)	PROBABLE AMOUNT ENTIRE LOSS \$
DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE IF NECESSARY)	

IMPORTANT: ADDITIONAL INFORMATION MUST BE ATTACHED TO THIS NOTICE
 THIS NOTICE SUBMITTED BY: _____ DATE: _____



EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE (Form 8WC)

NH DOL USE ONLY

Return to: **The State of New Hampshire, Department of Labor**
P.O. Box 2077, Concord, NH 03302-2077
(603) 271-3176 FAX: (603) 271-6149

IMPORTANT: Every employer shall file this report as soon as possible after knowledge of any occupational injury or disease to an employee, but no later than five days thereafter. Notice of disability of four or more days shall be filed no later than seven days after date of injury on Supplemental Report Form No. 13WCA. Failure to comply with any or all of the above carries a civil penalty of up to \$2,500.00. RSA 281A:53.

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED.

EMPLOYEE INFORMATION

EMPLOYER INFORMATION

1. Name of injured: First Middle Initial Last			2. DOB:	3. Age:	4. Male <input type="checkbox"/> Female <input type="checkbox"/>	5. SS No.:
6. Address: No. & St. City/Town			7. State:	8. Zip Code:	9. Tel. No.:	
10. Is there on file a N.H. Youth Employment Certificate?:	11. Occupation when injured:	12. Was this his/her regular occupation? If not, state regular occupation:		13. Wages per hr.:	14. No. hrs. worked per day:	
15. No. days worked per week:	16. Average Weekly Earnings:	17. Was injured hired in N.H.?	18. Date employment began:		19. Date & Time of Injury:	
20. Date disability began:	21. Was injured paid in full for this day?	22. Date supervisor/employer was first notified:	23. Name of Person notified:		24. Location/Jobsite where accident occurred:	
25. Describe fully how accident occurred and describe what employee was doing when injured:						
26. Name of witness(es):			27. Part(s) of body injured:		28. Estimated length of disability:	
29. Has injured returned to work?	30. If so, what date?		31. At what occupation or job?		32. Returned at: Full Duty: _____ Alternative/Light Duty: _____	
33. Equipment causing injury:			34. Were safeguards in place?	35. Was accident caused by injured's failure to use safeguards or follow regulations?		
36. Initial Treatment: (check those that apply) No medical treatment: _____ Care provide by Employer only (on-site): _____ Emergency care: _____ Hospitalized: _____ Other (Outpatient): _____ (Clinic): _____ (Office Visit): _____ (Other-explain): _____						
37. Name of treating physician:			Name of treating hospital:		38. Has injured died? If so, what date?	
39. Legal Business Name and/or D/B/A or Leasing Company Name:			40. Employers Federal ID:		41. If leased or temporary worker, client's business name:	
42. Business Address of No. 39 above:			43. City/State:		44. Zip:	
45. Telephone Number:	46. Insurance Co. (not agent) or Self Insured Group: CANNON COCHRAN MANAGEMENT SERVICES, INC. 1855 Elm Street, Manchester, NH 03104-2910			47. Managed Care Program? Y or N. If yes, name Provider:		
48. No. of Employees: Full-time: _____ Part-time: _____	49. Is there a Written Safety Program in force?			50. Is there an active Safety Committee?		
51. Business SIC Code	52. Type or Nature of Business in N.H.:		53. If report sent by Insurance Agency, state name:			
54. Employer Signature:			55. Printed/Typed Name and Official Title:			
56. Employee Signature (whenever possible):			57. Date of this report:			

STATE OF NEW HAMPSHIRE
Department of Resources and Economic Development
Division of Forests and Lands
FOREST PROTECTION
Category IV Fire Permit (RSA 227-L:17)

Permittee Town of Newton Agent Transfer Station
Address 4 Dogway Road Tel. 382-7250
Town Newton Grid Location N 48 52 W 07
W 71 00 695
Permittee Tel 382-7250 Date(s) of Burn 11/13 to 12/3/14
Time 8:00 AM to 5:00 PM Burning Location 4 Dogway Road
Material Being Burned: Bush less than five

OFFICE OF THE SELECTMEN
NOV - 7 2013
NEWTON, NH

inches in diameter

CONDITIONS FOR BURNING:

1. If the permit is issued for more than one day, permittee shall notify the Warden each day before burning.
Name: William Ingalls Tel: 382-8711
2. No fire shall be left unattended at any time without being completely extinguished. A buried fire is not considered extinguished.
3. The Town Forest Fire Warden or his agent may declare this permit null and void if hazardous fire conditions exist or if a woodlands fire ban is in effect by notifying the permittee.
4. Any person, firm or corporation burning under this permit shall maintain sufficient fire fighting equipment and personnel to extinguish said fires at any time.

Equipment Required:
Personnel & equipment to attend and extinguish all fires before leaving unattended.

5. Burning is permitted only on dates noted above.
6. Burning under authority of this permit will be valid only if done in compliance with applicable Air Pollution laws and regulations.

Ranger [Signature] Issuing Agent William Ingalls
Town Newton

I, the undersigned permittee, understand the law, regulations and my responsibility under the terms of this permit.

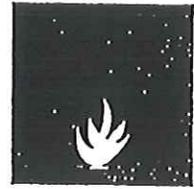
Permittee (Co.) Transfer Station Town of Newton
Agent Mill Puro Date Issued 11/5/13

THIS PERMIT REQUIRES THE APPROVAL AND SIGNATURE OF THE RANGER AND THE TOWN FOREST FIRE WARDEN OR HIS AGENT

White - Permittee Yellow - Fire Warden Pink - Ranger Director
Division of Forests and Lands



STATE OF NEW HAMPSHIRE
Department of Resources and Economic Development
Division of Forests and Lands
FOREST PROTECTION BUREAU



CATEGORY IV-COMMERCIAL FIRE PERMITS

Category IV fire permits are commercial permits with special requirements which enable contractors and municipalities to burn approved material between the hours of 9:00a.m. and 5:00p.m. The permittee is required to have fire suppression equipment and personnel on site while the burning is being done. The fire must be attended at all times and completely extinguished before leaving the site. A buried fire is not considered to be an extinguished fire.

The Forest Ranger and Forest Fire Warden will inspect the proposed burn site for compliance with all applicable rules. The Category IV permit does not permit the burning of stumps or material greater than 5" in diameter. It does not permit the burning of treated materials or demolition materials without NH DES approvals. The approval and signatures of the Forest Ranger and Forest Fire Warden is required on the permit along with the permittee. If the permittee is not the landowner they must present written documentation to verify that they are authorized to act as the agent of the landowner.

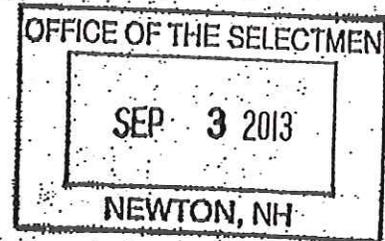
If the burn site is not in compliance with all applicable rules and there is another means of disposal for the material then the permit may be denied. If the permittee fails to comply with all of the permit stipulations required then it may be summarily suspended. Failure to comply with all applicable laws and rules may result in criminal or administrative fines. Failure to control the fire may result in civil action reference restitution for suppression costs as well as any damage to the property of another.



R. W. Gillespie & Associates, Inc.

Geotechnical Engineering • Geohydrology • Materials Testing Services

August 28, 2013



Town of Newton Board of Selectmen
c/o Ms. Nancy Wrigley, Town Administrator
P.O. Box 378
Newton, New Hampshire 03858

Subject: Proposal for Annual Groundwater Monitoring - 2013 and 2014 Events
Dugway Road Landfill
Newton, New Hampshire
RWG&A Proposal No. P-8487.ENV

Dear Ms. Wrigley:

As requested, and in accordance with New Hampshire Department of Environmental Services (NHDES) correspondence and provisions of the recently renewed Groundwater Management Permit issued for subject facility, R.W. Gillespie & Associates, Inc., (RWG&A) is pleased to present the following proposal to conduct annual groundwater monitoring activities at the site. Note the NHDES has reduced the requirements of the monitoring program from two sampling rounds to one sampling event per year, and testing for chemical oxygen demand (COD) is no longer required.

Annual Groundwater Monitoring – 2013 and 2014

As part of the annual groundwater monitoring program required by NHDES, sampling and testing of groundwater from the eight monitoring stations previously installed in the groundwater management zone (GMZ) is to be conducted once per year. As discussed, RWG&A is prepared to conduct the 2013 sampling event upon authorization to proceed; and the next sampling round would be scheduled for April 2014. Sampling will include stations MW-1, MW-2U, MW-2R, MW-3, MW-5, SG-1, SG-4, and SP-2 (see Groundwater Management Permit, attached).

Prior to sampling, the monitoring wells will be gauged with an electronic water level indicator, and static groundwater elevations will be recorded. The wells will then be purged and sampled for water quality testing. Field testing parameters will consist of pH, specific conductance, and temperature. Well purging will be conducted with care to minimize oxygen introduction, rapid well drawdown, and turbulence within the well casing. Laboratory parameters for routine monitoring will consist of chloride, nitrate, total Kjeldahl nitrogen (TKN), sulfate, iron, and manganese, and testing will be performed by a New Hampshire certified laboratory. Groundwater samples collected from overburden monitoring wells for metals analysis will be filtered in the field with a 0.45 micron filter to provide "dissolved" metals results. Bedrock aquifer and surface water samples will be tested for "total" metals and will not be filtered.

Generated data will be tabulated, along with historical results, and evaluated upon receipt for potential groundwater quality trends and compliance with regulatory standards. A report transmitting the testing data will be prepared by RWG&A following the 2013 and 2014 sampling events for submittal to NHDES. Recommendations would be presented, if appropriate. An updated sensitive receptors map showing water supply wells located within 500 feet of the site GMZ will also be included in the 2013 report.

For future planning purposes, please be advised that a more extensive suite of testing parameters, including the eight drinking water metals, and volatile organic compounds listed on the NHDES Petroleum and Hazardous Waste Remediation "Full List" will be necessary for the spring 2015 sampling event, and the first biennial Summary Report for this permitting cycle, including information listed in Env-Or 607.04(a) will be due in June 2015 (see permit documentation). RWG&A will prepare a proposal for the 2015 monitoring round following completion of the April 2014 sampling so that the Town has the opportunity to budget for this item in advance.

Estimated Fee Basis and Time Frame

The estimated fee basis for the Annual Groundwater Monitoring Program for 2013 and 2014 is summarized in Table I, attached. Standard terms and conditions are attached to this document for your review. RWG&A has obtained sampling containers from the laboratory and we are available to conduct the 2013 sampling upon authorization to proceed, in accordance with our recent discussions with you and the NHDES project manager Paul Rydel.

Closure

If this proposal is acceptable to you, please sign one copy and return it to our corporate office in Saco, Maine, at your earliest convenience; this will serve as notice to proceed with the 2013 sampling event scheduled. R.W. Gillespie & Associates, Inc. appreciates the opportunity to be of service to you on this phase of the project, and we look forward to a continuing relationship. If you have any questions, please contact us.

Very truly yours,
R.W. GILLESPIE & ASSOCIATES, INC.

Cynthia A. Thayer

Cynthia A. Thayer C.G., P.G.
Chief Geohydrologist

CAT:md
In duplicate

Attachments

- Authorization
- Table I, Estimated Fee Basis
- Commercial Terms and Conditions

Authorization for Annual Groundwater Monitoring – 2013 and 2014 Events
Dugway Road Landfill
Newton, New Hampshire
RWG&A Proposal No. P-8487.ENV
Estimated Budget Range for Two Years of Monitoring: \$9,600 to \$10,300

The above arrangements are understood and accepted.

Town of Newton

Signature: Raymond D. Thayer

Print: Raymond D Thayer

Title: Chairman BOS

Date: 09/03/13

TABLE I
ESTIMATED FEE BASIS
ANNUAL GROUNDWATER MONITORING – 2013 AND 2014 EVENTS
DUGWAY ROAD LANDFILL
NEWTON, NEW HAMPSHIRE

<u>Description</u>	<u>Unit</u>	<u>No. of Units</u>	<u>Unit Costs</u>	<u>Total</u>
<i>Annual Groundwater Sampling Event</i>				
Geologist	Hour	12	\$65.00	\$780.00
Mileage	Mile	250	\$0.76	\$190.00
Field Equipment ⁽¹⁾	Each	1	\$225.00	\$225.00
			Subtotal Per Year	\$1,195.00
<i>"Routine" Laboratory Testing Parameters:</i>				
Iron and Manganese ⁽²⁾	Each	8	\$46.00	\$368.00
Total Kjeldahl Nitrogen	Each	8	\$45.00	\$360.00
Nitrate	Each	8	\$28.00	\$224.00
Sulfate	Each	8	\$20.00	\$160.00
Chloride	Each	8	\$20.00	\$160.00
Laboratory Courier Fee ⁽³⁾	Event	1	\$80.00	\$80.00
			Subtotal Per Year	\$1,352.00
<i>"Supplemental" Laboratory Testing Parameters Not Required for 2013 and 2014</i>				
Dissolved RCRA 8 Metals ⁽⁴⁾	Each	0		\$0.00
NHDES P&HW Remediation "Full List" VOCs	Each	0		\$0.00
<i>Data Analysis & Report Preparation</i>				
Chief Geohydrologist	Hour	16	\$120.00	\$1,920.00
Administrative Assistant	Hour	4	\$55.00	\$220.00
Report Documentation ⁽⁵⁾	LS	1	\$125.00	\$125.00
			Subtotal Per Year	\$2,265.00
			Total Per Year:	\$4,812.00

Estimated Project Budget Range for Two Years: \$9,600 to \$10,300

- (1) Field Equipment includes disposable bailers and/or low flow peristaltic pump and well-dedicated sample tubing, as appropriate, filters, water level indicator, pH/Specific Conductance/Temp. meter, PPE.
- (2) Includes laboratory metals preparation, as required.
- (3) Includes sample pick-up and expedited delivery to the analytical laboratory following collection.
- (4) Testing for Dissolved RCRA 8 Metals and NHDES Petroleum and Hazardous Waste Remediation "Full List" Volatile Organic Compounds is not required until the 2015 sampling round, in accordance with provisions of the groundwater management permit
- (5) Assumes two copies of the annual monitoring report provided by First Class Mail.

TERMS AND CONDITIONS GEOHYDROLOGIC SERVICES

1. CHARGES

Personnel: Charges are computed on an hourly rate schedule listed in the proposal. Annual increases will not exceed an average of ten (10) percent per classification.

Equipment, Subcontractors, and Supplies: Charges for specialized equipment, mileage, subcontractors, consultants, laboratories, and supplies required to complete the project are itemized in the proposal. A fifteen (15) percent fee is added to all subcontract invoices to cover handling and added costs.

2. TEST BORINGS, ANALYTICAL TESTING AND OTHER SUBCONTRACT

To perform test borings, analytical testing, and other services, will engage a subcontractor. At your request, we can arrange for you to enter into a direct contract with the subcontractor. In that event, invoices for these outside services will be forwarded to you for your direct payment to the subcontractor.

3. INVOICES

Invoices are issued monthly, payable upon receipt. Amounts not paid within thirty (30) days are subject to a service charge of one and one-half (1-1/2) percent per month. Client agrees to pay all fees including attorney fees, court costs, or other expense, incurred for the collection of delinquent accounts. If the Client objects to all or any portion of the invoice, Client shall so notify R.W. Gillespie & Associates, Inc. within 14 calendar days of the invoice date, identify the cause of the disagreement, and pay when due that portion of the invoice, if any, not in dispute. Payment of invoices is in no case subject to unilateral discounting or set-offs by Client. The Client's right to use R.W. Gillespie & Associates, Inc.'s work product, including its instruments of service, is contingent upon timely and full payment of all fees and costs payable under this agreement.

4. SAMPLES

All samples acquired by us (soil, concrete, rock, etc.) will be discarded thirty (30) day after submission of our final report, unless you advise us otherwise. Upon Client's written request, we will forward the samples at your cost, or will store them for you for an agreed period and storage charge.

5. RIGHT OF ENTRY ON-SITE

Unless otherwise agreed, the Client will furnish right of entry on the site for us to make test borings, test pits, explorations, and other evaluations. We will take reasonable precautions to minimize damage to the site from use of equipment but have not included in our fee the cost for restoration of damage that may result from these operations. Any site restoration requested in writing will be accomplished and the cost will be added to our fee.

We will take reasonable precautions to avoid damage to buried utilities, including utilizing the services of DigSafe as an attempt to locate unknown underground utilities. However, we will not be responsible for damage or injury resulting from our explorations for your project which encountered unknown or incorrectly located utilities or structures.

Client acknowledges that it is now and shall remain in control of the site at all times. R.W. Gillespie & Associates, Inc., does not, by this agreement with Client, assume any responsibilities or liabilities with respect to the site. R.W. Gillespie & Associates, Inc. shall be solely responsible for its employees' activities on the job site, but this shall not be construed to relieve owner or any construction contractors from their responsibilities for maintaining a safe job site.

6. UNANTICIPATED CONDITIONS

Hazardous substances may exist at a site where there is no reason to believe they could or should be present. If during the performance of our services, any unforeseen hazardous or potentially hazardous substances or conditions, or other unforeseen conditions or occurrences are encountered, which in our sole judgment significantly affect or may affect the services, the risk involved in providing the services, or the recommended scope of services, we will promptly notify Client. R. W. Gillespie & Associates, Inc., and Client agree that the discovery of such conditions constitutes a significant change in the scope of work originally outlined. Based on our evaluation of conditions, we may:

- a. If practicable, in our sole judgment, complete the original scope of services in accordance with the procedures originally intended in the proposal.
- b. Stop work pending agreement with Client to modify the scope of services and estimate of charges to include evaluation of the previously unforeseen conditions and occurrences.
- c. Terminate the services effective on the date specified by us in writing. Client waives any claim against R. W. Gillespie & Associates, Inc., and agrees to indemnify and defend and hold R. W. Gillespie & Associates, Inc.'s encountering of unanticipated hazardous materials or suspected hazardous materials.

7. INFORMATION PROVIDED BY OTHERS

For purposes of economy and expediency, RWG&A will rely on information provided by Client and indicate to Client information needed to form an opinion. It is understood that it is not practicable to identify all information needed until after services begin. Furthermore, it is understood that Client will provide RWG&A with as much of such information requested that is available to Client, inform RWG&A of reports or materials prepared by others that relate to RWG&A's portion of the work, and that Client will furnish these to RWG&A. RWG&A is unable to ensure the sufficiency of such information, either because doing so is impossible, or because of errors or omissions others may have committed when assembling the information. Accordingly, it is understood that Client will, to the fullest extent permitted by law, waive any claim against RWG&A, and indemnify, defend, and hold RWG&A harmless arising from any claim or liability for injury or loss, arising from alleged error, omissions, or inaccuracies in documents or other expenses incurred by RWG&A in defense of any such claim. Such compensation will be based on RWG&A's prevailing fee schedule and expense reimbursement policy.

8. CONFIDENTIALITY

R. W. Gillespie & Associates, Inc. will not intentionally divulge information regarding the proposal, services or report, except to Client or parties designated by Client in writing. If, in our sole opinion, site conditions represent a threat to the public health or an environmental hazard, we will so advise Client in order that Client may diligently notify the appropriate authorities. If Client fails to act in a responsible manner, R. W. Gillespie & Associates, Inc., as a professional association, will notify the appropriate authorities. Client waives any claim against R. W. Gillespie & Associates, Inc., and agrees to defend, indemnify, and save R. W. Gillespie & Associates, Inc., harmless from any claim or liability arising from conditions or notification of conditions at the site. Information which is the public domain or which is provided to us by third parties is not considered confidential.

9. ESTIMATED FEE

Our estimated fee is an opinion of the estimated, probable costs required to perform the scope of work. We must make a number of assumptions as to actual conditions that will be encountered on the site, the general construction climate, and other factors over which we have no control.

10. STANDARD OF CARE

R.W. Gillespie & Associates, Inc. is a professional association and represents that its professional services are performed in a manner consistent with that level of care and skill ordinarily exercised by members of the profession practicing under similar conditions. No other representation, expressed or implied, is intended. Our recommendations are based on our interpolation of conditions encountered by the explorations. Conditions between the explorations are, in fact, unknown. Field review during excavation/construction is an integral part of the design, since significantly more knowledge of subsurface conditions will be revealed by the excavation process. Depending on site conditions, it may be necessary for us to be retained during the construction process to complete our design recommendations.

11. INSURANCE

GENERAL: Our liability to our Client for injury or damage to persons or property for which we may be found legally liable shall be limited to the following:

Workmen's Compensation	Statutory Limits
Injury & Property Damage Combined Single Limit	\$1,000,000

12. LIMITATION OF LIABILITY

The Client and R.W. Gillespie & Associates, Inc., agree, to the fullest extent permitted by law and order withstanding any other provisions in this agreement, the total liability of R.W. Gillespie & Associates, Inc., and its officers, directors, owners, shareholders, employees, agents, and subconsultants or any of them, the Client and anyone claiming by, through or under the Client, for any and all claims, losses, costs of damages, of any nature whatsoever, arising out of, resulting from, or in any way related to the project or this agreement, from any cause or causes, including but not limited to the negligence, professional error or omissions, strict liability, breach of contract, or other civil liability, shall not exceed the total compensation received by R.W. Gillespie & Associates, Inc., or the total amount of \$50,000.00, whichever is less. If the Client prefers not to limit R.W. Gillespie & Associates, Inc., liability to this sum, we may agree to increase the limit of liability in \$25,000 increments increase in the limit for this waiver. The request for this option must be made by the Client in writing at the time the Client accepts the proposal. The charge is consideration for the greater risk involved in performing work for which the limitation of liability exceeds the total compensation received by R.W. Gillespie & Associates, Inc., or the amount of \$50,000, whichever is less. It should not be construed as a charge for professional liability insurance.

13. OWNERSHIP OF INSTRUMENTS OF SERVICES

All reports, plans, specifications, field data and notes, and other documents, including all documents on electronic media, prepared by R.W. Gillespie & Associates, Inc., as instruments of service shall remain the property of R.W. Gillespie & Associates, Inc.

14. GOVERNING LAW

The laws of the State of Maine will govern the validity of this agreement, its interpretation and performance.

15. SUBSURFACE RISKS AND SITE DAMAGE

Client recognizes that special risks occur and "guarantees" cannot be expected whenever professional consulting services are applied to determine the composition of a site's subsurface or the existence or non-existence of hazardous substances. R.W. Gillespie & Associates, Inc. cannot eliminate these risks, but R.W. Gillespie & Associates, Inc. can apply professional techniques to reduce the risks and Client agrees to accept such risk.

16. AQUIFER CONTAMINATION

The Client waives any claim against R.W. Gillespie & Associates, Inc. and agrees to defend, indemnify, and save R.W. Gillespie & Associates, Inc. harmless from any claim or liability for injury or loss which may arise as a result of cross-contamination caused by sampling and to compensate R.W. Gillespie & Associates, Inc.

for its time and expenses associated with responding to such cross-contaminations.

17. HAZARDOUS SUBSTANCES AND CONDITIONS

Client warrants that, if it knows, suspects, or has reason to know or suspect that hazardous substances may exist on the property, it has so informed R.W. Gillespie & Associates, Inc. Client also agrees that R.W. Gillespie & Associates, Inc. has no responsibility as a handler, generator, operator, treater, storer, transporter, or disposer of hazardous substances found or identified at the project property and shall indemnify and hold R.W. Gillespie & Associates, Inc. harmless for such claims.

18. DISPOSITION OF CONTAMINATED SAMPLES

Soil, rock, water, and/or other samples obtained from the project site that are contaminated by hazardous substances regulated under Federal, State, or local laws, shall be returned to Client. It is the Client's responsibility to select and arrange for removing the contaminated samples from R.W. Gillespie & Associates, Inc.'s custody and transporting them to an appropriate disposal site. R.W. Gillespie & Associates, Inc. for an additional fee set forth in writing, may make arrangements for disposal and will act as bailee but will not assume title to the samples.

19. CONTAMINATED EQUIPMENT

Any of R.W. Gillespie & Associates, Inc.'s field or laboratory equipment that becomes contaminated by hazardous substances encountered at the site must be decontaminated and contaminated consumables must be properly disposed of. Client agrees to pay R.W. Gillespie & Associates, Inc. for costs associated with decontamination of equipment and replacement of contaminated consumables.

Unless otherwise agreed upon, Client will provide a designated decontamination area to clean equipment utilized during this project. Client will properly dispose of water, soil, or other wastes resulting from the decontamination process or will authorize and compensate R.W. Gillespie & Associates, Inc. for said disposal in accordance with Article 15 herein.

20. SEVERABILITY AND SURVIVAL

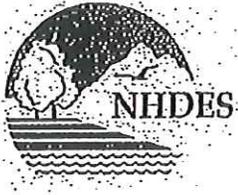
Any element of this Agreement later held to violate a law shall be deemed void, and all remaining provisions shall continue in force. However, Client and R.W. Gillespie & Associates, Inc. will, in good faith, attempt to replace any invalid or unenforceable provision with one that is valid and enforceable and which comes as close as possible to expressing the intent of the original provision. All terms and conditions of this Agreement allocating liability between Client and R.W. Gillespie & Associates, Inc. shall survive the completion of the services hereunder and the termination of this Agreement.

R. W. Gillespie & Associates, Inc.

ATTACHMENT

NHDES Correspondence and Groundwater Management Permit

**Proposal for Annual Groundwater Monitoring Program – 2013 Event
Dugway Road Landfill
Newton, New Hampshire**



The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES



Thomas S. Burack, Commissioner

April 11, 2013

Nancy Wrigley, Town Administrator
Town of Newton
PO Box 378
Newton, NH 03858-0378

**Re: Newton – Newton Municipal Landfill, Groundwater Management Permit Renewal
DES #199101029, Project #2630**

**Groundwater Management Permit Renewal Application, prepared by R.W. Gillespie
& Associates, Inc. (Gillespie), and executed by the Town of Newton on March 26, 2013**

**Fall 2012 Monitoring Results and Annual Summary Report, as prepared by Gillespie,
and dated January 24, 2013**

Dear Ms. Wrigley:

Please find enclosed Groundwater Management Permit Number **GWP-199101029-N-003**, approved by the Department of Environmental Services (Department). This Permit is issued for a period of 5 years to monitor groundwater quality at the subject site, and is a renewal of your Permit which expired on December 16, 2012. Please continue to submit all required sampling results and monitoring summaries to the Department's Groundwater Management Permits Coordinator, at the address below. All correspondence must contain a cover letter that clearly shows the Department identification number for this site (i.e., DES# 199101029).

Based on our review of the most-recent water quality monitoring results and related information as provided in the above-referenced Annual Summary Report, we note that current conditions remain generally consistent with the historical findings, and that the former landfill continues to have only limited impacts to local groundwater and surface water quality. Based on these conditions, and consistent with the approach outlined in the Department's March 1, 2012 letter to the Town, the scope of the water quality monitoring program as defined in Condition No. 7 of the renewed Permit has been reduced from the previous Permit. These reductions include:

- A reduction in the required monitoring frequency to annually, each April;
- A reduction in the summary reporting frequency to biennially (every other year), with the first biennial Summary Report due in June 2015; and,
- Analysis for chemical oxygen demand (COD) is no longer required.

Additionally, please note that Special Condition No. 11 has been written into the enclosed Permit to require preparation of an updated receptors map – showing water supply wells located within 500 feet of the Groundwater Management Zone (GMZ) established for the landfill site – as originally requested in the Department's March 1, 2012 letter to the Town. Note that the Department expects that the updated receptors map can be provided with the data submittal presenting the results of the April 2013 monitoring round, which is due to the Department no later than June 15, 2013.

Nancy Wrigley
DES #199101029
April 11, 2013
Page 2 of 2

Should you have any questions with regard to any of the requirements of the enclosed Permit, please contact me directly at the Department's Waste Management Division.

Sincerely,



Paul Rydel, PG
Hazardous Waste Remediation Bureau
Tel: (603) 271-3116
Fax: (603) 271-2181
Email: paul.rydel@des.nh.gov

Waste Management
Division

Digitally signed by Waste Management
Division
DN: cn=Waste Management Division,
o=Environmental Services, ou=HW73,
email=refse.hubbard@des.nh.gov, c=US
Date: 2013.04.11 12:01:55 -0400

ec: Michael Guilfoyle, PE, SWMB Administrator
Cynthia Thayer, PG, Gillespie
Robert R. Leverone, Newton Town Health Officer



The
NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
hereby issues
GROUNDWATER MANAGEMENT PERMIT NO. GWP-199101029-N-003
to the permittee
TOWN OF NEWTON
to monitor the groundwater quality at the
NEWTON MUNICIPAL LANDFILL
(Dugway Road)
in NEWTON, N.H.
via the groundwater monitoring system comprised of
5 monitoring wells, 2 surface water sampling locations, and 1 seep
as depicted on the Site Plan entitled
"Figure 1 – Site Plan with Monitoring Stations"
dated (January 2013), prepared by R.W. Gillespie & Associates, Inc.

TO: TOWN OF NEWTON
PO BOX 378
NEWTON, NH 03858

Date of Issuance: April 11, 2013
Date of Expiration: April 10, 2018

Pursuant to authority in N.H. RSA 485-C:6-a, the New Hampshire Department of Environmental Services (Department), hereby grants this Permit to monitor groundwater at the above-described location for five years subject to the following conditions:

(continued)

STANDARD MANAGEMENT PERMIT CONDITIONS

1. The permittee shall not violate Ambient Groundwater Quality Standards adopted by the Department (N.H. Admin. Rules Env-Or 600) in groundwater outside the boundaries of the Groundwater Management Zone, as shown on the referenced site plan.
2. The permittee shall not cause groundwater degradation that results in a violation of surface water quality standards (N.H. Admin. Rules Env-Ws 1700) in any surface water body.
3. The permittee shall allow any authorized staff of the Department, or its agent, to enter the property covered by this permit for the purpose of collecting information, examining records, collecting samples, or undertaking other action associated with this Permit.
4. The permittee shall apply for the renewal of this Permit at least 90 days prior to its expiration date.
5. This Permit is transferable only upon written request to, and approval of, the Department. Compliance with the existing Permit shall be established prior to permit transfer. Transfer requests shall include the name and address of the person to whom the permit transfer is requested, the signatures of the current and future permittees, and a summary of all monitoring results to date.
6. The Department reserves the right, under N.H. Admin. Rules Env-Or 600, to require additional hydrogeologic studies and/or remedial measures if the Department receives information indicating the need for such work.
7. The permittee shall maintain a water quality monitoring program and submit monitoring results to the Department's Waste Management Division no later than 45 days after sampling. Samples shall be taken from the on-site monitoring wells, surface water sampling points, and other sampling points as shown and labeled on the referenced site plan, and listed in the following table in accordance with the schedule outlined herein:

Monitoring Locations	Sampling Frequency	Parameters
MW-1, MW-2U; MW-2R, MW-3, MW-5, SG-1, SG-4, and SP-2	April of each year	Specific conductance @25°C, pH, chloride, nitrate, TKN, sulfate, iron, manganese, and static water level elevation (monitoring wells only).
Same as above	April 2015	NHDES Waste Management Division Full List of analytes for volatile organics, including low-level 1,4-dioxane, and Drinking Water Metals

Sampling shall be performed in accordance with the documents listed in Env-Or 610.02 (e). Samples shall be analyzed by a laboratory certified by the U.S. Environmental Protection Agency or the Department. All overburden groundwater samples collected for metal analyses (iron, manganese, and Drinking Water Metals) shall be analyzed for dissolved metals; and thus must be field-filtered (with a 0.45-micron filter), and acidified after filtration in the field.

Surface water samples, and groundwater samples collected from bedrock or water supply wells, shall be analyzed for total metals, and shall not be filtered. Surface water samples shall be collected and analyzed in accordance with 40 CFR 136. As referred to herein, the term "Drinking Water Metals" refers to: arsenic, barium, cadmium, chromium, lead, mercury, selenium, and silver.

Summaries of water quality shall be submitted biennially (every other year), beginning in June 2015, to the Department's Waste Management Division, using a format acceptable to the Department. The biennial Summary Reports shall include the information listed in Env-Or 607.04 (a), as applicable, and shall be prepared and stamped by a professional engineer or professional geologist licensed in the State of New Hampshire.

8. Issuance of this Permit is based on the Groundwater Management Permit Application dated March 26, 2013, and the historical documents found in the Department file DES #199101029. The Department may require additional hydrogeologic studies and/or remedial measures if invalid or inaccurate data are submitted.
9. Within 30 days of discovery of a violation of an ambient groundwater quality standard at or beyond the Groundwater Management Zone boundary, the permittee shall notify the Department in writing. Within 60 days of discovery, the permittee shall submit recommendations to correct the violation. The Department shall approve the recommendations if the Department determines that they will correct the violation.

SPECIAL CONDITIONS FOR THIS PERMIT

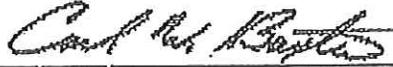
10. Recorded property within the Groundwater Management Zone includes the lots, or portions thereof, as listed and described in the following table:

Tax Map / Lot No.	Property Address	Owner Name and Address	Deed Reference (Book / Page)
16 / 2 *	Newton Landfill Dugway Road Newton, NH 03858	Town of Newton P.O. Box 378 Newton, NH 03858	3781 / 448
16 / 3	Newton Landfill Dugway Road Newton, NH 03858	Town of Newton P.O. Box 378 Newton, NH 03858	3781 / 448

* The Groundwater Management Zone includes the southernmost portion of Lot 16 / 2, approximately 9.1 acres in size, as indicated on the referenced site plan and the "Plan of Land" showing the GMZ," as prepared by Plaistow Consultants, and dated April 8, 2002.

11. The permittee shall prepare an updated receptors map, showing water supply wells located within 500 feet of the site Groundwater Management Zone as defined above, and submit the updated map to the Department with the reporting of the results for the April 2013 monitoring round, which are due no later than June 15, 2013.
12. All monitoring wells at the site shall be properly maintained and secured from unauthorized access or surface water infiltration.

13. The permittee shall update ownership information required by Env-Or 607.03(a)(20) for all properties within the Groundwater Management Zone prior to renewal of the Permit, or upon a recommendation for site closure.



Carl W. Baxter, P.E., Administrator
Hazardous Waste Remediation Bureau
Waste Management Division

Under RSA 21-0:14 and 21-0:9-V, any person aggrieved by any terms or conditions of this permit may appeal to the Waste Management Council in accordance with RSA 541-A and N.H. Admin. Rules, Env-WMC 200. Such appeal must be made to the Council within 30 days and must be addressed to the Chairman of the Waste Management Council, c/o Appeals Clerk, Department of Environmental Services Legal Unit, 29 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095.

GWP-199101029-N-003