DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

CLEARINGHOUSE REVIEW AND COMMENT REQUEST

County Ashe
SCH No. 78-2248
Date June 14

TO:
[✓] Sanitary Engineering Section
[] Personal Health Section
[] Dental Health Section
[] Epidemiology Section
[] Other _____

[] Western Regional Office
[] North Central Regional Office
[] South Central Regional Offfce
[] Eastern Regional Office

RECEIVED JUN 14 1978 ENGINEERING PLANNING BRANCH

Attn: Grover Cook

FROM: Planning Officer

The Department of Human Resources has requested the Division of Health Services to review the "Notification to Clearinghouse of Intent to Apply for Assistance" as noted above, as to its agreement with the goals and objectives of our agency. In compliance with this request, we are referring a copy of this notification to you for:

[✓] REVIEW [] INFORMATION

Your response must be received no later than June 26, if it is to be included in the Agency response.

REVIEWERS' COMMENTS: [] No Comment [x] No Objection [] See attached

Concur in stated equipment needs.

Jerry C. Perkins
REVIEWERS' SIGNATURE

IF YOU REQUIRE EITHER ADDITIONAL TIME OR THE COMPLETE PROJECT APPLICATION, CALL THE PLANNING BRANCH, (919) 829-3372, IMMEDIATELY.

DHS Form 2145 Rev 11/76
Planning

INSTRUCTIONS ON REVERSE SIDE

PURPOSE:

The purpose of the "Notification to Clearinghouse of INTENT to Apply for Assistance" system is to provide information in the developmental phase of planning by the applicant to any agency which may be affected by the project. Therefore appropriate agencies and the applicant would have the opportunity to maximize all available fiscal and technical resources through early communication and coordination of interests in order to avoid unnecessary overlap which could result in duplication of services, conflict of interests, or gaps in the delivery of services.

REVIEWER RESPONSIBILTIY:

The reviewer should assume the responsibility of initiating direct contact with the applicant and/or provider agencies such as local health departments in order to insure that full consideration is given the needs of the project population and is consistent with the goals and objectives of the Division of Health Services.

While the responsibility of the reviewer is not to make a judgement concerning the funding of a project, it is his responsibility to make comments which will emphasize areas of cooperation or reflect any problems which may arise should the project be funded. Recommendations for solutions should be included in the response.

INSTRUCTIONS:

REVIEW: The reviewer should prepare comments in a manner suitable for direct submission to the Department of Human Resources and record them in the space provided on the front of the form. If comments are lengthy enough to require additional pages, please submit them in memorandum form addressed to the Planning Officer.

If the "No Comment" or "No Objection" blocks are checked, only the original DHS Form 2145 need be returned to us. If detailed comments are confined to DHS Form 2145, we will need the original and one copy returned to us. If a memorandum is submitted, we will need the original and one copy of the memorandum along with the DHS Form 2145 returned to us.

INFORMATION: No response is necessary. However, should you elect to comment, please follc the instructions as stated above under REVIEW.

RETENTION:

The Planning Office will retain a copy of DHS Form 2145 and any comments for a period of one (1) year. After that time, the information will be forwarded to Central Files.

NOTIFICATION TO CLEARINGHOUSE OF INTENT TO APPLY FOR ASSISTANCE

(SEE INSTRUCTIONS ON REVERSE)

I. Applicant Information

(For State Use)	2. Date Form Completed:	3. Anticipated Submittal Date:
1. SCH #	6-7-78	6-19-78

4. Applicant Agency:	5. Project Director:	Phone:
Ashe County	Mr. Richard C. Miller	919 246-8841

6. Address:	City:	County:	Zip:
Box 205	Jefferson	Ashe	28640

II. Project Information

7. Project Title:	8. Project Location:
Ashe County Solid Waste Equipment Expansion	Ashe County, North Carolina

9. Project Description:

This proposal is to obtain needed solid waste equipment for more effective operation of the county's sanitary landfill presently being used in Ashe County, and to obtain collection equipment (trucks and bulk containers).

Priority Rating	Item	Cost
1	Collection Truck	$75,000
2	30 six cubic yard containers	11,250

10. Project Also Submitted for Review To:

III. Source of Funding Information

11. FEDERAL Grant:	FEDERAL Loan:	STATE Cash:	STATE In-kind:	LOCAL Cash:	LOCAL In-kind:	OTHER: *	TOTAL:
$ 69,000	$	$	$	$ 17,250	$	$	$86,250

12. Federal Funding Agency Applied To:	13. Budget Period
Appalachian Regional Commission	From: 7-1-79 To: 6-30-80

14. * Source of Other Federal Funds (Federal Agency)	15. * Source of Other Non-Federal Funds

16. Federal Program Title:	17. Federal Catalog #:
Appalachian Health Demonstration	23.004

IV. Environmental Impact Information

18. Environmental Statement or Assessment CHECK ONE

- [ ] Completed (Attach EIS or EA Forms)
- [ ] In Progress (will be submitted on _____ DATE)
- [X] Not Required

19. Signature of Chief Executive Official of Applicant Agency

Kay C Taylor — NAME

Chairman, Ashe Co. Board of Commissioners — TITLE

OIR #1 (REVISED CIC #

INSTRUCTIONS FOR COMPLETION OF FORM OIR # 1

This form must be filed by all applicants for funds from programs covered under OMB Circular A-95 and the North Carolina Clean Water Bond Act. The purpose of this Circular is to ensure coordination of plans and programs with State and Local entities which could be affected by such funding.

The form should be sent to the: State Clearinghouse and Information Center, Office of Intergovernmental Relations, 116 West Jones Street, Raleigh, North Carolina 27603. Copies of the form will be distributed to the appropriate State agencies and Areawide Clearinghouses for their review and comment.

Comments will be returned to you within a 30-day period. These comments must be attached to your application when it is sent to the Federal Grantor Agency. You will receive comments from both State and Areawide Clearinghouses. If you have any questions, contact the State Clearinghouse, (919) 829-2594.

I. Applicant Information

1. State Clearinghouse will assign number upon receipt of this form.
2. The month, day, and year form was completed.
3. The anticipated date that the application will be submitted to the funding agency.
4. Name of agency applying for funds.
5. Person responsible for writing the application or person in charge of the project, if funded. Office Phone Number.
6. Street, City, County, and Zip of location of applicant.

II. Project Information

7. Brief descriptive title of project (e.g., Water Supply Facilities or Wastewater Facilities).
8. Area by city or county where project will take place (includes all areas affected by this project). If project affects the State as a whole, fill in with "Statewide" or if it affects one or more total region or regions, indicate those applicable.
9. A Brief narrative of the proposed project including: Quantitative information (size, number of units, etc.), major purpose, primary beneficiaries, justification of need, etc. Attach additonal pages if necessary. If available, attach the completed application.
10. Any other agencies to whom you have submitted this form or the application for review.

III. Source of Funding Information (Estimates)

11. Federal Grant – Federal Grant being requested.
    Federal Loan – Federal loan being requested. (Loan Guarantees are applicable)
    State Cash – State cash contribution or grant being requested (CWBA)
    State In-kind – State technical assistance or "soft match".
    Local Cash – Local governmental unit cash contribution.
    Local In-kind – Local governmental unit "soft match".
    Other * – Cash (see 14 or 15.)
    Total – Total project cost.
12. Department and division of Federal funding agency to which application will be submitted.
13. If applicable, period in which funds are to be expended in carrying out proposed project.
14. Name of any other Federal agency providing funds for the project.
15. Local cash contribution other than that from a unit of government or funding source other than a Federal agency (e.g. Private Foundation).
16. Title of applicable program listed in Catalog of Federal Domestic Assistance. (If not accessable, leave blank)
17. Number corresponding to the Program title found in the Catalog of Federal Domestic Assistance. (If not accessable, leave blank)

IV. Environmental Impact Information

18. Check applicable box. If an Environmental Impact Statement or Environmental Assessment has been completed please include with this form.

    If an Environmental Impact Statement or Environmental Assessment is being written please indicate earliest date you will be able to submit it.

    If an Environmental Assessment or Environmental Impact Statement is not required check the last box. (See Catalog of Federal Domestic Assistance [Appendix VIII] or State Environmental Policy Act for those types of projects which require an Environmental Assessment or Environmental Statement)
19. Chief Official of applying agency must sign here. If a City or County is applying, signature of Chief Elected Official or his designee is needed.

June 22, 1972

Mr. B. E. Campbell, R.S.
~~Ashe~~ County Health Department
P. O. Box 208
Jefferson, North Carolina 28640

Dear Mr. Campbell:

Mr. Jerry Perkins, Mr. Jim Fulp and I made a tour of the Region D solid waste management program on June 13-14, 1972. Due to a very limited schedule, we did not get to visit with you. I would like to take this opportunity to commend you for having an excellent operated sanitary landfill. Mr. Tuttle, Cobb and Yasinsac and Fulp stated that you had contributed greatly to the success of this operation. I hope that your new container program will be a success and I am sure it will be under your excellent supervision.

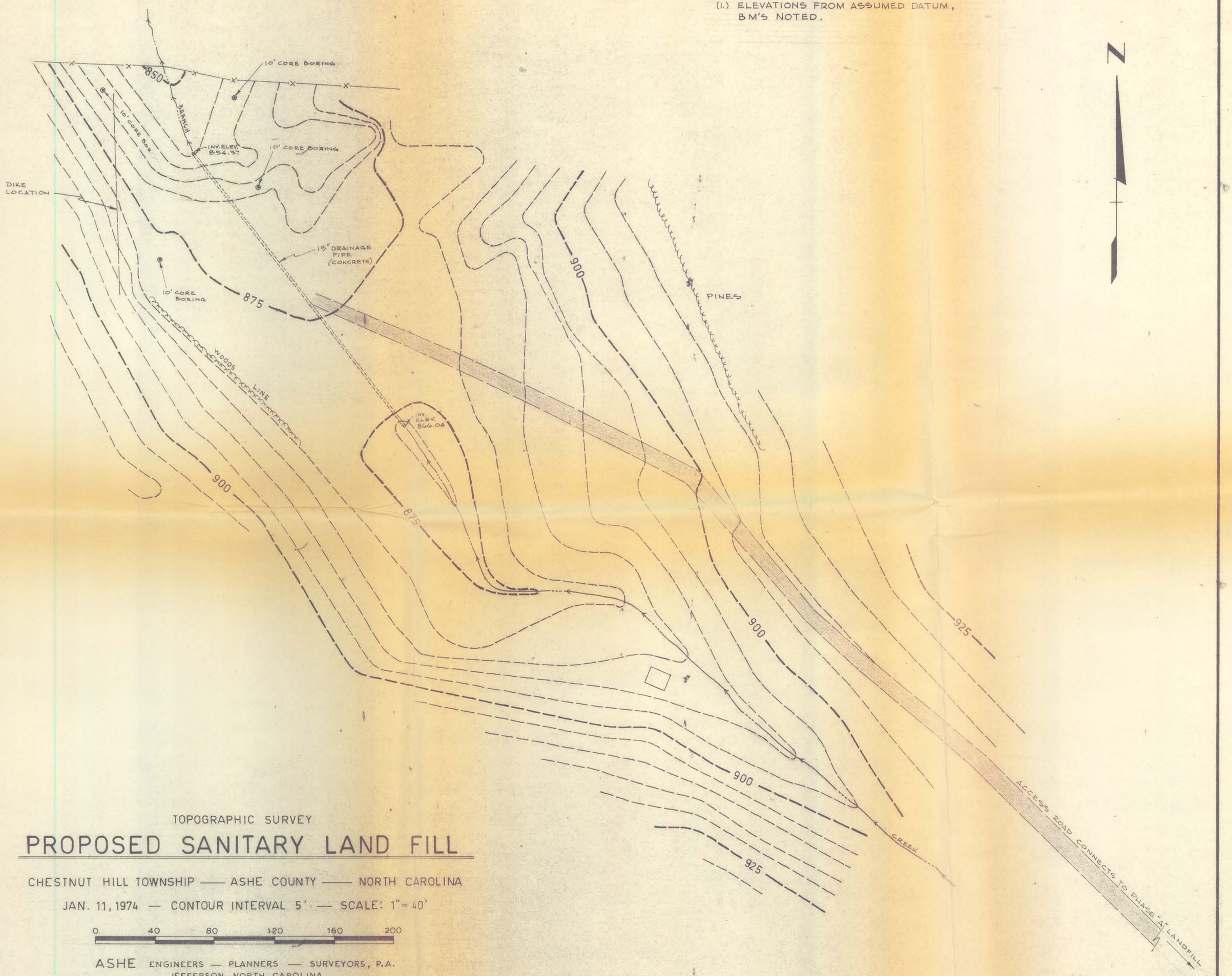
Sincerely yours,

O. W. Strickland, Supervisor
Solid Waste Management
Solid Waste & Vector Control Section
Sanitary Engineering Division

OWS:jp

cc: Mr. Carl Tuttle
Mr. Jack Cobb
Mr. Jim Fulp
Mr. Andrew Yasinsac

NOTES:
(1.) ELEVATIONS FROM ASSUMED DATUM, BM'S NOTED.



TOPOGRAPHIC SURVEY

PROPOSED SANITARY LAND FILL

CHESTNUT HILL TOWNSHIP —— ASHE COUNTY —— NORTH CAROLINA

JAN. 11, 1974 — CONTOUR INTERVAL 5' — SCALE: 1" = 40'

0 40 80 120 160 200

ASHE ENGINEERS — PLANNERS — SURVEYORS, P.A.
JEFFERSON, NORTH CAROLINA