



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
**SOLID WASTE MANAGEMENT DISTRICT ANNUAL REPORT**

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NOV 26 2012

SWMP OPERATIONS

<b>1. REGION IDENTIFICATION (A-T)</b> T	<b>2. SOLID WASTE MANAGEMENT DISTRICT NAME</b> District T	<b>3. FISCAL YEAR PERIOD:</b> FROM JULY 1, 2,011.( TO JUNE 30, 2,012.(
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**GOALS AND ACCOMPLISHMENTS**

**4. (A) WHAT WASTE REDUCTION GOALS DID THE DISTRICT HAVE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR AND WHAT ACTIONS DID THE DISTRICT TAKE TO ACHIEVE THESE GOALS?**

The goal of the Lake of the Ozark Solid waste Management Board is to fund projects that have a solid business plan and a focus on the direction to make it happen, to assure that these projects are successful the District Board allows the Planner to do several site visits to assist in anyway necessary.

**4. (B) WHAT WASTE REDUCTION GOALS DOES THE DISTRICT HAVE FOR THE UPCOMING FISCAL YEAR? WHAT ACTIONS ARE PLANNED TO ACHIEVE THESE GOALS? INCLUDE THE TYPES OF GRANT PROPOSALS THAT HAVE BEEN IDENTIFIED TO ASSIST IN MEETING THESE GOALS.**

Being a minimally funded District, the District want to fund as many projects as the successfully are able to to see the dollars make as much impact as possible.

**5. (A) WHAT RECYCLING GOALS DID THE DISTRICT HAVE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR AND WHAT ACTIONS DID THE DISTRICT TAKE TO ACHIEVE THESE GOALS?**

1. To fund projects in areas where they were needed
2. Oversight to make sure projects were on course.







**11. DESCRIBE YOUR DISTRICT'S GRANT PROPOSAL EVALUATION PROCESS.**

The Executive Board evaluates each grant individually and then they come together as a group to add the totals and discuss ideas that they each have for these projects. They then decide what they are going to award and the amounts.

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**12. BOARD AND COUNCIL MEMBERS**

NAME Robert O'Keefe <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 1295 Summit Point	
REPRESENTATIVE OF <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		CITY Osage Beach	STATE MO
		ZIP CODE 65065	
		TELEPHONE NUMBER WITH AREA CODE 573-348-9472	FAX NUMBER WITH AREA CODE
OFFICIAL TITLE: Chairman		E-MAIL globob@charter.net	
OFFICER <input type="checkbox"/> CHAIR <input checked="" type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			
NAME Tom Wright <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS P.O. Box 12	
REPRESENTATIVE OF <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC <input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		CITY Tuscumbia	STATE MO
		ZIP CODE 65082	
		TELEPHONE NUMBER WITH AREA CODE 573-369-1900	FAX NUMBER WITH AREA CODE
OFFICIAL TITLE: Commissioner		E-MAIL tomwright@millercountymo.org	
OFFICER <input type="checkbox"/> CHAIR <input checked="" type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			
NAME Chuck Jordan <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 400 S. Madison	
REPRESENTATIVE OF <input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		CITY Lebanon	STATE MO
		ZIP CODE 65536	
		TELEPHONE NUMBER WITH AREA CODE 417-532-4435	FAX NUMBER WITH AREA CODE
OFFICIAL TITLE: Councilman		E-MAIL chuckyj47@yahoo.com	
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			

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NAME Danny Rhoades <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 200 N. Adams		
REPRESENTATIVE OF		CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Lebanon	MO	65536
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
		417-532-4897		
OFFICIAL TITLE: Commissioner		E-MAIL commissioner@lacledecountymissouri.org		
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____				
NAME Johnny Franzeskos <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS		
REPRESENTATIVE OF		CITY	STATE	ZIP CODE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Lake Ozark	MO	65049
<input checked="" type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
		573-216-0311		
OFFICIAL TITLE: Mayor		E-MAIL capt45p@live.com		
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____				
NAME Kris Franken <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS # 1 Court Circle		
REPRESENTATIVE OF		CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Camdenton	MO	65026
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX	
		573-346-4440		
OFFICIAL TITLE: Commissioner		E-MAIL kris_franken@camdenmo.org		
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____				
NAME Penny Lyons <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 1000 City Parkway		
REPRESENTATIVE OF		CITY	STATE	ZIP CODE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Osage Beach	MO	65065
<input checked="" type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
		573-302-2002		
OFFICIAL TITLE: Mayor		E-MAIL palyons@osagebeach.org		
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____				
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