| appendix table X-1  Debris Resources –Staff | | | | |
| --- | --- | --- | --- | --- |
| **Name** | **Potential Debris Assignment (s)** | **Phone 1** | **Phone 2** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| appendix table X-2  Debris Resources –Debris Equipment | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Equipment Type** | **Location** | | **Owner** | **Owner Phone** | **Notes** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

* *For FEMA PA Force Account reimbursement it is necessary to capture the size, horsepower, and capacity of equipment to identify correct rate.*

| appendix table X-3  Debris Resources – Technology Resources | | | | |
| --- | --- | --- | --- | --- |
| **Resource** | **Location** | **Owner** | **Owner Phone** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| appendix table X-4  List of Additional Debris Resources – Contract Resources | | | | |
| --- | --- | --- | --- | --- |
| **Company Name** | **Type of Resource** | **Phone 1** | **Phone 2** | **Verified Processing/Disposal Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| appendix table X-5  Debris Resources – Disposal Facilities | | | | |
| --- | --- | --- | --- | --- |
| **Facility Name** | **Address** | **Phone** | **Type\*** | **Accepted waste types** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Type could include MSW, inert waste, CDL debris, or special waste*

| appendix table X-6  Debris Resources – Recycling and Composting Facilities | | | | |
| --- | --- | --- | --- | --- |
| **Facility Name** | **Address** | **Phone** | **Type\*** | **Accepted waste types** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Type could include metal waste, paper, green waste, or animal waste.*

| appendix table X-7  Debris Resources –External Agencies | | | | |
| --- | --- | --- | --- | --- |
| **Agency** | **Contact** | **Phone 1** | **Phone 2** | **Email** |
| Local Health Department/District |  |  |  |  |
| County Solid Waste Agency |  |  |  |  |
| Texas Commission on Environmental Quality (TCEQ) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |