



CITY OF DAHLONEGA

Council Work Session Agenda

October 19, 2020 4:00 PM

Gary McCullough Council Chambers, Dahlonega City Hall

In compliance with the Americans with Disabilities Act, those requiring accommodation for Council meetings should notify the City Clerk's Office at least 24 hours prior to the meeting at 706-864-6133.

OPEN MEETING

BOARDS & COMMITTEES:

- [1.](#) Cemetery Committee – September 2020, Chris Worick, Chair, Dahlonega Cemetery Committee

TOURISM:

- [2.](#) Tourism - September 2020, Sam McDuffie, Director

DEPARTMENT REPORTS:

- [3.](#) City Marshal – September 2020, Jeff Branyon, Chief Marshal
- [4.](#) Community Development – September 2020, Kevin Herrit, Director
- [5.](#) Financial Services – September 2020, Melody Marlowe, Finance Director
- [6.](#) Public Works – September 2020, Mark Buchanan, PW Director/City Engineer
- [7.](#) Water & Wastewater Treatment - September 2020, John Jarrard, Water/Wastewater Treatment Director

ITEMS FOR DISCUSSION:

- [8.](#) Vaping Health Crisis
Daniel Thompson, Regional Director of Philanthropy, Georgia Healthy Family Alliance
- [9.](#) Water Distribution Skidsteer Purchase
Ron Simmons, Distribution/Collection Supervisor
- [10.](#) Columbarium/Ossuary Pricing
Mark Buchanan, Director
- [11.](#) Nonresidential Solid Waste Exemption Requests
Bill Schmid, City Manager
- [12.](#) Dahlonega Downtown Development Authority & Main Street Department
Bill Schmid, City Manager

COMMENTS – PLEASE LIMIT TO THREE MINUTES

- Clerk Comments
- City Manager Comments
- City Attorney Comments
- City Council Comments
- Mayor Comments

ADJOURNMENT



CEMETERY REPORT

CITY OF DAHLONEGA DEPARTMENT REPORT

9/30/2020

Report Title: Cemetery Committee – September 2020
Report Highlight: In person meeting in September
Name and Title: Chris Worick, Chair, Dahlongega Cemetery Committee

Recently Completed:

- Updated survey of unmarked and previously unknown veterans buried in Mt. Hope.

Underway:

- The Scanlin family plot is being expanded for additional burials. This has included new landscaping and construction of new stonework.

Near Term:

- Columbarium order has been placed and estimated date of delivery is sometime between November to January. Orders have been backlogged due to the pandemic.



CITY MARSHAL'S OFFICE

CITY OF DAHLONEGA DEPARTMENT REPORT

Sep-20

Report Title: City Marshal – September 2020

Report Highlight: The Marshal's Office is currently accepting applications for the position of Deputy Marshal. This position will primarily serve as an evening shift extending our public safety coverage to approximately 15 hours per day.

Name, Title: Jeff Branyon, Chief Marshal

Recently Completed:

- The Marshal's Office issued 60 traffic citations, 11 warnings, 54 parking citations and responded to 50 calls for service, removed 17 signs, issued 3 grass notices, and made 285 citizen contacts.

Underway:

- The Marshal's Office has applied to participate in the Georgia Department of Public Safety Excess Property Law Enforcement Support Program. The City Marshal will be attending training in October as the last step in the application process.

Near Term:

- The Marshal's Office is seeking grant funds for the purchase of an additional patrol vehicle.



COMMUNITY DEVELOPMENT

CITY OF DAHLONEGA DEPARTMENT REPORT

9/1/2020

Report Title: Community Development – September 2020

Report Highlight: Community Development and Public Works are looking at a grant from the Land and Water Conservation Fund (LWCF) to help with placing bathrooms at the Wimpy Mill Picnic Area and extend the walking path along the Yahoola Creek.

Name and Title: Kevin Herrit, Director

Recently Completed:

- Completed Update to HPC Guideline to allow for Staff Approval. This will be going to the HPC for approval at the Special Called Meeting on August 11. HPC has asked for some changes to the proposed Staff Approval to review at their October Meeting.
- Demo, Short Term Rental, and Outside Sales and Dining Operations Permit have been added to the online permitting site.

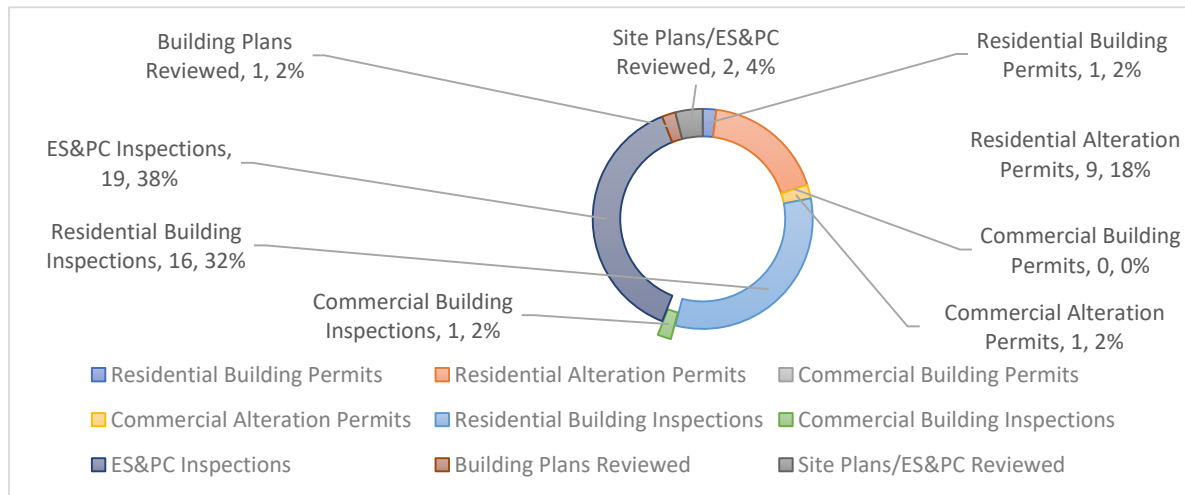
Underway:

- Reviewing parcels within the city limits to determine if they are currently on the Tax Assessors data base for the city.
- Adding tree removal permit and Rezoning application to the online permitting site.
- Creating an application for special events permit from the draft version passed by council for online permitting.
- Creating an online parking permit application for the City.

Development Projects:

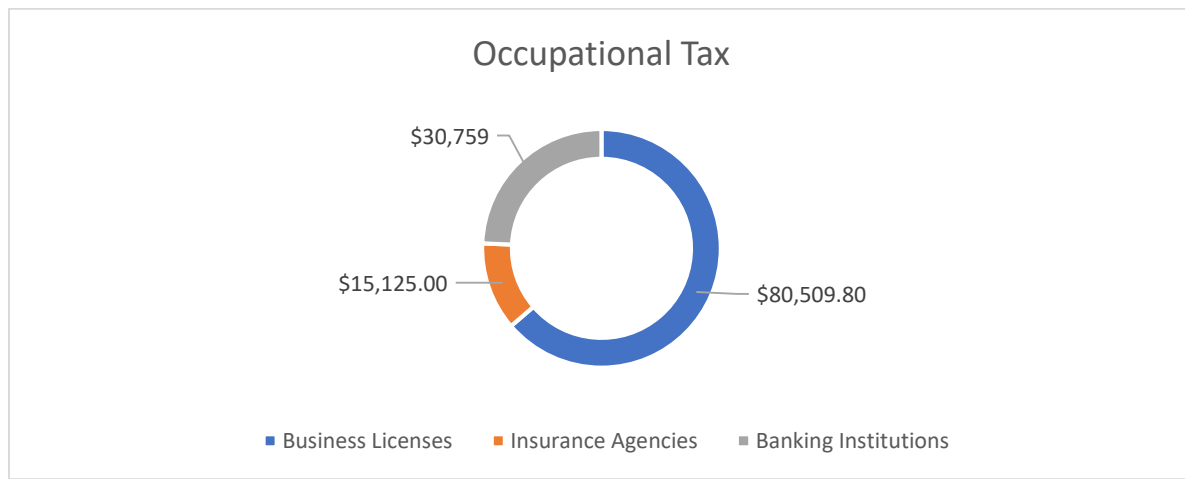
- 40 East Main Street – Sheet rock has been installed in all three floors. Finishing work is underway on all three levels.
- Apartments located off of Vickery have submitted Land Disturbance Permit application. Site plans are under review. A clearing and grubbing permit have been issued for this site with the addition of 4 walls to be constructed per the submitted plans.
- The Laurel development has been issued TCO for the first three buildings. The rear two buildings are finishing up interior work.
- Waffle House has indicated to the building department that they will not be moving forward with their project at this time.

Monthly Operations Report:



Occupational Tax Certificates:

- To date, Community Development Department has received 387 of the 421 Occupational Tax (Business Licenses) Renewals for 2020 (not including Insurance). 309 Insurance business licenses have responded for 2020. Six of the six banks have submitted their Occupational tax renewals. All renewals notices have been sent out to business owners. 1st round of late notices have been sent out in March.



New Businesses:

- The Nest "Andrea and Roman Gaddis STR" – 225 S. Park St. -Email - Thenestdahlonega@gmail.com
- William R. Shirley STR – 70 Goudlock St. - Email – wrshirley@gmail.com

Closed Businesses:

- None



FINANCIAL SERVICES

CITY OF DAHLONEGA DEPARTMENT REPORT

9/30/2020

Report Title: Financial Services – September 2020

Report Highlight: Implemented Shut-Off Wizard in new financial software to assist with collection of delinquent utility accounts. Email notices will be automatically sent to customers with a message that payment is due to avoid service disconnection. This feature will save many hours each month now that personal telephone calls are no longer made.

Name and Title: Melody Marlowe, Finance Director

Recently Completed:

- Review employee benefit package and insurance renewal rates for recommendation for open enrollment for 2021 benefits
- Renewal of banking services contract
- Final Adoption of FY2021 Budget and Five-Year Capital Improvement Program Development, tax millage rate, and budget related contracts
- Update Capital Asset tracking system to include photographs of assets

Underway:

- Conduct Employee Benefit Open Enrollment
- Implement new rates for non-residential sanitation customers, effective October 2020
- Review and administration of CARES grant for local assistance with COVID-related expenses
- Implement pay changes as recommended by the recent Compensation and Benefits Study and approved by Council with the FY2021 Budget
- Assist as needed with consideration and implementation of stormwater utility fee
- Establish and setup Employee Portal on new software; implement and train employees on benefits and use
- Combine utility accounts for common billing addresses
- Review finance record retention practices and organize file system
- Review of IT Services contract

Near Term:

- Update financial policies
- Review and update City Personnel Policies
- Update purchasing policy to include a vendor preference provision
- Update employee evaluation forms and document procedures for employee review process
- Develop and implement employee meetings to provide appropriate training and update HR forms; promote employee education related to City retirement plans



PUBLIC WORKS CITY OF DAHLONEGA DEPARTMENT REPORT

Sep-20

Report Title
Report Highlight

Public Works – September 2020

COVID-related measures laid out in last month's report continue. However, these tasks are now being performed by outside contractors, freeing up staff to focus on Public Works duties once again.

Name, Title:

Mark Buchanan, PW Director/City Engineer

Recently Completed:

- Installation of various fall decorations throughout town. The look of downtown was entrusted to Troy and his team with no direction and they've done a fantastic job.



- Negotiation of a contract for Preliminary Engineering for the Morrison Moore Pedestrian Bridge. Design to begin soon.
- Notice to Proceed was issued to multiple vendors for some phases/aspects of the Wimpy Mill Picnic Area expansion, kayak launch and pedestrian bridge.

Underway:

- Coordination with GDOT and Lumpkin County officials regarding construction of the Hwy60/Oak Grove Road roundabout.
- Columbarium site preparation activities at Memorial Park Cemetery.



- Coordination of infrastructure construction efforts with contractors of Main Street Hotel.
- The City is exploring a partnership with UNG on a project that would provide a sidewalk/pedestrian trail along Morrison Moore Drive from Alumni Drive to South Chestatee.
- Replacement of the deteriorated sidewalk on Meaders Street north of Hawkins.
- Stormwater Utility implementation preparation.
- Implementation of recently adopted solid waste ordinance.
- Creation of a heavily revised set of Development Regulations.

Near Term:

- Expected extension of Barlow Road sidewalk from bus barn to existing sidewalk by UNG.
- Christmas decoration and light installation.



WATER / WASTE WATER DEVELOPMENT
CITY OF DAHLONEGA DEPARTMENT REPORT
Sep-20

Report Title: Water & Wastewater Treatment - September 2020

Report Highlight: A Pall technician performed a "System Health Check-up" on the filters at the water plant. A detailed report of their findings will be sent to us in the near future. The report should go into details on the equipment that may need to be replaced or at least updated to ensure our facility is operating properly. After a discussion with the tech, the City may want to have Pall Corporation perform a "dissection" on one of the filter modules to check the elasticity of the fibers and mineral/solids build-up. This will help ensure that the plant operators are cleaning the filters properly and also a true test on the integrity of the filters.

Name, Title: John Jarrard, Water/Wastewater Treatment Director

Recently Completed:

- System Health Check-up of the WTP Filters
- Quarterly Dam Inspection
- Quarterly THM/HAA Sampling
- Replaced Pressure Sensor in Flocculation Tank #1
- Repaired chemical line at WWTP
- Replaced tubing in caustic pump at WWTP
- Repaired CIP Electrical Manifold
- End of Fiscal Year Inventory

Underway:

- Updates to Risk Assessment/Emergency Response Plan
- Replacement of both Digester Aerators (Capital Project)
- Replacement of pump in West Cleaners
- Replacement of guide rails and other structures in Kenimer Lift Station
- Repairs to Crown Mountain Pump Station Electrical Control Box

Near Term:

- Work with other City Departments to develop a Cross-Connection Control Program and Backflow Prevention Program.
- Replacement of submersible pump in Kenimore Lift Station
- Flygt Preventive Maintenance/Inspections of Lift Station

HEALTH ADVISORY

Imminent Health Risks of Electronic Cigarettes and Vaping Devices

The Georgia Department of Public Health is issuing this health advisory to inform the public of the imminent health risks posed by electronic cigarettes or other vaping devices. Serious lung injuries, and in some cases death, have been linked to e-cigarettes or other vaping devices and the vaping products used in them. The Centers for Disease Control and Prevention (CDC) and state health departments are investigating, but the specific cause of the lung injuries remains unknown.

- E-cigarettes and other vaping devices can deliver nicotine, flavorings and other drugs such as THC and CBD.
- Nicotine is a dangerous and highly addictive chemical. It can cause an increase in blood pressure, heart rate and flow of blood to the heart.
- The CDC's investigation into lung injuries associated with e-cigarette use or vaping suggest THC products play a role.
- While the CDC investigation is ongoing, individuals should not use e-cigarettes or other vaping devices.
- **People should never buy vaping products off the street or modify or add any substances to e-cigarette products.**
- E-cigarette aerosol is not harmless water vapor. In addition to nicotine, the aerosol contains other harmful substances including diacetyl (a chemical linked to a serious lung disease), cancer-causing chemicals and heavy metals such as nickel, tin and lead.
- **Use of any tobacco product by adolescents, including e-cigarettes or other vaping devices, is unsafe.** Most e-cigarettes contain nicotine which can harm adolescent brain development, continuing into the early to mid-20s. Young people who use e-cigarettes may be more likely to go on to use regular cigarettes or other addictive drugs.
- E-cigarettes and other vaping devices that deliver nicotine or other drugs are **not safe to use during pregnancy**. Nicotine is a health danger for pregnant women and can damage a developing baby's brain and lungs, cause low birthweight and/or lead to sudden infant death syndrome (SIDS).
- Symptoms of vaping-associated illness, which worsen over time, include cough, shortness of breath, fatigue, chest pain, nausea, vomiting and diarrhea. People with a history of vaping who are experiencing breathing problems or any of these symptoms should seek medical care.
- E-cigarettes are not currently approved by the Food and Drug Administration (FDA) as a quit smoking aid. If you are an adult who used e-cigarettes containing nicotine to quit cigarette smoking, do not return to smoking cigarettes.
- Contact your health care provider if you need help quitting tobacco products, including e-cigarettes, or call the **Georgia Tobacco Quit Line at 1-877-270-STOP (877-270-7867)**.



Original article

Association Between Youth Smoking, Electronic Cigarette Use, and Coronavirus Disease 2019

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Article history: Received June 12, 2020; Accepted July 1, 2020

Keywords: Tobacco; Smoking; Electronic cigarette; COVID; Lung; Coronavirus; Communicable disease; Infectious disease; Pandemic

A B S T R A C T

Purpose: This study aimed to assess whether youth cigarette and electronic cigarette (e-cigarette) use are associated with coronavirus disease 2019 (COVID-19) symptoms, testing, and diagnosis.**Methods:** An online national survey of adolescents and young adults ($n = 4,351$) aged 13–24 years was conducted in May 2020. Multivariable logistic regression assessed relationships among COVID-19–related symptoms, testing, and diagnosis and cigarettes only, e-cigarettes only and dual use, sociodemographic factors, obesity, and complying with shelter-in-place.**Results:** COVID-19 diagnosis was five times more likely among ever-users of e-cigarettes only (95% confidence interval [CI]: 1.82–13.96), seven times more likely among ever-dual-users (95% CI: 1.98–24.55), and 6.8 times more likely among past 30-day dual-users (95% CI: 2.40–19.55). Testing was nine times more likely among past 30-day dual-users (95% CI: 5.43–15.47) and 2.6 times more likely among past 30-day e-cigarette only users (95% CI: 1.33–4.87). Symptoms were 4.7 times more likely among past 30-day dual-users (95% CI: 3.07–7.16).**Conclusions:** COVID-19 is associated with youth use of e-cigarettes only and dual use of e-cigarettes and cigarettes, suggesting the need for screening and education.

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IMPLICATIONS AND
CONTRIBUTION

The findings from a national sample of adolescents and young adults show that electronic cigarette use and dual use of electronic cigarettes and cigarettes are significant underlying risk factors for coronavirus disease 2019. Health care providers, parents, schools, community-based organizations, and policymakers must help make youth aware of the connection between smoking and vaping and coronavirus disease.

As of June 2020, more than 2.1 million people have been infected, and approximately 116,000 have died from Coronavirus Disease 2019 (COVID-19) in the U.S. [1], and the numbers continue to rise. Both cigarette and electronic cigarette (e-cigarette) use

damage the respiratory system [2–4], potentially increasing the risk of experiencing COVID-19–related symptoms, a positive diagnosis and exacerbated health outcomes [5]. A meta-analysis of studies mostly in China found that smokers were at elevated risk of COVID-19 progression compared with non-smokers [6]. Hospitalizations in the U.S. show that factors such as obesity, male sex, and older age are associated with COVID-19 [7]. Although youth are at relatively lower risk of contracting COVID-19 compared with older adults, given the proportion of youth using e-cigarettes [8], youth e-cigarette and cigarette use may pose an important risk factor for COVID-19.

Currently, there are no U.S. population-based studies assessing the relationship between cigarette smoking, e-cigarette use,

Conflicts of interest: None of the authors have any conflicting interests.**Disclaimer:** The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Food and Drug Administration.

Clinical trials registry site and number: Not applicable to this cross-sectional survey study.

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and COVID-19–related outcomes. In the absence of information on smoking and e-cigarette use history of youth diagnosed with COVID-19, we conducted a population-level examination of whether youth cigarette and/or e-cigarette use is associated with increased likelihood of experiencing COVID-19–related symptoms, being tested, and being diagnosed with COVID-19.

Methods

We conducted a national cross-sectional online survey of adolescents and young adults aged 13–24 years from May 6 to 14, 2020 in the U.S., using Qualtrics [9], a leading enterprise survey technology platform. Participants were recruited from Qualtrics' existing online panels using a survey Web link on gaming sites, social media, customer loyalty portals, and through website intercept recruitment. Qualtrics panels are widely used to conduct social/behavioral research [10]. The online survey took 15–20 minutes to complete. Through quota sampling, we recruited e-cigarette ever-users (50.2%) and nonusers (49.8%); and adolescents (aged 13–17; 33.7%), young adults (aged 18–20 years; 41.6%), and adults (aged 21–24 years; 24.7%), while balancing gender and race/ethnicity. This study was approved by the Institutional Review Board at Stanford University.

Multivariable logistic regression was conducted to assess associations of ever-use and past 30-day use of cigarettes only, e-cigarettes only, and dual use of e-cigarettes and cigarettes with COVID-19 (self-reported symptoms, testing, and positive diagnosis). The model used weights for age group; gender; lesbian, gay, bisexual, transgender, and questioning; race/ethnicity; and e-cigarette ever-use per U.S. population-based data; accounted for clustering by region and state; and controlled for demographics, mother's education (as an indicator of socioeconomic status), body mass index (obesity as an underlying condition) [11,12], complying with county shelter-in-place orders and state percentage of COVID-19–positive cases [13]. All measures, percentages corresponding to weighted data in logistic regressions, and marginal population proportions used to calculate weight are included in [Supplementary Material](#). Missing values were treated as not missing completely at random for Taylor series variance estimation. Statistical significance was set at $p < .05$, and all tests were two-tailed.

Results

A total of 4,351 participants completed the online survey from 50 U.S. states, the District of Columbia, and three union territories. [Table 1](#) provides weighted sample characteristics. [Table 2](#) shows factors associated with COVID-19–related symptoms, getting a COVID-19 test and a positive COVID-19 diagnosis.

As shown in [Table 2](#), past 30-day dual-users were 4.7 times more likely to experience COVID-19–related symptoms (95% confidence interval [CI]: 3.07–7.16). Experiencing such symptoms was nearly twice more likely among African American/black, Hispanic, other/multiracial, underweight, and obese participants; 1.8 times more likely among lesbian, gay, bisexual, transgender, and questioning youth; and 1.6 times more likely among those not complying with shelter-in-place.

Ever-users of e-cigarettes only were 3.3 times (95% CI: 1.77–5.94), ever-dual-users were 3.6 times (95% CI: 1.96–6.54), and ever-users of cigarettes only were 3.9 times (95% CI: 1.43–10.86) more likely to get COVID-19 tested. Past 30-day dual-users were nine times (95% CI: 5.43–15.47) and past 30-day e-cigarette only

users were 2.6 times (95% CI: 1.33–4.87) more likely to get COVID-19 tested. Testing was 2–3 times more likely among male, African American/black, other/multiracial, and those who were underweight.

Ever-dual-users were seven times (95% CI: 1.98–24.55), ever-users of e-cigarettes only were five times (95% CI: 1.82–13.96), and past 30-day dual-users were 6.8 times (95% CI: 2.40–19.55) more likely to be diagnosed with COVID-19. Sociodemographic factors associated with a positive COVID-19 diagnosis included being male, other/nonbinary gender, Hispanic, other/multiracial, and mother's completion of college- or graduate-level education. As a possible underlying risk factor for low immunity to COVID-19 among youth, being underweight was associated with 2.5 times greater risk of a positive COVID-19 diagnosis (95% CI: 1.05–6.20). In addition, being in a state with 11%–20% positive COVID-19 cases made a person nearly five times more likely to be diagnosed positive (95% CI: 1.19–21.39).

Discussion

Our population-based research provides timely evidence that youth using e-cigarettes and dual-users of e-cigarettes and cigarettes are at greater risk of COVID-19. Given the predominance of e-cigarette use among U.S. youth, our investigation informs public health concerns that the ongoing youth e-cigarette epidemic contributes to the current COVID-19 pandemic. Surprisingly, exclusive ever-use of combustible cigarettes was only associated with COVID-19–related testing, whereas both past 30-day use and ever-use of e-cigarettes and dual use were associated with COVID-19 testing and positive diagnosis.

There are a number of potential reasons why both dual use and e-cigarette use were associated with getting infected with COVID-19. Heightened exposure to nicotine and other chemicals in e-cigarettes adversely affects lung function [14], with studies showing that lung damage caused by e-cigarettes is comparable to combustible cigarettes [4,15,16]. COVID-19 spreads through repeated touching of one's hands to the mouth and face, which is common among cigarette and e-cigarette users [17]. Furthermore, sharing devices (although likely reduced while staying at home) is also a common practice among youth e-cigarette users [18].

Our finding that some racial/ethnic groups, especially among African American, Hispanic, and multirace youth, are at higher risk for COVID-19 is supported by evidence of densely populated living conditions that make social distancing challenging, greater economic stress, and service-industry work environments where working from home is less feasible and lower access to health care contribute to underlying health issues [19–21]. Both obesity and underweight conditions were associated with COVID-19 outcomes. Although at this point obesity is a more well-established risk factor for COVID-19 [7], being underweight also impacts lung function [22–25], and therefore it is not surprising that it is also a risk factor for COVID-19. We also found that other/nonbinary gender was associated with COVID-19 testing and diagnosis, a population that has received little attention so far. The significant relationship between mother's college or graduate education and a positive COVID-19 diagnosis needs further investigation.

We adjusted our sample to be representative of the U.S. population and included confounders such as sex and race/ethnicity to provide conservative estimates of association. Based on recommendations for studies on smoking and

Table 1

Participant characteristics (unweighted %) and COVID-19–related outcomes (weighted %) by never- and ever-e-cigarette users

	Participant characteristics ^a (unweighted)			COVID-19–related symptoms (weighted)		COVID-19 test (weighted)		COVID-19–positive diagnosis (weighted)	
	Sample (N)	Never-users (n = 2,168)	E-cigarette users (n = 2,183)	Never-users (n = 2,168)	E-cigarette users (n = 2,183)	Never-users (n = 2,168)	E-cigarette users (n = 2,183)	Never-users of e-cigarettes (n = 2,168)	E-cigarette users (n = 2,183)
Total	4,351	49.8	50.2	13.7	25.8	5.7	17.5	.8	2.3
Age									
Adolescents (13–17)	1,442	50.3	49.7	16.1	25.5	2.8	16.3	.1	1.2
Young adults (18–21)	1,810	49.3	50.7	13.4	23.5	7.2	16.1	1.0	3.1
Adults (22–24)	1,063	49.9	50.1	10.4	30.9	7.8	25.4	1.6	6.5
Sex									
Male	1,421	48.6	51.4	11.7	33.8	7.8	28.3	1.3	3.7
Female	2,832	50.4	49.6	15.5	17.4	3.8	6.1	.3	.9
Other ^b	71	51.5	48.5	18.0	21.7	6.0	21.7	.0	8.7
LGBTQ									
Yes	780	43.1	56.9	17.8	32.8	9.7	10.3	1.4	1.8
No	3,566	51.3	48.7	13.1	23.9	5.1	19.3	.7	2.5
Race/ethnicity									
White, non-Hispanic	2,611	57.5	42.5	11.4	15.8	4.4	10.3	.5	1.2
AA/black, non-Hispanic	602	46.5	53.5	21.2	42.3	11.5	29.6	1.8	1.2
Asian/Native Hawaiian or Pacific Islander, non-Hispanic	210	30.0	70.0	14.3	29.3	10.7	16.0	3.2	.8
Hispanic, non-AA/black	663	36.7	63.3	18.3	26.9	4.1	19.7	.8	3.3
Other/multiracial, non-Hispanic	265	30.6	69.4	9.1	54.6	17.3	37.5	.4	15.6
Complying with shelter-in-place									
Yes	3,463	50.7	49.3	19.1	39.5	9.2	30.8	2.3	4.3
No	709	43.5	56.5	12.6	22.9	5.4	14.7	.6	2.0
U.S. region									
Northeast	909	47.5	52.5	7.8	16.9	6.1	18.1	.6	2.4
Midwest	918	53.4	46.6	13.6	19.7	4.3	13.1	.3	4.1
South	1,505	48.1	51.9	14.3	27.7	5.3	16.9	.6	1.6
West	990	51.7	48.3	17.1	25.0	7.2	19.7	1.6	2.4
U.S. territories	11	27.3	72.7	.0	97.5	.0	35.9	.0	.0
BMI									
Underweight	350	38.9	61.1	29.40	40.37	22.90	47.69	2.00	12.85
Normal/healthy	2,939	50.9	49.1	15.12	20.16	5.29	15.99	.53	3.05
Overweight	615	53.5	46.5	7.80	20.09	8.06	11.42	1.25	1.95
Obese	381	48.1	51.9	17.45	49.56	3.74	18.88	1.06	3.47
Mother's highest level of education									
High school or below	998	49.0	51.0	19.59	25.2	8.07	16.12	.48	2.42
Started college	609	48.0	52.0	18.67	28.40	5.63	13.10	1.16	2.99
Completed college (2- or 4-y degree)	1,432	51.8	48.2	12.32	27.04	5.87	21.53	1.16	4.19
Graduate or professional degree (Masters, Ph.D., M.D., J.D., etc.)	885	48.0	52.0	14.86	31.15	10.87	26.57	.36	7.23
Don't know	410	51.2	48.8	12.02	22.10	1.50	18.87	.66	5.19

AA = African American; BMI = body mass index; COVID-19 = coronavirus disease 2019; LGBTQ = lesbian, gay, bisexual, transgender, and questioning.

^a Unweighted percentages in observed sample.^b Other includes people whose sex is neither male or female, such people commonly describe themselves as non-binary or intersex.

Table 2

Association between COVID-19 and use of inhaled tobacco products, adjusting for sociodemographic factors, weighted

	Ever-use of inhaled tobacco and...			Past 30-day use of inhaled tobacco and...		
	COVID-19–related symptoms (n = 4,043)	COVID-19 test (n = 4,048)	COVID-19–positive diagnosis (n = 4,048)	COVID-19–related symptoms (n = 4,043)	COVID-19 test (n = 4,048)	COVID-19–positive diagnosis (n = 4,048)
	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)
Inhaled tobacco products						
Cigarettes only	1.40 (.83, 2.38)	3.94 (1.43, 10.86)	2.32 (.34, 15.86)	1.15 (.58, 2.27)	1.16 (.64, 2.12)	1.53 (.29, 8.14)
E-cigarettes only	1.18 (.80, 1.73)	3.25 (1.77, 5.94)	5.05 (1.82, 13.96)	1.43 (.84, 2.43)	2.55 (1.33, 4.87)	1.91 (.77, 4.73)
Dual use	1.36 (.90, 2.04)	3.58 (1.96, 6.54)	6.97 (1.98, 24.55)	4.69 (3.07, 7.16)	9.16 (5.43, 15.47)	6.84 (2.40, 19.55)
Never used	Ref	Ref	Ref	Ref	Ref	Ref
Age						
Adolescents (13–17)	.85 (.59, 1.23)	.43 (.24, .78)	.64 (.18, 2.30)	1.11 (.73, 1.68)	.54 (.30, .97)	.81 (.22, 2.96)
Young adults (18–21)	.79 (.50, 1.24)	.58 (.32, 1.07)	.52 (.22, 1.22)	.91 (.57, 1.44)	.66 (.36, 1.21)	.63 (.26, 1.54)
Adults (22–24)	Ref	Ref	Ref	Ref	Ref	Ref
Sex						
Male	1.34 (.95, 1.89)	2.58 (1.70, 3.93)	4.75 (2.37, 9.50)	1.15 (.82, 1.62)	2.11 (1.33, 3.35)	3.65 (1.86, 7.15)
Other	1.13 (.37, 3.42)	2.92 (.98, 8.70)	6.38 (1.45, 28.03)	1.19 (.38, 3.76)	3.10 (.90, 10.71)	7.20 (1.49, 34.87)
Female	Ref	Ref	Ref	Ref	Ref	Ref
LGBTQ						
Yes	1.81 (1.04, 3.13)	.78 (.52, 1.19)	.95 (.40, 2.23)	1.69 (.98, 2.90)	.71 (.43, 1.18)	.95 (.38, 2.39)
No	Ref	Ref	Ref	Ref	Ref	Ref
Race/ethnicity						
AA/black, non-Hispanic	2.06 (1.22, 3.50)	1.87 (1.05, 3.34)	1.18 (.45, 3.08)	2.13 (1.32, 3.46)	1.97 (1.17, 3.33)	1.18 (.51, 2.72)
Asian/Native Hawaiian or Pacific Islander, non-Hispanic	1.92 (.93, 3.98)	1.24 (.47, 3.28)	.08 (.01, .49)	1.89 (.98, 3.66)	1.26 (.47, 3.35)	.10 (.02, .51)
Hispanic, non-AA/black	2.01 (1.28, 3.18)	1.76 (.93, 3.33)	2.84 (1.18, 6.87)	1.98 (1.30, 3.02)	1.77 (.98, 3.21)	2.97 (1.15, 7.71)
Other/multiracial, non-Hispanic	1.89 (1.16, 3.08)	2.74 (1.43, 5.25)	3.88 (1.27, 11.85)	1.69 (.99, 2.88)	2.57 (1.23, 5.35)	3.71 (1.14, 12.02)
White, non-Hispanic	Ref	Ref	Ref	Ref	Ref	Ref
Complying with shelter-in-place						
No	1.54 (1.02, 2.34)	.74 (.45, 1.22)	1.00 (.47, 2.13)	1.62 (1.04, 2.51)	.83 (.54, 1.26)	1.22 (.51, 2.95)
Yes	Ref	Ref	Ref	Ref	Ref	Ref
State % of COVID-19 positive cases						
21–30	.75 (.33, 1.70)	.94 (.17, 5.05)	4.07 (.84, 19.80)	.69 (.31, 1.54)	.85 (.19, 3.70)	3.54 (.70, 18.00)
11–20	1.29 (.56, 2.99)	1.16 (.21, 6.47)	4.91 (.90, 26.77)	1.30 (.58, 2.90)	1.26 (.28, 5.65)	5.05 (1.19, 21.39)
6–10	1.05 (.46, 2.38)	1.16 (.21, 6.27)	4.27 (.67, 27.34)	.93 (.41, 2.07)	.96 (.22, 4.18)	3.96 (.98, 16.01)
0–5	Ref	Ref	Ref	Ref	Ref	Ref
Body mass index						
Underweight	2.50 (1.50, 4.20)	2.90 (1.63, 5.18)	2.56 (1.05, 6.20)	1.92 (1.05, 3.51)	2.12 (1.19, 3.77)	1.95 (.82, 4.64)
Overweight	.69 (.50, .95)	.57 (.31, 1.03)	.65 (.24, 1.72)	.77 (.56, 1.06)	.74 (.38, 1.45)	.79 (.32, 1.96)
Obese	2.19 (1.37, 3.51)	.90 (.48, 1.71)	1.40 (.53, 3.71)	1.87 (1.14, 3.01)	.53 (.28, 1.02)	.90 (.31, 2.66)
Normal/healthy	Ref	Ref	Ref	Ref	Ref	Ref
Mother's highest level of education completed						
Started college	1.13 (.71, 1.80)	.76 (.39, 1.47)	1.61 (.65, 4.04)	1.06 (.67, 1.68)	.65 (.29, 1.45)	1.37 (.52, 3.60)
Completed college (2 or 4 year degree)	.97 (.57, 1.66)	1.06 (.62, 1.81)	2.10 (1.08, 4.11)	.93 (.54, 1.60)	.97 (.59, 1.61)	1.84 (.91, 3.75)
Graduate or professional degree (Masters, Ph.D., M.D., J.D., etc.)	1.29 (.78, 2.14)	1.83 (.98, 3.42)	3.28 (1.20, 8.93)	1.11 (.66, 1.68)	1.43 (.75, 2.70)	2.33 (.87, 6.22)
Don't know	.79 (.38, 1.65)	.83 (.40, 1.73)	2.42 (.55, 10.69)	.88 (.43, 1.81)	1.03 (.49, 2.18)	2.72 (.64, 11.60)
High school or below	Ref	Ref	Ref	Ref	Ref	Ref

Bold indicates $p < .05$; adjusted for state- and region-level clustering effects.

COVID-19 = coronavirus disease 2019; CI = confidence interval; LGBTQ = lesbian, gay, bisexual, transgender, and questioning; Ref = reference.

COVID-19 [26], our study adjusted for obesity, which we found was also an underlying risk factor among 13- to 24-year-olds. However, we did not include or adjust for other comorbid conditions such as hypertension due to low prevalence among 13- to 24-year-olds [27]. Furthermore, we did not ask participants about hospitalization or severity of symptoms and cannot ascertain asymptomatic respondents. We recommend biomarker-based studies to determine causality, as this study is based on self-report.

Conclusion

Our findings from a national sample of adolescents and young adults show that e-cigarette use and dual use of e-cigarettes and cigarettes are significant underlying risk factors for COVID-19 that has previously not been shown. The findings have direct implications for health care providers to ask all youth and COVID-19–infected youth about cigarette and e-cigarette use history; for parents, schools, and community-based organizations to guide youth to learn more about how e-cigarettes and dual use affect the respiratory and immune systems; for the Food and Drug Administration to effectively regulate e-cigarettes during the COVID-19 pandemic; and for the development and dissemination of youth-focused COVID-19 prevention messaging to include e-cigarette and dual use.

Funding Sources

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Supplementary Data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.jadohealth.2020.07.002>.

References

- [1] U.S. Centers for Disease Control and Prevention. Cases in the US. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. Accessed June 2, 2020.
- [2] Wills TA, Pagano I, Williams RJ, Tam EK. E-cigarette use and respiratory disorder in an adult sample. *Drug Alcohol Depend* 2019;194:363–70.
- [3] McConnell R, Barrington-Trimis JL, Wang K, et al. Electronic cigarette use and respiratory symptoms in adolescents. *Am J Respir Crit Care Med* 2017; 195:1043–9.
- [4] Ghosh A, Coakley RD, Ghio AJ, et al. Chronic e-cigarette use increases neutrophil elastase and matrix metalloprotease levels in the lung. *Am J Respir Crit Care Med* 2019;200:1392–401.
- [5] National Institute of Drug Abuse. COVID-19: Potential implications for individuals with substance use disorders. Available at: <https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>. Accessed May 20, 2020.
- [6] Patanavanich R, Glantz SA. Smoking is associated with COVID-19 progression: A meta-analysis. *Nicotine Tob Res* 2020:ntaa082.
- [7] Garg S, Kim L, Whitaker M, et al. Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019—COVID-NET, 14 states, March 1–30, 2020. *Morb Mortal Wkly Rep* 2020;69:458–64.
- [8] Cullen KA, Gentzke AS, Sawdey MD, et al. E-cigarette use among youth in the United States, 2019. *JAMA* 2019;322:2095–103.
- [9] Qualtrics. Qualtrics. Provo, UT: Qualtrics; 2005.
- [10] Qualtrics. Qualtrics (2014) Esomar 28: 28 questions to help research buyers of online samples. Available at: <https://success.qualtrics.com/rs/qualtrics/images/ESOMAR%2028%202014.pdf>. Accessed July 1, 2020.
- [11] Centers for Disease Control and Prevention. Defining childhood obesity. Available at: <https://www.cdc.gov/obesity/childhood/defining.html>. Accessed June 11, 2020.
- [12] Centers for Disease Control and Prevention. How is BMI interpreted for adults?. Available at: https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#InterpretedAdults. Accessed June 11, 2020.
- [13] Centers for Disease Control and Prevention. CDC COVID data tracker. Available at: <https://www.cdc.gov/covid-data-tracker/>. Accessed May 29, 2020.
- [14] Hamberger ES, Halpern-Felsher B. Vaping in adolescents: Epidemiology and respiratory harm. *Curr Opin Pediatr* 2020;32:378–83.
- [15] Reinikovaite V, Rodriguez IE, Karoor V, et al. The effects of electronic cigarette vapour on the lung: Direct comparison to tobacco smoke. *Eur Respir J* 2018;51:1701661.
- [16] Reidel B, Radicioni G, Clapp PW, et al. E-cigarette use causes a unique innate immune response in the lung, involving increased neutrophilic activation and altered mucin secretion. *Am J Respir Crit Care Med* 2018; 197:492–501.
- [17] Berlin I, Thomas D, Le Faou AL, et al. COVID-19 and smoking. *Nicotine Tob Res* 2020:ntaa059.
- [18] McKelvey K, Halpern-Felsher B. How and why California young adults are using different brands of pod-type electronic cigarettes in 2019: Implications for researchers and regulators. *J Adolesc Health* 2020;67: 46–52.
- [19] Hooper MW, Nápoles AM, Pérez-Stable EJ. COVID-19 and racial/ethnic disparities. *JAMA* 2020. <https://doi.org/10.1001/jama.2020.8598>.
- [20] Centers for Disease Control and Prevention. Coronavirus disease 2019 (COVID-19): Racial & minority groups. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>. Accessed June 18, 2020.
- [21] Laurencin CT, McClinton A. The COVID-19 pandemic: A call to action to identify and address racial and ethnic disparities. *J Racial Ethn Health Disparities* 2020;7:398–402.
- [22] Davidson WJ, Mackenzie-Rife KA, Witmans MB, et al. Obesity negatively impacts lung function in children and adolescents. *Pediatr Pulmonol* 2014; 49:1003–10.
- [23] Azad A, Zamani A. Lean body mass can predict lung function in underweight and normal weight sedentary female young adults. *Tanaffos* 2014; 13:20–6.
- [24] Cvijetic S, Pipinic IS, Varnai VM, et al. Relationship between ultrasound bone parameters, lung function, and body mass index in healthy student population. *Arh Hig Rada Toksikol* 2017;68:53–8.
- [25] Do JG, Park CH, Lee YT, Yoon KJ. Association between underweight and pulmonary function in 282,135 healthy adults: A cross-sectional study in Korean population. *Sci Rep* 2019;9:1–10.
- [26] van Zyl-Smit RN, Richards G, Leone FT. Tobacco smoking and COVID-19 infection. *Lancet Respir Med* 2020;8:664–5.
- [27] Bell CS, Samuel JP, Samuels JA. Prevalence of hypertension in children: Applying the new American Academy of Pediatrics clinical practice guideline. *Hypertension* 2019;73:148–52.

Self Reported Vaping By 6-12 grade students 2015 and 2019					
	2015		2019		% change
Georgia	7.65%		9.27%		
Banks	11.42%		14.60%		27.86
Barrow	10.26%		13.30%		29.63
Dawson	9.83%		12.34%		25.43
Gainesville City	8.72%		12.04%		38.16
Habersham	13.83%		13.35%		-3.44
Hall	10.44%		10.22%		-2.16
Jackson	8.45%		12.28%		45.23
Lumpkin	8.24%		13.95%		69.43
White	13.76%		12.39%		-9.95
AVERAGE	10.55%		12.72%		20.56



GREATER HALL
CHAMBER OF COMMERCE

July 29, 2020

230 E.E. Butler Parkway
Post Office Box 374
Gainesville, Georgia 30503
Fay A. Fulton
Executive Director
Georgia Healthy Family Alliance
3760 LaVista Road
Tucker, GA 30084

Dear Ms. Fulton:

**Re: Northeast Georgia Tar Wars Vaping/Tobacco Education
Letter of Support**

The Greater Hall Chamber of Commerce supports the initiative to provide education to school aged children on anti-smoking and vaping in the Northeast Georgia region. We understand that this initiative is being undertaken by the foundation of Georgia's family physicians – the Georgia Healthy Family Alliance.

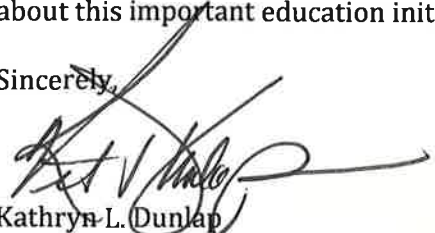
The education initiative will be utilizing the nationally recognized Tar Wars program and the focus will be in public and private school students in Hall, Banks, Barrow, Dawson, Habersham, Jackson, Lumpkin, and White Counties.

Tar Wars is a tobacco-free education program for fourth and fifth-grade students. The program is designed to teach children about the short-term health effects and image-based consequences of tobacco use including vaping. The education will also encourage being tobacco free by providing tools to make positive decisions regarding their health and promote personal responsibility for their well-being.

Vaping and tobacco use continue to be a major cause of disease and disability among adolescents and adults in the United States and in Georgia. Just last year, Georgia experienced 6 deaths from vaping related illness. From 2015-2019, the state average for students reporting vaping increased by more than 20%.

The Greater Hall Chamber believes our future workforce learns early in childhood about healthy choices and diverting them from electronic nicotine delivery systems and tobacco products. We appreciate your efforts and look forward to learning more about this important education initiative.

Sincerely,


Kathryn L. Dunlap
President / CEO

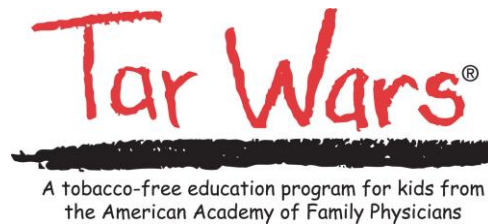
770.532.6206

Fax 770.535.8419

www.greaterhallchamber.com

"FROM ISLANDS TO HIGHLANDS..."

WE'VE GOT IT ALL!"



Vaping has become a public health crisis among children and adolescents nationwide. The Georgia Healthy Family Alliance, the philanthropic arm of the Georgia Academy of Family Physicians, is launching an effort to bring vaping education to students in 4th and 5th grades in Northeast Georgia using the evidence-based program “Tar Wars.” We have a goal of raising \$250,000 to make the program available to students for years to come. To make the program a reality for students and reduce the potentially deadly effects of vaping, we need your help!

What is Tar Wars?

Tar Wars is an evidence-based program developed by a family physician to teach elementary students about the dangerous health effects of tobacco and vape use, the costs associated with using tobacco products and the effective advertising and messaging techniques used by the tobacco / e-cigarette industry to market its products to youth. It can be presented in one class setting with a presenter of the school’s choosing who has been trained on the program. There is no cost to the school for the program.

What is the need Tar Wars is filling?

Currently, education about vaping is not widespread in Georgia schools. Some schools have education that begins in middle school, but not all schools are doing it. We have reports that students have started vaping as early as 5th grade. Tar Wars is designed to be presented to students as early as 4th grade and can be adapted to present to students through high school. The Georgia Healthy Family Alliance is working closely with community partners in and around Gainesville, such as the Partnership for a Drug Free Hall, to ensure there is no duplication of efforts in the community.

Summary:

- The Georgia Healthy Family Alliance (GHFA) wants to make the vaping and tobacco cessation education program “Tar Wars” available to 4th and 5th grade students in Northeast Georgia.
- The counties we are initially focused on are: Hall, Banks, Dawson, Jackson, White, Habersham, Barrow, and Lumpkin.
- Northeast Georgia Health System (NGHS) has a partnership with GHFA and is currently presenting Tar Wars to students in the Barrow County School System.
- NGHS is the presenting hospital sponsor for Tar Wars in Northeast Georgia.
- The effort by GHFA is endorsed by Partnership for a Drug Free Hall and has received interest from Hall County Schools, Gainesville City Schools, Lakeview Academy, Dawson County and Habersham County Schools.

Please join us in the fight against vaping use and abuse among our children!

For more information, please contact Daniel Thompson, Regional Director of Philanthropy, at dthompson@gafp.org or 678.316.1569

To make your tax-deductible gift online, visit: <http://www.georgiahealthyfamilyalliance.org/donate/>

Presenting Hospital Sponsor:





CITY COUNCIL AGENDA REPORT

DATE: October 6, 2020
TITLE: Water Distribution Skidsteer Purchase
PRESENTED BY: Ron Simmons, Distribution/Collection Supervisor

AGENDA ITEM DESCRIPTION:

Purchase of a Kubota SVL95 skidsteer

HISTORY/PAST ACTION:

Item was budgeted during budget process.

FINANCIAL IMPACT:

Budgeted amount is \$75,000. Purchase amount using state contract pricing is \$71,436.45.

RECOMMENDATION:

Approve purchase of Kubota SVL95 from Mason Tractor.

SUGGESTED MOTIONS:

Motion to approve purchase of skidsteer as described.

ATTACHMENTS:

None



CITY COUNCIL AGENDA REPORT

DATE: October 7, 2020
TITLE: Columbarium/Ossuary Pricing
PRESENTED BY: Mark Buchanan, Director

AGENDA ITEM DESCRIPTION:

This item includes pricing recommendations for the new columbarium in Memorial Park Cemetery. Upon Council approval, staff will work with legal counsel to draft the appropriate legal documents allowing the City to sell perpetual space in the columbarium. Recommended prices shown in the attachment are consistent with others across the state.

HISTORY/PAST ACTION:

Authorization of columbarium construction.

FINANCIAL IMPACT:

Future revenues to cover initial cost of construction, perpetual care and future columbarium units. Potential gross revenues are \$116,000 for the columbarium and \$81,000 for the ossuary for a total of \$213,000. When removing the cost to the city of inscription services, revenue is roughly \$180,000 or about 3 times the cost of the unit and its installation. During the ordinance creation period, staff would like to investigate a mechanism whereby proceeds of sales are placed into a dedicated fund for cost recovery of the unit, perpetual maintenance and purchase of a future columbarium.

RECOMMENDATION:

Authorize creation of legal documents to begin sale of niches/space at rates recommended in attachment.

SUGGESTED MOTIONS:

Motion to approve creation of ordinance allowing sale of niches/space at recommended rates and creation of legal and financial mechanism for a dedicated cemetery fund.

ATTACHMENTS:

Memorial Columbarium Pricing



PUBLIC WORKS

Memorial Columbarium/Ossuarium Pricing

Columbarium installation should take place in the next 2-3 months. During that time, staff is preparing documentation for the sale of niches and ossuarium space. There are 80 niches that are sold individually and are capable of housing 1 or 2 sets of remains. Pricing is based on the height of the niche sold, with prices increasing from the bottom to the top. There are four levels of niches, A-D, starting at the bottom and indicated in the sales tracker below. Pricing for columbarium niches is as follows:

ROW D	\$1800
ROW C	\$1700
ROW B	\$1600
ROW A	\$1500

- Ossuarium rates will be set at \$450 for all interments.
- Limited inscription services will be included.
- Niche pricing includes up to 2 openings of the niche.
- Weekend/Holiday/Evening openings are an additional \$100.

SIMILAR EXAMPLE OF PROPOSED MEMORIAL PARK COLUMBARIUM



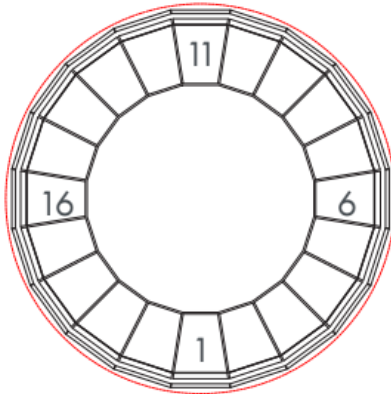
Memorial Park Cemetery Dahlonega, GA

Canterbury Ossuarium model
80 total companion niches and 175 estimated ossuary spaces

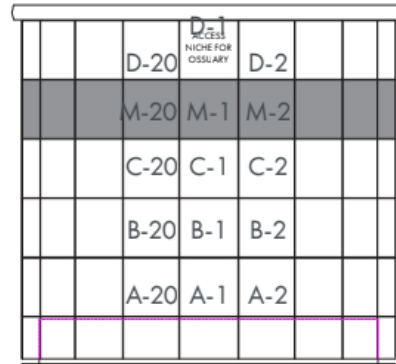
Sales Map Layout



EICKHOF®



PLAN VIEW



ELEVATION

Please note: the bronze numbers affixed on the top of the capstone correspond with this Sales Map Layout provided by Eickhof Columbaria. For example, bronze #1 is located on the capstone above the top row niche D-1. Niche D-2 is the top row niche just to the right of the top row niche D-1, etc.

Memorial Park Cemetery Dahlonega, GA

Canterbury Ossuarium model

Sales Map Layout

D	D-1	D-2	D-3	D-4	D-5	D-6	D-7	D-8	D-9	D-10	D-11	D-12	D-13	D-14	D-15	D-16	D-17	D-18	D-19	D-20
M	M-1	M-2	M-3	M-4	M-5	M-6	M-7	M-8	M-9	M-10	M-11	M-12	M-13	M-14	M-15	M-16	M-17	M-18	M-19	M-20
C	C-1	C-2	C-3	C-4	C-5	C-6	C-7	C-8	C-9	C-10	C-11	C-12	C-13	C-14	C-15	C-16	C-17	C-18	C-19	C-20
B	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	B-11	B-12	B-13	B-14	B-15	B-16	B-17	B-18	B-19	B-20
A	A-1	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9	A-10	A-11	A-12	A-13	A-14	A-15	A-16	A-17	A-18	A-19	A-20
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Please note: two (2) top row niches are used for access to the center ossuary vault. These are located on opposite sides of the model.



CITY COUNCIL AGENDA REPORT

DATE: October 9, 2020
TITLE: Nonresidential Solid Waste Exemption Requests
PRESENTED BY: Bill Schmid, City Manager

AGENDA ITEM DESCRIPTION:

This items relates to recently received requests for exemption from mandatory solid waste collection by some business owners in the downtown area.

HISTORY/PAST ACTION:

Council approved new solid waste rates August 3rd to take effect October 1st and approved an appeal process. Letters of rate increase were sent to 247 business accounts in the downtown area. Written appeals received to date are detailed in the accompany memo. Two rounds of appeals have been received and there may be others in the future. Please see previously furnished material for additional background.

FINANCIAL IMPACT:

Appropriate changes based on the purposes of the prior actions taken by Council and facts of each appeal.

RECOMMENDATION:

Approval of all recommendations is sought.

SUGGESTED MOTIONS:

I move the approval of mandatory solid waste service appeal recommendations detailed in the City Manager's memos of October 1, 2020 and October 9, 2020(or do so subject to the following changes).

ATTACHMENTS:

Memo of October 9, 2020 with memo of October 1, 2020 included

MEMORANDUM

To: Mayor & Council
From: Bill Schmid, AICP
Date: October 9, 2020
Re: Nonresidential Solid Waste Recommendations

In addition to the eight (8) previous requests described below in the memo of October 1, 2020, please see the following recent requests for exemption or modification to the Solid Waste Ordinance and my recommendations.

Vintage Gypsy Tea: Appeal by email of October 1 by owner Kim Pyron. This business is located in Chestatee Village at 10 South Chestatee and served by a dumpster associated with the Smith House near their location.

Gold City Growlers and Dahlonega Market Place: Appeal by email of October 5 by owner Chad Wimpy. These businesses are also located at 10 South Chestatee and served by the dumpster associated with the Smith House near their location.

Jolie Day Spa: Appeal by email of October 9 by owner Nicole Wimpy. Jolie Day Spa is also located at 10 South Chestatee and is served by the dumpster owned by the Smith House near their location.

The recommendation is to deny exemption for Gold City Growlers, Dahlonega Market Place and Jolie Day Spa. Each business benefits from its location in the district and should pay the minimum charge as others do. Billing and collection from occupation tax certificate holders (businesses) is appropriate and easier than billing other business owners and/or landlords for shared dumpsters like the one that serves these four businesses. **Staff will work with the property owner to ensure double billing does not occur. The existing dumpster may be used in lieu of rollcars, if this is preferred by the businesses.**

PJ's Rusted Buffalo: Appeal by email of October 2 by owner Pamela Chadwick. This business is located at 98 North Public Square and is eligible to use the Hancock Park facility. Like others, it benefits from its location in the downtown area.

The recommendation is to deny exemption for PJ's Rusted Buffalo.

To: Mayor & Council
From: Bill Schmid, AICP
Date: October 1, 2020
Re: Nonresidential Solid Waste Recommendations

EXECUTIVE SUMMARY

This memorandum details written appeals received to date and corresponding recommendations related to mandatory solid waste collection service and rates for the downtown area.

BACKGROUND

The City of Dahlonega has been the mandatory provider of solid waste service in the downtown area since 1994, if not earlier, and controls nonresidential and residential solid waste collection in the rest of the city. Rates and practices have been amended several times.

Council recently reviewed solid waste (garbage collection) issues for over a year. In the August 3rd meeting Council voted to simplify the nonresidential rate structure and to make the overall program fairer. Please see the meeting packet for additional detail.

New rates based on volume and frequency of collection went into effect today in eight rate classes. Mandatory service in the downtown area is required for several reasons and can only be waived by special exemption requiring action by the Council. Per the ordinance all businesses in the downtown will have a minimum rate charge of \$40 per month, even if otherwise exempted from mandatory City service. This is because of the additional solid waste services provided only in the downtown area.

Nonresidential solid waste rate letters with detailed information were mailed three weeks ago to 247 customers in the downtown area. Some customers are seeing rate decreases, while others have increases. Because of the large volume of waste they generate, restaurants are the most impacted.

As part of the process an exemption from mandatory service can be sought in writing by email to the City Manager, who will review and make a recommendation to the Council for final approval. As noted above approval of an exemption does not waive the base \$40 minimum rate charge. There are several appeals for exemption that have been made by phone but only a few received in writing to date. They are noted below along with corresponding recommendations.

Shenanigans, Bourbon Street, 19 North: Appeal by letter received September 30. These three businesses share dumpsters and commercial recycling containers at the rear of Shenanigans. The city does not provide commercial recycling and has no plans to do so.

The recommendation is to approve exemption from mandatory service for all three of these restaurants with a reiteration to these business owners that Hancock Park Dumpsters shall NOT be used. Even so, \$40 per month will be charged to each establishment, because they are in the downtown district and benefit from district solid waste services.

Zack Tumlin: Appeal by email of September 16. Mr. Tumlin no longer leases or occupies 19 East Main, Suite G and describes limited need for service at 28 North Grove, Suite 200. He has asked for exemption from mandatory service or that the landlord be charged at the Grove Street location.

The recommendation is to deny exemption for 28 North Grove St. It benefits from its location in the district. Also, it is much cleaner to identify, bill and collect from occupation tax certificate holders (businesses) than it is to from landlords. 19 East Main has already been adjusted administratively as correction of an error.

One Off Main: Appeal by email of September 17. The request is for an owner-occupied bed and breakfast to pay only one rate instead of a base residential rate and a second base nonresidential downtown district mandatory service rate.

The recommendation is to allow combined household residential and commercial service for the commercial rate of \$40, if the volume is no more than one can per week. If more than a single can is required, staff will provide a second roll cart and increase the rate to include both commercial and residential services. This does not result in an exemption from mandatory service being required.

Dahlonega Square Hotel: Appeal by email of September 30. Based on the number of rooms this location was estimated at the NR-5 rate. However, the owner says historic service records show the business uses four comparably sized roll carts with once a week service, which better equates to the NR-3 rate.

The recommendation is to approve the requested NR-3 rate (\$210/month), if the volume remains at four cans once per week. If more carts or more frequent service is required, staff will adjust if warranted by the frequency/volume. This does not result in an exemption from mandatory service being required.

Kaya: Appeal by email of September 30. This winetasting business is operated from the same building as the Dahlonga Square Hotel, which is another business of the same owner. By the owner's statement it generates no waste because it recycles all of its bottles.

The recommendation is to approve exemption from mandatory service and the \$40 base fee because of the joint location and ownership and because the \$210 NR-3 rate accommodates a larger volume than historically required by the hotel.

Dahlonga Square Villas: Appeal by email of September 30. This is a single business at two locations. Waste is consolidated by the owner at one central location in two cans because of space limitations at one location.

The recommendation is to approve a base fee of \$40 at each location and to send bills to both locations, because both properties benefit from their locations in the district, but to have pickup of two cans at one location and monitor volume for accuracy. This does not result in an exemption from mandatory service being required.