KS Instruction 1940-J
Exhibit D

Agency Review Transmittal Form

Comments by: KS Geol. Surv. 4/28/03 Transmittal Date

PROJECT TITLE:
Sanitary Sewer Rehabilitation
Alma, Kansas
CONTACT PERSON:
Iraj Pourmirza, P.E.
785-842-4342

____ Notification of Intent
____ Pre-Application
____ Final Application
____ Direct Development

This form provides notification and the opportunity for your agency to review and comment on this proposed project as required by Executive order 12372. Please complete Parts II & III as appropriate. Your prompt response will be appreciated.

Return to:

EBH & Associates, P.A.
5040 West 15th Suites A&B
Lawrence, KS 66049

PART I

REVIEW AGENCIES/COMMISSIONS

____ Aging	____ Education	____ State Forester
____ Agriculture – DWR	✓ Geological Survey, KS	____ Transportation
____ Biological Survey, KS	____ Health & Environment	____ Water Office, KS
____ Conservation Comm.	____ Historical Society	____ Wildlife & Parks
____ Corporation Comm.	____ Human Resources	____ _____
____ Commerce	____ Social & Rehab Serv.	____ _____

PART II (To be completed by review agency and returned to contact person)

AGENCY REVIEW COMMENTS

COMMENTS: Long-term benefits should outweigh short-term impacts during construction.

PART III (To be completed by review agency and returned to contact person)

RECOMMENDED ACTION COMMENTS

____ Clearance of project should be granted

____ Clearance of the project should not be granted

____ Clearance of the project should be delayed until the issues or questions have been clarified

____ Request a State Process Recommendation in concurrence with above comments

____ Clearance of the project should not be delayed but the Application should (in the final application) address clarify the questions or concerns indicated above

____ Request the opportunity to review final application prior to submission to the federal funding agency

DIVISIONS/AGENCY/COMMISSION

Reviewer's Name: Douglas A. Whittemore Date: 4/28/03

(03/13/98) PN 486

EBH & Associates

Evans – Bierly – Hutchison & Associates, P.A.

5040 West 15th Street Suite A&B, Lawrence, Kansas 66049
P.O. Box 4286, Lawrence, Kansas 66046-1286

Kansas Geological Survey
1930 Constant Ave KU
Lawrence, KS 66047

April 9, 2003

Re: REQUEST FOR INTERGOVERNMENTAL COMMENTS
SANITARY SEWER REHABILITATION
ALMA, KANSAS

Please be advised that the City of Alma will be submitting an application for financial assistance from USDA Rural Development.

Attached for your information and review are:

1. A description of the proposed project with cost, beneficiaries and environmental impact.
2. Request for Environmental Information – USDA Form 1940-20 (Rev. 6-99)
3. Budget Information – Form OMB No. 0348-0041
4. Project Location Map
5. Agency Review Transmittal Form

This project will comply with all appropriate state and federal laws concerning the application.

Please provide comments on the attached Exhibit D (Agency Review Transmittal Form – KS Instruction 1940-J) and send or fax **within 30 days** from the date of this letter to the following address:

EBH & Associates
5040 West 15th Street, Suites A & B
Lawrence, KS 66049

Feel free to contact me at (785) 842-4342, if you have any questions.

Sincerely,

Iraj Pourmirza, M.S., P.E
Vice President

Enclosures

EBH & Associates

Evans – Bierly – Hutchison & Associates, P.A.

5040 West 15th Street Suite A&B, Lawrence, Kansas 66049
P.O. Box 4286, Lawrence, Kansas 66046-1286

CITY OF ALMA, KANSAS
PROPOSED CONSTRUCTION PROJECT
SANITARY SEWER IMPROVEMENTS & REHABILITATION
APRIL 9, 2003

Purpose: To replace the deteriorated sewer collection pipes to control and reduce the amount of inflow/infiltration flow. Sewer lines are generally constructed in the early 1900's and are made of clay pipe. The project also includes replacement of the City's only lift station built in 1970 and is subject to frequent breakdowns. Replacement of flush tanks and manholes, which are in the condition of disrepair, constitutes another part of the proposed project.

Beneficiaries: City of Alma, Kansas – Population 840

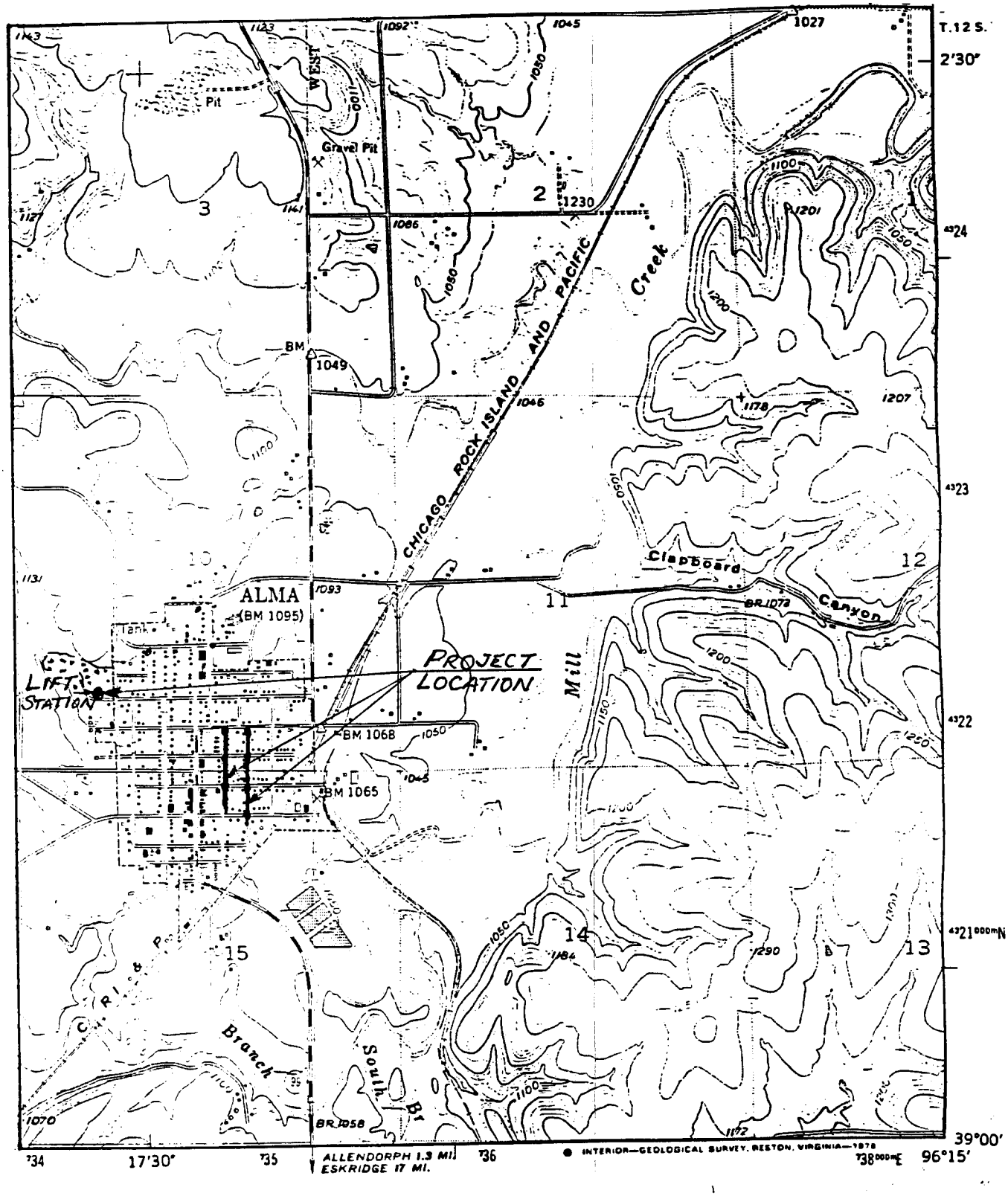
Cost:

Project Cost	$0.80 Million	
Funds Needed	$0.36 Million	Rural Development Grant
Funds Needed	$0.44 Million	Rural Development Loan

Environmental Impact: No adverse impact on the environment is anticipated. The project is constructed exclusively within already developed and disturbed area within the City limits.

Benefits: To control the inflow/infiltration flows within the sanitary sewer system and improve the quality and quantity of wastewater effluent from the wastewater treatment plant.

Iraj Pourmirza, M.S., P.E.
Vice President
EBH & Associates



PROJECT LOCATION MAP
SANITARY SEWER
ALMA, KANSAS

EBH & Associates
Evans - Bierly - Hutchison & Associates, P.A.

GREAT BEND, KS. LAWRENCE, KS.
CIMARRON, KS GOODLAND, KS. PRATT, KS.
LEAVENWORTH, KS. NEODESHA, KS.

Position 3

USDA
Form RD 1940-20
(Rev. 6-99)

FORM APPROVED
OMB No. 0575-0094

REQUEST FOR ENVIRONMENTAL INFORMATION

Name of Project

Location

Item 1a. Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?
☐ Yes ☒ No ☐ Copy attached as EXHIBIT I-A.

1b. If "No," provide the information requested in Instructions as EXHIBIT I.

Item 2. The State Historic Preservation Officer (SHOP) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office. ☒ Yes ☐ No Date description submitted to SHPO _____

Item 3. Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? *(Check appropriate box for every item of the following checklist).*

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial	☐	☒	☐	19. Dunes	☐	☒	☐
2. Commercial	☐	☒	☐	20. Estuary	☐	☒	☐
3. Residential	☐	☒	☐	21. Wetlands	☐	☒	☐
4. Agricultural	☐	☒	☐	22. Floodplain	☐	☒	☐
5. Grazing	☐	☒	☐	23. Wilderness *(designated or proposed under the Wilderness Act)*	☐	☒	☐
6. Mining, Quarrying	☐	☒	☐				
7. Forests	☐	☒	☐	24. Wild or Scenic River *(proposed or designated under the Wild and Scenic Rivers Act)*	☐	☒	☐
8. Recreational	☐	☒	☐				
9. Transportation	☐	☒	☐	25. Historical, Archeological Sites *(Listed on the National Register of Historic Places or which may be eligible for listing)*	☐	☒	☐
10. Parks	☐	☒	☐				
11. Hospital	☐	☒	☐	26. Critical Habitats *(endangered /threatened species)*	☐	☒	☐
12. Schools	☐	☒	☐	27. Wildlife	☐	☒	☐
13. Open spaces	☐	☒	☐	28. Air Quality	☐	☒	☐
14. Aquifer Recharge Area	☐	☒	☐	29. Solid Waste Management	☐	☒	☐
15. Steep Slopes	☐	☒	☐	30. Energy Supplies	☐	☒	☐
16. Wildlife Refuge	☐	☒	☐	31. Natural Landmark *(Listed on National Registry of Natural Landmarks)*	☐	☒	☐
17. Shoreline	☐	☒	☐				
18. Beaches	☐	☒	☐	32. Coastal Barrier Resources System	☐	☒	☐

Item 4. Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? ☐ Yes ☒ No

4-01-03
(Date)

Signed: Dan C Hendricks
(Applicant)

Mayor
(Title)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0575-0094. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
[X] Construction	[ ] Construction
[ ] Non-Construction	[ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Alma

Address (give city, county, state, and zip code):
P.O.Box 444
326 Missouri
Alma, Kansas 66401 · Wabaunsee

Organizational Unit: City

Name and telephone number of person to be contacted on matters involving this application (give area code)
Sharon White 785-765-3922
Max Kraus 785-765-3922

6. EMPLOYER IDENTIFICATION (EIN):
48-6027086

7. TYPE OF APPLICANT: (enter appropriate letter in box) C

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
[X] New [ ] Continuation [ ] Revision

If Revision, enter appropriate letter(s) in [ ] [ ]

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
U S D A Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Water & Waste Disposal systems for Rural
TITLE: Communities
10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Replacement of sewer mainline
Flush Tank Replacement
New Lift Station
Rehab Manholes

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
City of Alma Wabaunsee Co.

13. PROPOSED PROJECT
Start Date: 2004
Ending Date: 2005

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: City of Alma
b. Project:

15. ESTIMATED FUNDING

a. Federal	$ 760,000.00
b. Applicant	$ 40,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. Total	$ 800,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
(a. YES) THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____
b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES (Attach explanation) [X] NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Don Hendricks	Mayor	785-765-3922
d. Signature of Authorized Representative		e. Date Signed

STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

OMB Approval No.: 0348-0041

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participations. If such is the case you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Column a-b)
1. Administrative and legal expenses	$ 15,000 .00	$ .00	$ .00
2. Land, structures, rights-of-way, appraisals, etc.	$ .00	$ 00	$ .00
3. Relocation expenses and payments	$ .00	$ .00	$ .00
4. Architectural and engineering fees	$ 79,200 .00	$ .00	$ .00
5. Other architectural and engineering fees	$ 15,000 .00	$ .00	$ .00
6. Project inspection fees	$ 43,200 .00	$ .00	$ .00
7. Site work	$ .00	$ .00	$ .00
8. Demolition and removal	$ .00	$ .00	$ .00
9. Construction	$ 567,60000	$ .00	$ .00
10. Equipment	$ .00	$ .00	$ .00
11. Miscellaneous	$ .00	$ .00	$ .00
12. SUBTOTAL (sum of lines 1-11)	$ 720,000 .00	$ .00	$ .00
13. Contingencies	$ 80,000 .00	$ .00	$ .00
14. SUBTOTAL	$ 800,000 .00	$ .00	$ .00
15. Project (program) income	$ .00	$ .00	$ .00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	$ 800,000 .00	$ .00	$ .00
FEDERAL FUNDING			
17. Federal assistance requested, calculates as follows: (Consult Federal agency for Federal percentage share). Enter the resulting Federal share.	Enter eligible costs from line 16c. Multiply X ____		$ .00

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Standard Form 424C (Rev. 4-92)
Prescribed by OMB Circular A-102