AGENCY REVIEW TRANSMITTAL FORM

Transmittal Date: September 14, 2005

PROJECT TITLE: City of Smolan, Kansas Wastewater Treatment Facility Improvements

CONTACT PERSON: A. E. Reiss, P.E.
(316) 832-0213

__X__ Intergovernmental Notice

__X__ Environmental Review

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:
Reiss & Goodness Eng.
2160 W. 21st St. N.
Wichita, KS 67203-2181

PART I

REVIEW AGENCIES/COMMISSIONS

__ Agriculture	__X__ Geological Survey	____ State Forester
__ Biological Survey	___ Health & Environment	____ Transportation
__ Commerce	___ Historical Society	____ Water Office
__ Corporation Comm.	___ Natural Resources Cons.	____ Wildlife & Parks
__ Corps of Engineers	___ BIA/Indian Nation Contact	____ Regional Planning
__ EPA	___ State Conservation Comm.	____ U. S. Fish & Wildlife
__ FEMA	___ National Park Service	

PART II **AGENCY REVIEW COMMENTS**

The long-term benefits of the improvements to the wastewater treatment facility should offset any short-term adverse impacts during construction.

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

RECOMMENDED ACTION COMMENTS

__✓__ Clearance of the 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

___ Clearance of the project should not be delayed but the Applicant should address & Clarify the questions or concerns indicated above.

___ Request a State Process Recommendation in concurrence with above comments.

DIVISION/AGENCY COMMISSION

Reviewer's Name: Donald L Whittemore

Date: 10/14/05

REISS & GOODNESS ENGINEERS
2160 WEST 21ST STREET - WICHITA, KANSAS 67203-2181 (316) 832-0213

September 14, 2005

Executive Director
Kansas Geological Survey
1930 Constant Avenue
Lawrence, KS 66047

RE: City of Smolan, Kansas
Wastewater Treatment System Improvements

Dear Director:

The City of Smolan has applied to USDA Rural Development for financial assistance in the amount of $470,000 for the construction of the above project. The City plans to also submit an application to the Kansas Department of Commerce Small Cities Program in the Water/Wastewater Category for the balance of the funding for $400,000. As part of the application process, we are contacting your agency regarding any comments or concerns on the above referenced project.

The proposed project will consist of the replacement of the existing two cell discharging facility and lift station with a new lift station with access road and drainage culvert and three cell lagoon facility consisting of the following items: excavation of 17,500 cy of soil with 185 tons of Bentonite incorporated into the pond liner, one inlet, two transfer and one discharge structure complete and operational, inlet pads, measuring poles, piping as well as discharge piping with head wall and flap gate. Approximately 7,720 sy of stone rip-rap will be placed on the inside slopes of the dikes for erosion protection. The existing lagoons will be used while the construction for the new lagoons takes place. Existing sludge will be removed from the lagoons and disposed of per KDHE regulations. Existing structures located on the lagoon site will be removed and disposed of by the contractor. A stand-by generator will be provided for back-up power. The treatment facility and lift station sites will be fenced with access gate and warning signs. The disturbed areas will be seeded and mulched and an access road complete with drainage culvert will provide access to the treatment facility.

For your information, we have enclosed a copy of the USGS Map depicting the wastewater treatment plant site. The proposed project lies in NE/4, Section 19, T15S, R3W, Saline County, Kansas.

Please notify our office in writing of any special permits or conditions that may apply to this project. All work will be completed on either existing right-of-way or on private easements. No individuals will be displaced due to the proposed work. For your convenience, we have enclosed a transmittal form for your use in responding to this project.

We would appreciate receiving your comments by October 14, 2005. If you should have any questions regarding this project, please feel free to contact our office.

Sincerely,

REISS & GOODNESS ENGINEERS

A. E. Reiss, P. E.

AER/rms
Enc.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application: [XXX] Construction [ ] Non-Construction	Pre-application: [ ] Construction [ ] Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Smolan, Kansas	Organizational Unit: Department:
Organizational DUNS: 604178177	Division:
Address: Street: 120 E. 2nd Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Veronica
City: Smolan	Middle Name
County: Saline	Last Name Base
State: KS Zip Code 67456	Suffix:
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 48-0816183	Phone Number (give area code) (785) 825-1671 Ext 250 Fax Number (give area code)

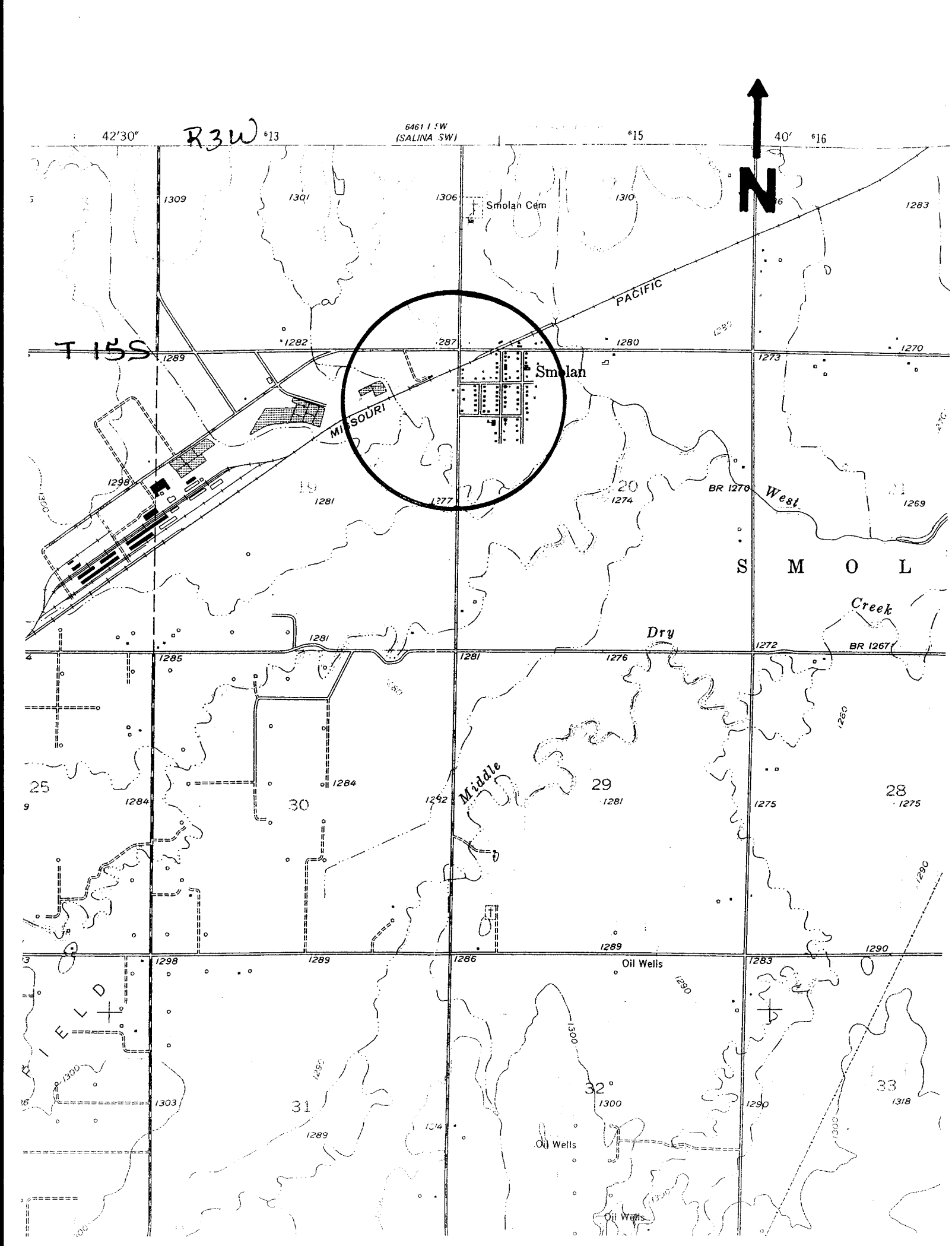
8. TYPE OF APPLICATION: [XXX] New [ ] Continuation [ ] Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) [ ] [ ] Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal. Other (specify)
	9. NAME OF FEDERAL AGENCY: Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-418. TITLE (Name of Program): Water/Wastewater	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Facility (Discharging) with Lift Station
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Smolan, Saline County, Kansas	
13. PROPOSED PROJECT: Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal RD Loan	$ 470,000.00	a. Yes. [XXX] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September, 2005
b. Applicant	$ .00	b. No. [ ] PROGRAM IS NOT COVERED BY E. O. 12372 [ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State CDBG	$ 400,000.00	
d. Local	$ .00	
e. Other	$ .00	
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [ ] Yes If "Yes" attach an explanation. [XXX] No
g. TOTAL	$ 870,000.00	

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. Authorized Representative

Prefix: Mr.	First Name: Tom	Middle Name
Last Name: Hawks		Suffix
b. Title: Mayor		c. Telephone Number (give area code)
d. Signature of Authorized Representative: Tom Hawks		e. Date Signed: September 5, 2005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