REVIEW AGENCIES/COMMISSIONS:

___ Agriculture - DWR
___ Biological Survey, Kansas
___ Central Plains Tri-County Planning Comm.
___ Conservation Commission
___ Corporation Commission
✓ Geological Survey, Kansas
___ Historical Society
___ Mid-America Regional Council
___ Mo-Kan Regional Council
___ Natural Resource Conservation Service
___ North Central Regional Planning Comm.
___ Northwest KS Planning & Dev. Comm.
___ South Central KS Econ. Dev. District
___ Southeast KS Regional Planning Comm.
___ Topeka-Shawnee Co. Metro. Planning
___ Water Office, Kansas
___ Wildlife and Parks
___ _____

Agency Review Comments (to be completed by review agency and returned to KDHE contact person).

Recommended Action Comments (to be completed by review agency and returned to KDHE contact person). Note - check one statement:

✓ ___Clearance of project should be granted.

___Clearance of project should not be granted.

___Clearance of the project should be delayed until the issues or questions have been clarified by KDHE.

___Clearance of the project should not be delayed, but KDHE should (in the application) address or clarify the questions or concerns indicated above.

W E Harrison — Reviewer's Name

Kansas Geological Survey — Div./Agency/Commission

Jan. 3, '06 — Date

Project Title: Hazardous Waste Management Program grant

Contact Person: Christine Mennicke
Bureau of Waste Management
Kansas Department of Health and Environment
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366

Phone: 785-296-0724
E-mail: cmennick@kdhe.state.ks.us

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier
	48-6029925
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	*Preapplication*
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name	Organizational Unit
KDHE - Kansas Department of Health and Environment	Division of Environment
Address (give city, county, state and zip code)	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
1000 S.W. Jackson, Suite 410 Shawnee Topeka, KS 66612-1367	Christine Mennicke 785-296-0724

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

48-6029925

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): —

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other *(specifiy)*

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

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

9. NAME OF FEDERAL AGENCY:

EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66.801 - Hazardous Waste Management State Program Support

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RCRA 2006 - KDHE

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

KS

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	End Date	a. Applicant	b. Project
01/01/2006	03/31/2007	02	

15. ESTIMATED FUNDING:	
a. Federal	$1,055,246
b. Applicant	$351,749
c. State	$
d. Local	$
e. Other	$
f. Program Income	$501,251
g. TOTAL	$1,908,246

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 12/14/2005

b. ☐ 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 If "Yes", attach an explanation. ☒ 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Ronald F. Hammerschmidt, PhD	Director	785-296-1535
d. Signature of Authorized Representative		**e. Date Signed**

K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

December 14, 2005

Mr. Bill Harrison, Interim Director
Kansas Geological Survey
KU-1930 Constant Ave, Campus West
Lawrence, KS 66047

Bill

Dear ~~Mr. Harrison~~:

Enclosed for your review is the department's Environmental Protection Agency grant application form for the 2006 Hazardous Waste Management Program grant.

We would appreciate your review and comments on this grant application within two weeks.

Should you wish to review the full application and supporting material, please feel free to contact Christine Mennicke of our Bureau of Waste Management at 785/296-0724.

Sincerely,

Ronald F. Hammerschmidt, Ph.D.
Director of Environment

Enclosures
pc: Bill Mondi ☞ Grant File
Christine Mennicke, BWM

DIVISION OF ENVIRONMENT
Bureau of Water
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE 420, TOPEKA, KS 66612-1367
Voice 785-296-5500 Fax 785-296-0086 http://www.kdhe.state.ks.us