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 <u>one</u> statement:

/ ___Clearance of project should be granted.

___Clearance of project should <u>not</u> be granted.

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

___Clearance of the project should <u>not</u> 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

4/1/07 — 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
10/31/2006	48-6029925

1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application	*Preapplication*		
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☒ Non-Construction	☐ Non-Construction		00796407-0

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

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)*

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)*

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 2007

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
01/01/2007	03/31/2008	02	Statewide

15. ESTIMATED FUNDING:

a. Federal	$1,086,750
b. Applicant	$362,250
c. State	$
d. Local	$
e. Other	$
f. Program Income	$537,750
g. TOTAL	**$1,986,750**

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 10/31/2006

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
Digital signature applied by Ronald F. Hammerschmidt, PhD on 10/31/2006	

KANSAS

DEPARTMENT OF HEALTH
AND ENVIRONMENT
Division of Environment

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

January 30, 2007

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

Dear Mr. Harrison:

Enclosed for your review is the department's Environmental Protection Agency grant application form for the 2007 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 the Bureau of Waste Management at 785/296-0724.

Sincerely,

William L. Bider
Director
Bureau of Waste Management

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