

→ Dean Suckey

REVIEW AGENCIES/COMMISSIONS:

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

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.

WE Harrison
Reviewer's Name

Kansas Geological Survey
Div./Agency/Commission

Nov. 26, '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

1. TYPE OF SUBMISSION: <i>Application</i> ☐ Construction ☒ Non-Construction		2. DATE SUBMITTED 11/16/2007	Applicant Identifier 48-6029925
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name KDHE - Kansas Department of Health and Environment	Organizational Unit Division of Environment
Address (give city, county, state and zip code) 1000 S.W. Jackson, Suite 410 Shawnee Topeka, KS 66612-1367	Name and telephone number of person to be contacted on matters involving this application (give area code) Christine Mennicke 785-296-0724
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 48-6029925	7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>A</u> 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 D. Decrease Duration B. Decrease Award E. Other (specify) C. Increase Duration	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 2008
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): KS	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 01/01/2008	End Date 03/31/2009	a. Applicant 02	b. Project Statewide

15. ESTIMATED FUNDING:		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 <u>11/15/2007</u> b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$1,086,750	
b. Applicant	\$362,250	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$653,177	
g. TOTAL \$2,102,177		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 Ronald F. Hammerschmidt, PhD	b. Title Director	c. Telephone Number 785-296-1535
d. Signature of Authorized Representative Digital signature applied by Ronald F. Hammerschmidt, PhD on 11/16/2007		e. Date Signed



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Environment

November 19, 2007

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

Dear Mr. Harrison:

Enclosed for your review is the department's Environmental Protection Agency grant application form for the 2008 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.

Sincerely,

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

Enclosures

pc: Bill Mondt > Grant File
Christine Mennicke, BWM