KU KANSAS GEOLOGICAL SURVEY
The University of Kansas

April 16, 2008

Steve Lightle
Coffey County Housing Authority
313 Neosho St
Burlington, KS 66839

RE: Housing Rehabilitation, Coffey County, KS
Rural Development Housing Preservation Grant Application

Dear Mr. Lightle,

The Kansas Geological Survey (KGS) has received Coffey County Housing Authority's April 1, 2008, request for comment on a Rural Development Housing Preservation Grant application. The project location and scope of work were not provided.

Because the project involves existing structures, environmental factors that could affect this project will likely be more site-specific in nature or dependent on the structure (e.g., asbestos, lead paint, USTs, etc.). However if the structures are largely residential, environmental considerations should be low and clearance of the project should be granted. A completed request for environmental comments form is enclosed.

This letter is an assessment based on the regional geologic conditions available at the KGS at the time of writing and cannot be used in substitute of a detailed site characterization. Other geologic conditions, not discussed herein, or for which the KGS has no knowledge, may affect the viability or safe operation of this facility or property. It is the responsibility of the applicant to provide any necessary characterization, geotechnical or environmental testing, or design by a licensed professional geologist or engineer to complete the project.

Sincerely,

Shane Lyle, RG
Geology Extension Coordinator

Enclosures
cc: Dan Suchy, KGS Data Resources Library

CF_House_Rehab

A Research and Service Division of the University of Kansas
1930 Constant Avenue | Lawrence, KS 66047-3724 | (785) 864-3965 | Fax 785-864-5317 | www.kgs.ku.edu

KS Instruction 1940-J
Exhibit D

AGENCY REVIEW TRANSMITTAL FORM

Comments by: _____ _____ Transmittal Date

PROJECT TITLE: Housing Presv. Grant

CONTACT PERSON:

___ Notification of Int
___ Preapplication
___ Final Application
___ Direct Development

RETURN TO:

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.

PART I
REVIEW AGENCIES/COMMISSIONS

__Aging
__Agriculture - DWR
__Biological Survey, KS
__Conservation Comm.
__Corporation Comm.
__Commerce
__Education
X Geological Survey, KS
__Health & Environment
__Historical Society
__Human Resources
__Social & Rehab. Serv.
__State Forester,
__Transportation
__Water Office, KS
__Wildlife & Park
__ _____
__ _____

PART II (To be completed by review agency and returned to contact person)
AGENCY REVIEW COMMENTS
COMMENTS:

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

X 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 (in the final application) address clarify the questions or concerns indicated above.

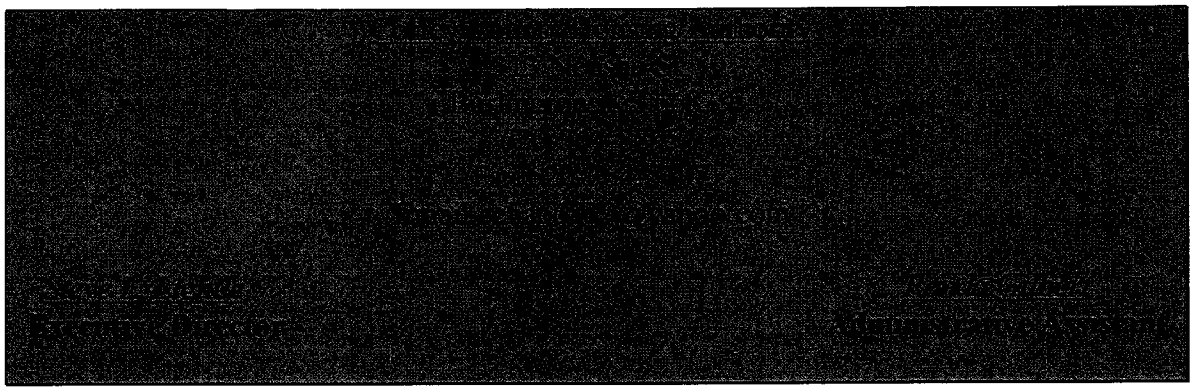
__Request the opportunity to review final application prior to submission to the federal funding agency

__Request a State Process Recommendation in concurrence with above comments.

Reviewer's Name _____ DIVISIONS/AGENCY/COMMISSION

Date 4-16-08

(3/26/07) PN 536



April 1, 2008

This letter is written as a cover letter for our application for Federal Funds under the Rural Development Housing Preservation Grant #533 Program.

Enclosed is a copy of our application for your review. The application will be submitted to USDA Rural Development, 1303 SW First American Place, Suite 100, Topeka, Kansas 66604-4040. This application will be submitted by April 21, 2008.

Coffey County Housing Authority will comply with all appropriate state laws concerning the application. If you have any comments and or questions, please advise.

Yours truly,

Steve L. Lightle

Steve Lightle, CCHA Executive Director

Version 7/03

PPLICATION FOR EDERAL ASSISTANCE

2. DATE SUBMITTED: JUNE 15, 2007	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

TYPE OF SUBMISSION:
- pplication: ☐ Pre-application
- Construction: ☐ Construction
- Non-Construction: ☒ Non-Construction

APPLICANT INFORMATION

gal Name: COFFEY COUNTY HOUSING AUTHORITY

ganizational DUNS: 008856866

dress:
eet: 313 NEOSHO
y: BURLINGTON
unty: COFFEY
te: KANSAS Zip Code 66839
untry: USA

EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 48-1145841

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MR First Name: STEVE
Middle Name: L.
Last Name: LIGHTLE
Suffix:
Email: ccha66839@yahoo.com
Phone Number (give area code): 620-364-8895
Fax Number (give area code): 620 364 5107

TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
evision, enter appropriate letter(s) in box(es)
e back of form for description of letters.) ☐ ☐
her (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
Other (specify): B. COUNTY

9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT

CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
HOUSING PRESERVATION ☐☐-☐☐☐
LE (Name of Program): GRANT # 533

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
HOUSING PRESERVATION
2007 - 2008

AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
COFFEY COUNTY, KS

PROPOSED PROJECT
Date: 10-1-07 Ending Date: 9-30-08

14. CONGRESSIONAL DISTRICTS OF: NANCY BOYDA
a. Applicant | b. Project

ESTIMATED FUNDING:

Federal	$ 48,133.00
pplicant	$ 15,500.00
tate	$ .00
ocal	$ .00
ther	$ .00
ogram Income	$ .00
OTAL	$ 63,633.00

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 If "Yes" attach an explanation. ☒ No

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

uthorized Representative

ix: MR	First Name: ROBERT	Middle Name
Name: HYDE		Suffix
e: CHAIR PERSON BOARD OF DIRECTORS		c. Telephone Number (give area code): 620-364-8895
ignature of Authorized Representative: Robert L. Hyde		e. Date Signed: JUNE 15, 2007

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102