

VILLAGE OF LOMBARD
CONTRACTOR'S CERTIFICATION

TIMOTHY L. KELLY, having been first duly sworn depose and states as follows:
(Officer or ~~Owner~~ of Company)

WATER WELL SOLUTIONS ILLINOIS DIV., LLC, having submitted a proposal for:
(Name of Company)

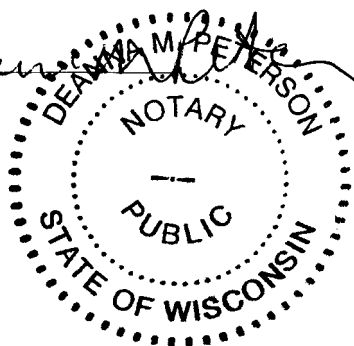
2009 CIVIC CENTER RESERVOIR FACILITY PUMP & MOTOR REHABILITATION to the Village of Lombard, hereby certifies that said Contractor:

1. has a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105(A) (4).
2. is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, or if it is:
 - a. it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate revenue Act; or
 - b. it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.
3. is in full compliance with the Federal Highway Administration Rules on Controlled Substances and Alcohol Use and Testing, 49 CFR Parts 40 and 382 and that ALL EMPLOYEE DRIVERS
(Name of employee/driver or "all employee drivers")
is/are currently participating in a drug and alcohol testing program pursuant to the aforementioned rules.

By Timothy L. Kelly
Authorized Agent of Contractor

Subscribed and sworn to
before me this 18
day of September, 2009.

Deanna M. Peterson
Notary Public



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID OS
WATER-5

DATE (MM/DD/YYYY)
09/15/09

PRODUCER
R C INSURANCE SERVICES, INC.
1320 Walnut Ridge Dr., Ste 200
P O Box 355
Hartland WI 53029
Phone: 262-367-8611 Fax: 262-367-8529

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Water Well Solutions Service Group Inc
Water Well Solutions Drilling Division LLC
N87 W36051 Mapleton St
Oconomowoc WI 53066

| INSURERS AFFORDING COVERAGE | | NAIC # |
|-----------------------------|------------------|--------|
| INSURER A. | General Casualty | 24414 |
| INSURER B. | | |
| INSURER C. | | |
| INSURER D. | | |
| INSURER E. | | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|-------------|---|---------------|----------------------------------|-----------------------------------|--|-------------|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | WCX0421222 | 11/01/08 | 11/01/09 | EACH OCCURRENCE | \$ 1000000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100000 |
| | | | | | | MED EXP (Any one person) | \$ 5000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1000000 |
| | | | | | | GENERAL AGGREGATE | \$ 2000000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2000000 |
| | | | | | | Emp Ben. | 1000000 |
| A | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | WBA0421222 | 11/01/08 | 11/01/09 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1000000 |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | AGG | \$ |
| A | | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000 | WCU0421222 | 11/01/08 | 11/01/09 | EACH OCCURRENCE | \$ 10000000 |
| | | | | | | AGGREGATE | \$ 10000000 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WWC0421222 | 11/01/08 | 11/01/09 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | |
| | | | | | | E.L. EACH ACCIDENT | \$ 100000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500000 |
| A | | Installation Float | WIM0421222 | 11/01/08 | 11/01/09 | Install | \$250,000 |
| A | | Equipment | WIM0421222 | 11/01/08 | 11/01/09 | LeaseRent | \$210,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The Village of Lombard, IL, its officers, agents, employees, representatives, and assigns are named as additional insureds with respect to the liability that arises out of the named insured's activities or operations.

CERTIFICATE HOLDER

CANCELLATION

LOMBARD2

Village of Lombard
255 E. Wilson Ave.
Lombard IL 60148

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Jeffrey R. Cardenas, CIC

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.