



**GROUNDWATER SERVICE & SUPPLY, INC.**

2520032033784

December 15, 1992

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

SPD

Pension and Welfare Benefit Programs

U.S. Department of labor

200 Constitution Avenue Northwest

Washington, DC 20216

RE: Groundwater Service & Supply, Inc. - Plan Number 001

Dear Sir/Madam:

On behalf of Groundwater Service & Supply, Inc. (EIN: 42-1321681), enclosed is a copy of the summary plan description for the above-referenced retirement plan.

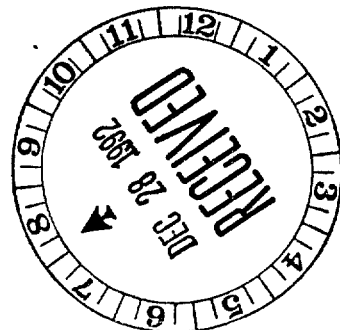
Yours truly,

GROUNDWATER SERVICE & SUPPLY, INC.

Eugene J. Blazenko,

President/Geologist

EJB/cas



**GENERAL INFORMATION SHEET**

**PLAN INFORMATION**

Your Employer has adopted a Nonstandardized 401(k) Profit Sharing Plan for the benefit of you and your co-workers. This Plan is designed to help you meet your financial needs during your retirement years.

Your Employer must follow certain rules and requirements to maintain this Plan. This General Information Sheet provides you with some of the details of the Plan. Use this information in conjunction with the Summary Plan Description (SPD) Booklet which accompanies this General Information Sheet.

Plan Name Groundwater Service & Supply, Inc.  
Plan Number 001  
Plan Year End December 31

**EFFECTIVE DATES**

The effective date of this Plan is January 1, 1991  
If this is an amendment and restatement of a prior Plan, the effective date of the prior Plan is \_\_\_\_\_  
You may begin making Employee 401(k) Contributions on January 1, 1992

**SERVICE AND AGE REQUIREMENTS**

*See Section 3, Part 1, of the SPD Booklet.*  
You will become eligible to participate in the Plan after you satisfy the age and service requirements for the respective contributions.

The Years of Service required for you to make 401(k) Employee Contributions are 1  
The Years of Service required for you to receive Employer Contributions, if any, are 1  
The age required for you to become a Participant is 18  
Will all employees who are employed on the Effective Date be considered as having met the eligibility requirements?  Yes  No

**ELIGIBLE EMPLOYEES**

*See Section 3, Part 1, of the SPD Booklet.*  
All Employees shall become eligible to participate in the Plan, except the following (if checked):  
 Those Employees covered by the terms of a collective bargaining agreement (e.g., union agreement) unless the collective bargaining agreement specifies that the Employees covered thereby will participate;  
 Those Employees who are nonresident aliens and receive no earned income from the Employer within the United States; and/or  
 Other (Specify) \_\_\_\_\_

**ENTRY DATES**

*See Section 3, Part 2, of the SPD Booklet.*  
The Entry Dates upon which you can begin plan participation are Jan. 1 and July 1

**HOURS OF SERVICE AND BREAK IN SERVICE**

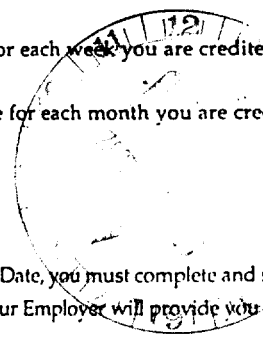
*See Section 3, Parts 3 and 4, of the SPD Booklet.*  
The number of Hours of Service you must be employed to complete a Year of Service is 1000  
The number of Hours of Service you must be employed to avoid a Break in Service is 500

**METHOD OF DETERMINING SERVICE**

*See Section 3, Part 4, of the SPD Booklet.*  
Service will be determined on the basis of:  
 Actual hours worked.  
 Days worked. You will receive credit for 10 hours of service for each day you are credited with at least one hour of service.  
 Weeks worked. You will receive credit for 45 hours of service for each week you are credited with at least one hour of service.  
 Months worked. You will receive credit for 190 hours of service for each month you are credited with at least one hour of service.

**EMPLOYEE 401(k) CONTRIBUTIONS**

*See Section 4, Part 1, of the SPD Booklet.*  
Employee 401(k) Contributions are allowed under this Plan.  
To begin making Employee 401(k) Contributions on the next Plan Entry Date, you must complete and sign a Payroll Deduction Form. Once you become eligible to participate in the Plan, your Employer will provide you with a Payroll Deduction Form to be completed before the next Plan Entry Date.



To change the amount of your Employee 401(k) Contributions, you must complete and sign a revised Payroll Deduction Form. Your Employer allows you to change your Payroll Deduction Form on a semi-annually (state frequency) basis. You may discontinue making Employee 401(k) Contributions semi-annually (state frequency) by indicating so on a Payroll Deduction Form, signing it and giving it to the Plan Administrator.

By completing a Payroll Deduction Form, you agree to make Employee 401(k) Contributions to this Plan. Your compensation will be reduced each pay period by an amount based upon the formula selected below:

- An amount equal to a percentage of your Compensation from 1 % to 20 % in increments of 1%; or  
 An amount of your Compensation not less than \$ \_\_\_\_\_ nor more than \$ \_\_\_\_\_.

Instead of making Employee 401(k) Contributions each pay period through payroll deduction, Employee 401(k) Contributions may be based exclusively upon cash bonuses.  Yes  No

If you make an excess Employee 401(k) Contribution to the Plan, you must submit in writing for the return of the excess to the Plan Administrator no later than March 1 (specify) following termination of the Plan Year in which you made the excess deferral.

#### MATCHING CONTRIBUTIONS

See Section 4, Part 2, of the SPD Booklet.

Your Employer will make Matching Contributions on behalf of Employees making Employee 401(k) Contributions.  Yes  No

If Matching Contributions will be made under this Plan, your Employer will make contributions on behalf of the Employees making Employee 401(k) Contributions based upon the formula selected below:

- An amount equal to \_\_\_\_\_ % of your Employee 401(k) Contributions;  
 An amount equal to the sum of \_\_\_\_\_ % of the portion of your Employee 401(k) Contributions which do not exceed \_\_\_\_\_ % of your Compensation plus \_\_\_\_\_ % of the portion of your Employee 401(k) Contributions which exceed \_\_\_\_\_ % of your Compensation.  
 Other Formula: (specify) discretionary to be determined on an annual basis by the Board of Directors (0% to 100%)

Limits apply to Matching Contributions. Matching Contributions will not be made on your Employee 401(k) Contributions in excess of \$ \_\_\_\_\_ or 2.5 % of your Compensation.

For any Plan Year that a Matching Contribution is made, you will be entitled to share in that contribution if you satisfy the following conditions:

1. You are a Participant; and
2. You are employed on the last day of the Plan Year.  Yes  No

Forfeitures of Matching Contributions will be:

- Allocated to the Individual Accounts of Participants.  
 Used to reduce future Employer Contributions.

#### EMPLOYER CONTRIBUTIONS

See Section 4, Part 3, of the SPD Booklet.

Each Plan Year the Employer may contribute to the Plan an amount from 0 to 15% of the total Compensation of all eligible Participants. The amount of the Contribution will be determined from year to year by the managing body of the Employer.

The Employer Contribution will be allocated to each Participant's Individual Account under the formula checked below:

- Pro Rata Formula. Under this formula, each qualifying Participant's Individual Account will receive a pro rata allocation. This pro rata allocation is based on the qualifying Participant's Compensation in relation to the total Compensation of all qualifying Participants.  
 Integrated Formula. Under this formula, each qualifying Participant's Individual Account will receive a base contribution. In addition, qualifying Participants will receive an additional allocation (called an excess contribution) based on their Compensation above the Integration Level. The Integration Level will be \_\_\_\_\_ the taxable wage base

For any Plan Year that an Employer Contribution is made, you will be entitled to share in that contribution (and, thus, be a qualifying Participant) if you satisfy the following conditions:

1. You are a Participant;
2. You worked at least 1000 (specify) Hours of Service during the Plan Year; and
3. You are employed on the last day of the Plan Year.  Yes  No

**COMPENSATION** See Section 4, Part 1, of the SPD Booklet.

Compensation for each Participant shall be determined over the following period:

- the Plan Year.  
 the calendar year ending with or within the Plan Year.

Compensation will mean (Select one):

- All of a Participant's Compensation.  
 Only Compensation paid to the Employee after becoming a Participant.

Compensation does not include the following (e.g., bonuses, overtime, etc.): \_\_\_\_\_  
 Compensation  will  will not include Employee 401(k) Contributions made according to a Payroll Deduction Form.

**VESTING** See Section 5, Parts 8, 9 and 10, of the SPD Booklet.

You will always be fully vested in all contributions derived from Employee 401(k) Contributions, Qualified Nonelective Contributions (if any), Qualified Matching Contributions (if any) and Nondeductible Employee Contributions (if allowed).

You will be vested in your Individual Account derived from Profit Sharing Contributions and forfeitures thereof according to the schedule selected below:

Years of Vesting Service	VESTED PERCENTAGE FOR PROFIT SHARING CONTRIBUTIONS				
	Option 1 <input type="checkbox"/>	Option 2 <input checked="" type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>
1	0%	0%	100%	0%	___%
2	0%	20%	100%	0%	___%
3	0%	40%	100%	20%	___%
4	0%	60%	100%	40%	___%
5	100%	80%	100%	60%	___%
6	100%	100%	100%	80%	___%
7	100%	100%	100%	100%	___%

You will be vested in your Individual Account derived from Matching Contributions and forfeitures thereof according to the schedule selected below:

Years of Vesting Service	VESTED PERCENTAGE FOR MATCHING CONTRIBUTIONS				
	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input checked="" type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>
1	0%	0%	100%	0%	___%
2	0%	20%	100%	0%	___%
3	0%	40%	100%	20%	___%
4	0%	60%	100%	40%	___%
5	100%	80%	100%	60%	___%
6	100%	100%	100%	80%	___%
7	100%	100%	100%	100%	___%

All of your years of service will be counted for vesting except the following (if checked):

- Years of Service before you turn age 18.  
 Years of Service before the Employer maintained this Plan or a predecessor plan.

**NORMAL RETIREMENT AGE** See Section 5, Part 1, of the SPD Booklet.  
Normal Retirement Age under the Plan is 60

**OTHER OPTIONS** See Sections 4, 5 and 7 of the SPD Booklet.

Can you receive loans from the Plan? If "yes," see attached Loan Disclosure.  Yes  No

Can you direct the investment of your Individual Account?  Yes  No

Can you direct the investment of your contributions other than Employee 401(k) Contributions? \_\_\_\_\_ (Specify)  Yes  No

Can you take withdrawals of contributions other than Employee 401(k) Contributions during service?  Yes, but withdrawals are limited to hardship circumstances.  Yes  No

Can you make Nondeductible Employee Contributions?  Yes  No

Can you withdraw Employee 401(k) Contributions on account of hardship?  Yes  No

**REA SAFE HARBOR/JOINT AND SURVIVOR ANNUITY** See Section 5, Part 3, of the SPD Booklet.

Do the REA Safe Harbor provisions of the Plan apply?  Yes  No

If the REA Safe Harbor provisions do not apply, the survivor annuity portion of the Joint and Survivor Annuity will be a percentage equal to \_\_\_\_\_% of the amount paid to the Participant prior to his or her death.

**EMPLOYER INFORMATION**

Name Groundwater Services & Supply, Inc.

Address 2701 S.E. Convenience Boulevard, Suite 6  
Ankeny IA 50021

Business Telephone 515-964-0304 515-225-3468

Employer Identification Number \_\_\_\_\_

Employer's Income Tax Year End December 31

**PLAN ADMINISTRATOR** The Employer is usually the Plan Administrator. This section will be completed *only* if the Employer will not be the Plan Administrator.

Name (if not the Employer) \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

**AGENT FOR SERVICE OF LEGAL PROCESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

**NOTE:** The Agent for Service of Legal Process is the person upon whom any legal papers can be served. Service of legal process may be made upon a Plan Trustee or the Employer/Plan Administrator.

**TRUSTEE(S)**

Name Eugene J. Blazenko

Title President

Business Address 2701 S.E. Convenience Blvd., Ankeny IA 50021

Name \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_