

**Geologist Vendor File Resume
KDHE - BER - Storage Tank Section**

Applicant: _____ for: Field Geologist _____ Project Geologist _____

Employers Name: _____ Supervisors Name: _____

Office Location: _____

Office Phone: _____ Fax: _____ Cell: _____

Application Type: LKRBCA & LSA only _____ LKRBCA, LSA, SSA/RDP, RDP, ReDIP & SRP _____

Education:

College and/or University(s) attended: _____

Degree(s): _____

Semester Hrs. of Geologic Course Work: _____

Attachments Required:

College Transcript _____ O.S.H.A.(Hazmat) 40 hr. certificate _____ 8 hr. Refresher Certificate _____

Kansas Licensed Geologist Certificate _____ (Seal may be used - Requirement for Project Geologist)

RBCA Certification _____ (Required for RBCA report preparation.)

Experience:

Bore Holes (Minimum requirement: Has overseen drilling activities and described and recorded the subsurface lithology during the drilling of 21 boreholes.)

<u>Site Name:</u>	<u>Location:</u>	<u>No. of Boreholes:</u>	<u>Reference & Phone #'s:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Soil Vapor Extraction/Air Sparge Tests - Not required for LSA work. (Minimum requirement: Has performed a minimum of 3 successful SVE/AS tests with a duration of at least eight hours per test.)

<u>Site Name:</u>	<u>Location:</u>	<u>Type of Test & Duration:</u>	<u>Reference & Phone #'s:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification by the proposed Field Geologist's supervisor:

(Supervisor must be a licensed geologist or a licensed professional in Kansas and their seal must be affixed to this document.)

I hereby certify that the above information is correct and that the proposed Field Geologist meets the minimum criteria as specified in SECTION 1.0 of the RFP 's.

Supervisors Name: _____ Title: _____
(Print or type name) (Print or type title)

Signature: _____ Date: _____

Submit completed form Attn: Contractual Services Unit to KDHE, 1000 SW Jackson, Suite 410, Topeka, KS 66612-1367 or fax to (785)296-6190.