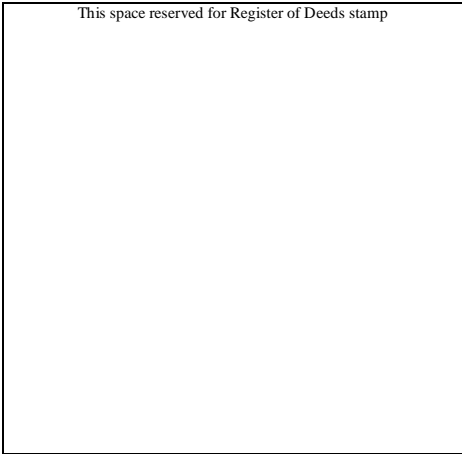


**RESTRICTIVE COVENANT (for Disposal Authorization)**

\_\_\_\_\_ is (are) the owner(s) in fee simple of that certain real property located in the county of \_\_\_\_\_, Kansas, and more particularly described by the following legal description and street address if available:



by virtue of a deed dated \_\_\_\_\_, \_\_\_\_\_, recorded in Book \_\_\_\_\_, Page \_\_\_\_\_, in the Office of the Register of Deeds, \_\_\_\_\_ County, Kansas.

**1. DISPOSAL AREA USE AND MAINTENANCE**

Hereinafter, “disposal area” shall mean the part of the property described above and delineated on the attached drawing which is at the date of filing in use as a solid waste disposal area under authorization DWOP # \_\_\_\_\_ issued by the Kansas Department of Health and Environment.

After closure, the disposal area may be used in a manner that does not disturb the buried waste or the final cover material, subject to any applicable local zoning or other restrictions, including the following uses if known:

Any future uses of the disposal area that require removal of disposed waste materials shall ensure that the removed wastes are disposed of according to Kansas Department of Health and Environment rules, regulations, and statutes.

The property owner shall maintain the protective cover over the waste disposal area and make all necessary repairs for said maintenance.

**2. BINDING TERMS**

This restrictive covenant shall be permanent and shall run with the land and shall be binding on all parties now having or hereafter acquiring any right, title, or interest in the property or any part of the disposal area. This restrictive covenant can be extinguished only by written agreement between the property owner and the Kansas Department of Health and Environment. The property owner shall request any proposed changes to the Secretary for approval.

**ACKNOWLEDGMENT**

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
(Date)

STATE OF KANSAS            )  
  ) ss:  
COUNTY OF                    )

BE IT REMEMBERED, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came \_\_\_\_\_, who is personally known to be such person who executed the above document, and such person duly acknowledged the execution of the same to be his/her act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my official seal the day and year written above.

\_\_\_\_\_  
Notary Public

My term expires: