

November 21, 2023  
File No. 27223100.00

Mr. Bill Blum  
Iowa Department of Natural Resources  
Land Quality Bureau  
Wallace State Office Building  
502 E 9th Street  
Des Moines, IA 50319- 0034

Re: 2023 Financial Assurance  
Hamilton County Sanitary Landfill (Closed)  
Permit No. 40-SDP-02-75C

Dear Mr. Blum:

SCS Engineers, on behalf of the Hamilton County Solid Waste Commission, has completed the enclosed Iowa Department of Natural Resources Municipal Waste Sanitary Landfill Financial Assurance Annual Report Form for the closed Hamilton County Sanitary Landfill for the year 2023. The previously certified cost estimate was utilized with the application of the inflation factor (1.063) for 2022 over 2021.

To incorporate the inflation factor and reduction of post-closure years, the 2022 post-closure cost estimate of \$406,681 was divided by 2022's remaining years in post-closure (17 years) to determine the annual cost (\$23,922). The inflation factor was applied to this cost to determine the annual cost for the 2023 estimate (\$25,430). The 2023 annual cost estimate was multiplied by 2023's remaining years in post-closure (16 years) to determine the total post-closure cost of for 2023 (\$406,872). The values for the previous and current estimates are provided in the table below.

**Table 1. 2023 Post-closure Cost Estimate using Inflation Factor**

Year	2022	2022 over 2021 Inflation Factor	2023
Total Cost	\$406,681		\$406,872
Units	17		16
Annual Cost	\$23,922	1.063	\$25,430

A copy of the Commission's most recent annual audit report in the form prescribed by the Office of the Auditor of the State of Iowa as described in IAC 567 Chapter 113 can be obtained at:  
<https://auditor.iowa.gov/audit-reports>.



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If you have any questions regarding this submittal, please contact us at (515) 631-6160.

Sincerely,





Benjamin Madson  
Associate Professional  
SCS Engineers



Christine L. Collier, P.E.  
Senior Project Manager  
SCS Engineers

copy: Terry Klaver, Hamilton County Sanitary Landfill  
Electronic File

### Engineer's Certification

	I hereby certify that this document was prepared by me or under my direct supervision and that I am a duly licensed Professional Engineer under the laws of the state of Iowa.	
		
	Christine L. Collier	Date
	My license renewal date is: December 31, 2023	
	Pages or sheets covered by this seal: All	

# Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form

## Section 1: FACILITY INFORMATION *(please print or type)*

Information Requested	
Facility Name	Hamilton County Sanitary Landfill
Permitted Agency/Entity	Hamilton County Solid Waste Commission
Permit Number	40-SDP-02-75C

## Section 2: CLOSURE/POSTCLOSURE OR CORRECTIVE ACTION COST ESTIMATES

Information Requested	Cost Estimate	Date of Cost Estimate
Updated Closure Cost Estimate		
Updated Post Closure Cost Estimate	\$ 406,872	May 15, 2023
Initial or Updated Corrective Action Cost Estimate		

\*Attach closure/postclosure cost estimate(s) signed and certified by an Iowa-licensed professional engineer. Cost estimates shall include, at a minimum, each of the cost line items defined in 113.14(3)"c" for closure and 113.14(4)"c" for postclosure. Please provide closure and/or postclosure site area acreage information with the estimates.

Provide a cost estimate for corrective action only if corrective action is required and a corrective action plan has been approved by the Department. Attach the corrective action cost estimate signed and certified by an Iowa-licensed professional engineer. The cost estimate shall account for total costs of the activities described in the approved corrective action plan for the corrective action period.

## Section 3: FACILITY WASTE TONNAGE INFORMATION

Information Requested	Tons
Remaining permitted capacity as of the beginning of permit holder's current fiscal year	-
Amount of waste disposed of at the facility during the prior year	-

## Section 4: PROOF OF COMPLIANCE

<b>Publicly Owned Municipal Solid Waste Landfills</b>	<i>(ATTACH AUDIT REPORT)</i>
<b>Owner's Most Recent Annual Audit Report</b>	
Prepared by: <u>Cornwell, Frideres, Maher &amp; Associates, P.L.C.</u>	
For fiscal year ending: <u>June 30, 2022</u>	
<b>Privately Owned Municipal Solid Waste Landfills</b>	<i>(ATTACH AFFIDAVIT)</i>
Attach owner/operator's affidavit indicating that an annual review has been performed by a certified public accountant to determine whether the privately owned landfill is in compliance with IAC 567 Chapter 113. The affidavit shall state the name of the certified public accountant, the dates and conclusions of the review, and the steps taken to rectify any deficiencies identified by the accountant.	

## Section 5: FINANCIAL ASSURANCE INSTRUMENT

Type and Value of Financial Assurance Instrument(s) <small>(ATTACH INSTRUMENT(S))</small>			
Assurance Instrument	Establishment Date	Mechanism Covers	Instrument Value*
Trust Fund 567 IAC 113.14(6)"a"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Surety Bond 567 IAC 113.14(6)"b"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Letter of Credit 567 IAC 113.14(6)"c"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Insurance 567 IAC 113.14(6)"d"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Corporate Financial Test 567 IAC 113.14(6)"e"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Local Gov't. Financial Test 567 IAC 113.14(6)"f"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Corporate Guarantee 567 IAC 113.14(6)"g"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Local Gov't Guarantee 567 IAC 113.14(6)"h"		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	
Local Gov't. Dedicated Fund 567 IAC 113.14(6)"i"	1997	Closure <input type="checkbox"/> Postclosure <input checked="" type="checkbox"/> Corrective Action <input type="checkbox"/>	\$ 746,077

\*Pursuant to IAC 567 113.14(9), if account(s) are restricted/reserved to pay for closure, postclosure or corrective action costs, then the amount of the financial assurance instrument may be reduced by the sum of the cash balance of the account(s) established to comply with subrule 113.14(8).

## Section 6: INITIAL PROOF OF ESTABLISHMENT OF ACCOUNTS

Check Which Applies: <input type="checkbox"/> New Mechanism <input checked="" type="checkbox"/> Previously Submitted
<p>Pursuant to IAC 567 Chapter 113.14(8)"f", documentation of the establishment of accounts is to be submitted to the department by April 1, 2003 for currently permitted MSWLFs. Permit holders for MSWLFs permitted after April 1, 2003, shall submit documentation of the establishment of accounts prior to the MSWLF's initial receipt of waste.</p> <p>Please attach documentation indicating accounts/fund have been established for closure and postclosure care and if the account(s) are restricted/reserved for closure or postclosure care. Examples of documentation include bank statements for closure/postclosure accounts, letter signed by the chief financial officer, letter from certified public accountant, etc.</p> <p>Accounts established pursuant to paragraph 113.14(6)"a" for trust funds or paragraph 113.14(6)"i" for local government dedicated funds also satisfies the requirements of this subrule, and the permit holder shall not be required to establish additional closure and postclosure accounts.</p>

## Section 7: CLOSURE AND POSTCLOSURE ACCOUNTS

Completion of the following closure and postclosure account information complies with the annual financial statement requirements of IAC 567 113.14(3)“a” and 113.14(4)“a” by indicating the current balance(s) of the closure/postclosure account(s) or dedicated/trust fund and the projected amount(s) to be deposited in the account(s).

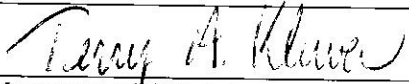
Under “Beginning Balance”, please state the account/fund balance 30 days after the start of the previous fiscal year, for “Ending Balance”, indicate the account balance 30 days after the close of the previous fiscal year, and for “Projected Deposit”, indicate the amount to be deposited within 30 days of the close of the permit holder’s fiscal year.

Information Requested	Beginning Balance	Ending Balance	Projected Deposit
<b>Closure Account Balance</b> (see formula below)			
<b>Postclosure Account Balance</b> (see formula below)	\$ 763,715	\$ 746,077	\$ 0
<b>Or</b>			
<b>Dedicated Fund Balance</b> (see formula below)			
<b>Trust Fund Balance</b> (see formula below)			
<b>Formula for Projected Deposits</b>			
<p style="text-align: center;"><b>Closure or Postclosure Account</b></p> $\frac{CE - CB}{RPC} \times TR$ <p>Where “CE” is the closure or postclosure cost estimate, “CB” is the balance 30 days after close of the previous fiscal year, “RPC” is the remaining permitted capacity in tons, of the landfill from the beginning of the current fiscal year, and “TR” is the total number of tons of solid waste disposed in the prior year.</p>	<p style="text-align: center;"><b>Dedicated/Trust Fund</b></p> $\frac{CE - CB}{Y}$ <p>Where “CE” is the closure or postclosure cost estimate, “CB” is the balance 30 days after close of the previous fiscal year, and “Y” is number of years remaining in the pay-in period.</p>		
<b>If needed, the space below can be used to show calculations for projected deposits</b>			
	<p style="text-align: center;"><b>Postclosure</b></p> <p style="text-align: center;">(\$406,872 + \$37,450*) - \$746,077 = <b>-\$301,755</b> <b>(fully funded)</b></p> <p>*Transfer station closure cost.</p>		

## Section 8: PERMIT HOLDER ENDORSEMENT

**SUBMITTAL OF THIS COMPLETED AND ENDORSED FORM ALONG WITH ALL REQUIRED DOCUMENTATION ESTABLISHES NOTIFICATION AND PROOF OF PERMIT HOLDER COMPLIANCE WITH IAC 567 CHAPTER 113.**

Mr. Terry Klaver	Manager	
<b>Name of Official</b>	<b>Title</b>	
Hamilton County Solid Waste Commission		
<b>Agency/Entity</b>		
2605 McMurray Avenue		
<b>Address</b>		
Webster City	Iowa	50595
<b>City</b>	<b>State</b>	<b>Zip</b>
515-539-4420	515-539-4423	
<b>Telephone</b>	<b>Fax</b>	
hamcosolidwaste@netins.net		
<b>Email Address</b>		

	Manager	11/21/2023
<b>Signature of Official</b>	<b>Title</b>	<b>Date</b>

Questions? Contact Bill Blum at (515) 725-8376 or [bill.blum@dnr.iowa.gov](mailto:bill.blum@dnr.iowa.gov)