Transmittal

West Des Moines, IA

PROJECT:	Anderson Ex Co.,CY24 On- Call,IA 27224173.03	DATE:	4/18/2024
SUBJECT:	Anderson Excavation Landfill CB - 78-SDP-04-89C - 2024 Financial Assurance Review	TRANSMITTAL ID:	00001
PURPOSE:	For your approval	VIA:	Info Exchange

FROM

NAME	COMPANY	EMAIL	PHONE
Isaac Creech West Des Moines, IA	SCS Engineers	ICreech@scsengineers.com	

ТО

NAME	COMPANY	EMAIL	PHONE
Becky Jolly		becky.jolly@dnr.iowa.gov	
chad.stobbe@dnr.iowa.g ov		chad.stobbe@dnr.iowa.gov	
brian.rath@dnr.iowa.gov		brian.rath@dnr.iowa.gov	

REMARKS: Good Morning:

SCS Engineers, on behalf of the Anderson Excavating Company, is submitting the attached 2024 Financial Assurance Review. If you have any questions regarding this submittal, please contact us using the information below.

Thank you, Isaac Creech, E.I.T. Associate Professional 1690 All-State Court, Suite 100 West Des Moines, IA 50265 (515) 631-6160 (Office) (515) 415 -9211 (W) icreech@scsengineers.com www.scsengineers.com

DESCRIPTION OF CONTENTS

QTY	DATED	TITLE	NOTES
1	4/18/2024	Anderson Excavation Landfill CB - 78-SDP-04-89C - 2024 Financial Assurance v1.0 04.18.2024.pdf	

COPIES:

Transmittal

DATE: 4/18/2024 TRANSMITTAL ID: 00001

Virginia Anderson Isaac Creech Christine Collier

(Anderson Excavating Company) (SCS Engineers) (SCS Engineers)

April 18, 2024 File No. 27224173.03

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

Subject: 2024 Financial Assurance Anderson Excavating Construction and Demolition Sanitary Landfill Permit No. 78-SDP-04-89C

Dear Mr. Sullivan:

SCS Engineers (SCS), on behalf of the Anderson Excavating Company, Inc., is pleased to submit the 2024 Financial Assurance for the Anderson Excavating Construction and Demolition Landfill (Landfill) to the Iowa Department of Natural Resources (DNR). We have included the completed DNR Form 542-8090 Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form in addition to the attachments noted below.

The closure and post-closure cost estimates (Attachment A) were prepared by updating the line-item costs using similar costs from other 2023 lowa landfill cell construction and closure bid tabs, inflated to 2024 dollars. Attachment B includes the Municipal Solid Waste Sanitary Landfill Owner's Affidavit signed by the President of Anderson Excavating Company, Inc. Attachment C includes a copy of the January 31, 2024 account statement from the cash account established in 2023 to fund the closure and post-closure costs.

Please feel free to contact us if you have any questions, require any additional details, or need any further clarification.

Sincerely,

Isaac Cuech

Isaac Creech Associate Professional SCS Engineers

IAC/CLC

Christine & Collier

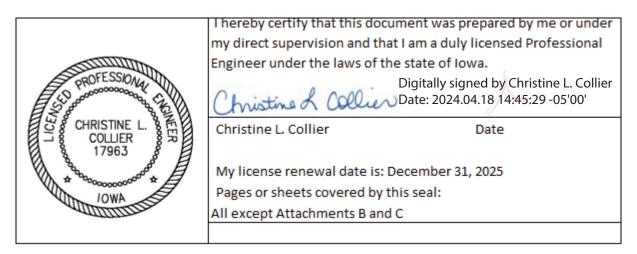
Christine L. Collier, P.E. Senior Project Manager SCS Engineers

cc: Addressee Mrs. Virginia Anderson, President, Anderson Excavating Company, Inc.



Mr. Michael Sullivan April 18, 2024 Page 2

Certification



Construction and Demolition Sanitary Landfill Financial Assurance Report Form

Section 1: FACILITY INFORMATION (please print or type)

Information Requested		
Facility Name	Anderson Excavating C&D Landfill	
Permitted Agency/Entity	Anderson Excavating Company, Inc.	
Permit Number	78-SDP-04-89C	

Section 2: CLOSURE/POSTCLOSURE OR CORRECTIVE ACTION COST ESTIMATES

Information Requested		Cost Estimate	Date of Cost Estimate
Updated Closure Cost Estimate	\$	21,175	March 28, 2024
Updated Postclosure Cost Estimate	\$	505,761	March 28, 2024
Initial or Updated Corrective Action Cost Estimate		NA	NA

*Attach closure/postclosure cost estimate(s) signed and certified by an lowa-licensed professional engineer. Cost estimates shall include, at a minimum, each of the cost line items defined in 114.31(3)"c" for closure and 114.31(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 lowa-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	NA
Amount of waste disposed of at the facility during the prior year	NA

Section 4: PROOF OF COMPLIANCE

Publicly Owned Construction and Demolition Landfills	(ATTACH AUDIT REPORT)
Owner's Most Recent Annual Audit Report	
Prepared by: NA For fiscal year ending: NA	
Privately Owned Construction and Demolition Landfills	(ATTACH AFFIDAVIT)
Attach owner/operator's affidavit indicating that an annual review h public accountant to determine whether the privately owned landf Chapter 114. The affidavit shall state the name of the certified p	ill is in compliance with IAC 567

conclusions of the review, and the steps taken to rectify any deficiencies identified by the accountant.

Type and Value of Financia	al Assurance Instrument(s	(ATTACH INSTRUMENT(S)		
Assurance Instrument	Establishment Date	Mechanism Covers	Instrument Value*	
Trust Fund 567 IAC 114.31(6)"a"		Closure 🗌 Postclosure 🗌 Corrective Action 🗌		
Surety Bond 567 IAC 114.31(6)"b"		Closure 🗌 Postclosure 🗌 Corrective Action 🔲		
Letter of Credit 567 IAC 114.31(6)"c"		Closure 🗌 Postclosure 🗌 Corrective Action 🔲		
Insurance 567 IAC 114.31(6)"d"		Closure 🗌 Postclosure 🗌 Corrective Action 🔲		
Corporate Financial Test 567 IAC 114.31(6)"e"		Closure 🗌 Postclosure 🗌 Corrective Action 🗌		
Local Gov't. Financial Test 567 IAC 114.31(6)"f"		Closure 🗌 Postclosure 🗌 Corrective Action 🗌		
Corporate Guarantee 567 IAC 114.31(6)"g"		Closure 🗌 Postclosure 🗌 Corrective Action 🗌		
Local Gov't Guarantee 567 IAC 114.31(6)"h"		Closure 🗌 Postclosure 🗌 Corrective Action 🔲		
Local Gov't. Dedicated Fund 567 IAC 114.31(6)"i"	2023	Closure ⊠ Postclosure ⊠ Corrective Action ⊡	\$ 527,511	

Section 5: FINANCIAL ASSURANCE INSTRUMENT

*Pursuant to IAC 567 114.31(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 114.31(8).

Section 6: INITIAL PROOF OF ESTABLISHMENT OF ACCOUNTS

Check Which Applies: New Mechanism	Previously Submitted
------------------------------------	----------------------

Pursuant to IAC 567 Chapter 114.31(8)"f", documentation of the establishment of accounts is to be submitted to the department by April 1, 2008 for currently permitted Construction and Demolition Sanitary Landfills. Permit holders for Construction and Demolition Sanitary Landfills permitted after April 1, 2008, shall submit documentation of the establishment of accounts prior to the Construction and Demolition Sanitary Landfill's initial receipt of waste.

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.

Accounts established pursuant to paragraph 114.31(6)"a" for trust funds or paragraph 114.31(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.

Section 7: CLOSURE AND POSTCLOSURE ACCOUNTS

Completion of the following closure and postclosure account information complies with the annual financial statement requirements of IAC 567 114.31(3)"a" and 114.31(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 Bala	nce Ending Balance		Projected Deposit
Closure Account Balance (see formula below)				
Postclosure Account Balance (see formula below)				
		Or		
Dedicated Fund Balance (see formula below)	\$517,621		\$527,511	\$0
Trust Fund Balance (see formula below)				
F	Formula for Pro	oject	ed Deposits	
Closure or Postclosure	Account		Dedicated/T	rust Fund
<u>CE–CB</u> x TR RPC		<u>CE - CB</u> Y		
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.		estir of th	nate, "CB" is the bala	are or postclosure cost ance 30 days after close r, and "Y" is number of y-in period.
If needed, the space bel	ow can be used t	o sho	w calculations for pro	ojected deposits
Closure		Postclosure		
NA			NA	A

SUBMITTAL OF THIS COMPLETED AND ENDORSED FORM ALONG WITH ALL REQUIRED DOCUMENTATION ESTABLISHES NOTIFICATION AND PROOF OF PERMIT HOLDER COMPLIANCE WITH IAC 567 CHAPTER 114.

	1	
Virginia Anderson	President	
Name of Official	Title	
Anderson Excavating Company, Inc.		
Agency/Entity		
1920 Dorcas Street		
Address		
Omaha	Nebraska	68108
City	State	Zip
(402) 345-8800	(402) 345-2420	
Telephone	Fax	
Misspixie_64@yahoo.com		
Email Address	*	
		/
	President	4116
Signature of Official	Title	Date
Questions? Contact Bill Blum at (515) 725-8	3376 or <u>bill.blum@dnr.iow</u>	ra.gov

Environmental Consultants & Contractors

Attachment A

Closure and Post-Closure Cost Estimate



2024 Closure Cost Estimate - Anderson Excavating C&D Landfill

T 11		_		Cost	0	4 - 6 T I-
Task ¹	Units	Cost p	er Unit	Year	Cos	st of Task
1. Closure and Postclosure Plan Document Revisions	1.0	\$ -	lump sum	2014	\$	-
2. Site Preparation, Earthwork, and Final Grading	1.0	\$ -	lump sum	2014	\$	-
Drainage Control Culverts, Piping, and Structures	1.0	\$ 7,137	lump sum	2014	\$	7,137
4. Erosion Control Structures, Sediment Ponds, and Terraces	1.0	\$ -	lump sum	2014	\$	-
5. Final Cap Construction [∠]	1.9	\$ -	per acre	2014	\$	-
6. Cap Vegetation Soil Placement ²	1.9	\$ -	per acre	2014	\$	-
7. Cap Seeding, Mulching, and Fertilizing ³	5.9	\$ 1,871	per acre	2014	\$	11,037
8. Monitoring Well, Piezometer, and Gas Control Modifications	0.0	\$ -	lump sum	2014	\$	-
9. Leachate System Cleanout and Extraction Well Modifications	1.0	\$ -	lump sum	2014	\$	-
10. Monitoring Well Installation and Abandonments	1.0	\$ -	lump sum	2014	\$	-
11. Facility Modifications to Effect Closed Status	1.0	\$ -	lump sum	2014	\$	-
12. Engineering and Technical Services	1.0	\$ -	lump sum	2014	\$	-
13. Legal, Financial, and Administrative Services	1.0	\$ 3,000	lump sum	2014	\$	3,000
14. Closure Compliance Certifications and Documentation	1.0	\$ -	lump sum	2014	\$	-
2024 Total Cost of Closure					\$	21,174

Notes:

¹ Task items based on the list from 567 IAC 113.14(3)"c"(6).

²Current area requiring final cover: 1.90 acres ³Entire project area. 5.90 acres

2024 Postclosure Cost Estimate - Anderson Excavating C&D Landfill

Task ¹	Units	Cost p	er Unit	Cost Year	-	Inflated Year Cost
1. General Site Facilities, Access Roads, and Fencing Maintenance	22	\$ 224 /	year	2024	\$	4,922
2. Cap and Vegetative Cover Maintenance	22	\$ 249 /	year	2024	\$	5,482
3. Drainage and Erosion Control Systems Maintenance	22	\$ 88 /	year	2024	\$	1,938
4. Groundwater to Waste Separation Systems Maintenance	22	\$ - /	year	2024	\$	-
5. Gas Control Systems Maintenance	22	\$ - /	year	2024	\$	-
6. Gas Control Systems Monitoring and Reporting	22	\$ 2,540 /	year	2024	\$	55,880
7. Groundwater and Surface Water Monitoring Systems Maintenance	22	\$ 354 /	year	2024	\$	7,788
8. Groundwater and Surface Water Quality Monitoring and Reporting	22	\$ 8,069 /	year	2024	\$	177,517
9. Groundwater Monitoring Systems Performance Evaluations and Reports	22	\$ - /	year	2024	\$	-
10. Leachate Control Systems Maintenance	22	\$ 1,129 /	year	2024	\$	24,842
11. Leachate Management, Transportation, and Disposal	22	\$ 1,240 /	year	2024	\$	27,280
12. Leachate Control Systems Performance Evaluations and Reports	22	\$ 3,776	year	2024	\$	83,072
13. Engineering and Technical Services	22	\$ 2,620 /	year	2024	\$	57,640
14. Legal, Financial, and Administrative Services	22	\$ 750 /	year	2024	\$	16,500
15. Financial Assurance, Accounting, Audits, and Reports	22	\$ 1,950 /	year	2024	\$	42,900
2024 Total Cost of Postclosure		\$ 22,989			\$	505,761

Notes:

¹ Task items based on the list from 567 IAC 113.14(4)"c"(6).

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Attachment B

Construction & Demolition Landfill Owner's Affidavit



MUNICIPAL SOLID WASTE SANITARY LANDFILL OWNER'S AFFIDAVIT

As the Owner and/or Operator of the Anderson Excavating Council Bluffs C&D Landfill, a privately owned municipal solid waste sanitary landfill, I certify that a yearly review has been performed by a certified public accountant to determine whether the landfill is in compliance with Iowa Administrative Code Chapter 114. Conclusions of the review and the steps taken to rectify any deficiencies identified by the accountant are listed below.

Date of Review: 4/18/24 Certifying Accountant: Kathleen Herrera _____ Company: Conclusion(s) of the review: No Deficiencies Found Steps taken to rectify any deficiencies identified: Signature: Deginia M. Anderson Date: 4/18/34

Page 1

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Attachment C

Current Account Balance

Construction & Demolition Wastes Sanitary Landfill





Operations Center 5409 NW 88th St. Ste 200, Johnston, IA 50131

RETURN SERVICE REQUESTED

ANDERSON EXCAVATING CO LANDFILL CLOSURE & POST CLOSURE ACCT 7433 SAWYER BROWN RD NASHVILLE TN 37209-5101

Statement Ending 01/31/2024

Page 1 of 2

Иа	naging You	r Accounts
	Customer Service	e (712)322-1700
	Telephone Banking	(800)260-8419
\times	Mailing Address	117 Pearl Street Council Bluffs, IA 51503
	Online Banking	www.availa.bank

Summary of Accounts		
Account Type	Account Number	Ending Balance
PREMIER MONEY MARKET ACCOUNT	574	\$527,511.37

PREMIER MONEY MARKET ACCOUNT- 574

Account Su	Immary		Interest Summary	
Date	Description	Amount	Description	Amount
01/01/2024	Beginning Balance	\$525,508_41	Annual Percentage Yield Earned	4.58%
	1 Credit(s) This Period	\$2,002.96	Interest Days	31
	0 Debit(s) This Period	\$0.00	Interest Earned Not Paid	\$0.00
01/31/2024	Ending Balance	\$527,511.37	Interest Paid This Period	\$2,002.96
			Interest Paid Year-to-Date	\$2,002,96
			Minimum Balance	\$525,508.41

Account Activity

Post Date	Description	Debits	Credits	Balance
01/01/2024	Beginning Balance			\$525,508.41
01/31/2024	Accr Earning Pymt		\$2,002,96	\$527,511,37
	Added to Account			
01/31/2024	Ending Balance			\$527,511.37

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date	Previous year-to-date
Total Overdraft Fees	\$0.00	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00	\$0.00



1 LIST YOUR OUTSTANDING CHECKS BELOW.

CHECKNUMBER	PAYEE	AMOUNT
		\$
		-
		_
		-
	ANDING (ENTER ON LINE 4	5

4 IF YOUR ACCOUNT DOES NOT BALANCE -

- Compare cancelled checks to your statement.
 Compare deposit receipts to your checkbook and statement.
 Concerned all additions and subtractions in your checkbook.
 Check all additions and subtractions in your checkbook.
 Be sure that all bank charges have been deducted from your checkbook.
 Be sure that any interest samed has been added to your checkbook.

5 REPORT ANY DIFFERENCE TO THE AUDITING DEPARTMENT. IN CASE OF ERRORS OR QUESTIONS ABOUT Y

TRANSFERS TELEPHONE US AT NUMBER SHOW If you believe there is an error in a posting or if you h an electronic entry on your statement, please help us to quickly by following these steps:

1) Telephone or write us at the number or address sh your earliest opportunity. We must have from you no we sent the first statement on which the error or prot 2) Tell us your name and account number.

Sector you reme and account number.
 Describe the transaction you are unsure about. Plea possible why you believe it is an error or what additionarequire.

4) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us yo question in writing within 10 business days. We will research the questioned transaction and will to our investigation within 10 business days after we hear for correct any error promptly.

If we need more time to complete our investigation, we in to research your completion or question. However, if we in will provisionally credit your account for the amount of the within 10 business days after we hear from you. You will money ouring the time it taxes us to complete our investig-

If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we are not required to provisionally credit your account.

If we decide there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

2 BALANCE YOUR ACCOUNT BELOW

1.STATEMENT	\$	
BALANCE		_
ADD	5	
2. DEPOSITS NOT	\$	
CREDITED ON THIS STATEMENT	8	
3.SUBTOTAL	\$	
4.SUBTRACT CHECKS OUT STANDING	\$	
6. BALANCE	8	
3 CHECKBOOK BALANCE	s	
СНЕСКВООК	s	
CHECKBOOK BALANCE PLUS	\$	
CHECKBOOK BALANCE PLU5 INTEREST		

OUR ELECTRONIC	BILLING RIGHTS SUMMARY WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT
have a question about	If you think there is an error on your statement, write to us at:
resolve it for you	Availa Bank
	128 West 6" St
hown on page one at later than 60 days after	Carroll, IA 51401
oblem appeared.	In your letter, give us the following information:
asse explain as clearly as nal information you your complaint or tell you the results of form you. We will	Account Information: Your name and account number. Dolar Amount: The dollar amount of the suspected error. Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the emount in question.
may take up to 45 days	While we investigate whether or not there has been an error, the following are true:
need this extra time, we the suspected error II have use of the gabon.	 We cannot try to collect the amount in question, or report you as delenguent on that errownt.

- The charge in question may remain on your statement, and we may The orange in question may remain on your sectorine, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount. While you do not have to pay the amount in question, you are responsible for the remainder of your balance. We can apply any unpaid amount against your credit limit.
- .