# SCS ENGINEERS

#### **Transmittal**

West Des Moines, IA

PROJECT: Des Moines Co,FY24 Env

DATE: 6/28/2024

Comp,IA 27223154.24

SUBJECT: Des Moines County Regional

TRANSMITTAL ID: 00003

Sanitary Landfill - 29-SDP-01-76P - 2024 Financial Assurance

Report

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
brian.rath@dnr.iowa.gov		brian.rath@dnr.iowa.gov	
chad.stobbe@dnr.iowa.g ov		chad.stobbe@dnr.iowa.gov	
Becky Jolly		becky.jolly@dnr.iowa.gov	

REMARKS: Good Morning:

SCS Engineers, on behalf of the Des Moines County Regional Solid Waste Commission, 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. Technical Associate 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

#### **Transmittal**

DATE: 6/28/2024
TRANSMITTAL ID: 00003

#### **DESCRIPTION OF CONTENTS**

QTY	DATED	TITLE	NOTES
1	6/28/2024	Des Moines County Regional Sanitary Landfill - 29- SDP-01-76P - 2024 Financial Assurance Report v1.0 06.28.2024.pdf	

#### COPIES:

Chris Ball (Des Moines County)
Eric Houtz (Des Moines County)
Christine Collier (SCS Engineers)
Ben Madson (SCS Engineers)
Jeff Phillips (SCS Engineers)
Isaac Creech (SCS Engineers)

## SCS ENGINEERS

June 28, 2024 File No. 27223154.24

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

Subject: 2024 Financial Assurance

Des Moines County Regional Sanitary Landfill

Permit No. 29-SDP-01-76P

Dear Mr. Sullivan:

SCS Engineers (SCS), on behalf of the Des Moines County Regional Solid Waste Commission, is pleased to submit the 2024 Financial Assurance for the Des Moines County Regional Sanitary 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, post-closure, and corrective action cost estimates were updated based on a review of similar projects for the 2024 financial assurance cost estimate. The updated closure, post-closure, and corrective action cost estimates are included in Attachment A.

Attachment B includes a letter signed by the Chief Financial Officer for the Des Moines County Regional Solid Waste Commission, which contains information sufficient to demonstrate that the facility qualifies under the local government test for coverage of a portion of the closure and post closure costs. Attachment B also includes a copy of the letter of credit used for coverage for the remaining portion of 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 A. Creech, E.I.T. Associate Professional

SCS Engineers

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

misting of Collier

SCS Engineers

IAC/CLC

cc: Addressee

Chris Ball, Operations Manager, Des Moines County Regional Solid Waste Commission Eric Houtz, Des Moines County Regional Sanitary Landfill

#### Certification



Thereby 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 of Collier Date:

Digitally signed by Christine L. Collier
Date: 2024.06.28 10:07:01 -05'00'

Christine L. Collier

Date

My license renewal date is: December 31, 2025

Pages or sheets covered by this seal:

ΑII



# Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form

#### **SECTION 1: FACILITY INFORMATION**

(please print or type)

Information Requested			
Facility Name:	Des Moines County Regional Sanitary Landfill	Permit Number:	29-SDP-01-76P
Permitted Agency/Entity: Des Moines County Regional Solid Waste Commission			

#### **SECTION 2: CLOSURE/POSTCLOSURE OR CORRECTIVE ACTION COST ESTIMATES**

Information Requested	Cost Estimate	Date of Cost Estimate
Updated Closure Cost Estimate	\$ 4,791,586	3/20/2024
Updated Postclosure Cost Estimate	\$ 2,426,190	3/20/2024
Initial or Updated Corrective Action Cost Estimate	\$ 20,328	3/20/2024

<sup>\*</sup>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 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 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	5,840,652
Amount of waste disposed of at the facility during the prior year	55,288

#### **SECTION 4: PROOF OF COMPLIANCE**

Publicly Owned Municipal Solid Waste Landfills	(ATTACH AUDIT REPORT)
Owner's Most Recent Annual Audit Report	
Prepared by: Bohnsack & Frommelt LLP	_
For fiscal year ending: June 30, 2023	

#### **Privately Owned Municipal Solid Waste Landfills**

(ATTACH AFFIDAVIT)

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) (ATTACH INSTRUMENT(S))

Assurance Instrument	Establishment Date	Mechanism Covers	Instrument Value*
Trust Fund 567 IAC 113.14(6)"a"		Closure 🗌	
		Postclosure 🗌	\$
		Corrective Action	
County David		Closure 🗌	
Surety Bond 567 IAC 113.14(6)"b"		Postclosure	\$
		Corrective Action	
Latter of Cardin		Closure 🔀	
Letter of Credit 567 IAC 113.14(6)"c"	3/21/2014	Postclosure 🔀	\$ 3,297,830
307 1710 113.1 1(0)		Corrective Action	
		Closure 🗌	
Insurance 567 IAC 113.14(6)"d"		Postclosure 🗌	\$
307 IAC 113.14(0) U		Corrective Action	
		Closure 🗌	
Corporate Financial Test 567 IAC 113.14(6)"e"		Postclosure	\$
307 IAC 113.14(0) C		Corrective Action	
		Closure 🔀	
Local Gov't. Financial Test 567 IAC 113.14(6)"f"	2/7/2012 5/18/2022	Postclosure 🔀	\$ 1,846,708 \$20,328 (CA)
307 IAC 113.14(0) 1	3/16/2022	Corrective Action $igtigtigtigtigtigtigta$	720,320 (CA)
		Closure 🗌	
Corporate Guarantee 567 IAC 113.14(6)"g"		Postclosure 🗌	\$
567 IAC 113.14(b) g		Corrective Action	
Local Gov't Guarantee 567 IAC 113.14(6)"h"		Closure 🗌	
		Postclosure 🗌	\$
		Corrective Action	
		Closure 🗌	
Local Gov't. Dedicated Fund		Postclosure	\$
567 IAC 113.14(6)"i"		Corrective Action	

#### **SECTION 6: INITIAL PROOF OF ESTABLISHMENT OF ACCOUNTS**

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.

<sup>\*</sup>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).

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 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.

#### **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
Closure Account Balance (see formula below)	\$	\$	\$
Postclosure Account Balance (see formula below)	\$	\$	\$
Or			
Dedicated Fund Balance (see formula below)	\$ 2,030,795	\$ 2,093,566	\$ 48,506
Trust Fund Balance (see formula below)	\$	\$	\$

#### **Formula for Projected Deposits**

Closure or Postclosure Account

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.

Dedicated/Trust Fund

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.

If needed, the space below can be used to show calculations for projected deposits

<u> </u>	
Closure/Postclosure	
\$7,217,776 (CE) - \$2,093,566 (CB) x 55,288 (TR) = \$48,506 5,840,652 (RPC)	

#### **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.

Name of Official: Chris Ball	Title: Executive Director
Agency/Entity: _Des Moines County Regional Solid Waste Co	ommission
Address: 1818 West Burlington Ave	
City: Burlington	State: lowa Zip: 52601
Telephone: (319) 753-8126	Fax: (319) 753-8717
Email Address: cball@dmcwaste.org	
Signature of Official:	Date: 3/30/2024

Questions? Contact Bill Blum at (515) 240-6048 or Bill.Blum@dnr.iowa.gov

#### Attachment A

Closure, Post-Closure, and Corrective Action Cost Estimates

# 2024 Closure Cost Estimate - Des Moines Co. Regional SLF

				Cost		
Task <sup>1</sup>	Units	Cost pe	r Unit	Year	C	ost of Task
Closure and Postclosure Plan Document Revisions	1	\$ 7,500	lump sum	2024	\$	7,500
2. Site Preparation, Earthwork, and Final Grading	1	\$ 151,482	lump sum	2024	\$	151,482
3. Drainage Control Culverts, Piping, and Structures	0	\$ -	lump sum	2024	\$	-
4. Erosion Control Structures, Sediment Ponds, and Terraces	1	\$ 158,774	lump sum	2024	\$	158,774
5.1. Final Cap Construction (18") <sup>2</sup>	6.40	\$ 11,173	acre	2024	\$	71,508
5.2. Final Cap Construction (24") <sup>4</sup>	7.59	\$ 14,898	acre	2024	\$	113,072
5.3. Final Cap Construction (Lined Area) <sup>3</sup>	24.54	\$ 92,613	acre	2024	\$	2,272,714
5.4. Final Cap Construction (Modified Area) <sup>6</sup>	5.01	\$ 2,250	acre	2024	\$	11,273
5.5. Final Cap Construction (Modified Area) <sup>7</sup>	1.20	\$ 41,173	acre	2024	\$	49,408
6. Cap Vegetation Soil Placement	38.53	\$ 10,379	acre	2024	\$	399,888
7. Cap Seeding, Mulching, and Fertilizing	51.72	\$ 1,871	acre	2024	\$	96,755
8. Monitoring Well, Piezometer, and Gas Control Modifications	1	\$ 1,160,863	lump sum	2024	\$	1,160,863
9. Leachate System Cleanout and Extraction Well Modifications	1	\$ 11,850	lump sum	2024	\$	11,850
10. Monitoring Well Installations and Abandonments	0	\$ -	lump sum	2024	\$	-
11. Facility Modifications to Effect Closed Status	1	\$ 1,500	lump sum	2024	\$	1,500
12. Engineering and Technical Services	1	\$ 225,000	lump sum	2024	\$	225,000
13. Legal, Financial, and Administrative Services	1	\$ 45,000	lump sum	2024	\$	45,000
14. Closure Compliance Certifications and Documentation	1	\$ 15,000	lump sum	2024	\$	15,000
2024 Total Cost of Closure					\$	4,791,586

#### Notes

<sup>&</sup>lt;sup>1</sup> Task items based on the list from 567 IAC 113.14(3)"c"(6). Calculations for each task are contained on the following pages.

<sup>2</sup> Current open unlined area requiring final cover - includes alternatively clay-lined Subtitle D Cells 1 & 2	6.40	acres
<sup>3</sup> Current open lined area requiring final cover (Cells 3, 4, 5, Abutment Areas 1A, 4A, 1B, 4B, 1C, & 4C)	24.54	acres
<sup>4</sup> Current open lined C & D area (Cell 1W) requiring final cover	7.59	acres
<sup>5</sup> Current open total area requiring final cover	38.53	acres
<sup>6</sup> Current area temporarily closed, requiring testing for closure (abutment area 1D)	5.01	acres
<sup>7</sup> Current area temporarily closed, requiring road replacement	1.20	acres
<sup>8</sup> Borrow Area	8.18	acres
<sup>9</sup> Closed Area	25.47	acres

# 2024 Postclosure Cost Estimate - Des Moines Co. Regional SLF

			Cost		
Task <sup>1</sup>	Units	Cost per Unit	Year	30	Year Cost
General Site Facilities, Access Roads, and Fencing Maintenance	30	\$ 902 / year	2024	\$	27,048
Cap and Vegetative Cover Maintenance	30	\$ 5,112 / year	2024	\$	153,352
Drainage and Erosion Control Systems Maintenance	30	\$ 1,777 / year	2024	\$	53,303
Groundwater to Waste Separation Systems Maintenance	30	\$ 2,779 / year	2024	\$	83,380
5. Gas Control Systems Maintenance	30	\$ 1,405 / year	2024	\$	42,151
Gas Control Systems Monitoring and Reporting	30	\$ 6,400 / year	2024	\$	192,000
7. Groundwater and Surface Water Monitoring Systems Maintenance	30	\$ 490 / year	2024	\$	14,688
Groundwater and Surface Water Quality Monitoring and Reporting	30	\$ 31,553 / year	2024	\$	946,586
9. Groundwater Monitoring Systems Performance Evaluations and Reports <sup>2</sup>	30	\$ <ul> <li>/ year</li> </ul>	2024	\$	-
10. Leachate Control Systems Maintenance	30	\$ 17,624 / year	2024	\$	528,725
11. Leachate Management, Transportation, and Disposal	30	\$ 5,201 / year	2024	\$	156,041
12. Leachate Control Systems Performance Evaluations and Reports	30	\$ 3,536 / year	2024	\$	106,066
13. Engineering and Technical Services	30	\$ 1,000 / year	2024	\$	30,000
14. Legal, Financial, and Administrative Services	30	\$ 1,000 / year	2024	\$	30,000
15. Financial Assurance, Accounting, Audits, and Reports	30	\$ 2,095 / year	2024	\$	62,850
2024 Total Cost of Postclosure				\$	2,426,190

#### Notes

<sup>&</sup>lt;sup>1</sup> Task items based on the list from 567 IAC 113.14(4)"c"(6).

 $<sup>^{^{2}}</sup>$  Costs associated with Task 9 are included in Task 8.

### 2024 Corrective Action Cost Estimate - Des Moines Co. Regional SLF

				Cost		
Task	Units	Cost pe	r Unit	Year	30 Y	ear Cost
Leachate Extraction Well Installation		\$ -	lump sum	2024	\$	-
2. Remedy Engineering and Technical Services		\$ -	lump sum	2024	\$	-
Groundwater Monitoring Well Installation		\$ -	lump sum	2024	\$	-
Remedy Systems Maintenance		\$ -	/ year	2024	\$	-
5. Remedy Systems Monitoring and Reporting	8	\$ 150	/ year	2024	\$	1,197
Groundwater and Surface Water Monitoring Systems Maintenance	8	\$ 71	/ year	2024	\$	568
7. Groundwater and Surface Water Quality Monitoring and Reporting	8	\$ 1,078	/ year	2024	\$	8,627
8. Engineering and Technical Services		\$ -	/ year	2024	\$	-
9. Legal, Financial, and Administrative Services		\$ -	/ year	2024	\$	-
10. Financial Assurance, Accounting, Audits, and Report		\$ -	/ year	2024	\$	-
11. Remedy Completion Certification and Documentation	1	\$ 2,970	lump sum	2024	\$	2,970
12. Remedy Decommissioning	1	\$ 6,965	lump sum	2024	\$	6,965
2024 Total Cost of Corrective Action	·	 <del></del>	·	Total:	\$	20,328

#### Notes

<sup>&</sup>lt;sup>1</sup> Selected remedy is leachate extraction and monitored natural attenuation.

<sup>&</sup>lt;sup>2</sup> Calculations for each task are contained on the following pages.

 $<sup>^{\</sup>rm 3}$  Duration of corrective action period obtained from 202a AWQR, Table 11.

The remedy end date will be evaluated annually and adjusted if necessary.

<sup>&</sup>lt;sup>4</sup> For the corrective action items covered under the closure/postclosure fund for which no change resulted from the addition of the corrective action (i.e. MW-7-90R & MW-7-93), no additional costs will be incurred within the corrective action financial assurance.

#### Attachment B

Local Government Guarantee Financial Test and Letter of Credit

# MUNICIPAL SOLID WASTE SANITARY LANDFILL LOCAL GOVERNMENT FINANCIAL TEST & CFO LETTER

March 2024

Iowa Department of Natural Resources Planning, Permitting & Engineering Services Wallace State Office Building 502 East 9<sup>th</sup> Street Des Moines, IA 50319

Closure/Postclosure cost to be assured: \$1,846,708

Dear Sir or Madam:

I am the chief financial officer of the Des Moines County Regional Solid Waste Commission, herein referred to as the "Owner". This letter is in support of the Owner's use of the Local Government Financial Test to demonstrate financial assurance for closure and/or postclosure care costs as specified in IAC 567 Chapter 113.14(3) and 113.14(4).

The Owner is the owner and operator of the following municipal solid waste sanitary landfill for which financial assurance for closure and/or postclosure care is demonstrated through the Local Government Financial Test, as specified in IAC 567 Chapter 113.14(6)"f":

Facility Name:	Des Moines County Regional Sanitary Landfill
Address:	1818 West Burlington Avenue, Burlington, Iowa 52601
Permit No:	29-SDP-01-76P
	sure and/or postclosure care cost estimate, in accordance with IAC 567 Chapter 113.14(3 are shown below for each facility coved by the Local Government Financial Test:

The Owner meets or exceeds the financial test criteria as shown below in Alternative II and agrees to comply with the requirements, as specified in subrule 113.14(6)"f".

As chief financial officer for the Owner, I hereby certify that the information provided in this letter is true to the best of my knowledge and that this letter is being submitted in accordance with IAC 567 Chapter 113.14(6)"f" for the Local Government Financial Test.

Signature:	. / /
Name: Maris Ba	Date: 4/1/2024

The figures for the following items are derived from the Owner's independently audited, year-end financial statements/audit report for the latest completed fiscal year, ended June 30, 2023.

#### Alternative II

7 Hiteriative II	-		
1. Sum of the current closure and/or postclosure cost estimate(s) being assured through the Local Government Financial Test *(see note below)	\$ 1,846,708	\$ 2,059,	136
	From most recent annual auditor's report		2 <sup>nd</sup> most annual 's report
2. Total Revenues for past two years			689
3. Total Expenditures for past two years <sup>1</sup>			324
4. Cash plus marketable securities (see definition below)	\$ 5,672,043	\$ 4,997,	835
5. Annual debt service	\$ 273,272	\$ 269,85	3
Must be able to answer "Yes" or "True" to the following		Yes/ True	No/ False
6. Is line 4 divided by line 3 greater than 5 percent?		X	
7. Is line 5 divided by line 3 less than 20 percent?			
8. There are no outstanding general obligation bonds that are currently in default.			
9. There are no outstanding general obligation bonds rated lo issued by Moody's or BBB as issued by Standard & Poor's.	X		
10. Have financial statements (audit) been prepared in conformity with Generally Accepted Accounting Principles or with Other Comprehensive Basis of Accounting?			
11. Is line 3 less than line 2 in each of the past two years?			
12. If answered "no" to line 11, line 3 does not exceed line 2 by more than 5 percent in each of the past two years.		n/a	
13. Is line 1 less than 43 percent of line 2?		X	
14. Have not received an adverse opinion or disclaimer of opinion from the independent certified public accountant or office of the auditor of the state of Iowa.			
15. Have closure and postclosure costs being assured been re owner's most recent audit report or instead placed in the ownedid not permit reference in the most recent audit?	X		

<sup>\*</sup>The amount being assured by the financial test is the total of the cost estimates less the balance of restricted closure/postclosure account(s) and the letter of credit.

#### Definitions:

- "Deficit" means total annual revenues minus total annual expenditures.
- "Total revenues" means revenues from all taxes and fees but does not include the proceeds from borrowing or asset sales, excluding revenue from funds managed by local government on behalf of a specific third party.
- "Total expenditures" means all expenditures excluding capital outlays and debt repayment.
- "Cash plus marketable securities" means all the cash plus marketable securities held by the local government on the last day of a fiscal year, excluding cash and marketable securities designated to satisfy past obligations such as pensions.
- "Debt service" means the amount of principal and interest due on a loan in a given time period, typically the current year.

<sup>&</sup>lt;sup>1</sup> Total Expenditures equals Total Operating Expenses minus Depreciation in FY Auditor's Report.

#### Amendment to Des Moines County Solid Waste Commission Letter of Credit

The amount of the letter of credit number 001 dated 3/21/2014 is hereby amended to the sum of \$3,297,830.00 with an effective date of March 31, 2024. All other terms and condition under Letter of Credit number 001 will remain in place.

Des Moines County Regional Solid Waste Commission

Borrower

Signature:

Name: Chris Ball

Lender

Signature:

Name: Max Mercer

late: 6/27/2

Title: Finance Directo

Date: 6

Title: Senior Vice President