January 15, 2025

Mary Klemesrud
Program Planner 3
Iowa Department of Natural Resources
6200 Park Avenue Suite 200
Des Moines, Iowa 50321



RE: 2025 FINANCIAL ASSURANCE

AUDUBON COUNTY SANITARY LANDFILL IDNR PERMIT #05-SDP-01-75C - CLOSED HLW PN 6050-22A.360

Dear Ms Klemesrud:

Included with this letter is financial assurance documentation for 2025 for the Audubon County Sanitary Landfill. Documentation provided with this letter includes a certified copy of the Postclosure Cost Estimate and the signed "Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form".

The balance of the Dedicated Fund is greater than the Postclosure Cost Estimate so financial assurance requirements are currently fully funded for the Audubon County Sanitary Landfill.

The audit for Audubon County Solid Waste Management Commission has been filed with the State Auditor and is available on the State Auditor's website.

Note that cost estimates have been calculated using actual costs; therefore, adjustments for inflation were determined to not be applicable to the 2025 Postclosure Cost Estimate.

Please let me know if you have any questions.

Respectfully submitted,

HLW Engineering Associates, Inc.

Douglas J. Luzbetak, P

Project Manager

cc: Tami Anderson, Director, Audubon County Solid Waste Management Commission (electronic copy)

POST CLOSURE COST ESTIMATE

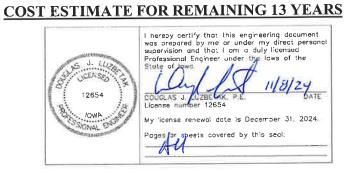
AUDUBON COUNTY LANDFILL 2025 - Permit expires 2038

1.	QUANTITY General Site Facilities, Access Roads and Fencing Maintenance	<u>UNIT</u>	COST	SUBTOTAL	
	Transfer station staff provide inspections. The County grades the road at no charge.				
	Estimated annual costs		\$350.00	\$250.00	
2.	Cap and Vegetative Cover Maintenance			\$350.00	
۷.	Repairing erosion, settlement, reseeding and periodic fertilizing.	The site ha	as good vegetativ	e growth	
	and erosion repairs have been minimal.				
	Seeding and Fertilizing/Cap Repair	oer year	\$600.00	\$600.00	
3.	Drainage and Erosion Control Systems Maintenance			\$000.00	
٥.	The site has stablized and maintaining the terraces is minimal.				
	Erosion control maintenance	oer year	\$500.00	0,500,00	
4	Consum deventor to Weste Compution Systems Maintenance			\$500.00	
4.	Groundwater to Waste Separation Systems Maintenance The landfill does not have and is not required to install a ground	water			
	separation system.		None	None	
_					
5.	Gas Control Systems Maintenance The landfill does not have and is not required to install a gas con	ntrol system	_		
	The landing does not have und is not required to mount a gas con-		None	None	
6.	Gas Control Systems Monitoring and Reports				
	Explosive gas monitoring is required semi-annually Estimated annual costs		\$1,000.00		
	Estimated almual costs		\$1,000.00	\$1,000.00	
7.					
	Existing monitoring wells will require minimal maintenance.		¢100.00		
	Estimated annual costs		\$100.00	\$100.00	
8.	Groundwater and Surface Water Quality Monitoring and Reports			*******	
	Semi-annual monitoring is currently required. Estimated cost is	based upon	l		
	current costs for sampling, laboratory testing and reporting.	nor voor	\$8,000.00		
		per year per year	\$5,300.00		
	5		,	\$13,300.00	
9.	Groundwater Monitoring Systems Performance Evaluations and Repo	orts	.		
	Not required.		None	None	
10. Leachate Control Systems Maintenance					
	The collected leachate is stored in a Subtitle D lined lagoon. Cle	aning of the			
	leachate collection line is required every 3 years.	per year	\$700.00	\$700.00	
				\$700.00	

	QUANTITY		UNIT	COST	SUBTOTAL
11. Leachate Management, Transportation and Due to the presence of the leachat basis. Cost based on past hauling/	e storage lagoon,	leachate is	not hauled or	n an annual	
basis. Cost based on past naumig	arsposar costs.		per year	\$4,500.00	\$4,500.00
12. Leachate Control Systems Performance	Evaluations and	Reports			
Semi-annual leachate monitoring			vater monitor	ing	
Annual Leachate Control System			per year	\$400.00	
·					\$400.00
13. Engineering and Technical Services					
Routine inspections are included a					
Semi-annual engineering inspection	ons and reports a	re being req	uired at this t	time.	
Additional engineering or other te	chnical services	should be n	ninimal.		
Semi-annual inspection & re	eport	2	each		
Cost of inspe	ction \$	800.00		\$1,600.00	
					\$1,600.00
14. Legal, Financial and Administrative Se					
Minimal legal services are anticipated prior to the landfill starting the					
Environmental Covenant Process.					
			per year	\$300.00	00000
					\$300.00
15. Financial Assurance, Accounting, Audi					
The financial assurance document					
audit is required at this time but the		th the trans:		dget.	
Financial assurance up			per year	\$1,000.00	
Annual	audit		per year	\$4,600.00	\$5,600.00
ANNUAL POST-CLOSURE COSTS ESTIMATE					
			. 50		#25/ 250 00

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\$376,350.00



"Cost estimates have been calculated using actual costs. Therefore, adjustments for inflation were determined to not be applicable for this Estimate."



Municipal Solid Waste Sanitary Landfill **Financial Assurance Report Form**

SECTION 1: FACILITY INFORMATION

(please print or type)

Information Requested

Facility Name: Audubon County Sanitary Landfill

Permit Number: 05-SDP-01-75C

Permitted Agency/Entity: Audubon County Solid Waste Management Commission

Section 2: Closure/Postclosure or Corrective Action Cost Estimates

Information Requested	Cost Estimate	Date of Cost Estimate
Updated Closure Cost Estimate	\$ Not Applicable	NA FACILITY IS CLOSED
Updated Postclosure Cost Estimate	\$ 376,350	November 8, 2024
Initial or Updated Corrective Action Cost Estimate	Not Applicable	Not Applicable

^{*}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	NA FACILITY IS CLOSED
Amount of waste disposed of at the facility during the prior year	NA FACILITY IS CLOSED

SECTION 4: PROOF OF COMPLIANCE

(ATTACH AUDIT REPORT) **Publicly Owned Municipal Solid Waste Landfills** Owner's Most Recent Annual Audit Report Prepared by: Gronewold, Bell, Kyhnn & Co. PC For fiscal year ending: June 30, 2024

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*
		Closure 🗌	
Trust Fund		Postclosure 🗌	\$
567 IAC 113.14(6)"a"		Corrective Action 🗌	
		Closure	
Surety Bond		Postclosure 🗌	\$
567 IAC 113.14(6)"b"		Corrective Action 🗌	
		Closure 🗌	
Letter of Credit		Postclosure 🗌	\$
567 IAC 113.14(6)"c"		Corrective Action 🗌	
		Closure 🗌	
Insurance		Postclosure 🗌	\$
567 IAC 113.14(6)"d"		Corrective Action 🗌	
		Closure 🗌	
Corporate Financial Test		Postclosure 🗌	\$
567 IAC 113.14(6)"e"		Corrective Action 🔲	
Local Gov't. Financial Test		Closure 🗌	
		Postclosure 🗌	\$
567 IAC 113.14(6)"f"		Corrective Action 🗌	
Corporate Guarantee		Closure	
		Postclosure 🗌	\$
567 IAC 113.14(6)"g"		Corrective Action 🗌	
		Closure 🗌	
Local Gov't Guarantee		Postclosure 🗌	\$
567 IAC 113.14(6)"h"		Corrective Action	
		Closure	
Local Gov't. Dedicated Fund	1997	Postclosure 🔀	\$ 418,263
567 IAC 113.14(6)"i"		Corrective Action 🗌	

^{*}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:	New Mechanism	Previously Submitted
Pursuant to IAC 567 Chanter 1	13 14/8)"f" documentation of the establi	shment of accounts is to be submitted to the

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.

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)	\$ 487,566	\$ 418,263	\$ NA funds exceed postclosure estimate
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

Closure	Postclosure	
Not applicable. The site is closed.	The estimated postclosure liability of \$376,350 is fully funded.	

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: Penny Schmidt Title: Chair Agency/Entity: Audubon County Solid Waste Management Commission Address: 1881 215th Street City: Audubon State: IA Zip: 50025 Telephone: 712-563-3589 Fax: 712-563-4381 Email Address: audcoswm@iowatelecom.net

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

SECTION 8: PERMIT HOLDER ENDORSEMENT

Signature of Official: