



Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form

SECTION 1: FACILITY INFORMATION

(please print or type)

Information Requested

Facility Name: Carroll County Sanitary Landfill Permit Number: 14-SDP-01-74P

Permitted Agency/Entity: Carroll 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 | \$ 3,339,450 | 3/24/25 |
| Updated Postclosure Cost Estimate | \$ 1,281,155 | 3/24/25 |
| Initial or Updated Corrective Action Cost Estimate | \$ NA | |

*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 | 753,302 |
| Amount of waste disposed of at the facility during the prior fiscal year | 86,532 |

SECTION 4: PROOF OF COMPLIANCE

Publicly Owned Municipal Solid Waste Landfills

(ATTACH AUDIT REPORT)

Owner's Most Recent Annual Audit Report

Prepared by: Bowman & Miller, P.C.

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* |
|---|---------------------------|--|--------------------------|
| 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" | April 8, 2003 | Closure <input checked="" type="checkbox"/> Postclosure <input checked="" type="checkbox"/> Corrective Action <input type="checkbox"/> | \$3,716,696 |

*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 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 <i>(see formula below)</i> | \$ | \$ | \$ |
| Postclosure Account Balance <i>(see formula below)</i> | \$ | \$ | \$ |
| Or | | | |
| Dedicated Fund Balance <i>(see formula below)</i> | \$3,354,253 | \$3,716,696 | \$239,871 |
| Trust Fund Balance <i>(see formula below)</i> | \$ | \$ | \$ |

Formula for Projected Deposits
Closure or Postclosure Account

$$\frac{CE - CB}{RPC} \times TR$$

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

$$\frac{CE - CB}{Y}$$

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

| | |
|---|-------------------------------|
| For Closure and Post-Closure (note Cells 1A-3 are fully funded) | |
| Cells 4A/4B/5A | Cells 5B/6 |
| CE = \$1,424,917 | CE = \$830,049 |
| CB = \$1,351,057 | CB = \$0 |
| Y = 1 | Y = 5 |
| Projected Deposit = \$73,861 | Projected Deposit = \$166,010 |

Total Projected Deposit = \$239,871

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: Mary Wittry Title: Director

Agency/Entity: Carroll County Solid Waste Management Commission

Address: 19111 Kittyhawk Avenue

City: Carroll State: Iowa Zip: 51401

Telephone: 712-792-5001 Fax: 712-792-5074

Email Address: mwittry@carrollcountylandfill.com

Signature of Official: Mary Wittry Date: 3-25-2025

Questions? Contact Chad Stobbe at (515) 201-8272 or Chadd.Stobbe@dnr.iowa.gov

Summary of Cost Estimate for Financial Assurance for June 30, 2025 Payment
Carroll County Landfill
Permit #14-SDP-01-74P

| | |
|--|--------------|
| Open acres | 30.06 |
| Closure 1A - 6 | \$ 3,339,450 |
| Post Closure 1A - 6 | \$ 1,281,155 |
| Post Closure Eastern Area | \$ - |
| Total Closure/Post-Closure Cost Estimate | \$ 4,620,606 |
| Available Funds June 30, 2024 ("CB") | \$ 3,716,696 |
| Annual Payment Required | \$ 239,871 |
| Estimated Funds as of June 30, 2025 | \$ 3,956,567 |

| Cell | Construction Date | Acres | Cost Estimate ("CE") | Calculate Annual Payment | | | |
|--|-------------------|-------|--|--------------------------|-----------------------|---------------------------------|-------------------------|
| | | | | Remaining Payments | Apply Available Funds | Total Additional Funds Required | Annual Payment Required |
| 1A | 10/31/2002 | 3.49 | Closure \$ 387,713.94 Post-Closure \$ 148,743.60 Total \$ 536,457.54 | 0 | \$ 536,457.54 | \$ - | \$ - |
| 1B | 7/31/2006 | 3.01 | Closure \$ 334,389.39 Post-Closure \$ 128,286.03 Total \$ 462,675.42 | 0 | \$ 462,675.42 | \$ - | \$ - |
| 2A | 7/31/2009 | 2.89 | Closure \$ 321,058.25 Post-Closure \$ 123,171.63 Total \$ 444,229.88 | 0 | \$ 444,229.88 | \$ - | \$ - |
| 2B/3 | 7/31/2011 | 6.00 | Closure \$ 666,556.92 Post-Closure \$ 255,719.66 Total \$ 922,276.58 | 0 | \$ 922,276.58 | \$ - | \$ - |
| 4A/4B/5A | 9/3/2015 | 9.27 | Closure \$ 1,029,830.44 Post-Closure \$ 395,086.87 Total \$ 1,424,917.31 | 1 | \$ 1,351,056.58 | \$ 73,860.73 | \$ 73,860.73 |
| 5B/6 | 9/9/2019 | 5.40 | Closure \$ 599,901.23 Post-Closure \$ 230,147.69 Total \$ 830,048.92 | 5 | \$ - | \$ 830,048.92 | \$ 166,009.78 |
| Eastern Area Eastern Area closed in 2007, removed from post-closure care | | | Closure \$ - Post-Closure \$ - Total \$ - | 0 | \$ - | \$ - | \$ - |
| Carroll County Landfill | | | Total Closure \$ 3,339,450.16 Total Post-Closure \$ 1,281,155.48 Total \$ 4,620,605.64 | | \$ 3,716,696.00 | \$ 903,909.64 | \$ 239,870.51 |

Financial Assurance Closure Cost Estimate
Carroll County Landfill
Permit #14-SDP-01-74P

Date Prepared: 3/24/2025
 Site Area: 30.06 acres
 Inflation Factor: 1.0240 from IDNR

Phases 1A-6

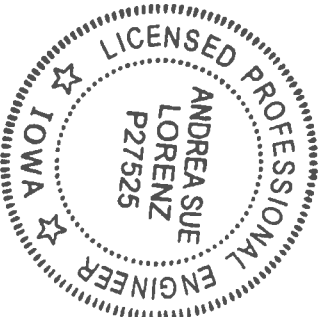
| Item | Unit | Quantity | 2024 Unit Cost | 2025 Unit Cost | Total Cost | Comments |
|--|------|----------|----------------|----------------|---------------------|--|
| Document Revisions | LS | 1 | \$ - | \$ - | \$ - | |
| Site Preparation, Earthwork and Final Grading | acre | 30.06 | \$ 1,192 | \$ 1,221 | \$ 36,691 | incl. in eng. and tech. services |
| Drainage Control | acre | 30.06 | \$ 1,057 | \$ 1,082 | \$ 32,536 | |
| Erosion Control | acre | 30.06 | \$ - | \$ - | \$ - | |
| Final Cap Construction | acre | 30.06 | \$ 86,370 | \$ 88,443 | \$ 2,658,593 | included in drainage control geomembrane cap |
| Cap Vegetation Soil Placement | acre | 30.06 | \$ 1,703 | \$ 1,744 | \$ 52,421 | |
| Monitoring Well and Gas Control Modifications | acre | 30.06 | \$ 8,258 | \$ 8,456 | \$ 254,193 | incl. establishing vegetation |
| Leachate System Cleanouts and Modifications | LS | 1 | \$ - | \$ - | \$ - | |
| Monitoring Well Installations and Abandonments | LS | 1 | \$ - | \$ - | \$ - | |
| Facility Modifications for Closure | LS | 1 | \$ 34,723 | \$ 35,556 | \$ 35,556 | current with each cell construction |
| Engineering and Technical Services | LS | 1 | \$ 249,254 | \$ 255,236 | \$ 255,236 | |
| Legal, Financial and Administrative Services | LS | 1 | \$ 13,890 | \$ 14,223 | \$ 14,223 | |
| Closure Compliance Certifications | LS | 1 | \$ - | \$ - | \$ - | incl. in eng. and tech. services |
| Total | | | | | \$ 3,339,450 | |

I hereby certify that this engineering 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.

Andrea S. Lorenz

(signature) Andrea S. Lorenz, P.E. (date) 3/24/2025

My license renewal date is December 31, 2025
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Financial Assurance Post-Closure Care Cost Estimate
Carroll County Landfill
Permit #14-SDP-01-74P

Date Prepared: 3/24/2025
 Site Area: 30.06 acres
 Inflation Factor: 1.0240 from IDNR

Phases 1A-6

| Item | Unit | Quantity | 2023 Unit Cost | 2024 Unit Cost | Total Cost | Comments |
|--|------|----------|-------------------|-------------------|---------------------|---------------------------|
| General Site Facility Maintenance | acre | 30.06 | \$ 46 | \$ 47 | \$ 1,416 | |
| Cap and Vegetative Cover Maintenance | acre | 30.06 | \$ 156 | \$ 160 | \$ 4,802 | |
| Drainage and Erosion Control Maintenance | acre | 30.06 | \$ 86 | \$ 88 | \$ 2,647 | |
| Groundwater and Waste Separation System Maintenance | acre | 30.06 | \$ - | \$ - | \$ - | |
| Gas Control System Maintenance | year | 1 | \$ 44 | \$ 45 | \$ 45 | |
| Gas Control System Monitoring and Reports | year | 1 | \$ 314 | \$ 322 | \$ 322 | |
| Groundwater/Surface Water Monitoring System Maintenance | year | 1 | \$ 361 | \$ 370 | \$ 370 | |
| Groundwater/Surface Water Quality Monitoring and Reports | year | 1 | \$ 28,146 | \$ 28,822 | \$ 28,822 | |
| Groundwater Monitoring Systems Evaluations and Reports | year | 1 | \$ - | \$ - | \$ - | Included in line above |
| Leachate Control Systems Maintenance | year | 1 | \$ 784 | \$ 803 | \$ 803 | |
| Leachate Management, Transportation and Disposal | year | 1 | \$ - | \$ - | \$ - | |
| Leachate Control Performance Evaluations and Reports | year | 1 | \$ 732 | \$ 750 | \$ 750 | |
| Engineering and Technical Services | year | 1 | \$ 784 | \$ 803 | \$ 803 | incl. inspections/reports |
| Legal, Financial and Administrative Services | year | 1 | \$ 314 | \$ 322 | \$ 322 | |
| Financial Assurance, Accounting, Audits and Reports | year | 1 | \$ 1,568 | \$ 1,606 | \$ 1,606 | |
| Annual Cost | | | | | \$ 42,705 | |
| Post Closure Care Period | | | | | | 30 years |
| Total | | | | | \$ 1,281,155 | |

I hereby certify that this engineering 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.

Andrea S. Lorenz

3/24/2025

(signature)
 Andrea S. Lorenz, P.E.

(date)

My license renewal date is December 31, 2025
 This page is covered by the affixed seal.

