## SCS ENGINEERS

## **Transmittal**

West Des Moines, IA

PROJECT: Woodbury Co,FY25 Env Comp,IA

27223172.25

A DATE:

VIA:

TRANSMITTAL ID:

3/26/2025

SUBJECT:

PURPOSE:

Woodbury County Sanitary Landfill 97-SDP-02-75C 2025 00005

Financial Assurance Report

For your approval

Info Exchange

FROM

NAME	COMPANY	EMAIL	PHONE
Isaac Creech West Des Moines, IA	SCS Engineers	ICreech@scsengineers.com	+1-515-415-9211

TO

NAME	COMPANY	EMAIL	PHONE
Mary.Klemesrud@dnr.io		Mary.Klemesrud@dnr.iowa.g	
wa.gov		ov	
Becky Jolly		becky.jolly@dnr.iowa.gov	_

REMARKS: Good Morning Mary,

Please find attached for download the 2025 Financial Assurance Report for the Woodbury County Sanitary Landfill. 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

### **Transmittal**

DATE: 3/26/2025 TRANSMITTAL ID: 00005

#### www.scsengineers.com

#### **DESCRIPTION OF CONTENTS**

QTY	DATED	TITLE	NOTES
1	3/25/2025	Woodbury County Sanitary Landfill 97-SDP-02-75C 2025 Financial Assurance Report 03.25.2025.pdf	

#### COPIES:

Kevin Nelson (Woodbury County Area Solid Waste Agency)
Jeanette Beekman (Woodbury County Area Solid Waste Agency)

Ben Madson (SCS Engineers)
Christine Collier (SCS Engineers)
Isaac Creech (SCS Engineers)

#### **Environmental Consultants & Contractors**

## SCS ENGINEERS

March 25, 2025 File No. 27223172.25

Ms. Mary Klemesrud lowa Department of Natural Resources Land Quality Bureau 6200 Park Avenue, Suite 200 Des Moines, IA 50321

Subject: 2025 Financial Assurance Post-Closure Cost Estimate Update

Woodbury County Sanitary Landfill (Closed)

Permit No. 97-SDP-02-75C

Dear Ms. Klemesrud:

SCS Engineers (SCS), on behalf of the Woodbury County Solid Waste Agency (Agency), is submitting herewith the 2025 Financial Assurance to the Iowa Department of Natural Resources (DNR) for the above-referenced facility. We have attached the completed DNR Form 542-8090.

In order to incorporate the inflation factor and reduction of post-closure years, the 2024 post-closure cost estimate (Doc# 109712) was divided by 2024's remaining years in post-closure to determine the annual cost. The inflation factor was applied to this cost to determine the annual cost for the 2025 estimate. The 2025 annual cost estimate was multiplied by 2025's remaining years in post-closure to determine the total post-closure cost estimate for 2025. The corrective action cost was updated as noted below. The values for the previous and current estimates are provided in the table below. The Woodbury County Sanitary Landfill currently has 13 years remaining of the 30-year stated post-closure period.

Estimate	2024	Inflation Factor	2025
Total Post-Closure Cost	\$370,928		\$352,703
Units	14		13
Post-Closure Annual Cost	\$26,495	1.024	\$27,131
Total Corrective Action Cost(1)	\$95,590	1.024(1)	\$92,482
Total Funds Needed <sup>(2)</sup>			\$445,185

<sup>\*</sup>Notes:

A copy of the Agency'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 is not applicable, the Woodbury County Sanitary Landfill is exempt under Iowa Code 2023, Section 11.6(1)(a)(1). Attachment A contains the bank statement from the United Bank of Iowa stating the balance in the Agency's



<sup>(1) 2024</sup> corrective action annual fees (\$5,279) were increased by inflation and multiplied by the remaining 15 years. The lump sum fees (\$11,125) were increased by inflation and added to the annual fees.

<sup>(2)</sup> Transfer Station closure funds of \$28,691 are also included in the required set aside amounts for a total of \$473,876.

Ms. Mary Klemesrud March 25, 2025 Page 2

restricted post-closure accounts as of June 30, 2024. As seen in Section 7 of the 2025 Financial Assurance Annual Report Form, no deposits will be needed for this fiscal year.

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

Isaac A. Creech, E.I.T Associate Professional

SCS Engineers

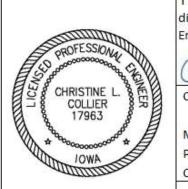
Christine L. Collier, P.E. Senior Project Manager SCS Engineers

pristing L Collier

IAC/CLC

cc: Kevin Nelson, Chair for Woodbury County Area Solid Waste Agency Ms. Jeanette Beekman, City of Pierson City Clerk

## 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.

Digitally signed by Christine L. Collier, P.E. Date: 2025.03.25 23:01:12

Christine L. Collier

Date

My license renewal date is: December 31, 2025

Pages or sheets covered by this seal:

Closure Cost Estimate



# Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form

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

(please print or type)

Information Requested				
Facility Name:	ne: _ Woodbury County Sanitary Landfill		Permit Number:	97-SDP-02-75C
Permitted Agency/Entity: Woodbury County Area Solid Waste Agency				

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

Information Requested	Cost Estimate	Date of Cost Estimate
Updated Closure Cost Estimate	\$	
Updated Postclosure Cost Estimate	\$ 352,703	3/16/2025
Initial or Updated Corrective Action Cost Estimate	\$ 92,482	3/16/2025

<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	NA
Amount of waste disposed of at the facility during the prior fiscal year	NA

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

Publicly Owned Municipal Solid Waste Landfills	(ATTACH AUDIT REPORT)
Owner's Most Recent Annual Audit Report	
Prepared by: NA	
For fiscal year ending: NA	
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.

03/2024 cmc Page 1 DNR Form 542-8090

#### **SECTION 5: FINANCIAL ASSURANCE INSTRUMENT**

Type and Value of Financial Assurance Instrument(s) (ATTACH INSTRUMENT(S))

Assurance Instrument	Establishment Date	Mechanism Covers	Instrument Value*
Tourst Frond		Closure 🗌	
Trust Fund 567 IAC 113.14(6)"a"		Postclosure	\$
(2)		Corrective Action	
C. at Bank		Closure 🗌	
Surety Bond 567 IAC 113.14(6)"b"		Postclosure	\$
307 11.0 110.1 1(0) 0		Corrective Action	
		Closure 🗌	
Letter of Credit 567 IAC 113.14(6)"c"		Postclosure	\$
307 17 123.1 1(0) 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 INC 113.14(0) C		Corrective Action	
		Closure 🗌	
Local Gov't. Financial Test 567 IAC 113.14(6)"f"		Postclosure 🗌	\$
307 IAC 113.14(0) 1		Corrective Action	
		Closure 🗌	
Corporate Guarantee 567 IAC 113.14(6)"g"		Postclosure 🗌	\$
307 IAC 113.14(0) g		Corrective Action	
Local Gov't Guarantee 567 IAC 113.14(6)"h"		Closure 🗌	
		Postclosure 🗌	\$
		Corrective Action	
		Closure 🗌	
Local Gov't. Dedicated Fund 567 IAC 113.14(6)"i"	03/31/1997	Postclosure 🔀	\$ 557,500
307 IAC 113.14(0) 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)	\$ 540,084	\$ 557,500	\$0	
Or				
Dedicated Fund Balance (see formula below)	\$	\$	\$	
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 \$557,500 - \$445,185 - \$28,691*= -83,624 (Overfunded)
	*Transfer Station closure cost from 2024 permit renewal

### **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: Kevin Nelson											
Agency/Entity: Woodbury County Area Solid Waste Agency											
Address: 2210 Ida Avenue											
City: Moville	State: IA	<b>\</b>	Zip: 51039								
Telephone: 712-873-3837	Fax: 712	-873-5837									
Email Address: salixmayor@gmail.com											
Signature of Official: Havin Relac	yn_	Date:	3/24/2025								

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

## SCS ENGINEERS

# Attachment A Post-closure Account Balance



CIF List
Woodbury County Area Solid Waste Agency
CIF:

Excluding Closed Accounts Without Related Total Deposits:\$809,489.33 Total Loans:\$0.00

Closing Date										
Relation				300						
Status		200								
Interest Rate	0.0000%	2.4000%	2,4000%	2.4000%	2,4000%	2.1500%	2.4000%	2.4000%	2,4000%	0.0000%
Maturity Date		01/22/2025	01/22/2025	01/22/2025	01/22/2025	09/10/2024	11/21/2024	08/24/2024	06/24/2025	
Addl Info	Kevin Nelson (2nd) Scott Linden (3rd)	PAYMENT DATE: 07/22/2024	PAYMENT DATE: 07/22/2024	PAYMENT DATE: 07/22/2024	PAYMENT DATE: 07/22/2024	PAYMENT DATE: 09/10/2024	Post Closure Funds (3rd) PAYMENT DATE: 11/21/2024	Post Closure Funds PAYMENT DATE: 08/24/2024	PAYMENT DATE:	
Amount	<sup>2a</sup> \$134,809.12	<sup>3a</sup> \$12,647,29	ea \$115,846.10	<sup>sa</sup> \$115,846.10	<sup>sa</sup> \$115,846.10	ea \$12,332.01	a \$141,159.16	<sup>:a</sup> \$43,823,25	a \$117,180.20	ia \$0.00
Name	Woodbury County Area Solid Waste Agency	Woodbury County Area Solid Waste Agency	Woodbury County Area Solid Waste Agency	Woodbury County Area Solid Waste Agency						
Type	Standard Business	CERTIFICATE	CERTIFICATE	CERTIFICATE	CERTIFICATE	CERTIFICATE	CERTIFICATE	CERTIFICATE	CERTIFICATE	CUSTOMER INFORMATION
빙	421039728	421039728	421039728	421039728	421039728	421039728	421039728	421039728	421039728	421039728
03/17/2025 Account	4965	546	549	252	\$55	723	299	725	£69 <b>3</b>	1728

UNITED BANK OF TOWN P.O. BOX 803 MOVILLE, IA 54039

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0.0000%

Woodbury County Area \$0.00 Solid Waste Agency Woodbury County Area Solid Waste Agency

Retall Inquiry Retail Inquiry

421039728

694 417

421039728

=557,500.01

1-12 of 12

Balances as of 6/30/24

Customer Service