

West Des Moines, IA

PROJECT: Hamilton Co, FY25 Env Comp, IA 27224356.25      DATE: 4/1/2025  
SUBJECT: Hamilton County Landfill - 40-SDP-02-75C- 2025 Financial Assurance Report      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	+1-515-415-9211

TO

NAME	COMPANY	EMAIL	PHONE
Mary.Klemesrud@dnr.iowa.gov		Mary.Klemesrud@dnr.iowa.gov	
Becky Jolly		becky.jolly@dnr.iowa.gov	

REMARKS: Good Morning Mary,

SCS Engineers, on behalf of the Hamilton County Solid Waste Commission, is submitting the attached 2025 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](mailto:icreech@scsengineers.com)

# Transmittal

DATE: 4/1/2025  
TRANSMITTAL ID: 00001

[www.scsengineers.com](http://www.scsengineers.com)

## DESCRIPTION OF CONTENTS

QTY	DATED	TITLE	NOTES
1	4/1/2025	Hamilton County Landfill - 40-SDP-02-75C- 2025 Financial Assurance Report 04.01.2025.pdf	

## COPIES:

Terry Klaver (Hamilton County Solid Waste Commission)  
Christine Collier (SCS Engineers)  
Ben Madson (SCS Engineers)  
Isaac Creech (SCS Engineers)

April 1, 2025  
File No. 27224523.25

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

Subject: 2025 Financial Assurance  
Hamilton County Sanitary Landfill (Closed)  
Permit Nos. 40-SDP-02-75C

Dear Mary:

SCS Engineers (SCS), on behalf of the Hamilton County Solid Waste Commission (Commission), is submitting herewith the 2025 Financial Assurance to the Iowa Department of Natural Resources (DNR) for the above-referenced facility. Attached is 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 # 110389) 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 values for the previous and current estimates are provided in the table below. The Hamilton County Sanitary Landfill currently has 14 years remaining of the 30-year stated post-closure period.

Estimate	2024	Inflation Factor	2025
Total Cost	\$257,168		\$245,798
Units	15		14
Annual Cost	\$17,145	1.024	\$17,557

The Commission's audit for 2024 is not yet available. Once completed, the audit will be published on the Iowa Auditor of State's website. In the meantime, Attachment A contains the post-closure account balance, which exceeds the 2025 calculated post-closure cost estimate.



Ms. Mary Klemesrud

April 1, 2025

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

Sincerely,



Clayton J. Davis, E.I.T  
Associate Professional  
SCS Engineers


CJD/CLC



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

copies: Terry Klaver, Hamilton County Sanitary Landfill

### Certification

	<p>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.</p> <p><i>Christine L. Collier</i> Christine L. Collier, P.E.</p> <p><small>Digitally signed by Christine L. Collier, P.E. Date: 2025.04.01 08:49:25 -05'00'</small></p>
	<p>Christine L. Collier <span style="float: right;">Date</span></p>
	<p>My license renewal date is: December 31, 2025 Pages or sheets covered by this seal: All except Attachment A</p>



# Municipal Solid Waste Sanitary Landfill Financial Assurance Report Form

## SECTION 1: FACILITY INFORMATION

(please print or type)

### Information Requested

Facility Name: Hamilton County Sanitary Landfill Permit Number: 40-SDP-02-75C  
Permitted Agency/Entity: Hamilton County Solid Waste Commission

## 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	\$ 245,798	3/17/2025
Initial or Updated Corrective Action Cost Estimate	\$	

\*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	N/A
Amount of waste disposed of at the facility during the prior fiscal year	N/A

## SECTION 4: PROOF OF COMPLIANCE

### Publicly Owned Municipal Solid Waste Landfills

(ATTACH AUDIT REPORT)

Owner's Most Recent Annual Audit Report

Prepared by: Cornwell, Frideres, Maher & Associates

For fiscal year ending: June 30, 2022

### 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”	1997	Closure <input type="checkbox"/> Postclosure <input checked="" type="checkbox"/> Corrective Action <input type="checkbox"/>	\$ 983,700

\*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>	\$ 983,700	\$ 983,700	\$ 0
<b>Or</b>			
Dedicated Fund Balance <i>(see formula below)</i>	\$	\$	\$
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

Closure	Postclosure \$245,798 - \$983,700 = -\$737,902 (Overfunded)
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**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: Mr. Terry Klaver Title: Manager

Agency/Entity: Hamilton County Solid Waste Commission

Address: 2005 McMurray Avenue

City: Webster City State: Iowa Zip: 50595

Telephone: 515-539-4420 Fax: 515-539-4423

Email Address: hamcosolidwaste@netins.net

Signature of Official:  Date: 3/26/25

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



Attachment A

Post-Closure Account Balance





To whom it may concern:

Below are the balances as of June 30, 2024, for the Hamilton County Solid Waste accounts at the Iowa Falls State Bank. Cherie Ferguson requested the information be emailed.

Transfer Station  
Closure Account

12 Month CD # [REDACTED]934 \$ 37,384.86

18 Month CD # [REDACTED]225 \$983,700.00

Money Market # [REDACTED]880 \$264,233.86

Post-closure  
Account

If you have any questions you may give me a call at 641-648-5171

*Blynda Petersen 3/18/25*

Blynda Petersen  
Operations Specialist