

West Des Moines, IA

PROJECT: Anderson Ex Co.,CY25 On-Call Support,IA 27225172.00 DATE: 4/2/2025

SUBJECT: Anderson Excavation Landfill CB - 78-SDP-04-89C - 2025 Financial Assurance 04.02.2025 TRANSMITTAL ID: 00001

PURPOSE: For your approval VIA: Info Exchange

FROM

NAME	COMPANY	EMAIL	PHONE
Christine Collier West Des Moines, IA	SCS Engineers	CCollier@scsengineers.com	+1-515-631-6161

TO

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

REMARKS: Mary -

Please find attached for download the 2025 Financial Assurance for the Anderson Excavation Landfill in Council Bluffs. If you have any questions regarding this submittal, please let me know.

Thank you
Christine

Christine L. Collier, P.E.
Project Manager
SCS Engineers
1690 All-State Court
West Des Moines, Iowa 50265
515-631-6161 (W)
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Transmittal

DATE: 4/2/2025
TRANSMITTAL ID: 00001

DESCRIPTION OF CONTENTS

QTY	DATED	TITLE	NOTES
1	4/2/2025	Anderson Excavation Landfill CB - 78-SDP-04-89C - 2025 Financial Assurance 04.02.2025.pdf	

COPIES:

Virginia Anderson (Anderson Excavating Company)
Isaac Creech (SCS Engineers)
Christine Collier (SCS Engineers)

April 2, 2025
File No. 27225172.00

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

Subject: 2025 Financial Assurance
Anderson Excavating Construction and Demolition Sanitary Landfill
Permit No. 78-SDP-04-89C

Dear Ms. Klemesrud:

SCS Engineers (SCS), on behalf of the Anderson Excavating Company, Inc., is pleased to submit the 2025 Financial Assurance for the Anderson Excavating Construction and Demolition Landfill (Landfill) to the Iowa Department of Natural Resources (DNR). We have included the completed DNR Form 542-8090 Construction and Demolition Sanitary Landfill Financial Assurance Report Form in addition to the attachments noted below.

The inflation factor was applied to the 2024 remaining closure items cost estimate (Doc# 109869) to determine the remaining closure items cost estimate for 2025. In order to incorporate the inflation factor and reduction of post-closure years, the 2024 post-closure cost estimate 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 Landfill currently has 21 years remaining of the 30-year stated post-closure period.

Estimate	2024	Inflation Factor	2025
Remaining Closure Items	\$21,174	1.024	\$21,682
Total Post-Closure Cost	\$505,761		\$494,361
Units	22		21
Annual Post-Closure Cost	\$22,989	1.024	\$23,541
Total			\$516,043

Attachment A includes the Landfill Owner's Affidavit signed by the President of Anderson Excavating Company, Inc. Attachment B includes a copy of the January 31, 2025 account statement from the cash account established in 2023 to fund the 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
SCS Engineers

IAC/CLC

cc: Mrs. Virginia Anderson, President, Anderson Excavating Company, Inc.

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> Digitally signed by Christine L. Collier, P.E. Date: 2025.04.02 23:16:48 -05'00'</p> <p>Christine L. Collier, P.E.</p>
	<p>Christine L. Collier Date</p> <p>My license renewal date is: December 31, 2025</p> <p>Pages or sheets covered by this seal: All except Attachments A and B</p>



Construction and Demolition Sanitary Landfill Financial Assurance Report Form

SECTION 1: FACILITY INFORMATION

(please print or type)

Information Requested

Facility Name: Anderson Excavating C&D Landfill Permit Number: 78-SDP-04-89C
Permitted Agency/Entity: Anderson Excavating Company, Inc.

SECTION 2: CLOSURE/POSTCLOSURE OR CORRECTIVE ACTION COST ESTIMATES

Information Requested	Cost Estimate	Date of Cost Estimate
Updated Closure Cost Estimate	\$ 21,682	3/3/2025
Updated Postclosure Cost Estimate	\$ 494,361	3/3/2025
Initial or Updated Corrective Action Cost Estimate	\$ NA	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 114.31(3)"c" for closure and 114.31(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	NA
Amount of waste disposed of at the facility during the prior year	NA

SECTION 4: PROOF OF COMPLIANCE

Publicly Owned Construction and Demolition Landfills

(ATTACH AUDIT REPORT)

Owner's Most Recent Annual Audit Report

Prepared by: NA

For fiscal year ending: NA

Privately Owned Construction and Demolition 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 114. 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 114.31(6)“a”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Surety Bond 567 IAC 114.31(6)“b”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Letter of Credit 567 IAC 114.31(6)“c”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Insurance 567 IAC 114.31(6)“d”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Corporate Financial Test 567 IAC 114.31(6)“e”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Local Gov’t. Financial Test 567 IAC 114.31(6)“f”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Corporate Guarantee 567 IAC 114.31(6)“g”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Local Gov’t Guarantee 567 IAC 114.31(6)“h”		Closure <input type="checkbox"/> Postclosure <input type="checkbox"/> Corrective Action <input type="checkbox"/>	\$
Local Gov’t. Dedicated Fund 567 IAC 114.31(6)“i”	2023	Closure <input checked="" type="checkbox"/> Postclosure <input checked="" type="checkbox"/> Corrective Action <input type="checkbox"/>	\$ 550,622

*Pursuant to IAC 567 114.31(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 114.31(8).

SECTION 6: INITIAL PROOF OF ESTABLISHMENT OF ACCOUNTS

Check Which Applies:

New Mechanism

Previously Submitted

Pursuant to IAC 567 Chapter 114.31(8)“f”, documentation of the establishment of accounts is to be submitted to the department by April 1, 2008 for currently permitted Construction and Demolition Sanitary Landfills. Permit holders for Construction and Demolition Sanitary Landfills permitted after April 1, 2008, shall submit documentation of the establishment of accounts prior to the Construction and Demolition Sanitary Landfill’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 114.31(6)“a” for trust funds or paragraph 114.31(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>	\$ 527,511	\$ 550,622	\$ 0
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 <p style="text-align: center;">\$516,043-\$550,622= -34,579 (Overfunded)</p>
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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 114.

Name of Official: Virginia Anderson Title: President

Agency/Entity: Anderson Excavating Company, Inc.

Address: 1920 Dorcas Street

City: Omaha State: Nebraska Zip: 68108

Telephone: (402) 345-8800 Fax: (402) 345-2420

Email Address: misspixie_64@yahoo.com

Signature of Official:  Date: 3/31/2025

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

Attachment A

Construction & Demolition Landfill Owner's Affidavit



MUNICIPAL SOLID WASTE SANITARY LANDFILL OWNER'S AFFIDAVIT

As the Owner and/or Operator of the Anderson Excavating Council Bluffs C&D Landfill, a privately owned municipal solid waste sanitary landfill, I certify that a yearly review has been performed by a certified public accountant to determine whether the landfill is in compliance with Iowa Administrative Code Chapter 114. Conclusions of the review and the steps taken to rectify any deficiencies identified by the accountant are listed below.

Date of Review: 4/1/25
Certifying Accountant: Kathleen Herrera
Company: Anderson Excavating
Conclusion(s) of the review: No. Deficiencies

Steps taken to rectify any deficiencies identified:

Signature: Virginia M. Anderson
Owner Name: Virginia M. Anderson **Date:** 4/1/25

Attachment B

Current Account Balance

Construction & Demolition Wastes Sanitary Landfill



RETURN SERVICE REQUESTED

ANDERSON EXCAVATING CO
LANDFILL CLOSURE & POST CLOSURE ACCT
7433 SAWYER BROWN RD
NASHVILLE TN 37209-5101

Managing Your Accounts

-  Customer Service (712)322-1700
-  Telephone Banking (800)260-8419
-  Mailing Address 117 Pearl Street
Council Bluffs, IA 51503
-  Online Banking www.availa.bank

Summary of Accounts

Account Type	Account Number	Ending Balance
PREMIER MONEY MARKET ACCOUNT	XXXX574	\$550,622.10

PREMIER MONEY MARKET ACCOUNT - XXXX574

Account Summary

Date	Description	Amount
01/01/2025	Beginning Balance	\$548,897.21
	1 Credit(s) This Period	\$1,724.89
	0 Debit(s) This Period	\$0.00
01/31/2025	Ending Balance	\$550,622.10

Interest Summary

Description	Amount
Annual Percentage Yield Earned	3.76%
Interest Days	31
Interest Earned Not Paid	\$0.00
Interest Paid This Period	\$1,724.89
Interest Paid Year-to-Date	\$1,724.89
Minimum Balance	\$548,897.21

Account Activity

Post Date	Description	Debits	Credits	Balance
01/01/2025	Beginning Balance			\$548,897.21
01/31/2025	Accr Earning Pymt Added to Account		\$1,724.89	\$550,622.10
01/31/2025	Ending Balance			\$550,622.10

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date	Previous year-to-date
Total Overdraft Fees	\$0.00	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00	\$0.00

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR CHECKING ACCOUNT

1 LIST YOUR OUTSTANDING CHECKS BELOW.

CHECK NUMBER	PAYEE	AMOUNT
		\$
TOTAL CHECKS OUTSTANDING (ENTER ON LINE 4)		\$

2 BALANCE YOUR ACCOUNT BELOW

1. STATEMENT BALANCE	\$
ADD	\$
2. DEPOSITS NOT CREDITED ON THIS STATEMENT	\$
	\$
3. SUBTOTAL	\$
4. SUBTRACT CHECKS OUTSTANDING	\$
5. BALANCE	\$
3	
CHECKBOOK BALANCE	\$
PLUS INTEREST	
LESS BANK CHARGES	\$
LESS STATE TAX	
CHECKBOOK BALANCE	\$

4 IF YOUR ACCOUNT DOES NOT BALANCE –

1. Compare cancelled checks to your statement.
2. Compare deposit receipts to your checkbook and statement.
3. Sort cancelled checks by check number or date issued, and compare to your checkbook.
4. Check all additions and subtractions in your checkbook.
5. Be sure that all bank charges have been deducted from your checkbook.
6. Be sure that any interest earned has been added to your checkbook.

5 REPORT ANY DIFFERENCE TO THE AUDITING DEPARTMENT.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS TELEPHONE US AT NUMBER SHOWN ON PAGE ONE

If you believe there is an error in a posting or if you have a question about an electronic entry on your statement, please help us to resolve it for you quickly by following these steps:

- 1) Telephone or write us at the number or address shown on page one at your earliest opportunity. We must hear from you no later than 60 days after we sent the first statement on which the error or problem appeared.
- 2) Tell us your name and account number.
- 3) Describe the transaction you are unsure about. Please explain as clearly as possible why you believe it is an error or what additional information you require.
- 4) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will research the questioned transaction and will tell you the results of our investigation within 10 business days after we hear from you. We will correct any error promptly.

If we need more time to complete our investigation, we may take up to 45 days to research your complaint or question. However, if we need this extra time, we will provisionally credit your account for the amount of the suspected error within 10 business days after we hear from you. You will have use of the money during the time it takes us to complete our investigation.

If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we are not required to provisionally credit your account.

If we decide there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

BILLING RIGHTS SUMMARY

WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT

If you think there is an error on your statement, write to us at:

Availa Bank
 126 West 6th St
 Carroll, IA 51401

In your letter, give us the following information:

- *Account Information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.