



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Materials Management Division

CLOSURE-POST-CLOSURE FINANCIAL ASSURANCE FORMS

(This information is required under the provisions of Part 115, Solid Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Providing false information may result in civil or criminal penalties.)

FACILITY AREA SUMMARY (FAS)

Table with 2 columns: LEGAL NAME OF FACILITY: MONTMORENCY-OSCODA-ALPENA LANDFILL and WDS NUMBER: 450267

Table with 3 columns: Item ID, Description, and Acres. Rows include Active Type II, Active Type III, Constructed Areas, Unconstructed Areas with and without assurance, and Previously Partially Closed Areas.

| | | | | |
|--|---|----------|--------------|--------------------|
| 7. | Isolation and Ancillary Area(s) Areas that have not and will not receive waste. Includes areas used for isolation, access roads, equipment storage, areas for soil borrow, etc. Isolation area per license | SUBTOTAL | 17 | acres |
| 8. | Other Active Disposal Areas (i.e., PTF) Only include acreage if not accounted for elsewhere. None | SUBTOTAL | | acres |
| Closed Portion(s): To be a closed portion, a final cover must be in place, a final cover must be properly certified, and certification must be approved by MMD. | | | | |
| 9. | Pre-Existing Type II (MSW) Unit(s) Any landfill which was licensed pursuant to the provisions of Part 115 but did not receive waste after October 9, 1993. Identify Specific Cells/Areas/Trenches 1,2,3 and 4 | SUBTOTAL | 18.14 | acres |
| 10. | Existing Type II (MSW) Unit(s) Any landfill unit that received solid waste as of October 9, 1993, but was certified closed by April 9, 1997. None | SUBTOTAL | | acres |
| 11. | Existing Type II (MSW) Unit(s) Any landfill unit that received solid waste as of October 9, 1993, but was certified closed after April 9, 1997. None | SUBTOTAL | | acres |
| 12. | Other Inactive Disposal Areas (e.g., Act 87 units). None | SUBTOTAL | | acres |
| Facility Area NOTE: This area is the entire property and should equal the total of Items 1 – 12 above. | | | TOTAL | 86.06 acres |

| | |
|---|---|
| PREPARER'S SIGNATURE: <u><i>Connie Gerrie</i></u> | DATE: <u>8-1-2024</u> |
| TYPED or PRINTED NAME: <u>Connie Gerrie</u> | |
| TITLE: <u>Administrator</u> | |
| Telephone: <u>(989) 785-6500</u> | E-mail: <u>moalandfill@frontier.com</u> |

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.

FORM A FINANCIAL ASSURANCE REQUIRED¹

| | |
|--|------------------------------|
| LEGAL NAME OF FACILITY: MONTMORENCY-OSCODA-ALPENA LANDFILL | WDS NUMBER: 450267 |
|--|------------------------------|

Reason for Submittal:

| | |
|---|--|
| <input type="checkbox"/> License Application | <input checked="" type="checkbox"/> Annual Financial Assurance Cost Adjustment |
| <input type="checkbox"/> Reduction in Financial Assurance | <input type="checkbox"/> Release in Financial Assurance |

| FINANCIAL ASSURANCE REQUIRED | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|-------------|-----------------------|-------------|-----------------------|-----------|---------------------|--------|----|--|-------------|----|-------------|----|--|--|------|----|
| 1. | Total Acreage of Pre-existing Type II Unit(s): (from FAS line 9): ² | | 18.14 acres | | | | | | | | | | | | | | | |
| 2. | Date Pre-existing Unit(s) stopped receiving waste: ³ | | 1991 | | | | | | | | | | | | | | | |
| 3. | Year Pre-existing Unit(s) Certified Closed: | | 1991 | | | | | | | | | | | | | | | |
| 4. | Bonding for Pre-existing Unit(s) (line 1 x \$20,000) (Maximum Bond Amount of \$2,000,000, minimum of \$20,000): | | \$362,800.00 | | | | | | | | | | | | | | | |
| 5. | Total Acreage Existing Type II that received waste after October 9, 1993, but certified closed by April 9, 1997. (FAS line 10): ² | | 0 acres | | | | | | | | | | | | | | | |
| 6. | Year existing Type II certified closed: | | N/A | | | | | | | | | | | | | | | |
| 7. | Bonding for certified closed units. (Line 5 x \$20,000) (Max Bond Amount of \$2,000,000, min of \$20,000): | | \$0.00 | | | | | | | | | | | | | | | |
| 8. | Total Acreage of Type III Landfill Unit(s): (FAS lines 1b + 5b + 6c): ² | | 0 acres | | | | | | | | | | | | | | | |
| 9. | Bonding Type III Landfills (line 8 x \$20,000) (Max Bond Amount of \$2,000,000, min of \$20,000): | | \$ 0.00 | | | | | | | | | | | | | | | |
| 10. | <p>Current Balance of Perpetual Care Fund (PCF)</p> <p>If acreage is identified in lines 1, 5, or 8, the facility is required to maintain a PCF.³</p> <p>If acreage is identified in lines 1, 5, or 8, enter the current PCF account balance and attach a current statement.</p> <p>If a PCF is not required, enter \$0.00 in lines 10a, 10b, and 11.</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Financial Institution</th> <th style="width: 15%;">Account #</th> <th style="width: 10%;">Type^{4 5}</th> <th style="width: 20%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a.</td> <td style="padding: 5px;">Fidelity-Old Mission Investment Co., LLC</td> <td style="padding: 5px;">636-3257426</td> <td style="padding: 5px;">EA</td> <td style="padding: 5px;">\$55,370.86</td> </tr> <tr> <td style="padding: 5px;">b.</td> <td></td> <td></td> <td style="padding: 5px;">TYPE</td> <td style="padding: 5px;">\$</td> </tr> </tbody> </table> | | | | Financial Institution | Account # | Type ^{4 5} | Amount | a. | Fidelity-Old Mission Investment Co., LLC | 636-3257426 | EA | \$55,370.86 | b. | | | TYPE | \$ |
| | Financial Institution | Account # | Type ^{4 5} | Amount | | | | | | | | | | | | | | |
| a. | Fidelity-Old Mission Investment Co., LLC | 636-3257426 | EA | \$55,370.86 | | | | | | | | | | | | | | |
| b. | | | TYPE | \$ | | | | | | | | | | | | | | |
| 11. | Total Perpetual Care Fund Balance (10a + 10b) | | \$55,370.86 | | | | | | | | | | | | | | | |
| 12. | Bonding for Processing and Transfer Facility (\$20,000): | | \$0.00 | | | | | | | | | | | | | | | |
| 13. | Closure Cost Estimate (Form B, line 25): | | \$4,712,763.60 | | | | | | | | | | | | | | | |
| 14. | Post-Closure Cost Estimate (Form C, line 35): | | \$3,118,216.91 | | | | | | | | | | | | | | | |
| 15. | Corrective Action Cost Estimate (Form D, line 11): | | \$0.00 | | | | | | | | | | | | | | | |
| 16. | Other Required Financial Assurance: | | \$0.00 | | | | | | | | | | | | | | | |
| 17. | Total Financial Assurance Required (lines 4 + 7 + 9 + 11 + 12 + 13 + 14 + 15 + 16): | | \$8,249,151.37 | | | | | | | | | | | | | | | |

¹ This form may be used to request a reduction in the approved cost estimates and corresponding financial assurance.

² May elect to be subject to 11523a calculations. If choosing 11523a, acreages should be included in Form C, Line 16.

³ Units that stopped receiving waste before June 15, 1990, may not be subject to the PCF requirement.

⁴ Bond types include surety bond (SB), certificate of deposit (CD), irrevocable letter of credit (LOC), trust fund (TF), and escrow account (EA).

⁵ Insurance may not be used for corrective action.

| FINANCIAL ASSURANCE PROVIDED | | | | |
|-------------------------------------|--|-------------|------------------------------|--|
| 18. | Existing Bond(s): | | | |
| | Financial Institution | Account # | Type ⁶ | Amount |
| | a. State of Michigan-Fund 1595 | 5607 | CB | \$362,800.00 |
| | b. | | TYPE | \$ |
| | c. | | TYPE | \$ |
| | d. | | TYPE | \$ |
| | e. | | TYPE | \$ |
| 19. | New Bond(s) to this application: | | | |
| | Financial Institution | Account # | Type ⁶ | Amount |
| | a. | | TYPE | \$ |
| | b. | | TYPE | \$ |
| 20. | Total of Bonds (lines 18a + 18b + 18c + 18d + 18e + 19a + 19b): | | | \$362,800.00 |
| 21. | Current Balance of Perpetual Care Fund [PCF] (Attach current statement) | | | |
| | Financial Institution | Account # | Type ⁷ | Amount |
| | a. Fidelity-Old Mission Investment Co., LLC | 636-3257426 | EA | \$3,267,644.65 |
| | b. | | TYPE | \$ |
| 22. | Total Perpetual Care Fund Balance (21a + 21b) | | | \$3,267,644.65 |
| 23. | Current Balance of Landfill Care Fund [LCF] (Bonds that fund the LCF should be listed here.) | | | |
| | Financial Institution | Account # | Type | Amount |
| | a. | | TYPE | \$ |
| | b. | | TYPE | \$ |
| | c. | | TYPE | \$ |
| 24. | Total Landfill Care Fund Balance (23a + 23b + 23c): | | | \$0.00 |
| 25. | Financial Test (Attach documentation) | | | |
| | May not exceed 0.70 x (lines 12 + 13 + 14 + 15 + 16): ⁸ | | | \$4,618,706.72 |
| 26. | Bond(s) to be Reduced/Released (Will not count toward financial assurance requirement) | | | |
| | Financial Institution | Account # | Type ⁶ | Amount |
| | a. | | TYPE | \$ |
| | b. | | TYPE | \$ |
| | c. | | TYPE | \$ |
| | d. | | TYPE | \$ |
| | e. | | TYPE | \$ |
| 27. | Total of Bonds to be Reduced/Released (lines 26a + 26b + 26c + 26d + 26e): | | | \$ |
| 28. | Total Financial Assurance (lines 20 + 22 + 24 + 25 - 27): | | | \$8,249,151.37 |
| 29. | Are all units on the same closure schedule? If no, attach a separate summary sheet. | | | |
| | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

⁶ Bond types include surety bond (SB), certificate of deposit (CD), cash bond (CB), irrevocable letter of credit (LOC), insurance (INS), trust fund (TF), and escrow account (EA).

⁷ Bond types include surety bond (SB), certificate of deposit (CD), irrevocable letter of credit (LOC), trust fund (TF), and escrow account (EA).

⁸ Type III Landfills and pre-existing units may NOT provide financial assurance by way of financial test.

| | |
|---|---|
| PREPARER'S SIGNATURE: <u><i>Connie Gerrie</i></u> | DATE: <u>8-1-2024</u> |
| TYPED or PRINTED NAME: <u>Connie Gerrie</u> | |
| TITLE: <u>Administrator</u> | |
| Telephone: <u>(989) 785-6500</u> | E-mail: <u>moalandfill@frontier.com</u> |

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FORM B CLOSURE COST ESTIMATE

| | |
|--|------------------------------|
| LEGAL NAME OF FACILITY: MONTMORENCY-OSCODA-ALPENA LANDFILL | WDS NUMBER: 450267 |
|--|------------------------------|

| CELL OR UNIT DESCRIPTION (You may complete a separate Form B for each unit or cell.) | |
|---|---|
| ACREAGE OF UNIT(S) | |
| 1. | Acres of Active Fill Area (FAS line 1a.): 31.45 acres |
| 2. | Acres Newly Certified for Waste Receipt (FAS line 2): 0 acres |
| 3. | Acres to be Certified during this License Period (FAS line 3): 3.41 acres |
| 4. | Acres of unclosed Type II (MSW) Area(s) at final grade (FAS line 5a): 0 acres |
| 5. | Total Active Acreage (lines 1 + 2 + 3 + 4): 34.86 acres |
| 6. | Acres Previously Partially Closed (FAS line 6a): 10 acres |
| 7. | Acres Partially Closed with this Submittal (FAS line 6b): 0 acres |
| 8. | Total Acreage Partially Closed (lines 6 + 7): 10 acres |
| 9. | Total Acreage without permitted PASSIVE gas system installed: 23.64 acres |
| 10. | Total acreage without permitted ACTIVE gas collection and control system installed: NA acres |
| 11. | Maximum Certified Interior Waste Slope (25% = 0.25): 0.20 |
| 12. | Partial Closure Cost Factor: If line 11 ≤ 0.25, enter 0.2, if line 11 is > 0.25, enter (line 11 – 0.05) 0.2 |
| CLOSURE COST ESTIMATE | |
| 13. | Base Closure Cost Per Acre: \$40,000.00 |
| 14. | Supplemental Costs (\$40,000.00 If Synthetic Cover Liner (SCL) is required): If SCL is required, enter \$40,000. If SCL is not required, enter \$0. \$40,000.00 |
| 15. | \$10,000/Acre if Low Permeability Soil is not on Site or if Bentonite Geosynthetic Clay Liner (GCL) is Used: If soil is to be used and is not on site or if GCL is used, enter \$10,000. If soil is on site and GCL will not be used, enter \$0. \$10,000.00 |
| 16. | Total Closure Cost Estimate per Acre (lines 13 + 14 + 15): \$90,000.00 |
| 17. | Active Area Closure Cost (line 5 x line 16): \$3,137,400.00 |
| 18. | Closure Cost for Partially Closed Areas (lines 8 x 16 x 12): \$180,000.00 |
| 19. | \$9,000/Acre for PASSIVE Gas Collection System (\$9,000 x line 9): \$212,760.00 |
| 20. | \$15,000/Acre for ACTIVE Gas Collection and Control System (\$15,000 x line 10) \$0.00 |
| 21. | Base Year Closure Cost (lines 17 + 18 + 19 + 20): \$3,530,160.00 |
| 22. | Inflation Index for Current Year: 542 |
| 23. | Base Year Inflation Index (2018): 406 |
| 24. | Inflation Adjustment Factor (lines 22 ÷ 23) (Use only 4 significant digits): 1.335 |
| 25. | Closure Cost Estimate Adjusted for Inflation (lines 24 x 21) Enter here and on Form A, line 13: \$4,712,763.60 |

PREPARER'S

SIGNATURE:



DATE:

8/1/2024

TYPED or PRINTED NAME: Connie Gerrie

TITLE: Administrator

Telephone: (989) 785-6500

E-mail: moalandfill@frontier.com

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FORM C POST-CLOSURE COST ESTIMATE

| | |
|--|------------------------------|
| LEGAL NAME OF FACILITY: MONTMORENCY-OSCODA-ALPENA LANDFILL | WDS NUMBER: 450267 |
|--|------------------------------|

CELL OR UNIT DESCRIPTION:
(You may complete a separate Form C for each unit or cell.)

AREAS NOT FINAL CLOSED

| | Description of Area(s) Not Final Closed | |
|----|--|-------------|
| 1. | Total Active Acreage (Form B, line 5): | 34.86 acres |
| 2. | Total Acreage Partially Closed (Form B, line 8): | 10 acres |
| 3. | Total Acreage not Final Closed (lines 1 + 2): | 44.86 acres |
| 4. | Acres not final closed that have active gas collection that are subject to 40 CFR Part 60: | 0 acres |
| 5. | Acres not final closed that have active gas collection that are not subject to 40 CFR Part 60: | 0 acres |
| 6. | Acres not final closed that have/will have a passive gas collection system: | 44.86 acres |

BASE YEAR POST-CLOSURE COST ESTIMATE OF AREAS NOT FINAL CLOSED

| | | |
|-----|--|-----------------------|
| 7. | Cover Maintenance (line 3 x \$400 x 30): | \$538,320.00 |
| 8. | Leachate Disposal Cost (line 3 x \$400 x 30): | \$538,320.00 |
| 9. | Leachate Transportation Cost (line 3 x \$4,000 x 30): If there is a direct sewer connection for leachate, record \$0) | \$0.00 |
| 10. | Active Gas Collection and Control System Maintenance (Subject to 40 CFR Part 60) (line 4 x \$900 x 30) | \$0.00 |
| 11. | Active Gas Collection and Control System Maintenance (Not Subject to 40 CFR Part 60) (line 5 x \$500 x 30) | \$0.00 |
| 12. | Passive Gas Collection System Maintenance (line 6 x \$35 x 30): | \$47,103.00 |
| 13. | Groundwater (GW) Monitoring [19 (# of wells) x \$2,000 x 30]: | \$1,140,000.00 |
| 14. | Gas Monitoring [12 (# of probes) x \$200 x 30]: | \$72,000.00 |
| 15. | Post-Closure Cost Estimate (lines 7 + 8 + 9 + 10 + 11 + 12 + 13 + 14): | \$2,335,743.00 |

BASE YEAR POST-CLOSURE COST OF AREAS FINAL CLOSED⁹

| | Description of Unit(s) Final Closed | |
|-----|---|---------|
| 16. | Closed Acreage (Existing and New): (FAS line 11) | 0 acres |
| 17. | Year Final Closure was Certified: | NA |
| 18. | Years Remaining in Post-Closure [30 – (current year – line 17)]: | NA |
| 19. | Acres final closed with active gas collection that are subject to 40 CFR Part 60: | 0 acres |
| 20. | Acres final closed with active gas collection that are not subject to 40 CFR Part 60: | 0 acres |
| 21. | Acres final closed that have a passive gas collection system: | 0 acres |

BASE YEAR POST-CLOSURE COST ESTIMATE

| | | |
|-----|---|--------|
| 22. | Cover Maintenance (line 16 x \$400 x line 18): | \$0.00 |
| 23. | Leachate Disposal Cost (line 16 x \$400 x line 18): | \$0.00 |

⁹ Must meet the requirements under 11523a(5)(c).

| | | |
|-----|--|-----------------------|
| 24. | Leachate Transportation Cost (line 16 x \$4,000 x line 18): If there is a direct sewer connection for leachate, record \$0) | \$0.00 |
| 25. | Active Gas collection and Control System Maintenance (Subject to 40 CFR Part 60) (line 19 x \$900 x line 18): | \$0.00 |
| 26. | Active Gas Collection and Control System Maintenance (Not Subject to 40 CFR Part 60) (line 20 x \$500 x line 18): | \$0.00 |
| 27. | Passive Gas Collection System Maintenance (line 21 x \$35 x line 18): | \$0.00 |
| 28. | GW Monitoring [(# of wells) x \$2,000 x line 18]: (Monitoring wells required in line 13 are not to be included) | \$0.00 |
| 29. | Gas Monitoring [(# of points) x \$200 x line 18]: (Monitoring points included in line 14 are not to be included) | \$0.00 |
| 30. | Base Cost Estimate (lines 22 + 23 + 24 + 25 + 26 + 27 + 28 + 29): | \$0.00 |
| 31. | Total Base Year Post-Closure Cost (lines 15 + 30): | \$2,335,743.00 |
| 32. | Inflation Index for Current Year: | 542 |
| 33. | Base Year Inflation Index (2018): | 406 |
| 34. | Inflation Adjustment Factor (lines 32 ÷ 33) (use only 4 significant figures): | 1.335 |
| 35. | Post-Closure Cost Estimate Adjusted for Inflation (lines 34 x 31): Enter here and on Form A, line 14. | \$3,118,216.91 |

| | |
|--|---|
| PREPARER'S SIGNATURE: <u><i>Connie Gerrie</i></u> | DATE: <u>8-1-2024</u> |
| TYPED or PRINTED NAME: <u>Connie Gerrie</u> | |
| TITLE: <u>Administrator</u> | |
| Telephone: <u>(989) 785-6500</u> | E-mail: <u>moalandfill@frontier.com</u> |

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