

FORM A

FINANCIAL ASSURANCE REQUIRED¹

LEGAL NAME OF FACILITY: Montmorency-Osoda-Alpena Landfill			WDS ID NUMBER: 450267
Reason for Submittal:			
<input checked="" type="checkbox"/> Annual Financial Assurance Cost Adjustment <input type="checkbox"/> Reduction in Cost Estimate <input type="checkbox"/> Release in Cost Estimate			
FACILITY CLOSURE COST ESTIMATE			
1.	Total Acreage of Pre-existing Type II Unit(s):	18.14 acres	
2.	Year Pre-existing Unit(s) Certified Closed	1991	
3.	Bonding for Pre-existing Unit(s) (line 1 x \$20,000) (Maximum Bond Amount of \$1,000,000, minimum of \$20,000)		\$362,800.00
4.	Total Acreage of Type III Landfill Unit(s):	0 acres	
5.	Bonding Type III Landfills (line 4 x \$20,000) (Max Bond Amount of \$1,000,000)		\$0
6.	Construction Cost for Transfer Facility or Processing Plant	\$0	
7.	Bonding for Transfer Facility or Processing Plant (line 6 x 0.0025) Minimum of \$4,000)		\$0
8.	Closure Cost Estimate (Form B, line 21):	\$4,207,612.50	
9.	Post-Closure Cost Estimate (Form C, line 23):	\$5,431,321.35	
10.	Corrective Action Cost Estimate (Form D, line 10):	\$0	
11.	Other required Financial Assurance:	\$0	
12.	Total Cost Estimate (lines 3 + 5 + 7 + 8 + 9 + 10 + 11):		\$10,001,733.85
FINANCIAL ASSURANCE PROVIDED			
13.	Existing Bond(s) to be used during licensing period (Submit evidence of continuation if applicable):		
	Financial Institution Name(s) (List on separate sheet if needed)	Amount(s)	Type(s) ² Account Number(s)
a.		\$	
b.		\$	
14.	New Bond(s) to this application:		
	Financial Institution Name(s) (List on separate sheet if needed)	Amount(s)	Type(s) ² Account Number(s)
a.		\$	
b.		\$	
15.	Total of Bonds (lines 13a through 13b + lines 14a through 14b):		\$
16.	Current Balance of Perpetual Care Fund (Attach current statement)		
	Financial Institution Name(s) (List on separate sheet if needed)	PCF Account #(s)	PCF Amount(s)
a.	Fidelity Investments (Old Mission Investment Co, LLC)	636-325426	\$3,075,678.66
b.			\$
17.	Total Perpetual Care Fund Balance		\$3,075,678.66
18.	Financial Assurance by-way of a Financial Test (Attach documentation) May not exceed 0.70 x (lines 8 + 9 + 10) <i>NOTE: Type III landfills may NOT provide financial assurance using this and should enter 0.</i>		
			\$6,926,055.19
19.	Total Financial Assurance (lines 15 + 17 + 18):		\$ 10,001,733.85
20.	Bond(s) to be Reduced/Released (i.e. will not count toward financial assurance requirement)		
	Financial Institution Name(s)	Amount(s)	Type(s) ³ Account Number(s)
a.		\$	
b.		\$	
21.	Are all units on the same closure schedule? If No, attach a separate summary sheet. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Preparer's Signature: _____ Date: 07/27/2022
 Typed or Printed Name: Connie Gerrie Title: Administrator
 Telephone: Office: 989-785-6500 Cell: 989-306-2613 Fax: 989-785-6529 E-mail: moalandfill@frontier.com

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

² Insurance may not be used to cover corrective action costs.

³ Bond types include surety bond, certificate of deposit, cash bond, irrevocable letter of credit, insurance, trust, fund, and escrow account.

FORM B **CLOSURE COST ESTIMATE^{4 5}**

LEGAL NAME OF FACILITY: Montmorency-Osoda-Alpena Landfill	WDS ID NUMBER: 450267
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CELL OR UNIT DESCRIPTION (NOTE: You may complete a separate Form B for each unit or cell.)			
AREA OF UNIT(S)			
1.	Acres of Active Fill Area:	31.45	acres
2.	Acres Newly Certified for Waste Receipt:		acres
3.	Acres to be Certified during this License Period:		acres
4.	Total Active Acreage (lines 1 + 2 + 3):		31.45 acres
5.	Acres Previously Partially Closed:	10	acres
6.	Acres Partially Closed with this Submittal:	0	acres
7.	Total Acreage Partially Closed (lines 5 + 6):		10 acres
8.	Maximum Certified Interior Waste Slope (25% = 0.25):	0.33	
9.	Partial Closure Cost Factor: <i>If line 8 ≤ 0.25, enter 0.2</i> <i>If line 8 is > 0.25, enter (line 8 – 0.05)</i>		0.28
CLOSURE COST ESTIMATE			
10.	Base Closure Cost Per Acre:	\$20,000.00	
11.	Supplemental Costs (\$20,000 If Flexible Membrane Liner (FML) is required: <i>If FML is required, enter \$20,000</i> <i>If FML is not required, enter \$0.</i>	\$20,000.00	
12.	\$5,000/Acre if Low Permeability Soil is not on Site or if Bentonite Geosynthetic Clay Liner (GCL) is Used: <i>If soil is to be used and is not on site or if GCL is to be used, enter \$5,000</i> <i>If soil is on site and GCL will not be used, enter \$0.</i>	\$5,000.00	
13.	\$5,000/Acre for Passive Gas Collection System: <i>If active gas is installed, enter \$0.</i>	\$5,000.00	
14.	Total Closure Cost Estimate per Acre (lines 10 + 11 + 12 + 13):		\$50,000.00
15.	Active Area Closure Cost (line 4 x line 14):	\$1,572,500.00	
16.	Closure Cost for Partially Closed Areas (lines 7 x 14 x 9):	\$140,000.00	
17.	Base Year Closure Cost (lines 15 + 16):		\$1,712,500.00
18.	Inflation Index for Current Year:	511	
19.	Base Year Inflation Index (1996):	208	
20.	Inflation Adjustment Factor (lines 18 ÷ 19):		2.457
21.	Closure Cost Estimate Adjusted for Inflation (lines 20 x 17): <i>Enter here and on Form A, line 8</i>		\$4,207,612.50

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⁴ This form may also be used for annually adjusting the financial cost estimates and corresponding amount of financial assurance.

⁵ This form is applicable for Type II Solid Waste Landfills only; Type III Landfills, Transfer Facilities, and Processing Plants need not submit.

FORM C POST-CLOSURE COST ESTIMATE^{6 7}

LEGAL NAME OF FACILITY: Montmorency-Oscoda-Alpena Landfill	WDS ID NUMBER: 450267
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CELL OR UNIT DESCRIPTION:

(NOTE: 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 4):	31.45	acres
2.	Total Acreage Partially Closed (Form B, line 7):	10	acres
3.	Total Acreage not Final Closed (lines 1 + 2):	41.45	acres

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

4.	Cover Maintenance (line 3 x \$200 x 30):	\$248,700.00	
5.	Leachate Disposal Cost (line 3 x \$100 x 30):	\$124,350.00	
6.	Leachate Transportation Cost (line 3 x \$1,000 x 30): <i>If there is a direct sewer connection for leachate, record \$0</i>	\$1,243,500.00	
7.	Groundwater (GW) Monitoring [18 (# of wells) x \$1,000 x 30]:	\$540,000.00	
8.	Gas Monitoring [18 (# of wells) x \$100 x 30]:	\$54,000.00	
9.	Post Closure Cost Estimate (lines 4 + 5 + 6 + 7 + 8):	\$2,210,550.00	

BASE YEAR POST-CLOSURE COST OF AREAS FINAL CLOSED

AREAS FINAL CLOSED

	Description of Unit(s) Final Closed		
10.	Closed Acreage (Existing and New):		acres
11.	Year Final Closure was Certified:		
12.	Years Remaining in Post-Closure [30 – (current year – line 11)]:		

Base Year Post-Closure Cost Estimate

13.	Cover Maintenance (line 10 x \$200 x line 12):	\$	
14.	Leachate Disposal Cost (line 10 x \$100 x line 12):	\$	
15.	Leachate Transportation Cost (line 10 x \$1,000 x line 12): <i>If there is a direct sewer connection for leachate, record \$0</i>	\$	
16.	GW Monitoring [(# of wells) x \$1,000 x line 12]: <i>Monitoring wells required in line 7 are not to be included.</i>	\$	
17.	Gas Monitoring [(# of points) x \$100 x line 12]: <i>Monitoring points included in line 8 are not to be included.</i>	\$	
18.	Base Cost Estimate (lines 13 + 14 + 15 + 16 + 17):	\$	
19.	Total Base Year Post-Closure Cost (lines 9 + 18):		\$2,210,550.00
20.	Inflation Index for Current Year:	511	
21.	Base Year Inflation Index (1996):	208	
22.	Inflation Adjustment Factor (lines 20 ÷ 21):		2.457
23.	Post-Closure Cost Estimate Adjusted for Inflation (lines 22 x 19): <i>Enter here and on Form A, line 9.</i>		\$5,431,321.35

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⁷ This form is applicable for Type II Solid Waste Landfills only; Type III Landfills, CCR Facilities, Transfer Facilities, and Processing Plants need not submit.

FORM D **CORRECTIVE ACTION COST ESTIMATE^{8 9}**

LEGAL NAME OF FACILITY:			WDS ID NUMBER:	
CORRECTIVE ACTION COST ESTIMATE				
1.	Base Year Corrective Action Cost Estimate (Attach estimate):	\$		
2.	Base Year of Estimate:			
3.	Inflation Index for Current Year:			
4.	Base Year Inflation Index:			
5.	Inflation Adjustment Factor (lines 3 ÷ 4):			
6.	Corrective Action Cost Estimate Adjusted for Inflation (lines 1 x 5):	\$		
CORRECTIVE ACTION PERFORMANCE CREDIT				
7.	List Duties Performed and Associated Expenditures (current dollars)			
a.	_____	\$		
b.	_____	\$		
c.	_____	\$		
d.	_____	\$		
e.	_____	\$		
f.	_____	\$		
8.	Total Performance Credit (lines 7a through 7f in current dollars):	\$		
CORRECTIVE ACTION PERFORMED THROUGH OTHER AUTHORIZATION				
9.	List Duties Performed and Associated Expenditures (current dollars)			
a.	_____	\$		
b.	_____	\$		
c.	_____	\$		
d.	_____	\$		
e.	_____	\$		
10.	Total Performance Credit (lines 9a through 9e in current dollars):	\$		
REVISED CORRECTIVE ACTION COST				
11.	Current Cost of Corrective Action (lines 6 – 8 – 10): <i>Enter here and on Form A, line 10.</i>	\$		

Preparer's Signature: _____ Date: _____
 Typed or Printed Name: _____ Title: _____
 Telephone: Office: _____ Cell: _____ Fax: _____ E-mail: _____

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

⁸ This form may also be used for annually adjusting the financial cost estimates and corresponding amount of financial assurance.

⁹ This form is applicable for Type II Solid Waste Landfills, Type III Landfills, and CCR facilities only; Transfer Facilities, and Processing Plants need not submit.