



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)

Instructions

This form is to be completed by facilities that were issued an operating license between March 29, 2023, and March 29, 2025. This form may not be used as a replacement for EQP5507 License to Operate a Solid Waste Disposal Area Application but may be used for annual inflation adjustments.

Facility Information

Legal Facility Name: Montmorency-Oscoda-Alpena Landfill WDS #: 450267

Legal Operator/Applicant Name: Connie Gerrie

Line	Area/Unit Description	Acres
1a.	Active Type II areas not at final grade. Cell 6; Cell A Phase I, II, III; Cell B Phase I, II, III	31.45
1b.	Active Type III areas not a final grade. None	0
2.	Constructed areas certified with the application. Construction certification must be included with the application. None	0
3.	Unconstructed areas with financial assurance. Intended to be constructed during this license period. Cell C, Phase I	3.41
4.	Unconstructed areas without financial assurance. Permitted but unconstructed and no plan to construct during this license period. Cell C, Phase II, III	6.06
5a.	Unclosed Type II areas at final grade. Area at final grade but has not received a final cover. None	0
5b.	Other Type III areas subject to financial assurance. Includes unclosed areas at final grade. None	0
6a.	Previously partially closed areas. Portion of a unit that had final cover certified prior to this application. Cell 5	10
6b.	Partially closed areas with this submittal. Portion of a unit that will certify final cover with this application. None	0
6c.	Other Type III areas subject to financial assurance - Closed areas. None	0

Line	Area/Unit Description	Acres
7.	Isolation and ancillary areas. 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	17
8.	Other active disposal areas (i.e., PTF) Only include acreage if not accounted for elsewhere. None	0

Detailed Facility Description

Active Portions

To be an active portion, it must have been included in the previous license as active, a constructed area certified with the previous application, or an unconstructed area with financial assurance that was both constructed and certified during the previous license period.

This format should be used to describe the following individual areas: area identifier, acreage, date certified closed.

Closed Portions:

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.

Line	Area/Unit Description	Acres
9.	Pre-Existing Type II units. 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 & 4	18.14
10.	Existing Type II units. Any landfill unit that received solid waste as of October 9, 1993, but was certified closed by April 9, 1997. None	0
11.	Existing Type II units Any landfill unit that received solid waste as of October 9, 1993, but was certified closed after April 9, 1997. Other Inactive Disposal Areas (e.g., Act 87 units). None	0
12.	Other Inactive Disposal Areas (e.g., Act 87 units). None	0
13.	Facility Area. This area is the entire property and should equal the total of Items 1-12 above.	86.06

Applicant Signature

Preparer's

Signature: Connie Gerrie

Date: 08/13/2025

Typed or Printed Name: Connie Gerrie

Title: Administrator

Telephone: (989) 785-6500 E-mail: moalandfill@frontier.com

Form A Financial Assurance Required¹

Facility Information

Legal Facility Name: Montmorency-Oscoda-Alpena Landfill

WDS #: 450267

Legal Operator/Applicant Name: Connie Gerrie

Reason for Submittal

☒ Annual Financial Assurance Cost Adjustment

☐ Reduction in Financial Assurance

☐ Release in Financial Assurance

Financial Assurance Required

Line	Line Description			Value
1.	Total acreage of pre-existing Type II units: (from FAS line 9): ²			18.14 acres
2.	Date pre-existing units stopped receiving waste: ³			1991
3.	Year pre-existing units certified closed:			1991
4.	Bonding for pre-existing units. Maximum bond amount of \$2,000,000, minimum of \$20,000 (line 1 x \$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. Maximum Bond Amount of \$2,000,000, minimum of \$20,000. (Line 5 x \$20,000)			\$0.00
8.	Total acreage of Type III landfill units that stopped receiving waste prior to March 29, 2023. (FAS lines 1b + 5b + 6c): ²			0 acres
9.	Bonding Type III landfills. Maximum Bond Amount of \$2,000,000, minimum of \$20,000. (line 8 x \$20,000):			\$0.00
10.	Required balance of perpetual care fund (PCF) If acreage is identified in lines 1, 5, or 8, the facility is required to maintain a PCF. ³ If acreage is identified in lines 1, 5, or 8, enter the balance of the PCF at the time of closure and attach a statement.			
Line	Financial Institution	Account #	Type ⁴	Amount
10a.	Fidelity-Old Mission Investment Co., LLC	636-3257426	EA	\$55,370.86
10b.				\$

Line	Line Description	Value
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):	\$4,825,728.72
14.	Post-closure cost estimate (Form C, line 35):	\$3,192,960.68
15.	Corrective action cost estimate (Form D, line 11):	\$0.00

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), irrevocable letter of credit (LOC), escrow account (EA), and trust fund (TF).

Line	Line Description	Value
16.	Other required financial assurance:	\$0.00
17.	Total financial assurance required (lines 4 + 7 + 9 + 11 + 12 + 13 + 14 + 15 + 16):	\$8,436,860.26

Financial Assurance Provided

Line	Line Description			
18.	Existing Bonds:			
Line	Financial Institution	Account #	Type ⁵	Amount
18a.	State of Michigan-Fund 1595	5607	CB	\$362,800.00
18d.				\$
18c.				\$
18d.				\$
18e.				\$

Line	Line Description			
19.	New bonds to this submittal:			
Line	Financial Institution	Account #	Type ⁵	Amount
19a.				\$
19b.				\$

Line	Line Description			Value
20.	Total of bonds (lines 18a + 18b + 18c + 18d + 18e + 19a + 19b:			\$362,800.00
21.	Current balance of PCF. Attach current statement.			
Line	Financial Institution	Account #	Type ⁴	Amount
21a.	Fidelity-Old Mission Investment Co., LLC	363-3257426	EA	\$3,540,289.08
21b.				\$

Line	Line Description				Value
22.	Total perpetual care fund balance (21a + 21b):				\$3,540,289.08
23.	Current balance of Landfill Care Fund [LCF]. Bonds that fund the LCF should be listed here. Attach current statement.				
Line	Financial Institution	Account #	Type ⁴	Amount	
23a.				\$	
23b.				\$	
23c.				\$	

⁵ Bond types include surety bond (SB), irrevocable letter of credit (LOC), trust fund (TF), escrow account (EA), cash bond (CB), certificate of deposit (CD), and insurance (INS).

Line	Line Description				Value
24.	Total landfill care fund balance (23a + 23b + 23c):				\$0.00
25.	Financial test. Attach documentation. May not exceed 0.95 x (lines 12 + 13 + 14 + 15 + 16): ⁶				\$4,533,771.18
26.	Bonds to be reduced/released. Will not count toward financial assurance requirement.				
Line	Financial Institution	Account #	Type	Amount	
26a.				\$	
26b.				\$	
26c.				\$	
26d.				\$	
26e.				\$	

Line	Line Description	Value
27.	Total of bonds to be reduced/released (lines 26a + 26b + 26c + 26d + 26e):	\$0.00
28.	Total financial assurance provided (lines 20 + 22 + 24 + 25 - 27):	\$8,436,860.26
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

Applicant Signature

Preparer's

Signature: Connie Gerrie

Date: 08/13/2025

Typed or Printed Name: Connie Gerrie

Title: Administrator

Telephone: (989) 785-6500 E-mail: moalandfill@frontier.com

⁶ Only applicable to facilities required to provide financial assurance under 11523a.

Form B Closure Cost Estimate

Facility Information

Legal Facility Name: Montmorency-Oscoda-Alpena Landfill WDS #: 450267

Legal Operator/Applicant Name: Connie Gerrie

Cell or Unit Description

You may complete a separate Form B for each unit or cell.

Acreage of Units

Line	Line Description	Value
1.	Acres of Active Fill Area (FAS lines 1 + 2):	31.45 acres
2.	Acres Newly Certified for Waste Receipt (FAS lines 3 + 4):	0 acres
3.	Acres to be Certified during this License Period (FAS lines 5 + 6):	3.41 acres
4.	Acres of unclosed Areas at final grade (FAS lines 9 + 10):	0.0. acres
5.	Total Active Acreage (lines 1 + 2 + 3 + 4):	34.86 acres
6.	Acres Previously Partially Closed (FAS lines 11 + 12):	10 acres
7.	Acres Partially Closed with this Submittal (FAS lines 13 + 14):	0.00 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):	.20
12.	Partial Closure Cost Factor If line 11 \leq 0.25, enter 0.2, if line 11 is $>$ 0.25, enter (line 11 – 0.05):	.2

Closure Cost Estimate

Line	Line Description	Value
13.	Base Closure Cost Per Acre:	\$40,000
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:	555

Line	Line Description	Value
23.	Base Year Inflation Index (2018):	406
24.	Inflation adjustment factor. Use only 4 significant digits. (lines 22 ÷ 23):	1.367
25.	Closure cost estimate adjusted for inflation. Enter here and on Form A, line 13. (lines 24 x 21):	\$4,825,728.72

Applicant Signature

Preparer's

Signature: Connie Gerrie Date: 08/13/2025

Typed or Printed Name: Connie Gerrie

Title: Administrator

Telephone: (989) 785-6500 E-mail: moalandfill@frontier.com

Form C Post-Closure Cost Estimate

Facility Information

Legal Facility Name: Montmorency-Oscoda-Alpena Landfill WDS #: 450267

Legal Operator/Applicant Name: Connie Gerrie

Cell or Unit Description

You may complete a separate Form C for each unit or cell.

Areas Not Final Closed

Description of Areas Not Final Closed

Line	Line Description	Value
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/will have active gas collection that are subject to 40 CFR Part 60:	0 acres
5.	Acres not final closed that have/will 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

Line	Line Description	Value
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. If there is a direct sewer connection for leachate, record \$0. (line 3 x \$4,000 x 30):	\$0.0
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

Areas Final Closed⁷**Description of Areas Final Closed**

Line	Line Description	Value
16.	Closed Acreage: (FAS lines 20 + 22):	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 of Areas Final Closed

Line	Line Description	Value
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
24.	Leachate transportation cost. If there is a direct sewer connection for leachate, record \$0 (line 16 x \$4,000 x line 18):	\$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. Monitoring wells required in line 13 are not to be included (# of wells) x \$2,000 x line 18):	\$0.00
29.	Gas Monitoring. Monitoring points included in line 14 are not to be included [(# of points) x \$200 x line 18):	\$0.0
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:	\$555
33.	Base Year Inflation Index (2018):	\$406
34.	Inflation adjustment factor. Use only 4 significant figures (lines 32 ÷ 33):	\$1.367
35.	Post-closure cost estimate adjusted for inflation. Enter here and on Form A, line 14. (lines 34 x 31):	\$3,192,960.68

Applicant Signature

Preparer's

Signature: Connie GerrieDate: 08/13/2025Typed or Printed Name: Connie GerrieTitle: AdministratorTelephone: (989) 785-6500 E-mail: moalandfill@frontier.com⁷ Must meet the requirements under 11523a(5)(c).

Form D Corrective Action Cost Estimate

Facility Information

Legal Facility Name: Montmorency-Oscoda-Alpena Landfill WDS #: 450267

Legal Operator/Applicant Name: Connie Gerrie

Corrective Action Cost Estimate

Line	Line Description	Value
1.	Base year corrective action cost estimate (Attach third party cost estimate):	\$
2.	Base year of estimate:	
3.	Inflation index for current year:	
4.	Base year inflation index:	
5.	Inflation adjustment factor. Use only 4 significant figures. (lines 3 ÷ 4):	
6.	Corrective action cost estimate adjusted for inflation (lines 1 x 5):	\$

Corrective Action Performance Credit

Line	Line Description	
7.	List duties performed and associated expenditures in current dollars.	
Line	Duties Performed	Associated Expenditures
7a.		\$
7b.		\$
7c.		\$
7d.		\$
7e.		\$
Line	Line Description	Value
8.	Total performance credit (lines 7a + 7b + 7c + 7d + 7e):	\$

Corrective Action Performed Through Other Authorization

Line	Line Description	
9.	List duties performed and associated expenditures in current dollars.	
Line	Duties Performed	Associated Expenditures
9a.		\$
9b.		\$
9c.		\$
9d.		\$
9e.		\$
Line	Line Description	Value
10.	Total performance credit (lines 9a + 9b + 9c + 9d + 9e):	\$

Revised Corrective Action Cost

Line	Line Description	Value
11.	Current cost of corrective action (lines 6 – 8 – 10):	\$

Applicant Signature

Preparer's

Signature: Connie Gerrie Date: 08/13/2025

Typed or Printed Name: Connie Gerrie

Title: Administrator

Telephone: (989) 785-6500 E-mail: moalandfill@frontier.com

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

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