

MUNICIPAL SOLID WASTE SANITARY LANDFILL PROOF OF ESTABLISHMENT OF ACCOUNT(S)

[For Bank Accounts]

WHEREAS, the Iowa Department of Natural Resources, herein referred to as "IDNR", and IAC 567 Chapter 113.14(8)"f" requires that [Facility Owner or Operator Name], as Owner and/or Operator of a municipal solid waste sanitary landfill, provide statement of Initial Proof of Establishment of Account(s) indicating that an account(s) has been established for closure and/or postclosure care; and

WHEREAS, [Facility Owner or Operator Name] has established such account(s), and now, with this resolution, hereby provides statement of those accounts with the establishment of the [Name of Account, i.e. closure account].

NOW, THEREFORE, BE IT RESOLVED by the Board of [Facility Owner or Operator Name] as follows:

The following account(s) in the following financial institution(s) is hereby established and restricted/reserved to pay for closure and/or postclosure care of the [Facility Name & Permit Number]. The [Name of Account] is located in [Where account is found within the audit] in the audit of the [Facility Owner or Operator Name].

<u>Institution</u>	<u>Amount</u>
Bank #1	\$000,000.00
Bank #2	\$000,000.00

Passed and Approved on this _____ day of _____, 20 _____.

Signature: _____

Name: _____

Date: _____

MUNICIPAL SOLID WASTE SANITARY LANDFILL PROOF OF ESTABLISHMENT OF ACCOUNT(S)

[For Local Government Funds]

WHEREAS, the Iowa Department of Natural Resources, herein referred to as "IDNR", and IAC 567 Chapter 113.14(8)"f" requires that [Facility Owner or Operator Name], as Owner and/or Operator of a municipal solid waste sanitary landfill, provide statement of Initial Proof of Establishment of Account(s) indicating that an account(s) has been established for closure and/or postclosure care; and

WHEREAS, [Facility Owner or Operator Name] has established such fund(s), and now, with this resolution, hereby provides statement of those funds with the establishment of the [Name of Fund, i.e. closure reserve fund].

NOW, THEREFORE, BE IT RESOLVED by the Board of [Facility Owner or Operator Name] as follows:

The following fund(s) are hereby established [Include here if fund is restricted/reserved] to pay for closure and/or postclosure care of the [Facility Name & Permit Number]. The [Name of Fund] is located in [Where fund is found within the audit] in the audit of the [Facility Owner or Operator Name].

Passed and Approved on this _____ day of _____, 20 _____.

Signature: _____

Name: _____

Date: _____