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].

<table>
<thead>
<tr>
<th>Institution</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank #1</td>
<td>$000,000.00</td>
</tr>
<tr>
<td>Bank #2</td>
<td>$000,000.00</td>
</tr>
</tbody>
</table>

Passed and Approved on this ______ day of ______________________, 20 ______.

Signature: ____________________________________________

Name: ____________________________________________ Date: ____________________
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: ____________________