

THIS PAGE INSTRUCTIONS ONLY

**Letter From the Chief Financial Officer
Local Government Financial Test for Postclosure Maintenance and/or Corrective Action**

- (a) A letter from the chief financial officer, as specified in Title 27, California Code of Regulations (CCR), Division 2, Subdivision 1, Chapter 6, section 22249, shall be on the local government's letterhead stationery. It shall contain the original signature of the chief financial officer and shall be worded as indicated on the attached proforma Form CIWMB 112 (6/97).
- (b) The letter from the chief financial officer shall be accompanied by the following items, as specified in 27 CCR section 22249.
- (1) A special letter from the local government's treasurer or auditor-controller certifying the relative size (43%) threshold and public notice requirements have been satisfied as specified in 27 CCR section 22249(e) and 22249(j)(2).
 - (2) A copy of an independent certified public accountant's report on financial statements for the latest completed fiscal year.
 - (3) A copy of the financial statements for the latest completed fiscal year.
 - (4) A special report from the independent certified public accountant on the financial data in the letter as specified in 27 CCR section 22249(j)(4).
 - (5) A copy of the comprehensive annual financial report (CAFR) used to comply with 27 CCR section 22249(j)(5) or certification by the local government's treasurer or auditor-controller that the requirements of General Accounting Standards Board Statement 18 have been met.
 - (6) If applicable, a copy of the bond rating on the bond rating service's letterhead stationery.
 - (7) If applicable, the guarantee with wording as specified in 27 CCR section 22249.5.

PRIVACY STATEMENT

The Information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(e)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: *California Integrated Waste Management Board.*

UNIT RESPONSIBLE FOR MAINTENANCE OF FORM: *Financial Assurances Section, California Integrated Waste Management Board, 1001 I Street, Sacramento, CA 95814. Contact the Manager, Financial Assurances Section, at (916) 341-6326.*

AUTHORITY: *Public Resources Code section 43600 et seq.*

PURPOSE: *The information provided will be used to verify adequate financial assurance of solid waste disposal facilities listed.*

REQUIREMENT: *Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a solid waste disposal facility.*

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board, 1001 I Street, Sacramento, CA 95814. Contact the Manager, Financial Assurances Section, at (916) 341-6326.

Executive Director
California Integrated Waste Management Board
1001 I Street
Sacramento, CA 95812

I am the chief financial officer of _____ *Local Government and Address* _____

This letter is in support of the local government financial test or guarantee to demonstrate financial assurance, as specified in Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, section 22249.

[Fill out the following paragraphs with cost estimates for all solid waste landfills and for other environmental obligations that are assured through a financial test, including but not limited to costs associated with underground injection control wells, petroleum underground storage tank facilities, PCB storage facilities, and hazardous waste treatment, storage, and disposal facilities. If no facilities belong in a particular paragraph, write "None" in the space indicated. For each facility, include its solid waste information system or other identification number, name, address, and current closure and/or postclosure cost estimates, and/or corrective action costs. Identify each cost estimate separately as to whether it is for closure or postclosure maintenance cost estimates, or corrective action cost estimates. The California Integrated Waste Management Board (CIWMB) only allows demonstrations to the CIWMB for the costs of postclosure maintenance and corrective action, as specified in 27 CCR section 22249.]

- 1 This public agency is the operator or owner of the following facilities for which the firm is demonstrating financial assurance for postclosure maintenance and/or corrective action costs through the local government financial test specified in CCR section 22249, or financial assurance for closure and/or postclosure maintenance, and/or corrective action through similar financial tests specified in the laws of this state. The current closure and/or postclosure cost estimates, and/or corrective action costs covered by the tests are shown for each facility:
- 2 This public agency guarantees, through the guarantee for postclosure maintenance and/or corrective action specified in 27 CCR section 22249.5, or through similar guarantees for closure and/or postclosure maintenance, and/or corrective action specified in the laws of this state, the closure and/or postclosure maintenance and/or corrective action costs of the following facilities. The current closure and/or postclosure maintenance and/or corrective action cost estimates so guaranteed and the name and address of the operator are shown for each facility:

The fiscal year of this public agency ends on _____ *Month, Day* _____. The figures for the following items marked with an asterisk are derived from this public agency's independently audited, year-end financial statements for the latest completed fiscal year, ended _____ *Date* _____.

Use either Alternative I or Alternative II.

ALTERNATIVE II
(Omit if using Alternative I)

1. Specify amounts of coverage: Postclosure Maintenance Costs \$ _____
 Corrective Action Costs \$ _____
 TOTAL COSTS \$ _____
2. Is the local government currently in default on any outstanding general obligation bonds? Yes No
3. Does the local government have any outstanding general obligation bonds rated lower than Baa by Moody's or BBB as issued by Standard and Poor's? Yes No
4. Does the local government have any outstanding, rated, general obligation bonds that are secured by insurance, a letter of credit, or other collateral or guarantee?..... Yes No
5. Has the local government operated at a deficit equal to five percent or more of total annual revenue in each of the past two fiscal years? Yes No
6. Has the local government received an adverse opinion, disclaimer of opinion, or other qualified opinion from the independent certified public accountant (or appropriate State agency) auditing its financial statement as required under §22249(a)? Yes No

If 2, 3, 4, 5 or 6 = YES, STOP! The local government is NOT eligible to assure its obligations under §22249.

If 2,3,4,5 and 6 = NO, CONTINUE BELOW.

7. Sum of costs assured under §22249 (total of all costs shown above and including the two numbered paragraphs of the letter to CIWMB)..... \$ _____
- * 8. Total annual revenue..... \$ _____
9. 43% Threshold Limit on Assured Costs:
Is line 7 = 43% or less of line 8? Yes No
10. Current bond rating of most recent issuance of this public agency and name of rating service. **Attach bond rating documentation as specified in §22249(j)(6).** _____
11. Date of issuance of bond..... _____
12. Date of maturity of bond..... _____

I hereby certify that this letter is worded as specified by the California Integrated Waste Management Board and is being executed in accordance with the requirements of Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, section 22249.

Signature

Typed or Printed Name

Title

Date