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05-175Qa2

Revised June, 2021

## **Certification of Financial Mechanism for Closure/Post-Closure**

Financial Assurance Coordinator  
Nebraska Department of Environment and Energy  
P.O. Box 98922  
Lincoln NE 68509-8922

Re: *(insert name of facility)* Annual Financial Assurance Report  
Facility ID: *(insert NDEE number)*  
Program ID: *(insert NDEE permit number)*

### **Certification for the Establishment of a Financial Mechanism for the Closure and Post-Closure Maintenance of the *(insert name of facility/ies)***

Dear Financial Assurance Coordinator:

*(Insert name of city/Agency)* Resolution *(insert Number)* of *(insert date of establishment)* established requirements for financial responsibility for the *(insert name of facility)*. The *(insert name of city/agency)* is the operator of *(insert name of facility)* and retains responsibility for closure and post-closure maintenance. This letter serves as the Annual Financial Assurance Report for the *(insert facility full title)*.

During the current fiscal year, *(insert dollar amount)* was added to our Closure Account and *(insert dollar amount)* to the Post-Closure Account, for a total increase to these accounts of *(insert total of the two deposits)*. As of *(insert date)* the balance of the Closure/Post-Closure Maintenance Fund was *(insert current grand total)*. This overall balance is divided into two separate operational accounts:

- Closure Account: *(insert current dollar amount)*
- Post-Closure Account *(insert current dollar amount)*

These funds are currently invested *(insert manner funds are being held i.e. CD's)*

- (insert name of facility and closure account number or other descriptor)*
- (insert name of facility and post-closure account number or other descriptor)*

The closure/post-closure accounts are Restricted Use Accounts, designated exclusively towards Closure and Post-Closure maintenance of the *(insert name of facility)*.

As directed by Resolution (*insert number*) I am providing annually to the Nebraska Department of Environment and Energy (NDEE) the following information:

1. A letter identical to this one by my signature and including:
  - The most recent comprehensive annual financial report that includes the Solid Waste Enterprise Fund and the Governmental Accounting Standards Board (GASB) Statement # 18 disclosures; (*if not sent with this letter indicate time frame when it will be sent*)
2. As appropriate, revised closure and post-closure cost estimates (*using the inflation factors provided by NDEE*).
3. A report from the (*insert City/Agency Treasurer/Accountant*) verifying the current status of the closure/post-closure maintenance account including the current balance; and
4. The pay-in calculations for the current year.

If you have any questions, or desire additional information, please contact (*insert name and phone number*).

Sincerely,

(*insert name*)

(*insert title*)

Attachment -Calculation Sheet  
Audit Report (*if available*)

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*Produced by: Nebraska Department of Environment and Energy, P.O. Box 98922, Lincoln, NE 68509-8922; phone (402) 471-2186. To view this, and other information related to our agency, visit our web site at <http://dee.ne.gov>.*