

# NEBRASKA

DEPT. OF ENVIRONMENT AND ENERGY

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Revised June, 2021

## Verification of Closure/Post-Closure Funds

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

Permit No. *(insert NDEE permit number)*  
Facility ID *(insert NDEE ID number)*

Dear Financial Assurance Coordinator:

### Verification of Closure/Post Closure Funds

Funds for Closure and Post-Closure maintenance are being maintained in the *(name of city/agency)* Enterprise Fund pursuant to Resolution *(insert number)* adopted on *(insert date of resolution)* by the *(insert City Council/Agency Board)* if the *(insert city/agency)*.

These monies shall be used by the *(insert Director of Public Works, City Engineer, City/Agency Treasurer, or other official title)* of the *(insert name of city/agency)* only for the closure and/or post-closure maintenance of the *(insert name of facility)* and is intended to meet applicable requirements of state law. These monies are being held in trust to preserve their integrity and inviolacy. I will perform my duties and responsibilities in accordance with the terms and conditions of Chapter 8 of Title 132, Nebraska Department of Environment and Energy Rules and Regulations, pertaining to Solid Waste Management.

This letter shall serve as verification that the Treasurer of *(insert name of city/agency)* is maintaining these monies in trust in accordance with the above referenced resolution. I hereby certify that as of *(insert date)* *(insert dollar amount)* was in the *(insert name of fund/account)* to satisfy the financial assurance requirements of Title 132.

Sincerely,

*(name of treasurer)*  
*(insert title i.e. treasurer)*

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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>.*