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**Division of Land Protection and Revitalization  
OFRDM**



**TO: OWNERS/OPERATORS OF SOLID WASTE FACILITIES IN POST-CLOSURE CARE**

**FROM: LESLIE BECKWITH, DIRECTOR OFFICE OF FINANCIAL RESPONSIBILITY AND DATA MANAGEMENT**

**EFFECTIVE DATE: JULY 1, 2013**

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**In order to ensure that DEQ's Regional Permit Writers have sufficient time to review requests for post-closure costs reductions, it is requested that these requests be submitted at least sixty days prior to the anniversary date of the financial assurance mechanism.**

**If you own or operate a facility that is required to demonstrate financial assurance for post-closure care you may request a reduction in the amount of the cost estimate and the amount of the financial assurance mechanism. The request for a reduction must be made at least 60 days prior to the anniversary date of the mechanism. The request for the reduction shall be sent to the Office of Financial Responsibility and Data Management (OFRDM). OFRDM shall forward the request to the regional permit writer. Local government owners or operators or others using the financial test and or guarantee are encouraged to submit these requests as soon as possible after the close of the owner's or operator's fiscal year but no later than sixty days prior to the anniversary date of the mechanism.**

**In order to request the reduction, the facility must have an approved cost estimate for post-closure care. Once the Department has approved a cost estimate there is no need to submit a new cost estimate for review unless there has been a change in the solid waste disposal conditions that would increase the maximum costs of post-closure care. The request shall include a letter requesting the reduction and an itemization of all post-closure costs included in the request.**

**Once the request has been approved by the regional permit writer, the owner/operator shall calculate the amount of financial assurance in the following manner:**

**(Previous year's amount - amount of the approved reduction) x inflation factor**

**EXAMPLE:  $(\$100,000 - \$10,000) \times 1.017 = \$91,530$**

**No approval for a reduction shall be given if the request is not submitted 60 days prior to the anniversary date of the financial assurance mechanism. In this case, the FA amount will be based on the previous year's amount plus adjustment for inflation.**

**No approvals for reductions will be made once there are five years remaining in post-closure. If post-closure care is extended past the original period, the facility must demonstrate for at least five years of post-closure costs. For facilities in corrective action the post-closure cost estimate amount may not be less than ten years.**

**Contact information:**

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