

Initial Certification of Financial Assurance

[To be completed on Permittee’s letterhead and addressed to the Oregon Department of Environmental Quality Solid Waste Manager for Region in which permitted landfill is located].

I am the **[title]** of **[name and address of Permittee]** (hereinafter “Permittee”) By this letter I certify that Permittee has assured payment of all costs associated with closure and post-closure care (together hereinafter “Costs”) of the solid waste facility specified in DEQ Permit Number _____, as required by OAR 340-094-0140 and 0145 (or for non-MSW Landfills or other SW Disposal Sites, OAR 340-095-0090 and 0095). As **[title]** I possess the requisite authority to commit Permittee to this certification and acknowledge that this certification is an ongoing, continuing and binding obligation of Permittee.

Permittee certifies that all Costs have been derived using the best procedures available. If any future costs have been discounted to present value, the discount rate applied is less than or equal to the DEQ Reference Rate for the current year (or for non-MSW Landfills or other SW Disposal Sites, a discount rate that is equal to the current yield on a 5-year U.S. Treasury Note as required by OAR 340-095-0090), and all other discounting requirements contained in OAR 340 have been met.

Permittee has chosen to assure payment of Costs through use of a **[name of financial mechanism]** issued by **[name of financial institution, or corporation providing guarantee]**. Permittee certifies that the **[name of financial mechanism]** is adequate in amount to cover Costs, is in the exact format specified and in all other respects meets the requirements of OAR 340. Permittee certifies further that **[name of financial institution]** meets all federal and State of Oregon requirements for issuance of and performance on **[financial mechanism]**.

(If Permittee chooses to use an alternative financial mechanism as set forth in OAR 340, Permittee must also provide certification from a qualified third party such as a financial institution or independent CPA that the alternative mechanism chosen meets all requirements. Third party certification must be updated annually.)

Permittee certifies that it has met all federal and State of Oregon requirements of whatever nature to assure the payment of Costs.

I swear (or attest) that the foregoing statement is true, accurate and complete.

/s/ _____
Name (typed or printed)

Date:

STATE OF OREGON)
) ss.
County of _____)

Before me this ___ day of _____, 20XX personally appeared **[name]** who, first being duly sworn, did say that (s)he is the **[title]** of **[Permittee]** and executed the foregoing document on behalf of **[Permittee]** by authorization of its governing board.

Before me:

Notary Public for Oregon
My Commission expires: _____