2025 Financial Assurance Estimate Summary

| Facility Name | |
|---|---|
| Name of Person Completing Form | Telephone # |
| Financial Assurance Mechanism(s) Used. (Che | ck all that are used) |
| ☐ Trust Fund | ☐ Surety Bond |
| ☐ Irrevocable Letter of Credit | ☐ Insurance |
| Risk Management Pool | ☐ Local Government Financial Test |
| ☐ Local Government Reserve Fund | Corporate Financial Test |
| ☐ Do Not Know FA Mechanism | None |
| Not Applicable (Explain: | |
| | |
| 20.9.10.9 FINANCIAL ASSURANCE FOR CL | OSURE AND NUISANCE ABATEMENT requires: |
| | all develop a detailed written estimate, in current dollars, |
| | st area of the facility ever requiring closure under 20.9.6 |
| NMAC at any time during the active life. This est | |
| independent project manager and contract adminis | |
| | re and post-closure care estimate for inflation and any other |
| factors affecting post-closure costs. | |

| | No. | Task | | Cost Estimate |
|---|-------|--|----------------------|---------------|
| 1 | CC | Closure Construction | | |
| | | | | |
| 2 | PC | Post-Closure Landfill Maintena | ınce | |
| | | | | |
| 3 | EM | Environmental Monitoring | | |
| | | | | |
| 4 | PH I | Phase I/II Assessment | | |
| 5 | PH II | Phase I/II Assessment | | |
| | | | | |
| 5 | 0 | Other Specify (i.e. Gas Collecti Decommissioning)* | on Control System | |
| | | | | |
| | | | Total Cost Estimate: | |

^{*}Provide separate Table, as necessary

Attach completed Financial Assurance worksheets in **Documents** tab in online Annual Report System

2025 ADDITIONAL REQUIRED INFORMATION

For Each Financial Mechanism Used You Must Also Attach the Following Information

Financial Assurance Mechanism Attachments Required for Each Mechanism

Please note: If the required attachments are not provided, the Solid Waste Bureau will be issuing Notices of Violation for this reporting year.

| Based on your | Financial Assurance Mechanism, check boxes to the right | are |
|--|--|-----------|
| provided to ens | sure all required documents are included as part of your su | ıbmittal. |
| Trust Fund 20.9.10.13 | Documentation that demonstrates payments into the Fund and available balance in fund as of Dec. 31. | |
| Surety Bond - 20.9.10.15 | Provide evidence of Bond (copy) | |
| | Demonstration that a trust fund or standby trust fund has been established | |
| | The amounts paid into the trust during past calendar year, and total funds available as of Dec. 31 | |
| Irrevocable Letter of Credit - 20.9.10.16 | Must provide affirmative statement that Letter of Credit is still valid, or copy of renewal letter to demonstrate compliance. | |
| | Demonstration that a trust fund or standby trust fund has been established | |
| | A letter from the owner or operator referring to the letter of credit by number, issuing institution, issue date, and providing the name and address of the facility, and the amount of funds assured | |
| Insurance - 20.9.10.17 | Attach copy of the Certificate of Insurance. | |
| | Provide information that demonstrates that premium payments were made. | |
| | Copy of latest annual rating (if applicable) and latest audited financial statement provided by Insurer. | |
| Risk Management Pool -20.9.10.18 | A demonstration that the Risk Management Pool was approved by the Secretary. | |
| | A valid copy of the contractual agreement among participates. | |
| | Provide annual contribution table to demonstrate payments from the risk sharers. | |
| | Demonstration that owner/operator has incorporated in its framework a trust fund or standby trust fund. | |
| Local Government Financial Test - 20.9.10.19 | Provide current demonstration of bond rating by Moody's, Standard and Poor's, or other Bond Rating Firm. If not bonded, must provide financial ratios. | |
| | Must attach most recent independently audited year-end financial statements and/or independent Audit Report with findings. | |
| | Demonstration that local government has placed a reference to all closure, post-closure care, phase I and phase II assessments, and corrective action costs assured through the financial test into its comprehensive annual financial reports (CAFR) and budgets. | |
| | Provide a letter signed by the local government's chief financial officer that lists all the current cost estimates covered by a financial test, as described in Subsection F of 20.9.10.19 NMAC. | |



| | Provide a copy of the report stating that the certified public accountant or state agency has compared the data in the chief financial officer's letter with the owner's or operator's most recent independently audited, year-end financial statements, and in connection with that examination, no matters came to their attention which caused them to believe that the data in the chief financial officer's letter should be adjusted. | |
|--|---|--|
| Local Government Reserve Fund - 20.9.10.20 | Reserve Fund must be created by Resolution and the current Resolution must be attached. | |
| | Must attach most recent annual audit performed by the state auditor under the Single Audit Act. | |
| | Demonstrate that the annual review of the Resolution has determined adequate funds were deposited and met current obligations. | |
| Local Government Guarantee - 20.9.10.21 | Provide a certified copy of the guarantee along with the items required under Subsection E of 20.9.10.19 NMAC | |
| | Provide current demonstration of bond rating by Moody's, Standard and Poor's, or other Bond Rating Firm. If not bonded, must provide financial ratios. | |
| | Must attach most recent independently audited year-end financial statements and/or independent Audit Report with findings. Demonstration that local government has placed a | |
| | reference to all closure, post-closure care, phase I and phase II assessments, and corrective action costs assured through the financial test into its comprehensive annual financial reports (CAFR) and budgets. | |
| | Provide a letter signed by the local government's chief financial officer that lists all the current cost estimates covered by a financial test, as described in Subsection F of 20.9.10.19 NMAC. | |
| | Provide a copy of the report stating that the certified public accountant or state agency has compared the data in the chief financial officer's letter with the owner's or operator's most recent independently audited, year-end financial statements, and in connection with that examination, no matters came to their attention which caused them to believe that the data in the chief financial officer's letter should be adjusted. | |
| Corporate Financial Test - 20.9.10.22 (Only valid for private entities.) | Provide current demonstration of bond rating by Moody's, Standard and Poor's, or other Bond Rating Firm. If not bonded, must provide financial ratios. | |
| | Must attach a copy of the independent certified public accountant's unqualified opinion of the owner's or operator's financial statements for the latest completed fiscal year. | |

| | Provide a letter signed by the owner's or operator's chief financial officer that lists all the current cost estimates covered by a financial test, including, but not limited to, cost estimates required for municipal solid waste management facilities and cost estimates required for any facilities described in Subsection C of 20.9.10.22 NMAC. | |
|----------------------------------|---|--|
| | If the chief financial officer's letter provides a demonstration that the firm has assured for | |
| | environmental obligations as provided in Subparagraph (b) of Paragraph (2) of Subsection A of 20.9.10.22 | |
| | NMAC, then the letter shall include a report from the independent certified public accountant that verifies that | |
| | all of the environmental obligations covered by a | |
| | financial test have been recognized as liabilities on the audited financial statements, how these obligations have | |
| | been measured and reported, and that the tangible net | |
| | worth of the firm is at least \$10 million plus the amount | |
| | of any guarantees provided. | |
| Multiple Mechanisms - 20.9.10.23 | Owners may satisfy financial assurance requirements by establishing more than one financial mechanism per | |
| | facility. Must provide required documentation for each mechanism used to cover all projected costs. | |
| | 1 3 | |

All Financial Assurance Estimates, supporting documents must be sent to the Solid Waste Bureau, not the NMED Secretary. Documents not sent directly to the Solid Waste Bureau may be lost.

2025 CLOSURE CONSTRUCTION -- CLOSURE COST ESTIMATE

| Facili | ity Name | | | Date | |
|--------|---|--|----------------------|----------------|------------|
| CC | Task | Unit Quantity | Unit (Yd³, Acre) | Unit Cost | Total Cost |
| | Final Cover Installation | | | | |
| CC-1 | Install and compact" Barrier Layer | | | | |
| CC-2 | Install 6" Vegetative Layer | | | | |
| CC-3 | Vegetative Seeding (Class) | | | | |
| | | | | Task Subtotal: | \$0 |
| | | | | | |
| CC | Task | Unit Quantity | Unit (CY, Acre) | Unit Cost | Total Cost |
| | Stormwater Management | | | | |
| CC-4 | Construction Stormwater Pollution Prevention Plan (SWPPP) | | | | |
| | | | | Task Subtotal: | |
| | | 11.14 | 11 11 (0) | ı | |
| CC | Task | Unit Quantity | Unit (CY, Acre) | Unit Cost | Total Cost |
| | Final Cover CQA | | | | |
| CC-5 | Inspection and Laboratory & Field Testing | | | | |
| CC-6 | CQA Report Preparation & Engineer Certification | | | | |
| | | | | Task Subtotal: | |
| | | | | OUDTOTAL | Φ. |
| | Independent Project Manager and Contract Adı | ministration Cod | + (10% of Took T | • | \$ \$ |
| | muspa ida it Project Managa and Contract Adi | TIITII SU AUOT COS | SL (10 /0 OII a SK I | • | \$ \$ |
| | | | | TOTAL COST | <u> </u> |
| | Closure Assumptions (Check all Closure costs based on contracting with que Activities included in the estimate are base Estimates based on previous experience we Based on current subcontractor costs in the | ialified 3rd part d on current do rith landfills loc | ollars | • | Checkbox F |
| | Final cover installation costs ass | ume that: | (Select all th | at apply) | |
| 1 | Greatest area requiring final cover is | | (001001 a.i. | ac apply) | |
| | 12" of intermediate cover is already installe | d on | acres. | | |
| 3 | All soils are available on site % of cover soil will have to be obta | ained off-site | | | |
| 5 | % Top soil will have to be purcha | sed | | | |
| 6 | On-site soils will have to be amended to me | eet HELP Mod | el specifications | 3 | |

2025 POST-CLOSURE CARE ESTIMATE

| | Task | Unit Quantity | Unit (CY, Acre) | Unit Cost | Total Cost Per Year | Total Cost |
|------|--|------------------|---------------------|---------------|------------------------|------------|
| PC 1 | Final Cover Inspection and Reporting | a | | | | |
| | Inspection | | | | | |
| | Record keeping and reporting | | | | | |
| | | | | Task Subtota | | |
| | | | | | | |
| | Final Cover Maintenance | | | | | |
| PC2 | Cover Maintenance (Erosion) | | | | | |
| | Vegetation | | | Task Subtota | | |
| | <u> </u> | | | I ask Subiola | | |
| | Loochete Orgtom (If considerals) | | | | | |
| | Leachate System (If applicable) Inspection, Measurement & Repair | | | | | |
| PC3 | Pump Replacement | | | | | |
| | Removal & Disposal/treatment | | | | | |
| | | | | Task Subtota | | |
| | | | | | | |
| | Surface Water Management Systems | | | | | |
| PC4 | Inspection & Repairs | | | | | |
| | System Upgrades (Rip-rap) | | | Task Subtota | | |
| | | | | Tuon Gubtotu | - | |
| | Fencing/Site Security | | | | | |
| PC5 | Inspection & Repairs | | | | | |
| | | | | Task Subtota | | |
| | | | CUDTOTAL | | φ | φ |
| | | | SUBTOTAL | | \$ | \$ |
| | Contract Management Cost on Bou | 4 -£ Ol- | 4-4-1 | | | |
| | Contract Management Cost as Per | | | _ | \$ | \$ |
| | Contract Management Cost as Per | | total TOTAL COST | Г | \$ | |

2025 ENVIRONMENTAL MONITORING POST-CLOSURE CARE ESTIMATE

| | Task | Unit Quantity | # Events Per Year | Unit Cost | Total Cost Per Year | Total Cost |
|----------|-------------------------------------|------------------|----------------------|---------------|------------------------|--------------------------|
| EM1 | Landfill Gas Monitoring | Quality | i ci i cai | | i ci i cai | |
| 30 Years | Field Data Collection | | | | | |
| 30 Years | Record keeping and reporting | | | | | |
| | | | | Task | Subtotal | |
| | | | | | | |
| EM2 | Detection Groundwater Mo | nitoring | | | | |
| 30 Years | Field Sampling Services | | | | | |
| | Laboratory Analysis | | | | | |
| 30 Years | Qualified GW Scientist report prep. | | | | | |
| | | | | Task | Subtotal | |
| | | | | | | |
| | | | SUBTOTAL | | \$ | \$ |
| | Contract Management Co | st as Perce | nt of Subto | al | \$ | \$ |
| | TOTAL COST \$ \$ | | | | | \$ |
| | | | | | | |
| Check a | II Post-Closure Environme | ental Monit | oring Cost | Assumptio | ons that appl | y to this estimate |
| | Closure costs based on contra | acting with qu | alified 3rd pa | rty GW scie | ntist to complet | e monitoring & reporting |
| | Activities included in the estim | ate are base | d on current o | dollars | | |
| | Estimates based on previous | experience w | ith landfills lo | cated in arid | areas | |
| | Based on current subcontracto | or coete in the | o oroo | | | |

Phase I Assessment Estimates

Task - Phase I - 20.9.9.13.B NM AC

Units

(well #)

Unit

(Events,ect)

Total Cost

Per Year

Total Cost

Unit Cost

| | Sampling and Analysis (AML Exceedance) Existi | ng Wells | | | |
|-------|--|-----------|----------|----------|------|
| | Laboratory Analysis Subsection B & C NMED GW Constituent Lists (downgradient wells only). | | | | |
| PH1-a | If constituents found in downgradient wells, four samples from each well (upgradient and downgradient) shall be collected to establish background for those constituents without established background levels | | | | |
| | Field Sampling Services | | | | |
| | Qualified GW Scientist Report Prep. | | | | |
| | | | Task Su | btotal | |
| | | • | | | |
| | Task - Phase I - 20.9.9.13.D.2 NM AC | | | | |
| | Sampling and Analysis (All existing wells) | | | <u> </u> | |
| | Test-Analyze for subsection A & C and detected subsection B constituents all wells semiannually, or using | | | | |
| PH1-b | approved alternative list. | | | | |
| | Subsection B list 20.9.9.20 at least once every five years. | | | | |
| | Field Sampling Services - all wells | | | | |
| | Groundwater Report Prep. by qualified GW scientist | | | | |
| | | | Task Su | btotal | |
| | | • | | | |
| | Task - Phase I - 20.9.9.13.G NM AC | | | | |
| | New Well Installation, Sampling, Analysis, Initiat | ion of As | sessment | | |
| | Well Installation, minimum one well when CAL exceeded | | | | |
| DUIA | Field Sampling Services - new well only | | | | |
| PH1-c | Qualified GW Scientist Assessment Report | | | | |
| | Well Installation, 20.9.9.13.G.3 NMAC minimum one, probably two wells to determine extent of release. | | | | |
| | Field sampling services - new well only | | | | |
| | Qualified GW Scientist Assessment Report | | | | |
| | | | Task Su | btotal | |

Phase II Assessment Estimates

| | Phase II 20.9.9.15 & 20.9.9.16 NM AC | Units (well #) | Unit (Events,ect) | Unit Cost | Total Cost Per Year | Total Cost |
|-----|---|-------------------|----------------------|-----------|------------------------|------------|
| PH2 | Phase II(a) Corrective Measures Assessment Report by qualified consultant and Public Meeting per 20.9.9.15 NMAC | | | | | |
| | Phase II (b) Selection of Remedy Report- qualified consultant per 20.9.9.16 NMAC | | | | | |
| PH3 | Implementation of Corrective Measures 20.9.9.17 NM AC (Start setting \$ aside for this concurrent with Phase I) | | | | | |
| | | | Task Sul | btotal | | |
| | | | SUBTOTAL | | \$ | \$ |
| | Contract Management Cost as Percent of Subtotal | | | | \$ | \$ |
| | | | TOTAL COST | | \$ | \$ |

Check all Post-Closure Maintenance Cost Assumptions that apply to this estimate

| Phase I/II costs based on contracting with qualified 3rd party to complete specified activities |
|--|
| Activities included in the estimate are based on current dollars. Previous experience with landfills in arid areas |
| Costs based on current qualified subcontractor costs |
| Estimates are based on sampling and analysis of wells intended to be part of the GW monitoring network for the nextyears. (Can be 10, 15, 20 or 30 years.) Includes worst case estimate of installation of 2 wells during this period. |
| Costs may also be based on number of years of existing permit or years remaining in post-closure care period. |

FINANCIAL ASSURANCE RECOMMENDATION MEMORANDUM

Those preparing estimates (especially if prepared by a consultant) should prepare and provide a Budgeting Recommendations Memorandum to the owner and Solid Waste Bureau. This memorandum should include the following items:

Recommendation for Funding

- Recommendation for annual/or quarterly funding amount, if applicable for a FA mechanism;
- -Remaining period of permit and years on which annual contribution calculations are based;
- -Recommendations of operational alternatives to reduce financial assurance costs;
- (e.g. incremental closure by placement of final cover on a specified numbers of acres); and
- -Estimated interest earnings, if applicable.

Funding Details

- -Current amount of FA
- -Amount of adjustment needed based on the revised estimate;
- -Evaluation of adequacy of available funding as compared to most recent annual FA estimate;
- -Amount of FA that is estimated to be needed by the end of the calendar year;
- -Amount of needed adjustment, if FA balances are inadequate;
- -Recommendations on schedule or how upward or downward adjustments can be reasonably made; and
- -Years remaining for possible amortization of balance if a steep increase is needed in a single year.

This Memorandum needs to be provided as part of a facility's fiscal information to the owners fiscal officer and the independent auditor for their audit of financial statements.