

**Letter From Chief Financial Officer
(to Demonstrate Liability Coverage or
to Demonstrate Both Liability Coverage
and Assurance of Closure or
Postclosure Care)**

Director
Division of Waste Management
Department for Environmental Protection
Energy and Environment Cabinet
Frankfort, Kentucky 40601

Dear Director:

I am the chief financial officer of *(firm's name and address)*

This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage,

(insert "and closure and/or postclosure care" if applicable)

as specified in 401 KAR 39:090.

(Fill out the following paragraphs regarding facilities and liability coverage. If there are no facilities that belong in a particular paragraph, write "None" in the space indicated. For each facility, include its EPA Identification Number, name, and address.)

The firm identified above is the owner or operator of the following facilities for which liability coverage for accidental occurrences is being demonstrated

(insert "sudden" or "nonsudden" or "both sudden and nonsudden")

through the financial test as specified in 401 KAR 39:090.

(Note: Complete these blanks if you are demonstrating only liability coverage. Owners or operators demonstrating liability coverage and closure or postclosure costs should not complete this section but complete paragraphs 1 through 5.)

The firm identified above guarantees, through the corporate guarantee specified in 401 KAR 39:090, liability coverage for

(insert "sudden" or "nonsudden" or "both sudden and nonsudden")

accidental occurrences at the following facilities owned or operated by the following:

The firm identified above is _____
(insert one or more: (1) The direct or higher-tier parent corporation of the owner

or operator; (2) owned by the same parent corporation as the parent corporation of the owner or operator,

and receiving the following value in consideration of this guarantee _____ ; or (3) engaged in

the following substantial business relationship with the owner or operator _____ , and receiving

_____ *(Attach a written description of the following value in consideration of this guarantee _____ . business relationship or a copy of the contract establishing such relationship to this letter.)*

(If you are using the financial test to demonstrate coverage of both liability and closure and postclosure care, fill in the following five paragraphs and schedules regarding facilities and associated closure and postclosure cost estimates. If there are no facilities that belong in a particular paragraph, write "None" in the space indicated. For each facility, include its EPA Identification Number, name, address, and current closure and/or postclosure cost estimates. Identify each cost estimate as to whether it is for closure or postclosure care.)

1. The firm identified above owns or operates the following facilities in Kentucky for which financial assurance for closure or postclosure care or liability coverage is demonstrated through the financial test specified in 401 KAR 39:090. The current closure and/or postclosure cost estimates covered by this test are shown for each facility in Schedule 1 which is attached.

2. The firm identified above guarantees, through the corporate guarantee specified in 401 KAR 39:090, the closure and postclosure care or liability coverage of the following facilities owned or operated by the guaranteed party. The current cost estimates for the closure or postclosure care so guaranteed are shown for each facility in Schedule 2 which is attached.

3. In States other than Kentucky, this firm is demonstrating financial assurance for the closure or postclosure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in 401 KAR 39:090. The current closure or postclosure cost estimates covered by such a test are shown for each facility in Schedule 3 which is attached.

4. The firm identified above owns or operates the following hazardous waste sites or facilities for which financial assurance for closure or, if a disposal facility, postclosure care, is not demonstrated to Kentucky, EPA or any State through the financial test or any other financial assurance mechanism specified in 401 KAR 39:090 or equivalent or substantially equivalent state mechanisms. The current closure and/or postclosure cost estimates not covered by such financial assurance are shown for each facility in Schedule 4 which is attached.

5. This firm is the owner or operator of the following UIC facilities for which financial assurance for plugging and abandonment is required under 40 CFR Part 144. The current closure cost estimates as required by 40 CFR Part 144.62 and 401 KAR

39:090 are shown for each facility in Schedule 5 which is attached.

This firm _____ to file a form 10K with the Securities and Exchange Commission (SEC)

(insert "is required" or

"is not required")

for the latest fiscal year. The fiscal year of this firm ends on _____.

(month, day)

items marked with an asterisk are derived from this firm's independently audited year-end financial statements for the latest completed fiscal year, ended _____.

(date)

(Fill in Part A if you are using the financial test to demonstrate coverage only for the liability requirements.)

Part A. Liability Coverage for Accidental Occurrences

(Fill in Alternative I if the criteria of paragraph (f)(1)(i) of CFR 264.147 or 265.147 as established in 401 KAR 39:090 are used. Fill in Alternative II if the criteria of paragraph (f)(1)(ii) of CFR 264.147 or 265.147 as established in 401 KAR 39:090 are used.)

Alternative I

1. Amount of annual aggregate liability coverage to be demonstrated: \$ _____
- *2. Current assets \$ _____
- *3. Current liabilities \$ _____
- *4. Net working capital (line 2 minus line 3) \$ _____
- *5. Tangible net worth \$ _____
- *6. If less than ninety (90) percent of assets are located in the United States, give total United States assets \$ _____

(Answer yes or no to questions 7 through 11.)

7. Is line 5 at least \$10 million? _____
8. Is line 4 at least six (6) times line 1? _____
9. Is line 5 at least six (6) times line 1? _____
- * 10. Are at least ninety (90) percent of assets located in the United States? If not, complete line 11.

11. Is line 6 at least six (6) times line 1? _____

Alternative II

- 1. Amount of annual aggregate liability coverage to be demonstrated:\$ _____
- 2. Current bond rating of most recent issuance and name of rating service _____
- 3. Date of issuance of bond_____
- 4. Date of maturity of bond_____
- *5. Tangible net worth \$ _____
- *6. Total assets in the United States (*required only if less than ninety (90) percent of assets are located in the United States.*) \$ _____

(Answer yes or no to questions 7 through 10.)

- 7. Is line 5 at least \$10 million? _____
- 8. Is line 5 at least six (6) times line 1? _____
- 9. Are at least ninety (90) percent of assets located in the United States? If not complete line 10.

- 10. Is line 6 at least six (6) times line 1? _____

(Fill in Part B if you are using the financial test to demonstrate assurance of both liability coverage and closure or postclosure care.)

Part B. Closure or Postclosure Care and Liability Coverage

(Fill in Alternative I if the criteria of paragraphs (f)(1)(i) of CFR 264.143 or 264.145 and (f)(1)(i) of 264.147 as established in 401 KAR 39:090 are used. Fill Alternative II if the criteria of paragraphs (f)(1)(ii) of CFR 264.143 or 264.145 and CFR 264.147 as established in 401 KAR 39:090 are used.)

Alternative I

- 1. Sum of current closure and postclosure cost estimates (*total of all cost estimates listed above*)
\$ _____
- 2. Amount of annual aggregate liability coverage to be demonstrated \$ _____
- 3. Sum of lines 1 and 2 \$ _____

- *4. Total liabilities (if any portion of your closure or postclosure cost estimates is included in your total liabilities, you may deduct that portion from this line and add that amount to lines 5 and 6)
\$ _____
- *5. Tangible net worth \$ _____
- *6. Net worth \$ _____
- *7. Current assets \$ _____
- *8. Current liabilities \$ _____
- 9. Net working capital (line 7 minus line 8) \$ _____
- * 10. The sum of net income plus depreciation, depletion, and amortization \$ _____
- * 11. Total assets in United States (required only if less than ninety (90) percent of assets are located in the United States.) \$ _____

(Answer yes or no to questions 13 through 21.)

- 12. Is line 5 at least \$10 million? _____
- 13. Is line 5 at least six (6) times line 3? _____
- 14. Is line 9 at least six (6) times line 3? _____
- * 15. Are at least ninety (90) percent of assets located in the United States? If not, complete line 16.

- 16. Is line 11 at least six (6) times line 3 _____
- 17. Is line 4 divided by line 6 less than 2.0? _____
- 18. Is line 10 divided by line 4 greater than 0.1? _____
- 19. Is line 7 divided by line 8 greater than 1.5? _____

Alternative II

- 1. Sum of current closure and postclosure cost estimates (total of all cost estimates listed above)
\$ _____
- 2. Amount of annual aggregate liability coverage to be demonstrated \$ _____
- 3. Sum of lines 1 and 2 \$ _____
- 4. Current bond rating of most recent issuance and name of rating service _____
- 5. Date of issuance of bond _____
- 6. Date of maturity of bond _____

- *7. Tangible net worth (if any portion of the closure or postclosure cost estimates is included in "total liabilities" on your financial statements you may add that portion to this line) \$ _____
- *8. Total assets in the United States (required only if less than ninety (90) percent of assets are located in United States.) \$ _____

(Answer yes or no to questions 9 through 12.)

9. Is line 7 at least \$10 million? _____
10. Is line 7 at least six (6) times line 3? _____
- * 11. Are at least ninety (90) percent of assets located in the United States? If not complete line 12.

12. Is line 8 at least six (6) times line 3? _____

I hereby certify that the wording of this letter is identical to the wording specified in 401 KAR 39:090 as such regulations were constituted on the date shown immediately below.

Signature: _____

Name (typed): _____

Title (typed): _____

Date (typed): _____

DWM-6035G, effective 2/22/18

(Note: Attach (1) a copy of the independent CPA's report on examination of the year-end financial statements and (2) the special report from the independent CPA to the owner or operator stating that he has compared the data in this letter to the year-end financial statements and he has no reason to adjust the data. See 401 KAR 39:090. Note: Use of this language is required by 401 KAR 39:090.)