Irrevocable Standby Letter of Credit

Director

Arkansas Department of Environmental Quality

5301 Northshore Drive

North Little Rock, AR 72118-5317

Dear Sir or Madam:

We hereby establish our Irrevocable Standby Letter of Credit No.       in your favor, at the request and for the account of owner's or operator's name and address up to the aggregate amount of in words U.S. dollars $     , available upon presentation by any one of you of

1. Your sight draft, bearing reference to this letter of credit No.      , and
2. Your signed statement reading as follows: “I certify that the amount of the draft is payable pursuant to regulations issued under authority of the Resource Conservation and Recovery Act of 1976 as amended.”

This letter of credit is effective as of Click here to enter a date. and shall expire on Click here to enter a date., but such expiration date shall be automatically extended for a period of Choose an item. on Click here to enter a date. and on each successive expiration date, unless, at least 120 days before the current expiration date, we notify both you and owner's or operator's name by certified mail that we have decided not to extend this letter of credit beyond the current expiration date. In the event you are so notified, any unused portion of the credit shall be available upon presentation of your sight draft for 120 days after the date of receipt by both you and owner's or operator's name, as shown on the signed return receipts.

Whenever this letter of credit is drawn on under and in compliance with the terms of this credit, we shall duly honor such draft upon presentation to us, and we shall deposit the amount of the draft directly into the standby trust fund of owner's or operator's name in accordance with your instructions.

We certify that the wording of this letter of credit is identical to the wording specified in APC&EC Regulation No. 23 § 264.151(d) as such regulations were constituted on the date shown immediately below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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Title

Click here to enter a date.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Click here to enter a date.

This credit is subject to Choose an item.

Certificate of Insurance for Closure or Post-Closure Care

Name and Address of Insurer (herein called the “Insurer”):

Name and Address of Insured (herein called the “Insured”):

Facilities Covered:

Choose an item.

EPA Identification Number

Name

Address

Amount

Choose an item.

EPA Identification Number

Name

Address

Amount

Choose an item.

EPA Identification Number

Name

Address

Amount

Face Amount:

Policy Number:

Effective Date: Click here to enter a date.

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for Choose an item. for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of APC&EC Regulation No. 23 § 264.143(e), 264.145(e), 265.143(d), and 265.145(d), as applicable and as such regulations were constituted on the date shown immediately below.

It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

The Insurer agrees to furnish to the Director a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in APC&EC Regulation No. 23 § 264.151(e) as such regulations were constituted on the date shown immediately below.

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Authorized Signature for Insurer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness or notary

Click here to enter a date.