Letter from Chief Financial Officer

Director

Arkansas Department of Environmental Quality

5301 Northshore Drive

North Little Rock, Arkansas 72118-5317

I am the chief financial officer of name and address of firm. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and Choose an item. as specified in subsection H of APC&EC Regulation No. 23 (Hazardous Waste Management), Sections 264 and 265.

The firm identified above is the owner or operator of the following facilities for which liability coverage for Choose an item. accidental occurrences is being demonstrated through the financial test specified in subsection of Regulation No. 23, Sections 264 and 265:

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)

The firm identified above guarantees, through the guarantee specified in subsection H of Regulation No. 23 Sections 264 and 265, liability coverage for Choose an item. accidental occurrences at the following facilities owned or operated by the following:

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)

The firm identified above is *(check all that apply)*

[ ]  The direct or higher-tier parent corporation of the owner or operator;

[ ]  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

[ ]  engaged in the following substantial business relationship with the owner or operator      , and receiving the following value in consideration of this guarantee      .

1. The firm identified above owns or operates the following facilities in Arkansas for which financial assurance for closure or post-closure care or liability coverage is demonstrated through the financial test specified in subsection H of Regulation No. 23 Sections 264 and 265. The current closure and/or post-closure cost estimate covered by the test are shown for each facility:

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)

1. The firm identified above guarantees, through the guarantee specified in subsection H of Regulation No. 23 Sections 264 and 265, the closure or post-closure care or liability coverage of the following facilities owned or operated by the guaranteed party. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility:

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)

1. In states other than Arkansas, this firm is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in subsection H of Regulation No. 23 Sections 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:

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)

1. The firm identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or the State through the financial test or any other financial assurance mechanism specified in subsection H of Regulation No. 23 Sections 264 and 265. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility:

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)

1. This firm is the owner or operator or guarantor of the following UIC facilities for which financial assurance for plugging and abandonment is required under 40 CFR Part 144 and is assured through a financial test. The current closure cost estimates as required by 40 CFR 144.62 are shown for each facility:

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)

This firm Choose an item. to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends onChoose an item.,Choose an item.. The figures for the following items marked with an asterisk are derived from this firm’s independently audited, year-end financial statements for the latest completed fiscal year, ended Click here to enter a date..

***Part A. Liability Coverage for Accidental Occurrences***

Alternative I

1. Amount of annual aggregate liability coverage to be demonstrated $

\*2. Current assets $

\*3. Current liabilities $

1. Net working capital (line 2 minus line 3) $

\*5. Tangible net worth $

\*6. If less than 90% of assets are located in the U.S., give total U.S. assets $

7. Is line 5 at least $10 million? Choose an item.

1. Is line 4 at least 6 times line 1? Choose an item.
2. Is line 5 at least 6 times line 1? Choose an item.

\*10. Are at least 90% of assets located in the U.S.? Choose an item.. If not, complete line 11.

1. Is line 6 at least 6 times line 1? Choose an item.

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 Click here to enter a date.
4. Date of maturity of bond Click here to enter a date.

\*5. Tangible net worth $

\*6. Total assets in U.S. (required only if less than 90% of firm’s assets are located in the U.S.) $

1. Is line 5 at least $10 million? Choose an item.
2. Is line 5 at least 6 times line 1? Choose an item.
3. Are at least 90% of assets located in the U.S.? If not, complete line 10 Choose an item.
4. Is line 6 at least 6 times line 1? Choose an item.

***Part B. Closure or Post-Closure Care and Liability Coverage***

Alternate I

1. Sum of current closure and post-closure cost estimates(total of all cost estimates listed above)$
2. Amount of annual aggregate liability coverage to be demonstrated $
3. Sum of line 1 and 2 $

\*4. Total liabilities (if any portion of your closure or post-closure cost estimates is included in your total liabilities, you may deduct that portion from this line and add that amount to lines 5 & 6) $

\*5. Tangible net worth $

\*6. Net worth $

\*7. Current assets $

\*8. Current liabilities $

1. Net working capital (line 7minus line 8) $

\*10. The sum of net income plus depreciation, depletion, and amortization $

\*11. Total assets in U.S. (required only if less than 90% of firm’s assets are located in the U.S.) $

1. Is line 5 at least $10 million? Choose an item.
2. Is line 5 at least 6 times line 3? Choose an item.
3. Is line 9 at least 6 times line 3? Choose an item.

\*15. Are at least 90% of assets located in the U.S.? Choose an item.. If not, complete line 16.

1. Is line 11 at least 6 times line 3? Choose an item.
2. Is line 4 divided by line 6 less than 2.0? Choose an item.
3. Is line 10 divided by line 4 greater than 0.1? Choose an item.
4. Is line 7 divided by line 8 greater than 1.5? Choose an item.

Alternative II

1. Sum of current closure and post-closure cost estimates (total of all cost estimates listed above) $
2. Amount of annual aggregate liability coverage to be demonstrated $
3. Sum of line 1 and 2 $
4. Current bond rating of most recent issuance of this firm and name of rating service
5. Date of issuance of bond Click here to enter a date.
6. Date of maturity of bond Click here to enter a date.

\*7. Tangible net worth (if any portion of the closure and post-closure cost estimates is included in “total liabilities” on your financial statements you may add that portion to this line) $

\*8. Total assets in U.S. (required only if less than 90% of assets are located in the U.S.) $

1. Is line 7 at least $10 million? Choose an item.
2. Is line 7 at least 6 times line 3? Choose an item.

\*11. Are at least 90% of assets located in the U.S.? Choose an item.. If not, complete line 12.

1. Is line 8 at least 6 times line 3? Choose an item.

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

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

Signature

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

Name

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

Title

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

Date