

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
Solid Waste Form 1270
CHIEF FINANCIAL OFFICER'S LETTER FROM CORPORATE OWNER OR OPERATOR

To: Kansas Department of Health and Environment Date _____
Attn: Bureau of Waste Management

I am the Chief Financial Officer of _____

a corporation organized and existing under the laws of the state of _____.
This letter is in support of the use of financial test to demonstrate financial responsibility for closure, post-closure care, corrective action costs, third-party liability, or any combination of these, for the solid waste disposal area(s) or processing facility(ies) identified in the numbered paragraphs following.

1. This firm is the owner or operator of the Kansas solid waste disposal area or processing facility for which financial assurance for closure, post-closure care, or corrective action costs are demonstrated through the financial test specified in K.A.R. 28-29-2108: _____

_____ Permit No. _____
Closure \$ _____ Post-Closure \$ _____ Corrective Action \$ _____
[List additional sites and estimates on a separate sheet identified as "Attachment A"]

2. This firm also provides financial assurance for environmental obligations, or provides environmental guarantees to another entity, through a financial test procedure at the following site and jurisdiction (if none, enter None) _____

_____ Permit No. _____
Closure \$ _____ Post-Closure \$ _____ Corrective Action \$ _____
Third Party Liability \$ _____ Jurisdiction _____
[List additional sites, estimates and jurisdictions on a separate sheet identified as "Attachment B"]

This firm is _____(X) is not _____(X) required to file a Form 10-K with the Securities and Exchange Commission (SEC) for the latest fiscal year. The amounts for the items marked with an asterisk on the attached financial test are derived from the firm's independently audited, year-end financial statements for the latest completed fiscal year, ended on _____.

In support of the amounts presented on the attached financial test, I submit herewith the firm's annual, independently audited, comparative financial statements including report of certified public accountants, Auditor's Special Report, and (if required to be filed with the SEC) Form 10-K, for the latest completed fiscal year.

SIGNED FOR THE CORPORATE OWNER OR OPERATOR

/S/ _____

Name _____

Title _____

Date _____

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT

CORPORATE FINANCIAL TEST

Costs to be Assured by the Financial Test

- | | | |
|-----|--|--------------|
| 1. | Solid Waste Facilities Owned or Operated in Kansas (Sum of Para. 1) | \$ _____ |
| 2. | Other Sites Assured or Guaranteed in any Jurisdiction (Sum of Para. 2) | \$ _____ |
| 3. | Sum of all Costs Assured by Financial Test | \$ _____ |
| 4.* | Less Cost Estimates Recorded as Liabilities in the Balance sheet | \$ (_____) |
| 5. | Net Costs Assured by Financial Test | \$ _____ |

Financial Test Factors

- | | | |
|------|---|----------|
| 6.* | Total Net Worth | \$ _____ |
| 7.* | Less Intangible Assets | \$ _____ |
| 8.* | Tangible Net Worth | \$ _____ |
| 9.* | Total Liabilities | \$ _____ |
| 10.* | Sum of Net Income (NI), Depletion, Depreciation and Amortization(DDA) | \$ _____ |
| 11.* | Assets Located within the United States | \$ _____ |
| 12. | Standard Factor (\$10MM) | \$ _____ |

* Derived from audited financial statements.

Financial Test Calculations

A. Enter Three; Pass One

- | | | |
|----|--|--|
| 1. | Rating Agency _____
(Attach written evidence showing the current rating from the rating agency) | |
| 2. | Total Liabilities / Net Worth _____
(Line 9 divided by Line 6 = < 1.50) | |
| 3. | NI and DDA minus \$10MM / Total Liabilities _____
(Line 10 minus \$10MM divided by Line 9 = > 0.10) | |

B. Enter Two; Pass One

- | | | |
|----|--|--|
| 1. | Sum of Costs Assured plus \$10MM / Tangible Net Worth _____
(Line 3 plus \$10MM divided by Line 8 = < 1.00) | |
| 2. | Net Costs Assured plus \$10MM / Tangible Net Worth _____
(Line 5 plus \$10MM divided by Line 8 = < 1.00) | |

C. Enter and Pass One

- | | | |
|----|--|--|
| 1. | Sum of Costs Assured / Assets Located in the U. S. _____
(Line 3 divided by Line 11 = < 1.00) | |
|----|--|--|