LETTER FROM CHIEF FINANCIAL OFFICER

(Liability Coverage)

Secretary

Louisiana Department of Environmental Quality

Post Office Box 4313

Baton Rouge, Louisiana 70821-4313

Attention: Office of Environmental Services,

Waste Permits Division

Dear Choose an item.:

I am the chief financial officer of INSERT Name and Address of Firm. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverageChoose an item.as specified in LAC 33:V.Chapter 37 or 43.

**DELETE BEFORE PRINTING - Fill out the following paragraph regarding facilities and liability coverage. If there are no facilities that belong in a particular paragaph, select "None". For each facility, include its EPA ID Number, name, address.**

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 LAC 33:V.Chapter 37 or 43.

The firm identified above guarantees, through the guarantee specified in LAC 33:V.Chapter 37 or 43, liability coverage for Choose an item. accidental occurrences at the following facilities owned or operated by the following: INSERT Name of Owner or Operator. 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 the following value in consideration of this guarantee \_\_\_\_\_\_\_\_\_. [Attach a written description of the business relationship or a copy of the contract establishing such relationship to this letter.]

**DELETE BEFORE PRINTING - If using financial test to demostrate coverage of both liability & closure & post-closure care, fill in the following five paragraphs regarding facilities & associated closure & post-closure cost estimates.**

**DELETE BEFORE PRINTING - If there are no facilities that belong in a particular paragaph, select "None".**

**DELETE BEFORE PRINTING - For each facility, include its EPA ID Number, name, address, and current closure and/or post-closure cost estimates. Identify each cost estimate as to whether it is for closure or post-closure.**

1. The firm identified above owns or operates the following facilities for which financial assurance for closure or post-closure care or liability coverage is demonstrated through the financial test specified in
LAC 33:V.Chapters 37 and 43. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: Choose an item.

2. The firm identified above guarantees, through the guarantee specified in LAC 33:V.Chapters 37 and 43, the closure and 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.

3. In states other than Louisiana, 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 LAC 33:V.Chapters 37 and 43. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: Choose an item.

4. 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 the U.S. Environmental Protection Agency or to a state through the financial test or any other financial assurance mechanism in LAC 33:V.Chapters 37 and 43 or equivalent or substantially equivalent state mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: Choose an item.

5. 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 the applicable regulations of the Louisiana Department of Natural Resources and is assured through a financial test. The current closure cost estimates as required by LDNR are shown for each facility: Choose an item.

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 on Choose 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 year, ended Click here to enter a date..

**DELETE BEFORE PRINTING - Fill in Part A if using the financial test to demonstrate coverage only for the liability requirements under LAC 33:V.Chapters 37 and 43. Fill in Alternative I if the first criteria of LAC 33:V.3707.F.1 or 4411.F.1 are used.**

PART A. LIABILITY COVERAGE FOR SUDDEN AND NONSUDDEN OCCURRENCES

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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. Total assets in the U.S. (required only if less than 90 percent of firm's assets are located in the U.S.): | $      |
|   | YES | NO |
|  7. Is line 5 at least $10 million? | [ ]  | [ ]  |
| \*8. Is line 4 at least six times line 1? | [ ]  | [ ]  |
|  9. Is line 5 at least six times line 1?  | [ ]  | [ ]  |
| 10. Are at least 90 percent of assets located in the U.S.? If not, complete line 11. | [ ]  | [ ]  |
| 11. Is line 6 at least six times line 1? | [ ]  | [ ]  |

I hereby certify that the wording of this letter is identical to the wording specified in LAC 33:V.3719.G as such regulations were constituted on the date shown immediately below.

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

 Signature

 INSERT Name of Person Signing

 INSERT Title of Person Signing

 Click here to enter a date.

**DELETE BEFORE PRINTING - Fill in Part A if using the financial test to demonstrate coverage only for the liability requirements under LAC 33:V.Chapters 37 and 43. Fill in Alternative II if the second criteria of LAC 33:V.3707.F.1 or 4411.F.1 are used.**

PART A. LIABILITY COVERAGE FOR SUDDEN AND NONSUDDEN OCCURRENCES

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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 U.S. [required only if less than 90 percent of firm's assets are located in the U.S.]: | $      |
|   | YES | NO |
|  7. Is line 5 at least $10 million? | [ ]  | [ ]  |
| \*8. Is line 5 at least six times line 1? | [ ]  | [ ]  |
|  9. Are at least 90 percent of firm's assets located in the U.S.? If not, complete line 10.  | [ ]  | [ ]  |
| 10. Is line 6 at least six times line 1?  | [ ]  | [ ]  |

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

 Signature

 INSERT Name of Person Signing

 INSERT Title of Person Signing

 Click here to enter a date.

**DELETE BEFORE PRINTING - Fill in Part B if using the financial test to demonstrate assurance of both liability coverage and closure or post-close care. DELETE BEFORE PRINTING - Fill in Alternative I if the first criteria of LAC 33:V.3707.F.1, 3711.F.1, and 3715.F.1, or if the first criteria of LAC 33:V.4403.E.1 or 4407.E.1 and 4411.F.1, are used.**

PART B. CLOSURE OR POST-CLOSURE CARE AND LIABILITY COVERAGE

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Alternative 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 lines 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 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 the U.S. (required only if less than 90 percent of firm's assets are located in the U.S.): | $      |
|   | YES | NO |
|  12. Is line 5 at least $10 million? | [ ]  | [ ]  |
|  13. Is line 5 at least six times line 3? | [ ]  | [ ]  |
|  14. Is line 9 at least six times line 3? | [ ]  | [ ]  |
| \*15. Are at least 90 percent of assets located in the U.S.? If not, complete line 16. | [ ]  | [ ]  |
|  16. Is line 11 at least six 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? | [ ]  | [ ]  |

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

 Signature

 INSERT Name of Person Signing

 INSERT Title of Person Signing

 Click here to enter a date.

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PART B. CLOSURE OR POST-CLOSURE CARE AND LIABILITY COVERAGE

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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 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 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 the U.S. (required only if less than 90 percent of assets are located in the U.S.): | $      |
|   | YES | NO |
|  9. Is line 7 at least $10 million? | [ ]  | [ ]  |
| \*10. Is line 7 at least six times line 3? | [ ]  | [ ]  |
|  11. Are at least 90 percent of assets located in the U.S.? If not, complete line 12. | [ ]  | [ ]  |
|  12. Is line 8 at least six times line 3? | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

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 Signature

 INSERT Name of Person Signing

 INSERT Title of Person Signing

 Click here to enter a date.

INSERT

ANY

NECESSARY ATTACHMENTS