

EXHIBIT D



Environmental Legacy Management Group
720 East Butterfield Road, Suite 400
Lombard, IL 60148

Via UPS
1Z28W70A0199335150

October 28, 2024

Mr. Joshua Rhoades, P.G.
Manager, Permit Section
Illinois Environmental Protection Agency
Bureau of Land, Permit Section - #33
1021 North Grand Avenue East
Springfield, IL 62702

RE: 0310390001 – Cook County
CID Recycling and Disposal Facility
ILD010284248
RCRA Log No. B-27R2
Class 1* Permit Modification Application
Updated Post-Closure Care Cost Estimates

Dear Mr. Rhoades,

Waste Management of Illinois, Inc., as the permitted owner and operator of the CID Recycling and Disposal Facility (CID RDF), in accordance with 35 IAC 703.281, submits this Class 1* Permit Modification application to update the facility's post-closure care cost estimate.

Applicable information required by Sections 703.181 through 703.185, 703.201 through 703.207, 703.221 through 703.225, and 703.230 can be found in the facility's approved permit application and the permit log. A completed 39(i) certification form and an LPC-PA23 form are provided in Attachment 1.

Revisions to the estimates provided in revised tables I-4, I-5 and I-6 included in Attachment 2 include:

- costs have been adjusted for inflation pursuant to permit condition VI.35.a;
- the duration of remaining post-closure care has been reduced by one year;
- the corrective action cost estimate has been updated to reflect the corrective action program approved in Log No. B-27R2-M-7, in accordance with permit condition IV.F.5.
- sampling and analytical costs have been revised to reflect cost increases due to changes in scope in 2024. Cost documentation is provided in Attachment 3;



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- air monitoring tasks for Area 3 have been revised due to the issuance of a Lifetime Operating Permit on July 25, 2024: annual sampling of the flare and visible emissions observations at the turbine are no longer required; and
- additional activities related to the Area 1 GMZ have been incorporated into the corrective action cost estimate for Area 1 and 2.

Also, WMIL also proposes an anniversary date of October 31st for the annual post-closure care cost estimate be included in permit condition VI.35.a. This is proposed for clarity since previous permits have not included a specific date for submittal of updated estimates.

In accordance with 35 IAC 703.281(a)(2), WMIL will provide a written notification of this permit modification to all recipients on the facility's mailing list within 90 days of approval by the Agency.

Should agency personnel have any questions regarding this report, or require any additional information, please contact me at (224) 523-1736 or schillso@wm.com.

Sincerely,

Waste Management of Illinois, Inc.



Steve Chillson, P.G.

District Manager

Environmental Legacy Management Group

Attachments

cc: Facility Operating Record
Facility Correspondence File

October 28, 2024

CID RDF

Class 1 Permit Modification Application*

Updated Post-Closure Care Cost Estimates

Attachment 1

Permit Forms



Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

RCRA Permit Application Form (LPC-PA23)

This form must be used for any permit application for a hazardous waste management facility regulated in accordance with RCRA, Subtitle C, including all requests to modify an existing permit. One original and three (3) copies, of all permit applications must be submitted. Attach the original and appropriate number of copies of a cover letter, any necessary plans, specifications, reports, forms, (e.g., corrective action certification form), and any other certifications etc. to fully support and describe the activities or modifications being proposed. Attach sufficient information to demonstrate compliance with all applicable regulatory requirements. Applications without this form will be deemed incomplete. Please refer to the RCRA checklist and decision guide documents for further guidance. For RCRA corrective action, this form should only be used if requesting an actual modification to a RCRA permit. A RCRA Corrective Action Certification form should be used in all other instances.

Note: Permit applications which are hand-delivered to the Bureau of Land, Permit Section must be delivered to 1021 North Grand Avenue East between the hours of 8:30 a.m. to 5:00 p.m., Monday through Friday (excluding State holidays).

Please type or print all information legibly.

I. Site Identification

Site # (Illinois EPA): 0310390001 USEPA ID Number: ILD010284248
Site Name: CID Recycling and Disposal Facility
Physical Site Location (street, road, etc.): 138th Street and Interstate 94, P.O. Box 1309
City: Calumet City Zip Code: 60409 County: Cook
Existing RCRA Permit (if applicable): B-27R2

II. Owner/Operator Identification

Owner Information

Name: Waste Management of Illinois, Inc.
Mailing Address:

Environmental Legacy Management Group
720 East Butterfield Road, Suite 400
Lombard, IL 60148

Contact Name: Steven Chillson
Phone #: 224-523-1736
Email: schillso@wm.com

Operator Information

Name: Waste Management of Illinois, Inc.
Mailing Address:

Environmental Legacy Management Group
720 East Butterfield Road, Suite 400
Lombard, IL 60148

Contact Name: Steven Chillson
Phone #: 224-523-1736
Email: schillso@wm.com

A 39(i) certification must be submitted with information concerning the following persons or entities:

- the owner of the business entity applying for the permit;
- the operator of the business entity applying for the permit;
- each employee or officer of the owner or operator who signed the permit application or has managerial authority at the site; and
- any additional owner, operator, or officer or employee of the owner or operator from whom a certification is requested by the Illinois EPA, including any officer or employee who will be responsible for overseeing or implementing regulated activities governed by the permit.

III. Permit Application Identification

Application Type

- | | | |
|--|--|---|
| <input type="checkbox"/> New Part B Permit | <input type="checkbox"/> Class 1 Modification | <input type="checkbox"/> Remedial Action Plan Permit (RAPP) |
| <input type="checkbox"/> Part B Permit Renewal | <input checked="" type="checkbox"/> Class 1* (prior approval required) Modification | <input type="checkbox"/> Sig RAPP Modification |
| | <input type="checkbox"/> Class 2 Modification | <input type="checkbox"/> Non Sig RAPP Modification |
| | <input type="checkbox"/> Class 3 Modification | <input type="checkbox"/> Major UIC Modification |
| | <input type="checkbox"/> Additional information to supplement UIC Class I application Log Number | <input type="checkbox"/> Minor UIC Modification |

This Application Involves

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Storage | <input type="checkbox"/> Treatment | <input checked="" type="checkbox"/> Disposal | <input type="checkbox"/> Incineration |
| <input checked="" type="checkbox"/> Groundwater | <input checked="" type="checkbox"/> Corrective Action | <input type="checkbox"/> UIC Class I | <input type="checkbox"/> UIC Class V |

Description of This Permit Request: (Include a brief narrative description here.)

Application providing updated post-closure care cost estimates in accordance with Condition VI.35.a.

IV. SIGNATURES

Original signatures required. Signature stamps or applications transmitted electronically or by facsimile are not acceptable. All applications shall be signed by the person in accordance with 35 IAC 702.126(a).

Please check the box of the appropriate certification.

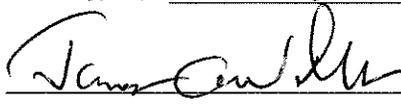
Owner

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons that manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Alternative owner certification. For remedial action plans (RAPs) permit under Subpart H of 35 IAC 703, the owner may choose to make the following certification instead of the certification above.

Based on my knowledge of the conditions of the property described in the RAP and my inquiry of the person or persons that manage the system referenced in the operator's certification, or those persons directly responsible for gathering the information, the information submitted is, upon information and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Name (Printed or Typed): Waste Management of Illinois, Inc.

Owner Signature:  **JAMES A. WILSON**
Vice President Date: 10/3/2024.

Title: James A. Wilson, Vice President, Waste Management of Illinois, Inc.

Operator

I certify under penalty of law that this document and all attachment were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons that manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Operator Name (Printed or Typed): Same

Operator Signature: [Signature] Date: 10/03/2024

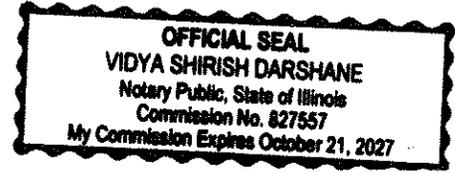
JAMES A. WILSON
Vice President

Title: Same

Notary (Required for both owner and operator signatures)

Subscribed and Sworn before me this 3rd day of OCTOBER 20 24.

Notary Signature: [Signature]



My commission expires on: 10/21/2027

Notary Seal

Engineer

I certify under penalty of law that this document and all attachment were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons that manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Engineer Name (Print or Type): Edward Doyle

Engineer Signature: [Signature]

Illinois License No.: 062-0048126

Expiration Date of License: 11/30/2025

Engineer Phone No. 630-254-9388

Email: edoyle@EILLCC.com

Engineer Address:
1323 Butterfield Rd., Suite 104
Downers Grove, IL 60515-5620



Environmental Informa...
Logistics, LLC
IL Design Firm
Registration #
184004752-0002
Renewal Date: 4/30/2025

Engineer Seal

All information submitted as part of the Application is available to the public except when specifically designated by the Applicant to be treated confidentially as a trade secret or secret process in accordance with Section 7(a) of the Environmental Protection Act, applicable Rules and Regulations of the Illinois Pollution Control Board and applicable Illinois EPA rules and guidelines.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Instructions for RCRA Permit Application Form LPC-PA23

The following instructions are designed to aid in the completion of the RCRA Permit Application Form LPCPA23. If you have additional questions regarding the form, or the informational requirements, please contact the Illinois EPA Bureau of Land (BOL) Permit Section at 217-524-3300.

This form must be used for any permit application for a hazardous waste management facility regulated in accordance with RCRA, Subtitle C, including all requests to modify an existing permit. If an application has already been submitted to the Agency, a completed RCRA Permit Application Form must accompany all additional information that is submitted to the agency for that application. An example of "additional information" would be a response to verbal or written comments from the Agency. For RCRA corrective action, this form should only be used if requesting an actual modification to a RCRA permit. A RCRA Corrective Action Certification form should be used in all other instances.

I. Site Identification

Enter all of the required information in the space provided. If you do not have an Illinois or USEPA identification number, call the Illinois EPA BOL Waste Reduction and Compliance Section at 217-785-8604 to obtain these numbers prior to completing the form.

II. Owner/Operator Identification

The terms "owner" and "operator" are defined at 35 IAC 720.110 and 702.110. If the facility has the same owner and operator, you may type in "same" under operator information. Also, if the contact person for an application is different from the owner or operator (i.e. the consultant), please indicate this in the cover letter for the application.

III. Permit Application Identification

Indicate both the type of application and the kind of waste management involved. For instance, if the application involves more than one type of waste management, check all applicable options.

IV. Signatures

The signatory requirements for permit applicants are identified at 35 IAC 702.126 and 702.151. If the facility has the same owner and operator, you may type in "same" under operator information.

Notary Public: A notary public's signature and stamp are required for both the owner and operator signatures on the form.

Engineer Certification: A professional engineer that is licensed in the State of Illinois must certify all technical information provided in a permit application. 35 IAC 703.182 describes the types of information that must be certified by a professional engineer.



Illinois Environmental Protection Agency

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39(i) Certification for Operating a Waste Management Facility

Pursuant to 415 ILCS 5/39(i), prior to issuing any RCRA permit, or any permit for a waste storage site, sanitary landfill, waste disposal site, waste transfer station, waste treatment facility, waste incinerator, clean construction or demolition debris fill operation, or used tire storage site, the Illinois EPA must conduct an evaluation of the prospective owner's or operator's prior experience in waste management operations, clean construction or demolition debris fill operations, and tire storage site management. As part of that evaluation please complete and submit this form with your permit application.

This form may be completed online and saved locally before printing, signing and submitting it to the Illinois EPA at the address below. If the form is completed manually, please type or print clearly.

Illinois Environmental Protection Agency
Division of Land Pollution Control - #33
39(i) Certification
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

I. Applicant Information

Site Name CID Recycling and Disposal Facility IEPA BOL No.: 0310390001

Site Address 138th and Interstate 94

City: Calumet City

State: IL

Zip Code: 60409

Permit Numbers (if applicable): B-27R2

Owner

Owner Name: Waste Management of Illinois, Inc.

Street Address: 720 East Butterfield Road, Suite 400

City: Lombard

State: IL

Zip: 60148

Operator

Operator Name: Waste Management of Illinois, Inc.

Street Address: 138th and Interstate 94

City: Calumet City

State: IL

Zip: 60409

Is this 39(i) certification for the owner or the operator?

Owner

Operator

Owner and operator are the same entity

II. Officers and Employees with Site Responsibility

Unless the owner and operator are the same entity, a separate 39(i) form must be submitted for both the owner and operator. Persons operating under the authority of the owner should be listed on the owner's 39(i) form and persons operating under authority of the operator should be listed on the operator's 39(i) form.

A. Officers: List the name and title of all officers of the owner or operator that will have personal involvement or active participation in the operation or management of the site or facility for which the application is submitted.

Name	Title

B. Employees: List the name and title of each employee of the owner or operator that will have personal involvement or active participation in the overall operation or management of the site or facility for which the application is submitted (e.g. site managers, site engineers, and other persons who direct or control the overall day-to-day management of the operation, but not persons whose duties are exclusively limited to equipment operation, labor, or similar non-managerial functions).

Name	Title
Steven Chillson	District Manager, Environmental Legacy Management Group
Lawrence J. Buechel	Area Director

III. Owner, Operator, Officer, and Employee Information

A. Prior Conduct Identification

The applicant must answer each of the following questions for every owner or operator, and for any officer or employee identified under Section II. If the answer to any of the following questions is affirmative, the applicant must complete an Attachment A for each person for whom the answer is affirmative and include a copy of each final administrative or judicial determination that required an affirmative response. If the information for each owner, operator, officer, and employee has not changed since the applicant's last submission of a 39(i) certification, the applicant can skip to Section III(C), below.

- 1) Has there been a finding that any person named in Section II violated federal, State, or local laws, regulations, standards, or ordinances in the operation of one or more waste management facilities or sites, clean construction or demolition debris fill operation facilities or sites, or tire storage sites? Yes
 No
- 2) Has any person named in Section II ever been convicted in this or another State of any crime which is a felony under the laws of this State, or convicted of a felony in a federal court; or convicted in this or another state or federal court of any of the following crimes: forgery, official misconduct, bribery, perjury, or knowingly submitting false information under any environmental law, regulation, or permit term or condition? Yes
 No
- 3) Has there been a finding against any person named in Section II of gross carelessness or incompetence in handling, storing, processing, transporting or disposing of waste, clean construction or demolition debris, or used or waste tires, or a finding of gross carelessness or incompetence in using clean construction or demolition debris as fill? Yes
 No

B. Pending Proceedings

The applicant must answer each of the following questions for every owner or operator, and for any officer or employee identified in Section II. If the answer to any of the following questions is affirmative, the applicant must complete an Attachment A for each person for whom the answer is affirmative and provide information identified in Attachment A regarding the pending proceeding.

- 1. Is there any proceeding currently pending against any person named in Section II that could result in a conviction or finding described in subsection A, above? Yes
 No
- 2. Is there any proceeding currently pending against any person named in Section II that could result in the reversal of a conviction or finding described in subsection A, above? Yes
 No

C. Prior Application Information

If (i) the applicant has previously submitted the Attachments required pursuant to subsections A and B above and (ii) the Attachments previously submitted are still complete, true, and correct, then the applicant does not need to include Attachments with this submission if the following box is checked:

By checking this box, I affirm that the Attachments previously submitted are still complete, true, and correct and wish to incorporate them into this Certification.

If the above box is checked, identify the application that contains the previously submitted Attachments that are complete, true, and correct.

Authorization for Release of Information

This Certification must be signed by an officer of the applicant.

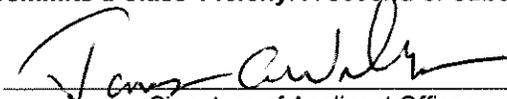
The undersigned authorizes any representative of the Illinois Environmental Protection Agency bearing this release to obtain any information from the Illinois State Police pertaining to the criminal records of the applicant and hereby directs the Illinois State Police to release such information upon request of the bearer. The undersigned authorizes a review of and full disclosure of all records, or any part thereof, concerning the applicant's criminal records by and to a duly authorized agent of the Illinois Environmental Protection Agency, whether the records are of public, private, or confidential nature. The intent of this authorization is to give consent for full and complete disclosure of the applicant's criminal records.

The undersigned fully understands that any information which is developed directly or indirectly, in whole or in part, as a result of this authorization will be considered in determining whether a permit shall be issued by the Illinois Environmental Protection Agency under the Environmental Protection Act [415 ILCS 5]. The undersigned further agrees to release the Illinois State Police and the Illinois Environmental Protection Agency, its agents and designees under this release, from any and all liability which may be incurred as a result of compliance with this authorization for release of information.

Certification Statements

I certify under penalty of law that the information submitted, including information on any Attachments submitted as part of or incorporated into this Certification, is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))


Signature of Applicant Officer

10/03/2024
Date

JAMES A. WILSON
Vice President

James A. Wilson

Vice President, Waste Management of Illinois, Inc.

Printed Name

Title

October 28, 2024
CID RDF
Class 1 Permit Modification Application*
Updated Post-Closure Care Cost Estimates

Attachment 2

Updated Cost Estimate Tables I-4, I-5 and I-6

TABLE I-4
CID RDF POST-CLOSURE COST ESTIMATE
AREA 3 LANDFILL

NOTE: Post-closure activities for the Area 3 Landfill commenced on October 10, 2008 when it was certified closed. Costs are based on 14 years of post-closure remaining and 10 years of corrective action.

#	TASK	Units	Quantity	#/yr	# yrs	Unit Cost ¹	Extended Cost ²	Qual. ³
1	Mow and fertilize (if required) cover area (170 acres total)	acre	170	1	14	\$76	\$180,880	I
2	Dress and re-seed 3% of cover area (PC Year 17, 22 and 27)	acre	5	1	3	\$2,320	\$35,496	I
3	Landfill cap and surface water management system maintenance	LS	1	1	14	\$1,384	\$19,376	I
4	Semi-annual Inspection	each	1	2	14	\$416	\$11,648	I
5	Groundwater monitoring (Sampling & Analysis)							
6	- Routine Sampling (14 wells)	each	1	2	14	\$3,300	\$92,400	C
7	- Routine Analyses (14 wells)	each	1	2	14	\$3,891	\$108,948	C
8	- North Side GMZ Monitoring and Sampling (14 wells)	each	1	2	10	\$4,520	\$90,400	C
9	- South Side GMZ Monitoring and Sampling (16 wells)	each	1	2	10	\$3,375	\$67,500	C
10	- North Side GMZ Analyses (14 wells)	each	1	2	10	\$4,960	\$99,200	I
11	- South Side GMZ Analyses (16 wells)	each	1	2	10	\$3,916	\$78,320	I
12	5-Year GMZ Re-evaluation	each	1	1	2	\$10,360	\$20,720	I
13	Groundwater remediation system operation and maintenance	LS	1	1	10	\$13,382	\$133,820	I
14	Groundwater Well Survey (Biennial)	each	1	0.5	14	\$1,316	\$9,212	I
15	Groundwater Data Review, Reporting and Statistics	each	1	1	14	\$10,949	\$153,286	I
16	Security and fencing maintenance (10,200 lineal feet total)	feet	2% total	1	14	\$7.21	\$20,583	I
17	Leachate, condensate and extracted groundwater treatment and disposal (average of last 4 yrs)	gal	8,891,582	1	14	\$0.0700	\$8,713,750	A ⁴ , C
18	Leachate level monitoring and reporting	LS	1	1	14	\$6,009	\$84,126	I
19	Leachate Sampling & Analysis (35 IAC 724 Appendix I parameters)	LS	1	1	14	\$3,741	\$52,374	I
20	Leachate/Gas system maintenance	LS	1	1	14	\$34,607	\$484,498	I
21	Gas flare system maintenance	LS	1	1	14	\$11,076	\$155,064	I
22	Decommissioning of landfill gas system	LS	1	1	1	\$83,058	\$83,058	I
23	Landfill Gas monitoring - Gas Turbine: Quarterly sulfur sampling	LS	1	4	14	\$2,400	\$134,400	C
24	Air Monitoring - Subpart BB and CC Monitoring	each	1	1	14	\$6,550	\$91,700	C
25	Post-closure certification report	LS	1	1	1	\$13,843	\$13,843	I
26	Inspect benchmarks semi-annually and survey unit once every 10 years (annualized cost for survey in 2033)	LS	1	1	14	\$214	\$2,996	I
27	TOTAL						\$10,937,598	

Notes:

1. Unit costs are rounded to the number of decimal places shown.
2. Extended costs are rounded to the nearest dollar.
3. Qualifiers: C - Current cost; I - Costs were inflated to 2024 dollars by multiplying 2021 unit costs by 1.0413 and 1.07, the 2022 and 2023 inflations factors provided by IEPA.
4. A - Average (2020 = 10,675,389; 2021 = 6,812,333; 2022 = 10,002,909; 2023 = 8,075,698)

TABLE I-5

CID RDF POST-CLOSURE COST ESTIMATE

AREA 4 LANDFILL

NOTE: Post-closure activities for the Area 4 Landfill commenced on April 23, 2010 when it was certified closed. Costs are based on 16 years of post-closure remaining.

#	TASK	Units	Quantity	#/yr	# yrs	Unit Cost ¹	Extended Cost ²	Qual. ³
1	Mow and fertilize (if required) cover area (26 acres total)	acre	26	1	16	\$ 76	\$31,616	I
2	Dress and re-seed 3% of cover area (PC Year 17, 22 and 27)	acre	1	1	3	\$ 2,298	\$6,894	I
3	Landfill cap and surface water management system maintenance	LS	1	1	16	\$ 1,384	\$22,144	I
4	Semi-annual Inspection	each	1	2	16	\$ 416	\$13,312	I
5	Groundwater Monitoring (9 Dolomite wells and 10 Sand wells)							
6	- Sampling	each	1	2	16	\$ 5,015	\$160,480	C
7	- Analyses	each	1	2	16	\$ 5,391	\$172,512	I
8	Groundwater Well Survey (Biennial)	each	1	0.5	16	\$ 1,019	\$8,152	I
9	Groundwater Data Review, Reporting and Statistics	each	1	1	16	\$ 4,379	\$70,064	I
10	Security and fencing maintenance (7,200 lineal feet total)	feet	2% total	1	16	\$ 7.20	\$16,589	I
11	Leachate treatment and disposal (average of last 4 years)	gal	1,401,529	1	16	\$0.0700	\$1,569,712	A ⁴ , C
12	Leachate level monitoring and reporting	LS	1	1	16	\$ 5,900	\$94,400	C
13	Leachate Sampling & Analysis (35 IAC 724 Appendix I parameters)	LS	1	1	16	\$ 1,261	\$20,176	I
14	Leachate system maintenance	LS	1	1	16	\$17,996	\$287,936	I
15	Post-closure certification report	LS	1	1	1	\$17,303	\$17,303	I
16	Inspect benchmarks and survey unit once every 5 years (annualized cost for survey in 2033)	LS	1	1	16	\$ 39	\$624	I
17	TOTAL						\$2,491,914	
Notes:								
1. Unit costs are rounded to the number of decimal places shown.								
2. Extended costs are rounded to the nearest dollar.								
3. Qualifiers: C - Current cost; I - Costs were inflated to 2024 dollars by multiplying 2021 unit costs by 1.0413 and 1.07, the 2022 and 2023 inflations factors provided by IEPA.								
4. A = average (2020 = 1,571,969; 2021 = 1,220,137; 2022 = 1,207,170; 2023 = 1,606,841)								

**TABLE I-6
CID RDF - CORRECTIVE ACTION COST ESTIMATE**

The approved correction action program for the Area 1 and Area 2 SWMU's consists of the following tasks. Costs are based on 10 years of corrective action.

#	TASK	Cost Per Year	# yrs	Extended Cost ¹	Qual. ²
1	Operation and maintenance of a landfill gas management system for each landfill (Area 1)				
2	Landfill gas monitoring system - monthly checks of the extraction wells	\$4,629	10	\$46,290	I
3	Landfill gas monitoring system - semi-annual bar hole probe monitoring and river observations	\$600	10	\$6,000	C
4	Operation and maintenance of a leachate management system for each landfill				
5	Leachate management system - monthly checks of the removal wells and underground storage tank systems.	\$32,262	10	\$322,620	I
6	Leachate/contaminated groundwater treatment and disposal (14,458,266 gallons/year)	\$1,012,079	10	\$10,120,790	A ³ ,C
7	Quarterly groundwater piezometer level measurements for leachate compliance determinations	\$500	10	\$5,000	C
8	Inspecting/maintaining the final cover of each landfill				
9	Landfill cover for Areas 1 and 2 – quarterly checks for settlement, erosion and vegetative stress	\$1,387	10	\$13,870	I
10	Landfill cover maintenance (erosion, stressed vegetative areas, mowing, fertilizing and reseeded)	\$15,701	10	\$157,010	I
11	Maintenance of signs, fencing, security systems (6,460 lineal feet total)	\$931	10	\$9,310	I
12	Maintenance of run-on, run-off and stormwater control structures	\$3,178	10	\$31,780	I
13	TOTAL OPERATION AND MAINTENANCE COST			\$10,712,670	
14	Corrective Measures as required by B-27R2-M-7 and B-27R-CA-7, issued July 29, 2024				
15	Groundwater remediation system operation and maintenance	\$6,083	10	\$60,830	I
16	Groundwater remediation system quarterly inspection	\$15,800	10	\$158,000	C
17	Extracted groundwater treatment (included in Line 6, Leachate/contaminated groundwater treatment and disposal)	\$0	10	\$0	C
18	Groundwater Management Zone permit applications	\$8,516	1	\$8,516	I
19	Phytoremediation system inspection and maintenance	\$6,708	10	\$67,080	I
20	Phytoremediation system quarterly Corrective Measures Reports	\$10,981	10	\$109,810	I
21	Leachate level and volume reporting	\$3,600	10	\$36,000	C
22	Area 1 GMZ Monitoring Well Sampling	\$5,400	10	\$54,000	C
23	Area 1 GMZ Monitoring Well Analyses	\$2,926	10	\$29,260	C
24	Area 1 GMZ Groundwater Monitoring Data Review and Reporting	\$8,100	10	\$81,000	C
25	TOTAL CORRECTIVE MEASURES COST			\$604,496	
26	TOTAL			\$11,317,166	

Notes:

1. Extended costs are rounded to the nearest dollar.
2. Qualifiers: C - Current cost; I - Costs were inflated to 2024 dollars by multiplying 2021 unit costs by 1.0413 and 1.07, the 2022 and 2023 inflations factors provided by IEPA.
3. A = Average (2020 = 15,584,838; 2021 = 10,420,768; 2022 = 15,708,795; 2023 = 16,118,664)

October 28, 2024

CID RDF

Class 1 Permit Modification Application*

Updated Post-Closure Care Cost Estimates

Attachment 3

Post-Closure Cost Documentation

Exhibit A

WM Company (Affiliate): <small>(Do not enter "Waste Management, Inc.")</small>	Waste Management of Illinois, Inc.	Contractor or Consultant:	
Date of Agreement:	September 2, 2022	Date of this Exhibit A:	August 9, 2024
If the Services provided hereunder are subject to a Master Services Agreement (MSA), identify the MSA and its date:		Purchase Order No.:	
		May 4, 2011	
Site Name:	CID Recycling and Disposal Facility	Project Name:	2025 Environmental Monitoring Services
In accordance with the Agreement (dated as indicated above) between Contractor/Consultant and Company, this Exhibit describes the Services to be performed by the Contractor/Consultant in consideration for payment of the Agreement Price by the Company. (If this is a modification to an existing Exhibit A, this shall be indicated by using an A, B, or C suffix to the PO number above and listing any price increases or decreases in the table below.)			
WM Project Manager:	Steve Chillson	Contractor/Consultant's Project Manager:	
WM Billing Address:	Linked Supplier, bill directly through Coupa	Address:	

SCOPE OF WORK AND AGREEMENT PRICE
(Describe Scope of Work and Price as narrative and/or by task)

If checked, a detailed Scope of Work is attached hereto and expressly incorporated herein. Enter date of Scope of Work: **08/09/2024**

NARRATIVE DESCRIPTION OF SCOPE OF WORK

2025 Groundwater, leachate, surface water, and gas monitoring and sampling in accordance with site specific sampling plan.

Period of Performance: The Services and all necessary and required work relating thereto shall be completed by: **December 31, 2025**

Explanation of Changes to Scope of Work and/or Price: Update to include 2025 rates.

TASK	TYPE <small>(Lump Sum, Not to Exceed, Estimate Only)</small>	ORIGINAL PRICE	Increase or Decrease in Original Price			TOTAL
			A	B	C	
Task 1 - Area 1-3 Semi-Annual GW (2Q/4Q)	1,2	\$3,300.00				\$6,600.00
Task 2 - Area 3 North Side CA Monitoring/Sampling (2Q/4Q)	1,2	\$3,325.00				\$6,650.00
Task 3 - Area 3 South Side CA Monitoring/Sampling (2Q/4Q)	1,2	\$3,325.00				\$6,650.00
Task 4 - Area 3 North Side CA Monitoring (1Q/3Q)	1,2	\$1,195.00				\$2,390.00
Task 5 - Area 3 South Side CA Flow Readings/Levels (1Q/3Q)	1,2	\$50.00				\$100.00
Task 6 - Area 1 Annual Leachate (1Q)	1,2	\$200.00				\$200.00
Task 7 - Area 2 Annual Leachate (1Q)	1,2	\$200.00				\$200.00
Task 8 - Area 3 Annual Leachate (1Q)	1,2	\$200.00				\$200.00
Task 9 - Area 1-2 Quarterly Piezometer Levels	1,2	\$125.00				\$500.00
Task 10 - Area 1 Semi-Annual Barholes (2Q/4Q)	1,2	\$300.00				\$600.00
Task 11 - Area 4 Semi-Annual GW (2Q/4Q)	1,2	\$5,015.00				\$10,030.00
Task 12 - Area 4 Annual Leachate (1Q)	1,2	\$200.00				\$200.00
Task 13 - Area 1 Semi-Annual GW (2Q/4Q)	1,2	\$2,700.00				\$5,400.00
Task 14 - Area 1 Monthly NPDES Monitoring/Sampling/Analysis	1,2	\$800.00				\$6,400.00
Task 15 - Area 1 Quarterly NPDES Monitoring/Sampling/Analysis	1,2	\$1,375.00				\$5,500.00
Task 16 - Annual Subpart BB Monitoring (3Q)	1,2	\$550.00				\$550.00
Task 17 - Annual Subpart CC Monitoring/Sampling/Analysis (3Q)	1,2	\$6,000.00				\$6,000.00
Task 18 - Contingency Tasks		T&M				T&M Rates
Applicable sales tax <input type="checkbox"/> included, or <input type="checkbox"/> not included.		TOTALS:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 58,170.00

Funding Approvals – Prior to any commitment being made on behalf of the Company, the proper authorization for the actual expenditures (both project funding and opening purchase orders for the entity being contracted) must occur via the standard AFE and PO approval system.

Signatory Authorization – This Exhibit A must be signed by an officer of the WM Company or a person with delegated authority to sign this Exhibit A. The WM employee signing this document should ensure that he/she has reviewed the Directions to Those Given Signatory Authority (available on WM Visor) and that the steps outlined in that document are being followed.

WM COMPANY

Authorized Signature _____ Date _____

Steve Chillson, District Manager, ELMG

Name & Title of Authorized Representative of Company (printed)

CONTRACTOR or CONSULTANT

Authorized Signature _____ Date **08/09/2024**

Name & Title of Authorized Representative of Contractor/Consultant (printed)

Menu

>> MyEOL >> Sites & Projects >> Project

Site/Project: **CID RDF (Area 1)**

Site/Project Analyses Jobs Events Access Rights

Primary Lab: [Redacted]

Phone: [Redacted]

Lab PM: [Redacted]

[Report Project Issues](#)

Site Configuration History

Select approval/version: Current Configuration ▼

Key Contacts

Site [Mary Pearson](#) EIL

Manager: Phone: (630) 240-8606
 Email: mpearson@eilllc.com

GPP: [Seth Ramaley](#) Waste Management

Phone: (404) 556-2145
 Email: sramaley@wm.com

Site [Steve Chillson](#) Waste Management

Manager: Phone: (224) 523-1736
 Email: schillso@wm.com

Current Configuration Approval

Approval is currently disabled. To approve this site, please first review and approve all the underlying events. Then please return to this page to approve the site.

[Highlight unapproved events](#)

Events

					Year: 2024 ▼			
Type	Description	Event ID	Frequency	Cost Per Event	Events	Budget	Invoiced	Approved
200	Area 1 Dolton Sand Wells (2Q,4Q)	5848	Semi-Annual	\$1,463.00	2	\$2,926.00	\$0.00	9/19/2024 1:37pm CDT by: Erin Yargicoglu
						Subtotal:	\$2,926.00	\$0.00
500	Annual Leachate Monitoring (1Q)	5283	Annual	\$643.00	1	\$643.00	\$643.00	Never approved.
						Subtotal:	\$643.00	\$643.00
Other Charges								\$62.69
						Total:	\$3,569.00	\$705.69

Deliverables (Expand All)

[Menu](#)

>> MyEOL >> Sites & Projects >> Project

Site/Project: CID RDF (Area 3)

[Site/Project](#) [Analyses](#) [Jobs](#) [Events](#) [Access Rights](#)

Primary Lab: [REDACTED]

Phone: [REDACTED]

Lab PM: [REDACTED]

[Report Project Issues](#)

Site Configuration History

Select approval/version: Current Configuration ▼

Key Contacts

 Site [Mary Pearson](#) EIL

 Manager: Phone: (630) 240-8606
 Email: mpearson@eillc.com

 GPP: [Seth Ramaley](#) Waste Management

 Phone: (404) 556-2145
 Email: sramaley@wm.com

 Site [Steve Chillson](#) Waste Management

 Manager: Phone: (224) 523-1736
 Email: schillso@wm.com

Current Configuration Approval

Approval is currently disabled. To approve this site, please first review and approve all the underlying events. Then please return to this page to approve the site.

[Highlight unapproved events](#)

Events

					Year: 2024 ▼			
Type	Description	Event ID	Frequency	Cost Per Event	Events	Budget	Invoiced	Approved
200	Area 3 Outside GMZ Dolomite Wells	121	Semi-Annual	\$3,078.00	2	\$6,156.00	\$3,078.00	2/15/2018 1:33pm CST by: Lisa Grassl
200	Area 3 Outside GMZ Dolton Sand Wells	159	Semi-Annual	\$813.00	2	\$1,626.00	\$813.00	2/15/2018 1:32pm CST by: Lisa Grassl
					Subtotal:	\$7,782.00	\$3,891.00	
400	Area 3 North GMZ Dolomite Wells	97	Semi-Annual	\$4,788.00	2	\$9,576.00	\$4,788.00	2/15/2018 2:43pm CST by: Lisa Grassl
400	Area 3 South GMZ Dolomite Wells	4617	Semi-Annual	\$2,394.00	2	\$4,788.00	\$2,394.00	2/15/2018 1:34pm CST by: Lisa Grassl
400	Area 3 South GMZ Dolton Sand Wells	3725	Semi-Annual	\$1,386.00	2	\$2,772.00	\$1,386.00	2/15/2018 1:33pm CST by: Lisa Grassl
					Subtotal:	\$17,136.00	\$8,568.00	
500	Area 3 Leach (10) 351AC 724 App I (2026)	376	Special	\$3,411.00	0	\$0.00	\$0.00	1/25/2017 4:16pm CST by: Lisa Grassl
500	Leach 351AC 724 App I Reduced (10)	4857	Annual	\$1,241.00	1	\$1,241.00	\$1,241.00	1/8/2024 4:06pm CST by: Erin Yargicoglu
					Subtotal:	\$1,241.00	\$1,241.00	
Other Charges							\$1,335.76	

Menu

>> MyEOL >> Sites & Projects >> Project

Site/Project: **CID RDF (Area 4)**

Site/Project Analyses Jobs Events Access Rights

Primary Lab: [Redacted]

Phone: [Redacted]

Lab PM: [Redacted]

[Report Project Issues](#)

Site Configuration History

Select approval/version: Current Configuration

Key Contacts

Site [Mary Pearson](#) EIL

Manager: Phone: (630) 240-8606
Email: mpearson@eillc.com

GPP: [Seth Ramaley](#) Waste Management

Phone: (404) 556-2145
Email: sramaley@wm.com

Site [Steve Chillson](#) Waste Management

Manager: Phone: (224) 523-1736
Email: schillso@wm.com

Current Configuration Approval

Approval is currently disabled. To approve this site, please first review and approve all the underlying events. Then please return to this page to approve the site.

[Highlight unapproved events](#)

Events

					Year: 2024			
Type	Description	Event ID	Frequency	Cost Per Event	Events	Budget	Invoiced	Approved
200	Area 4 Dolton Sand (4.10)	134	Semi-Annual	\$1,521.00	2	\$3,042.00	\$1,521.00	2/15/2018 1:29pm CST by: Lisa Grassl
200	GW Monitoring (4.10)	139	Semi-Annual	\$3,726.00	2	\$7,452.00	\$3,726.00	2/15/2018 1:29pm CST by: Lisa Grassl
Subtotal:						\$10,494.00	\$5,247.00	
500	Leach (10) 351AC 724 App I Reduced L331	4858	Annual	\$546.00	1	\$546.00	\$546.00	1/8/2024 4:03pm CST by: Erin Yargicoglu
500	Leachate (10) 351AC 724 App I (2026)	142	Special	\$1,137.00	0	\$0.00	\$0.00	1/25/2017 3:27pm CST by: Lisa Grassl
Subtotal:						\$546.00	\$546.00	
Other Charges							\$555.92	
Total:						\$11,040.00	\$6,348.92	

Deliverables (Expand All)

Erin Yargicoglu Environmental Information Logistics (EIL)



Corporate Headquarters



Local Office



March 1, 2024



Re: 2024 Invasive Vegetation Management - CID Recycling and Disposal Facility, Calumet City, IL

Dear [Redacted]

Thank you for contacting [Redacted] to provide you with this proposal to complete the scope of services listed below at the Waste Management CID Recycling and Disposal Facility in Calumet City, Illinois. This proposal is inclusive of all labor, material, and equipment required to perform the work as specified.

Scope of Work

Proposal includes three (3) stewardship visits throughout the 2024 growing season, one in May, one in July and one in September to control invasive species within the native planting areas (Populus spp.).

- Stewardship/Management of Native Landscapes:

Visits for stewardship will be made throughout the growing season to control weeds within the Populus Ssp planting locations. Control methods will include hand cutting, pulling, selective mowing, and herbicide application as appropriate. Stewardship efforts will focus on particular weed problems as they arise throughout the season and will be directed by the recommendations of the field supervisor.



All work is done under the general supervision of a field supervisor. Our field staff is uniformed and supervised by working foreman. All vehicles and equipment are marked with the company logo. This allows you the assurance of easy identification of our equipment and personnel.

This proposal can be implemented by either issuing a purchase order, or by signing the Authorization to Proceed below and returning to our office. Please feel free to only choose the line items for the work you would like [REDACTED] to perform at this time.

If you have any questions or wish to arrange for a meeting to discuss this scope of work and more specifically the treatment methods and areas, please call me at [REDACTED]. Thank you for allowing [REDACTED] the opportunity to work with you.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Authorization to Proceed

The following pricing options have been developed for consultations and reports as requested. Any additional consultation or effort would be priced at our consulting rate of \$125 per hour. Any on-site supervision by an arborist during construction will require a three (3)-hour minimum charge.

Waste Management CID Calumet City / 2024 Invasive Vegetation Mangement

Rate Schedule	Contract Type	Quantity	Unit	Unit Price	Total Price
Stewardship/Management Visits (Includes Visit Summary Reports)	Firm-Fixed Unit Price	3	Visits	\$ 3,202.00	\$ 9,606.00
				Subtotal	\$ 9,606.00
				Total	\$ 9,606.00

By signing this form, I do hereby acknowledge acceptance of the scope of work and associated fee, as well as the terms and conditions and limited warranty contained herein. Furthermore, my signature authorizes the work to be performed effective the date of my signature and denotes that I am an authorized representative of the Client with authority to authorize and bind my company.

Client Name: _____

Authorizing Signature: _____

Title: _____

Date: _____

[REDACTED]

[REDACTED]

March 1, 2024