PHOSPHOGYPSUM STACK SYSTEM LETTER FROM CHIEF FINANCIAL OFFICER TO DEMONSTRATE CLOSURE, WATER MANAGEMENT AND/OR LONG-TERM CARE FINANCIAL ASSURANCE

Secretary
Florida Department of Environmental Protection
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Attn:	Chief Bureau of Mine Reclamation MS 715	
	I am the chief financial officer of	

Name and Address of Firm

This letter and the attached Financial Assurance Tests for Closure, Water Management and/or Long-Term Care Costs [DEP Form 62-673.900(4)(i)] are in support of this firm's use of the financial test to demonstrate financial assurance for phosphogypsum stack system closure, water management and/or long-term care, as specified in Rule 62-673.640, Florida Administrative Code (F.A.C.).

1. This firm is the owner or operator of the following phosphogypsum stack systems in the state of Florida for which financial assurance for closure, water management and/or long-term care is demonstrated in whole or in part through the financial test specified in Rule 62-673.640, F.A.C. The current closure, water management and/or long-term care cost estimates covered by the test are shown for each facility (provide attachment if necessary):

FDEP ID NO. NAME ADDRESS CLOSURE \$ WATER MGMT \$ LONG-TERM \$

2. a. 62-673.900(4)(i) is \$		bligation for this firm, as o	defined in DEP Form
b. attachment if necessary		able for each facility listed	d in item 1. Prepare an
Assumptions &		Expected Rate of	Asset Retirement
Details*	Discount Rate	Inflation	Obligation
Closure Costs			
Water Management			
Long-Term Care	<u> </u>		
* Assumptions and deta	ails pertaining to Florida p	hosphogypsum stack sys	tems
this firm's independentl completed fiscal year, e	d/or Long-Term Care Cos y audited year-end financi ended Dateto f quired" or "is not required"	ial statements and footno	tes for the latest
	quired" or "is not required" the latest fiscal year. The		
	hose signatures appear being as adopted and incorporate		
Signature: Type Name and Title: _		Date:	