

Dear Secretary, Department of Natural Resources:

We hereby establish our Irrevocable Letter of Credit No. _____ in favor of the State of Wisconsin Department of Natural Resources ("WDNR") as beneficiary, at the request and for the account of

(Name and Address of Owner or Operator)

as customer, up to the aggregate amount of _____ U.S. dollars

\$ _____, available upon presentation of:

1. A sight draft bearing references to this letter of credit no. _____, together with
2. A signed statement declaring that the amount of the draft is payable pursuant to sections 289.41 and 291.37, Wis. Stats., as amended, and
 - a. Corrective Action Special Order ("Order") no. _____ issued by the
WDNR, effective on the _____ day of _____, _____, and any amendment or modifications thereto, or
 - b. the terms and conditions of the license or plan approval and any amendments or modifications thereto, issued pursuant to sections 289.30 and 289.31 and 291.25, Wis. Stats.

_____ is a party bound by the license or plan approval or Order and
(Name of Owner or Operator)

any amendments or modifications thereto. This license or plan approval or Order, which requires

(Name of Owner or Operator)

to take corrective action under section 291.37, Wis. Stats., applies to

_____, a hazardous waste facility (EPA Identification Number
(Name of Facility)

_____) owned by _____,
(Name of Owner)

operated by _____ and located in Section _____, Township _____,
(Name of Operator)

Range _____, Town/City/Village _____, _____ County, Wisconsin.

Under Section 291.37, Wis. Stats., and the terms of the license or plan approval or Order, WDNR may also require

_____ to take corrective action beyond the facility, if necessary.
(Name of Owner or Operator)

Section 289.41(2)(c) and 291.37, Wis. Stats., and the terms and conditions of the license or plan approval or Order require

_____ to establish and maintain proof of financial responsibility ensuring that
(Name of Owner or Operator)

funds are available to comply with the corrective action required by the license or plan approval or Order. This letter of credit is written to provide proof of financial responsibility pursuant to sections 289.41(2)(c) and 291.37, Wis. Stats., and sections NR 635.15(9) and 635.17(2) and (3), Wis. Adm. Code, as amended, and to ensure compliance with the license or plan approval or Order and any amendments or modifications thereto.

This letter of credit shall inure to the benefit of the beneficiary and is effective on _____.

This letter of credit shall expire on _____, except that it shall automatically renew on each successive termination date until _____, receives written notice from WDNR that the
(Name of Owner or Operator)
corrective action requirements of the license or plan approval or Order have been satisfactorily completed, unless we elect to cancel this letter of credit.

In the event we wish to cancel this letter of credit, we shall provide notice in writing of our intent to cancel to the beneficiary by registered or certified mail not less than 120 days prior to the end of the current term of this letter. Unless the customer delivers to the beneficiary a replacement letter of credit or other proof of financial responsibility under sections 289.41 and 291.37, Wis. Stats., we shall pay to the beneficiary the unused balance of this letter of credit on the termination date.

Whenever this letter of credit is drawn on under and in compliance with the terms of this credit, we shall duly honor such draft upon presentation to us.

All or part of this letter of credit may be drawn upon by the beneficiary, upon written request of the Secretary of the beneficiary and in accordance with section 289.41 (11) (am), Wis. Stats., as amended, to be used to carry out the corrective action requirements of the license or plan approval or Order if the customer or any successor in interest fails to do so.

I hereby certify that I am authorized to execute this letter of credit on behalf of

(Name and Address of Issuing Institution)

a bank or financial institution which is examined and regulated by a federal agency, or in the case of a bank or financial institution located within the State of Wisconsin, which is examined and regulated by the state or a federal agency.

Attest:

(Signature of Official of Issuing Institution)

(Date Signed)

(Title of Official of Issuing Institution)

This credit is subject to the Wisconsin Uniform Commercial Code and the Uniform Customs and Practice for Documentary Credits, as most recently published by the International Chamber of Commerce. In the event of inconsistency the Wisconsin Uniform Commercial Code shall apply.