TRIUMVIRATE ENVIRONMENTAL

EDUCATION HEALTHCARE INDUSTRIAL LIFE SCIENCES

February 26, 2013 CERTIFIED MAIL

Thomas Lubosynski
Florida Department of Environmental Protection
3319 Maguire Blvd, Suite 232
Orlando, Florida 32803-3767

RE: 2013 Closure Cost Estimating Form for Solid Waste Facilities 62-701.900(28) for Triumvirate Environmental (Florida), Inc. Permit No. SO48-0288830-001.

Dear Mr. Lubosynski:
For your review and consideration, please accept the enclosed *Closure Cost Estimating Form for Solid Waste Facilities* [Form 62-701.900(28)] for the Triumvirate Environmental (Florida), Inc., facility located at 10100 Rocket Blvd. in Orlando, FL.

The form reflects the current inflation factor of 1.02 and increases the total cost estimate from the most recent FLDEP-approved sum of $60,987.84.00 to $62,207.76.

If you have any questions regarding this information, please feel free to contact me at (617) 715-8919. Also please feel free to contact me by e-mail at rbarry@triumvirate.com.

Sincerely,

Richard Barry
Director, Compliance
Triumvirate Environmental Incorporated
617-715-8919

Enc.

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Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-701.900(28), F.A.C.
Form Title: Closure Cost Estimating Form For Solid Waste Facilities
Effective Date: January 6, 2010
Incorporated in Rule 62-701.630(3), F.A.C.

CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FACILITIES

Date of DEP Approval: _____

I. GENERAL INFORMATION:

Facility Name: Triumvirate Environmental (Florida) Inc., WACS ID: 95376
Permit Application or Consent Order No.: OCD-SW-09-0027 Expiration Date: 1/9/2014
Facility Address: 10100 Rocket Boulevard, Orlando, Florida 32824
Permittee or Owner/Operator: Triumvirate Environmental (Florida), Inc.
Mailing Address: 10100 Rocket Boulevard, Orlando, Florida 32824

Latitude: 28 ° 25 ' 04N " Longitude: 81 ° 23 ' 10W "
Coordinate Method: _____ Datum: asdf
Collected by: _____ Company/Affiliation: _____

Solid Waste Disposal Units Included in Estimate:

Phase / Cell	Acres	Date Unit Began Accepting Waste	Active Life of Unit From Date of Initial Receipt of Waste	If active: Remaining life of unit	If closed: Date last waste received	If closed: Official date of closing
N/A - Not a Landfill						

Total disposal unit acreage included in this estimate: Closure: _____ Long-Term Care: _____

Facility type: (Check all that apply)
☐ Class I ☐ Class III ☐ C&D Debris Disposal
☐ Other: Solid Waste Processing Facility

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

☐ Letter of Credit* ☐ Insurance Certificate ☐ Escrow Account
☒ Performance Bond* ☐ Financial Test ☐ Form 29 (FA Deferral)
☐ Guarantee Bond* ☐ Trust Fund Agreement

* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement

III. ESTIMATE ADJUSTMENT

40 CFR Part 264 Subpart H as adopted by reference in Rule 62-701.630, Florida Administrative Code, (F.A.C.) sets forth the method of annual cost estimate adjustment. Cost estimates may be adjusted by using an inflation factor or by recalculating the maximum costs of closure in current dollars. Select one of the methods of cost estimate ajustment below.

☒ **(a) Inflation Factor Adjustment** ☐ **(b) Recalculated or New Cost Estimates**

Inflation adjustment using an inflation factor may only be made when a Department approved closure cost estimate exists and no changes have occurred in the facility operation which would necessitate modification to the closure plan. The inflation factor is derived from the most recent Implicit Price Deflator for Gross National Product published by the U.S. Department of Commerce in its survey of Current Business. The inflation factor is the result of dividing the latest published annual Deflatory by the Deflator for the previous year. The inflation factor may also be obtained from the Solid Waste website www.dep.state.fl.us/waste/categories/swfr or call the Financial Coordinator at (850) 245-8706.

This adjustment is based on the Department approved closing cost estimate dated: _____

Latest Department Approved **Closing Cost** Estimate:		Current Year Inflation Factor, ***e.g. 1.02***		Inflation Adjusted Closing Cost Estimate:
$60,988.00	×	1.02	=	$62,207.76

This adjustment is based on the Department approved long-term care cost estimate dated: _____

Latest Department Approved Annual **Long-Term Care** Cost Estimate:		Current Year Inflation Factor, ***e.g. 1.02***		Inflation Adjusted Annual Long-Term Care Cost Estimate:
	×		=	

Number of Years of Long Term Care Remaining: × _____

Inflation Adjusted Long-Term Care Cost Estimate: = _____

Signature by: ☒ **Owner/Operator** ☐ **Engineer** (check what applies)

Signature

Richard M. Barry
Name & Title

02/26/2013
Date

617-715-8919
Telephone Number

200 Inner Belt Road
Address

Somerville, MA 02143
City, State, Zip Code

rbarry@triumvirate.com
E-Mail Address