



# Florida Department of Environmental Protection

Northwest District  
160 Governmental Center, Suite 308  
Pensacola, Florida 32502

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Mimi A. Drew  
Secretary

January 13, 2011

## NOTICE OF PERMIT ISSUANCE

Sent via e-mail to:

[Merrifield\\_c@hotmail.com](mailto:Merrifield_c@hotmail.com)

In the matter of an  
Application for Permit by:

DEP File No. 0064386-004-WT  
Jackson County

Mr. Jim Merrifield  
President  
J.E. Merrifield, Inc.  
Post Office Box 550  
Cottdale, Florida 32431

Dear Mr. Merrifield:

Enclosed is the Permit to operate a Waste Tire Processing Facility known as Tire Disposal Services (DEP Permit No. 0064386-004-WT Facility Identification No.: 6475) located at 3053 Barnes Lane, in the city of Cottdale in Jackson County, Florida, 32431, issued pursuant to Section 403.707, Florida Statutes (F.S.) and Chapter 62-701, Florida Administrative Code (F.A.C.)

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, F.S. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, MS 35, Tallahassee 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, F.S.

The Petition shall contain the following information;

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk

of the Department in the Office of General Counsel, 2600 Blair Stone Road, MS 35, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Pensacola, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



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Karen B. Shea, P.E.  
Interim Waste Program Administrator

160 Governmental Center, Suite 308  
Pensacola, Florida 32502-5794  
(850) 595-8300

FILED, on this date, pursuant to §120.52(9), Florida Statutes, with the designated Department clerk, receipt of which is hereby acknowledged.



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Clerk

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January 13, 2011  
Date

Copies furnished to:

Lee Martin, P.E., Solid Waste Management, [lee.martin@dep.state.fl.us](mailto:lee.martin@dep.state.fl.us)  
Susan Eldredge, Solid Waste Financial Assurance, [susan.f.eldredge@dep.state.fl.us](mailto:susan.f.eldredge@dep.state.fl.us)  
Fred Wick, Solid Waste Financial Assurance, [fred.wick@dep.state.fl.us](mailto:fred.wick@dep.state.fl.us)  
Jacob Mathis, Project Engineer, David H. Melvin, Inc., [jakemathis@melvineng.com](mailto:jakemathis@melvineng.com)

You can view this and other documents for this facility at the following internet link:

[http://appprod.dep.state.fl.us/WWW\\_WACS/REPORTS/SW\\_Facility\\_Docs.asp?wacsid=6475](http://appprod.dep.state.fl.us/WWW_WACS/REPORTS/SW_Facility_Docs.asp?wacsid=6475)



# Florida Department of Environmental Protection

Northwest District  
160 Governmental Center, Suite 308  
Pensacola, Florida 32502

Rick Scott  
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Secretary

## 1.0 Permitted Facility Information

|                                |                         |
|--------------------------------|-------------------------|
| Applicant/Permittee:           | J. E. Merrifield, Inc.  |
| Facility Identification Number | 6475                    |
| Date of Issue:                 | January 13, 2011        |
| Expiration Date:               | <b>January 13, 2016</b> |
| County (No.):                  | Jackson (32)            |
| Latitude/Longitude:            | 30°47'21"N/85°24'54"W   |
| Section-Township-Range:        | 34/5N/12W               |
| Project/Facility Name:         | Tire Disposal Services  |

### 1.1 Type of Permitted Facility

| Type Solid Waste Management Facility | DEP File No.   |
|--------------------------------------|----------------|
| Waste Tire Processing Facility       | 0064386-004-WT |

### 1.2 Permitted Facility Description

Issuance of this permit is under the provisions of Chapter 403, Florida Statutes (F.S.), Chapter 62-701, Florida Administrative Code (F.A.C.), and Chapter 62-711, F.A.C. The above named applicant is hereby authorized to perform the work or operate the facility as submitted and shown in the application, drawing(s), plans, and other documents attached hereto and made a part hereof and specifically described as follows:

Operate a Waste Tire Processing Facility, known as Tire Disposal Services, located at 3053 Barnes Lane, in the city of Cottondale in Jackson County, Florida, 32431. The facility is a commercial tire sales and processing facility. The facility contains 4.5 acres. (See Attachment 2)

The maximum number of whole waste tires that can be stored at the facility is 6,000.

### 1.3 Construction and Operation

Operation of the Waste Tire Processing Facility shall be in accordance with the permit application received July 13, 2010, subsequent incompleteness information and the applicable regulations in Rule 62-711.530, F.A.C., and the conditions of this permit.

## 2.0 General Conditions

General Conditions are in Attachment 1

## 3.0 Specific Conditions

### 3.1 General

The Department may modify these conditions or impose new conditions, as it deems necessary to assure compliance with the provisions of Chapter 403, F.S., Chapter 62-701, F.A.C., Chapter 62-711, F.A.C., and other applicable regulations.  
[Rule 62-4.070(1), F.A.C.]

### 3.2 Construction

The Department shall be notified and prior approval shall be obtained of any changes or revisions proposed during operation or construction under this permit.  
[Rule 62-4.070(1), F.A.C.]

### 3.3 Operations

- A. This facility shall be operated in accordance with the Operation Plan submitted with the permit application received July 13, 2010, and subsequent incompleteness information. Updates shall be made no less frequently than upon permit renewal. The Department shall be notified of changes to the plan other than those required for routine maintenance.
- B. Access to the disposal facility shall be controlled during the active life of the facility through the use of fences, gates, natural barriers or other means.  
[Rule 62-711.540(3) (d), F.A.C.]
- C. Stormwater shall be controlled during operation under this permit in accordance with permit application received July 13, 2010, and subsequent incompleteness information.
- D. The facility shall be managed in such a way as to divert stormwater or flood waters around or away from the storage piles.  
[Rule 62-711.540(3) (a), F.A.C.]

- E. Outdoor waste tire piles shall be a maximum of 50 feet wide, 15 feet high, and 10,000 square feet in area.  
[Rule 62-711.540(3) (b), F.A.C.]
- F. Any residuals from waste tire processing must be managed so as to be contained on facility and must be controlled and disposed of in a permitted solid waste management facility or properly recycled.  
[Rule 62-711.540(5), F.A.C.]
- G. If the facility receives waste tires from the public, a sign must be posted at the entrance of the facility stating operating hours, cost of disposal and facility rules.  
[Rule 62-711.540(1) (a), F.A.C.]
- H. Fuels, solvents, lubricants, and other maintenance materials shall be stored in secure areas separate from the waste tire storage or processing areas.
- I. This facility shall have a least one attendant present when the facility is open for business, if the facility receives waste tires from the public.  
[Rule 62-711.540(1) (c), F.A.C.]
- J. No operations involving the use of open flames shall be conducted within 25 feet of the waste tire pile.  
[Rule 62-711.540(1) (b), F.A.C.]
- K. The permittee shall provide for control of mosquitoes and rodents so as to protect the public health and welfare.  
[Rule 62-711.540(1) (j), F.A.C.]
- L. An approach and access road to the waste tire facility shall be kept passable for any motor vehicle at all times.  
[Rule 62-711.540(1) (k), F.A.C.]
- M. The facility shall be bermed or given other adequate protection if necessary to keep liquid runoff from a potential waste tire fire from entering water bodies.  
[Rule 62-711.540(3) (e), F.A.C.]
- N. The facility shall be kept free of grass, underbrush, and other potentially flammable vegetation at all times.  
[Rule 62-711.540(3) (f), F.A.C.]

### 3.4 Fire Protection

- A. Fire protection services for the facility shall be assured through notification to local fire protection authorities. A fire safety survey shall be conducted at least annually and the survey report shall be made part of the next quarterly report.

- B. The permittee shall prepare and keep at the facility an emergency preparedness manual. A copy of the current manual shall be kept at an off-site location designated by the operator. The manual shall be updated at least once a year and upon changes in operations at the facility. The manual shall contain the following elements:
  - 1. A list of names and numbers of persons to be contacted in the event of a fire, flood, or other emergency;
  - 2. A list of the emergency response equipment at the site, its location, and how it should be used in the event of a fire or other emergency; and
  - 3. A description of the procedures that should be followed in the event of a fire, including procedures to contain and dispose of the oily material generated by the combustion of large numbers of waste tires.
- C. The permittee shall immediately notify the Department in the event of a fire or other emergency, which poses an unanticipated threat to the public health or the environment. Within two weeks of any emergency, the operator of the site shall submit to the Department a written report on the emergency. This report shall describe the origins of the emergency, the actions that were taken to deal with the emergency, the results of the actions that were taken, and an analysis of the success or failure of the actions.

[Rule 62-711.540(1) (d), (e) & (f), F.A.C.]

### 3.5 Air Operation

- A. Industrial, Commercial, and Municipal Open Burning Prohibited. Open burning in connection with industrial, commercial, or municipal operations is prohibited, except when:
  - 1. Open burning is determined by the Department to be the only feasible method of operation and is authorized by an air permit issued pursuant to Chapter 62-210 or 62-213, F.A.C.; or,
  - 2. An emergency exists which requires immediate action to protect human health and safety; or,
  - 3. A county or municipality would use a portable air curtain incinerator to burn yard trash generated by a hurricane, tornado, fire or other disaster and the air curtain incinerator would otherwise be operated in accordance with the permitting exemption criteria of Rule 62-210.300(3), F.A.C.

[Rule 62-296.320(3), F.A.C.]
- B. Unconfined Emissions of Particulate Matter No person shall cause, let, permit, suffer or allow the emissions of unconfined particulate matter from any activity, including vehicular movement; transportation of materials; construction; alteration; demolition or wrecking; or industrially related activities such as loading, unloading, storing or handling; without taking reasonable precautions to prevent such emissions.

[Rule 62-296.320(4) (c) 1, F.A.C.]

- C. The reasonable precautions to prevent emissions of unconfined particulate matter at this facility shall be:

1. The posted and enforced plant traffic area speed limit of 10 mph.
2. The plant traffic areas are to be kept adequately damp.

[Rules 62-296.320(4) (c) 2 & 3 and Rule 62-4.070, F.A.C.]

- D. Should the reasonable precautions listed in Specific Condition No. 3.5.C. be inadequate, additional reasonable precautions may be required, including (but not limited to) the following:

1. Paving and maintenance of roads, parking areas, and yards
2. Application of asphalt, oil chemicals, or other dust suppressants to unpaved roads, yards, open stockpiles, and similar emission units.
3. Removal of particulate matter from roads and other paved areas under the control of Permittee of the emission unit to prevent re-entrainment, and from buildings or work areas to prevent particulate matter from becoming airborne.
4. Landscaping or planting of vegetation, and
5. Relocation of emission source

In determining what constitutes reasonable precautions for a particular facility, the Department shall consider the cost of the control technique or work practice, the environmental impacts of the technique or practice, and the degree of reduction of emissions expected from a particular technique or practice.

[Rules 62-296.320(4) (c) 3 & 4 and Rule 62-4-070, F.A.C.]

### 3.6 Record Keeping and Reporting

- A. The permittee shall record and maintain for three years the following information regarding their activities, which records shall be available for inspection by Department personnel during normal business hours:
1. For all waste tires shipped from the facility:
    - a. The name of the waste tire collector
    - b. The waste tire collector registration number
    - c. The quantity of waste tires shipped with that collector
  2. For all waste tires shipped from the facility, if the waste tires were shipped with a person who is not a waste tire collector:
    - a. The number of tires shipped
    - b. The person's name, address and telephone number
    - c. The place where the waste tires were deposited
  3. For all waste tires received at the facility:
    - a. The name of the waste tire collector
    - b. The waste tire collector registration number



- c. The quantity of waste tires received from that collector
  4. If more than five tires were received by a person who is not a waste tire collector
    - a. The number of tires received
    - b. The person's name, address and telephone number
  5. For all waste tires removed for recapping
    - a. The quantity and type removed
    - b. The name and location of the recapping facility receiving the tires.
- B. Permittee shall submit quarterly reports to the Department that summarize the information collected in Specific Condition 3.6.A. These reports shall be submitted by the 20th day of January, April, July, and October of each year. The report shall be submitted to the Department on Form 62-701.900(21) (Attachment 3). In addition to the information required in Specific Condition 3.6.A., the following information shall be included:
1. The facility name, address and permit number
  2. The quarter covered by the report;
  3. The total quantity, by category, of waste tires received at the facility during the quarter covered by the report;
  4. The total quantity, by category, of waste tires shipped from the facility during the quarter covered by the report;
  5. The total quantity of waste tires processed during the quarter;
  6. The total quantity, by category, of waste tires located at the facility on the last day of the quarter; and
  7. A list of all dates on which one or more category of waste tires exceeded the storage limit, which category was in excess, and how this condition was relieved or will be relieved.

[Rule 62-711.530(4), F.A.C. and Rule 62-711.530(5), F.A.C.]

## 4.0 Closure

### 4.1 The permittee shall:

- A. Stop public access to the facility
- B. Post a notice indicating that the facility is closed and giving the phone number of the county solid waste authority
- C. Notify the Department and county government of the closing
- D. Remove all waste tires and residuals to a waste tire processing facility, solid waste management facility authorized to accept waste tires, or a legitimate user of waste tires.
- E. Remove any solid waste to a permitted solid waste management facility
- F. Notify the Department when closing is complete.

- 4.2 Permittee shall notify the Department in writing when the facility closing is complete. The Department shall inspect the facility and if all procedures have been correctly completed, the Department shall approve the closing in writing. If proof of financial responsibility for closing has been required by this rule, the Secretary or his designee shall release the financial instruments within 30 days of closing approval.

[Rule 62-711.700, F.A.C.]

## 5.0 Financial Assurance

- 5.1 The permittee shall maintain, in good standing, the financial assurance mechanisms established to demonstrate proof of financial assurance. Support documentation and evidence of inflation adjustment increases shall be submitted within the time frames specified in Rule 62-701.630, F.A.C. All submittals in response to this specific condition shall be sent to:

Florida Department of Environmental Protection  
Financial Coordinator - Solid Waste Section  
2600 Blair Stone Road, MS 4565  
Tallahassee, Florida 32399-2400

- 5.2 The permittee shall annually adjust the closure cost estimate(s) for inflation using [DEP Form 62-701.900\(28\) Closure Cost Estimating Form](#) (Attachment 4). Adjustments shall be made in accordance with Rule 62-701.630(4), F.A.C. and, as applicable, [40 CFR Part 264.142\(a\)](#) and [40 CFR Part 264.144\(a\)](#). An owner or operator using a letter of credit, guarantee bond, performance bond, financial test, corporate guarantee, trust fund, or insurance shall submit the adjusted cost estimate(s) between January 1 and March 1. An owner or operator using an escrow account shall submit the adjusted estimate(s) between July 1 and September 1. All submittals in response to this specific condition shall be sent to:

Florida Department of Environmental Protection  
Northwest District  
Solid Waste Section  
160 Governmental Center, Suite 308  
Pensacola, Florida 32502

With a copy to:

Florida Department of Environmental Protection  
Financial Coordinator - Solid Waste Section  
2600 Blair Stone Road, MS 4565  
Tallahassee, Florida 32399-2400

## 6.0 Administrative

- 6.1 For uninterrupted operation, a permit renewal application must be submitted 60 days prior to the expiration of this permit. Provide four complete bound copies and one unlocked electronic copy. The electronic copy should be one electronic file in Adobe Acrobat format.  
[Rule 62-4.050(2), F.A.C.]
- 6.2 A copy of the Department approved engineering drawings, plans, reports, operational plan, and supporting information shall be kept on site at all times and be available for Department inspection.  
[Rule 62-4.070(1), F.A.C.]
- 6.3 Cite the Facility Identification Number and DEP File Number on all reports and correspondence concerning this facility  
[Rule 62-4.070(1), F.A.C.]
- 6.4 The Department telephone number for reporting emergencies involving a significant threat to human health or the environment is (850) 413-9911, day or night.
- 6.5 This and other documents for this facility may be viewed at the following internet link:

[http://appprod.dep.state.fl.us/WWW\\_WACS/REPORTS/SW\\_Facility\\_Docs.asp?wacsid=6475](http://appprod.dep.state.fl.us/WWW_WACS/REPORTS/SW_Facility_Docs.asp?wacsid=6475)

Issued this 13th day of January 2011.

Expiration date: January 13, 2016

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



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Karen B. Shea, P.E.  
Interim Waste Program Administrator

Northwest District  
160 Governmental Center, Suite 308  
Pensacola, Florida 32502-5794  
(850) 595-8300

## **General Conditions**

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are “permit conditions” and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.987(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- a. Have access to and copy any records that must be kept under conditions of the permit;
  - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules. Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - a. A description of and cause of noncompliance; and
  - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages, which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rules 62-4.120 and 62-730.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the Department approves the transfer.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - a. Determination of Best Available Control Technology (BACT)
  - b. Determination of Prevention of Significant Deterioration (PSD)
  - c. Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
  - d. Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - c. Records of monitoring information shall include:
    - (1) The date, exact place, and time of sampling or measurements;
    - (2) The person responsible for performing the sampling or measurements;
    - (3) The dates analyses were performed;
    - (4) The person responsible for performing the analyses;
    - (5) The analytical techniques or methods used;
    - (6) The results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law, which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

DAVID H. MELVIN, INC.

## Consulting Engineers

4428 Lafayette St. P.O. Box 840

Marianna, Florida 32447

(850) 482-3045

FAX (850) 482-3957

PROJECT

TITLE

JOB No.

CALCULATED BY

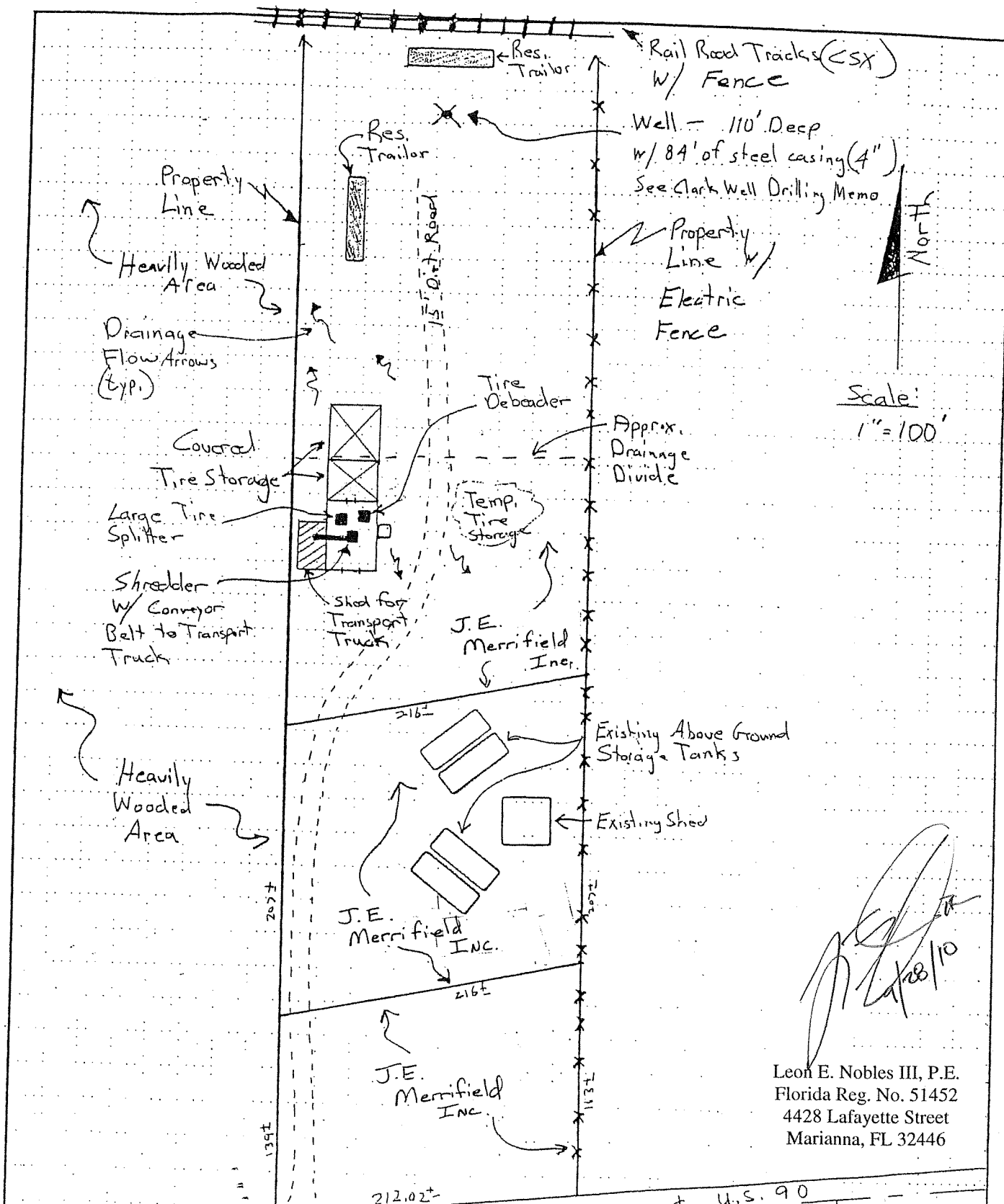
CHECKED BY

SHEET No. \_\_\_\_\_ OF \_\_\_\_\_

On

DATE \_\_\_\_\_

DATE \_\_\_\_\_





# Department of Environmental Protection

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

DEP Form # 62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly  
Report

Effective Date: January 6, 2010

DEP Application No. \_\_\_\_\_  
(Completed by DEP)

## WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant to Rule 62-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following information to the Department quarterly.

Quarter covered by this report \_\_\_\_\_ (First quarter begins on January 1 of any given year)

1. Facility name: \_\_\_\_\_
2. Facility mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Facility permit number: \_\_\_\_\_
4. Facility telephone number ( ) \_\_\_\_\_
5. Authorized person preparing report: \_\_\_\_\_
6. Affiliation with facility: \_\_\_\_\_
7. Telephone number (if different from above): ( ) \_\_\_\_\_
8. Activity: Report in tons

|                      | Beginning<br>Inventory | Received | Processed | Consumed | Removed | Adjustment<br>s | Ending<br>Inventory |
|----------------------|------------------------|----------|-----------|----------|---------|-----------------|---------------------|
| Used Tires           |                        |          |           |          |         |                 |                     |
| Other whole<br>Tires |                        |          |           |          |         |                 |                     |
| Processed tires      |                        |          |           |          |         |                 |                     |
| Processing<br>Waste  |                        |          |           |          |         |                 |                     |
| Other                |                        |          |           |          |         |                 |                     |
| Total                |                        |          |           |          |         |                 |                     |

- a. Explain all inventory adjustments. \_\_\_\_\_  
\_\_\_\_\_
- b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?  
\_\_\_\_\_

For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

### 9. Certification:

To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

\_\_\_\_\_  
Print Name of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

**Mail completed form to  
the appropriate District office  
listed below**

Northwest District  
160 Government Center  
Pensacola, FL 32501-5794  
850-595-8360

Northeast District  
7825 Baymeadows Way, Ste. 200 B  
Jacksonville, FL 32256-7590  
904-807-3300

Central District  
3319 Maguire Blvd., Ste. 232  
Orlando, FL 32803-3767  
407-894-7555

Southwest District  
13051 N. Telecom Pky.  
Temple Terrace, FL  
813-632-7600

South District  
2295 Victoria Ave., Ste. 364  
Fort Myers, FL 33902-2549  
239-332-6975

Southeast District  
400 North Congress Ave.  
West Palm Beach, FL 33401  
561-681-6600





# Department of Environmental Protection

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

DEP Form # 62-701.900(28)

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: \_\_\_\_\_ WACS ID: \_\_\_\_\_

Permit Application or Consent Order No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Permittee or Owner/Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Coordinate Method: \_\_\_\_\_

Datum: \_\_\_\_\_

Collected by: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

### Solid Waste Disposal Units Included in Estimate:

| Phase / Cell | Acres | Date Unit<br>Began<br>Accepting<br>Waste | Active Life of<br>Unit From Date<br>of Initial Receipt<br>of Waste | If active:<br>Remaining<br>life of unit | If closed:<br>Date last<br>waste<br>received | If closed:<br>Official<br>date of<br>closing |
|--------------|-------|------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|----------------------------------------------|
|              |       |                                          |                                                                    |                                         |                                              |                                              |
|              |       |                                          |                                                                    |                                         |                                              |                                              |
|              |       |                                          |                                                                    |                                         |                                              |                                              |
|              |       |                                          |                                                                    |                                         |                                              |                                              |
|              |       |                                          |                                                                    |                                         |                                              |                                              |
|              |       |                                          |                                                                    |                                         |                                              |                                              |
|              |       |                                          |                                                                    |                                         |                                              |                                              |

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

Facility type: \_\_\_\_\_ Class I \_\_\_\_\_ Class III \_\_\_\_\_ C&D Debris Disposal

(Check all that apply)

Other: \_\_\_\_\_

### 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

Northwest District  
160 Government Center  
Pensacola, FL 32502-5794  
850-595-8360

Northeast District  
7825 Baymeadows Way, Ste. B200  
Jacksonville, FL 32256-7590  
904-807-3300

Central District  
3319 Maguire Blvd., Ste. 232  
Orlando, FL 32803-3767  
407-894-7555

Southwest District  
13051 N. Telecom Pky  
Temple Terrace, FL  
813-632-7600

South District  
2295 Victoria Ave., Ste. 364  
Fort Myers, FL 33901-3881  
239-332-6975

Southeast District  
400 North Congress Ave.  
West Palm Beach, FL 33401  
561-681-6600

### 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 adjustment below.

☐ (a) Inflation Factor Adjustment

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 Deflator 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](http://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<br>Closing Cost Estimate: |   | Current Year<br>Inflation Factor |   | Inflation Adjusted Closing Cost<br>Estimate: |
| _____                                                | X | _____                            | = | _____                                        |

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

|                                                  |   |                                  |   |                                                             |
|--------------------------------------------------|---|----------------------------------|---|-------------------------------------------------------------|
| Annual Long-Term Care Cost<br>Estimate:          |   | Current Year<br>Inflation Factor |   | Inflation Adjusted Annual Long-<br>Term Care Cost Estimate: |
| _____                                            | X | _____                            | = | _____                                                       |
| Number of Years of Long Term Care Remaining:     |   |                                  | X | _____                                                       |
| Inflation Adjusted Long-Term Care Cost Estimate: |   |                                  | = | _____                                                       |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address (if available)

\_\_\_\_\_  
Telephone Number

☐ (b) Recalculated or New Cost Estimates (see Section IV)

**IV. ESTIMATED CLOSING COST (check what applies)**☐ Recalculated Cost Estimate☐ New Facility Cost Estimate**\*\* For the time period in the landfill operation when the extent and manner of its operation makes closing most expensive.****\*\* Cost estimate must be certified by a professional engineer (see Section VI).****\*\* Costs must be for a third party providing all material, equipment and labor which is at least at fair market value.****\*\* In some cases, a price quote in support of individual item estimates may be required.**

| DESCRIPTION                                                               | UNIT | QUANTITY | UNIT COST | TOTAL                               |
|---------------------------------------------------------------------------|------|----------|-----------|-------------------------------------|
| 1. Proposed Monitoring Wells (Do not include wells already in existence.) |      |          |           |                                     |
|                                                                           | EA   | _____    | _____     | _____                               |
|                                                                           |      |          |           | Subtotal Monitoring Wells: _____    |
| 2. Slope and Fill (bedding layer between waste and barrier layer):        |      |          |           |                                     |
| Excavation                                                                | CY   | _____    | _____     | _____                               |
| Placement and Spreading                                                   | CY   | _____    | _____     | _____                               |
| Compaction                                                                | CY   | _____    | _____     | _____                               |
| Off-Site Material                                                         | CY   | _____    | _____     | _____                               |
| Delivery                                                                  | CY   | _____    | _____     | _____                               |
|                                                                           |      |          |           | Subtotal Slope and Fill : _____     |
| 3. Cover Material (Barrier Layer):                                        |      |          |           |                                     |
| Off-Site Clay                                                             | CY   | _____    | _____     | _____                               |
| Synthetics - 40 mil                                                       | SY   | _____    | _____     | _____                               |
| Synthetics - GCL                                                          | SY   | _____    | _____     | _____                               |
| Synthetics - Geonet                                                       | SY   | _____    | _____     | _____                               |
| Synthetics - Other (describe) _____                                       |      | _____    | _____     | _____                               |
|                                                                           |      |          |           | Subtotal Barrier Layer Cover: _____ |
| 4. Top Soil Cover:                                                        |      |          |           |                                     |
| Off-Site Material                                                         | CY   | _____    | _____     | _____                               |
| Delivery                                                                  | CY   | _____    | _____     | _____                               |
| Spread                                                                    | CY   | _____    | _____     | _____                               |
|                                                                           |      |          |           | Subtotal Top Soil Cover: _____      |
| 5. Vegetative Layer                                                       |      |          |           |                                     |
| Sodding                                                                   | SY   | _____    | _____     | _____                               |
| Hydroseeding                                                              | AC   | _____    | _____     | _____                               |
| Fertilizer                                                                | AC   | _____    | _____     | _____                               |
| Mulch                                                                     | AC   | _____    | _____     | _____                               |
| Other (describe) _____                                                    |      | _____    | _____     | _____                               |
|                                                                           |      |          |           | Subtotal Vegetative Layer: _____    |
| 6. Stormwater Control System:                                             |      |          |           |                                     |
| Earthwork                                                                 | CY   | _____    | _____     | _____                               |
| Grading                                                                   | SY   | _____    | _____     | _____                               |
| Piping                                                                    | LF   | _____    | _____     | _____                               |
| Ditches                                                                   | LF   | _____    | _____     | _____                               |
| Berms                                                                     | LF   | _____    | _____     | _____                               |
| Control Structures                                                        | EA   | _____    | _____     | _____                               |
| Other (describe) _____                                                    |      | _____    | _____     | _____                               |
|                                                                           |      |          |           | Subtotal Stormwater Control: _____  |

| DESCRIPTION                       | UNIT  | QUANTITY | UNIT COST | TOTAL |
|-----------------------------------|-------|----------|-----------|-------|
| 7. Gas Control: Passive           |       |          |           |       |
| Wells                             | EA    | _____    | _____     | _____ |
| Pipe and Fittings                 | LF    | _____    | _____     | _____ |
| Monitoring Probes                 | EA    | _____    | _____     | _____ |
| NSPS/Title V requirements         | LS    | _____    | _____     | _____ |
| Subtotal Passive Gas Control:     |       |          |           | _____ |
| 8. Gas Control: Active Extraction |       |          |           |       |
| Traps                             | EA    | _____    | _____     | _____ |
| Sumps                             | EA    | _____    | _____     | _____ |
| Flare Assembly                    | EA    | _____    | _____     | _____ |
| Flame Arrestor                    | EA    | _____    | _____     | _____ |
| Mist Eliminator                   | EA    | _____    | _____     | _____ |
| Flow Meter                        | EA    | _____    | _____     | _____ |
| Blowers                           | EA    | _____    | _____     | _____ |
| Collection System                 | LF    | _____    | _____     | _____ |
| Other (describe)                  | _____ | _____    | _____     | _____ |
| Subtotal Active Gas Extraction:   |       |          |           | _____ |
| 9. Security System:               |       |          |           |       |
| Fencing                           | LF    | _____    | _____     | _____ |
| Gate(s)                           | EA    | _____    | _____     | _____ |
| Sign(s)                           | EA    | _____    | _____     | _____ |
| Subtotal Security System:         |       |          |           | _____ |
| 10. Engineering:                  |       |          |           |       |
| Closure Plan report               | LS    | _____    | _____     | _____ |
| Certified Engineering Drawings    | LS    | _____    | _____     | _____ |
| NSPS/Title V Air Permit           | LS    | _____    | _____     | _____ |
| Final Survey                      | LS    | _____    | _____     | _____ |
| Certification of Closure          | LS    | _____    | _____     | _____ |
| Other (describe)                  | _____ | _____    | _____     | _____ |
| Subtotal Engineering:             |       |          |           | _____ |

| DESCRIPTION               | HOURS               | LS | HOURS             | LS | TOTAL |
|---------------------------|---------------------|----|-------------------|----|-------|
| 11. Professional Services |                     |    |                   |    |       |
|                           | Contract Management |    | Quality Assurance |    |       |
| P.E. Supervisor           |                     |    |                   |    |       |
| On-Site Engineer          |                     |    |                   |    |       |
| Office Engineer           |                     |    |                   |    |       |
| On-Site Technician        |                     |    |                   |    |       |
| Other (explain)           |                     |    |                   |    |       |

| DESCRIPTION                     | UNIT | QUANTITY | UNIT COST | TOTAL |
|---------------------------------|------|----------|-----------|-------|
| Quality Assurance Testing       | LS   |          |           |       |
| Subtotal Professional Services: |      |          |           |       |

**Subtotal of 1-11 Above:** \_\_\_\_\_

12. Contingency \_\_\_\_\_ % of Total \_\_\_\_\_

**Closing Cost Subtotal:** \_\_\_\_\_

13. Site Specific Costs (explain)

Mobilization \_\_\_\_\_

Waste Tire Facility \_\_\_\_\_

Materials Recovery Facility \_\_\_\_\_

Special Wastes \_\_\_\_\_

Leachate Management System Modification \_\_\_\_\_

Other \_\_\_\_\_

Subtotal Site Specific Costs: \_\_\_\_\_

**TOTAL CLOSING COSTS:** \_\_\_\_\_

**V. ANNUAL COST FOR LONG-TERM CARE**

(Check Term Length)

\_\_\_\_\_ 5 Years \_\_\_\_\_ 20 Years \_\_\_\_\_ 30 Years  
\_\_\_\_\_ Other \_\_\_\_\_ Years

See 62-701.600(1)a.1., 62-701.620(1), 62-701.630(3)a. and 62-701.730(11)b. F.A.C. for required term length. For landfills certified closed and Department accepted, enter the remaining long-term care length as "Other" and provide years remaining.

**\*\*Cost estimates must be certified by a professional engineer (see Section VI).**

**\*\* Costs must be for a third party providing all material, equipment and labor which is at least at fair market value.**

**\*\* In some cases, a price quote in support of individual item estimates may be required.**

**All items must be addressed.** Attach a detailed explanation for all items marked not applicable (N/A)

| DESCRIPTION                                                       | SAMPLING<br>FREQUENCY<br>(EVENT/YEAR) | NUMBER<br>OF WELLS | \$ / WELL / EVENT                  | \$ / YEAR |
|-------------------------------------------------------------------|---------------------------------------|--------------------|------------------------------------|-----------|
| 1. Groundwater Monitoring [62-701.510(6), and (8)(a)]             |                                       |                    |                                    |           |
| Monthly                                                           | 12                                    | _____              | _____                              | _____     |
| Quarterly                                                         | 4                                     | _____              | _____                              | _____     |
| Semi-Annually                                                     | 2                                     | _____              | _____                              | _____     |
| Annually                                                          | 1                                     | _____              | _____                              | _____     |
|                                                                   |                                       |                    | Subtotal Groundwater Monitoring:   | _____     |
| 2. Surface Water Monitoring [62-701.510(4), and (8)(b)]           |                                       |                    |                                    |           |
| Monthly                                                           | 12                                    | _____              | _____                              | _____     |
| Quarterly                                                         | 4                                     | _____              | _____                              | _____     |
| Semi-Annually                                                     | 2                                     | _____              | _____                              | _____     |
| Annually                                                          | 1                                     | _____              | _____                              | _____     |
|                                                                   |                                       |                    | Subtotal Surface Water Monitoring: | _____     |
| 3. Gas Monitoring [62-701.400(10)]                                |                                       |                    |                                    |           |
| Monthly                                                           | 12                                    | _____              | _____                              | _____     |
| Quarterly                                                         | 4                                     | _____              | _____                              | _____     |
| Semi-Annually                                                     | 2                                     | _____              | _____                              | _____     |
| Annually                                                          | 1                                     | _____              | _____                              | _____     |
|                                                                   |                                       |                    | Subtotal Gas Monitoring:           | _____     |
| 4. Leachate Monitoring [62-701.510(5), (6)(b) and 62-701.510(8)c] |                                       |                    |                                    |           |
| Monthly                                                           | 12                                    | _____              | _____                              | _____     |
| Quarterly                                                         | 4                                     | _____              | _____                              | _____     |
| Semi-Annually                                                     | 2                                     | _____              | _____                              | _____     |
| Annually                                                          | 1                                     | _____              | _____                              | _____     |
| Other (describe)                                                  | _____                                 | _____              | _____                              | _____     |
|                                                                   |                                       |                    | Subtotal Leachate Monitoring:      | _____     |

| DESCRIPTION                                          | UNIT        | QUANTITY                                   | UNIT COST | ANNUAL COST |
|------------------------------------------------------|-------------|--------------------------------------------|-----------|-------------|
| 5. Leachate Collection/Treatment Systems Maintenance |             |                                            |           |             |
| <u>Maintenance</u>                                   |             |                                            |           |             |
| Collection Pipes                                     | LF          | _____                                      | _____     | _____       |
| Sumps, Traps                                         | EA          | _____                                      | _____     | _____       |
| Lift Stations                                        | EA          | _____                                      | _____     | _____       |
| Cleaning                                             | LS          | _____                                      | _____     | _____       |
| Tanks                                                | EA          | _____                                      | _____     | _____       |
| <u>Impoundments</u>                                  |             |                                            |           |             |
| Liner Repair                                         | SY          | _____                                      | _____     | _____       |
| Sludge Removal                                       | CY          | _____                                      | _____     | _____       |
| <u>Aeration Systems</u>                              |             |                                            |           |             |
| Floating Aerators                                    | EA          | _____                                      | _____     | _____       |
| Spray Aerators                                       | EA          | _____                                      | _____     | _____       |
| <u>Disposal</u>                                      |             |                                            |           |             |
| Off-site                                             | 1000 gallon | _____                                      | _____     | _____       |
| (Include Transportation and Disposal)                |             | Subtotal LCS/Treatment System Maintenance: |           | _____       |

| DESCRIPTION                                        | UNIT | HOURS | \$/HOUR | TOTAL |
|----------------------------------------------------|------|-------|---------|-------|
| 6. Leachate Collection/Treatment Systems Operation |      |       |         |       |
| <u>Operation</u>                                   |      |       |         |       |
| P.E. Supervisor                                    | HR   | _____ | _____   | _____ |
| On-Site Engineer                                   | HR   | _____ | _____   | _____ |
| Office Engineer                                    | HR   | _____ | _____   | _____ |
| OnSite Technician                                  | HR   | _____ | _____   | _____ |
| Materials                                          | LS   | _____ | _____   | _____ |
| Subtotal LCS/Treatment System Operation:           |      |       |         | _____ |
| 7. Maintenance of Groundwater Monitoring Wells     |      |       |         |       |
| Monitoring Wells                                   | LF   | _____ | _____   | _____ |
| Replacement                                        | EA   | _____ | _____   | _____ |
| Abandonment                                        | EA   | _____ | _____   | _____ |
| Subtotal Groundwater Monitoring Well Maintenance:  |      |       |         | _____ |

| DESCRIPTION               | UNIT | QUANTITY | UNIT COST            | ANNUAL COST |
|---------------------------|------|----------|----------------------|-------------|
| 8. Gas System Maintenance |      |          |                      |             |
| Piping, Vents             | LF   | _____    | _____                | _____       |
| Blowers                   | EA   | _____    | _____                | _____       |
| Flaring Units             | EA   | _____    | _____                | _____       |
| Meters, Valves            | EA   | _____    | _____                | _____       |
| Compressors               | EA   | _____    | _____                | _____       |
| Flame Arrestors           | EA   | _____    | _____                | _____       |
| Operation                 | LS   | _____    | _____                | _____       |
|                           |      |          | Subtotal Gas System: | _____       |

| DESCRIPTION                                   | UNIT | QUANTITY | UNIT COST                                       | ANNUAL COST |
|-----------------------------------------------|------|----------|-------------------------------------------------|-------------|
| 9. Landscape Maintenance                      |      |          |                                                 |             |
| Mowing                                        | AC   | _____    | _____                                           | _____       |
| Fertilizer                                    | AC   | _____    | _____                                           | _____       |
|                                               |      |          | Subtotal Landscape Maintenance:                 | _____       |
| 10. Erosion Control & Cover Maintenance       |      |          |                                                 |             |
| Sodding                                       | SY   | _____    | _____                                           | _____       |
| Regrading                                     | AC   | _____    | _____                                           | _____       |
| Liner Repair                                  | SY   | _____    | _____                                           | _____       |
| Clay                                          | CY   | _____    | _____                                           | _____       |
|                                               |      |          | Subtotal Erosion Control and Cover Maintenance: | _____       |
| 11. Storm Water Management System Maintenance |      |          |                                                 |             |
| Conveyance Maintenance                        | LS   | _____    | _____                                           | _____       |
|                                               |      |          | Subtotal Storm Water System Maintenance:        | _____       |
| 12. Security System Maintenance               |      |          |                                                 |             |
| Fences                                        | LF   | _____    | _____                                           | _____       |
| Gate(s)                                       | EA   | _____    | _____                                           | _____       |
| Sign(s)                                       | EA   | _____    | _____                                           | _____       |
|                                               |      |          | Subtotal Security System:                       | _____       |
| 13. Utilities                                 | LS   | _____    |                                                 | _____       |
|                                               |      |          | Utilities Subtotal:                             | _____       |

| DESCRIPTION        | UNIT             | HOURS | \$/HOUR                  | TOTAL |
|--------------------|------------------|-------|--------------------------|-------|
| 14. Administrative |                  |       |                          |       |
| P.E. Supervisor    | HR               | _____ | _____                    | _____ |
| On-Site Engineer   | HR               | _____ | _____                    | _____ |
| Office Engineer    | HR               | _____ | _____                    | _____ |
| OnSite Technician  | HR               | _____ | _____                    | _____ |
| Other (explain)    |                  | _____ | _____                    | _____ |
|                    |                  |       | Subtotal Administrative: | _____ |
| 15. Contingency    | _____ % of Total |       |                          |       |
|                    |                  |       | Subtotal Contingency:    | _____ |

| DESCRIPTION                       | UNIT  | QUANTITY | UNIT COST | TOTAL |
|-----------------------------------|-------|----------|-----------|-------|
| 16. Site Specific Costs (explain) |       |          |           |       |
| _____                             | _____ | _____    | _____     | _____ |
| _____                             | _____ | _____    | _____     | _____ |
| _____                             | _____ | _____    | _____     | _____ |

ANNUAL LONG-TERM CARE COST (\$/Year): \_\_\_\_\_

NUMBER OF YEARS OF LONG-TERM CARE \_\_\_\_\_

TOTAL LONG-TERM CARE COST (\$) \_\_\_\_\_



## VI. CERTIFICATION BY ENGINEER

This is to certify that the Cost Estimates pertaining to the engineering features of this solid waste management facility, known as \_\_\_\_\_, have been examined by me and found to conform to

\_\_\_\_\_ Facility Name  
engineering principles applicable to such facilities. In my professional judgment, the Cost Estimates are a true, correct and complete representation of the financial liabilities for closing and long-term care of the facility and comply with the requirements of Florida Administrative Code (F.A.C.), Rule 62-701.630 and all other Department of Environmental Protection rules, and statutes of the State of Florida. It is understood that the Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Florida Registration Number  
(please affix seal)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-Mail address (if available)

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

## VII. SIGNATURE BY OWNER/OPERATOR

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
E-Mail address (if available)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_) \_\_\_\_\_  
Telephone Number