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January 25, 2011

Ms. Susan J. Pelz, P.E. Florida Department of Environmental Protection Southwest District 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926 JAN 2 / 2011
Southwest District

RE: Hillsborough County Southeast County Landfill

Annual Closure and Long-Term Care Cost Estimate Updates

FDEP Permit No.: 35435-014-SO/01

Dear Ms. Pelz:

The 2011 closure and long-term care cost estimate updates for the Southeast County Landfill (SCLF) Phases I-VI and Sections 7, 8, and 9 are enclosed, fulfilling the requirements of Rule 62-701.630 (4) and Specific Condition D.4.a of the SCLF operations permit. The cost estimate updates are inflation adjustments utilizing the current rate of 1.010.

The 2011 cost estimate forms for Phases I through VI and Sections 7 through 9 are being submitted separately. The Public Utilities Department, Solid Waste Management Division (SWMD) intends to continue to submit these cost estimates on separate forms. This allows the SWMD to more efficiently update quantities for the Capacity Expansion Area and Phases I-VI as well as distinguish the fiscal responsibility for each area.

Ms. Susan Pelz, P.E. January 25, 2011 Page 2 of 2

If you have any questions concerning this information, please contact me at 813-276-2956.

Sincerely,

Megan J. Miller. P.E. Landfill Services Section

Solid Waste Management Department

Enclosures

xc: Patricia V. Berry, SWMD

Larry Ruiz, SWMD

Richard Siemering, HDR Engineering, Inc.

Frank Hornbrook, Solid Waste Financial Coordinator, FDEP Tallahassee

John Sheahen, Business Services, PUD



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 L	PEP Approvai:		
I. GENERAL INFORMA	ATION:						
Facility Name: Hillsborough County Southeast County Landfill - Phases I-VI WACS					WACS ID: SWD/	CS ID: SWD/29/41193	
Permit Application or Co	onsent (Order No.:				tion Date: <u>12/</u> 2	29/2013
Facility Address: 159	60 CR 6	372 Lithia, F	L 33547 (8.8	miles east of U.S.	301 on County	y Road 672)	
Permittee or Owner/Op	erator:	Hillsboro	ugh County S	olid Waste Manage	ment Departm	ent	
Mailing Address: P.C). Box 1	110, Tampa	, FL 33601				
					-		
Latitude:	27°	46 '	26 "	Longitude:	82°	11'	01 "
Coordinate Method:	AutoCA	D Survey	D	atum: NAD 83			
Collected by: HDR		Company/AffiliationHDR					
						•	
Solid Waste Disposal U	nits Incl	uded in Est	imate: **Desi	gn Life from 2010 l	Remaining Ca	pacity Report	dated 9/1/20
· · · · ·			Date Unit	Active Life of		If closed:	If closed:
			Began	Unit From Date	If active:	Date last	Official
			Accepting	of Initial Receipt	Remaining	waste	date of
Phase / Cell		Acres	Waste	of Waste	life of unit	received	closing
Phase I-VI		162.4	1984	56 years **	29 years	N/A	N/A_
Waste Tire Site		16,107 tn	N/A	N/A	N/A	N/A	N/A
	. <u></u>	<u> </u>					
							<u> </u>
							ļ
Total disposal unit acrea Facility type: (Check all that app	<u>ځ</u>			Closure: <u>162.</u>		ng-Term Care: Disposal	162.4
II. TYPE OF FINANCIA		URANCE D	-				
□ Letter of Credit*		☐ Insurance Certificate		□ Escrow Account			
□ Performance Bond*						erral)	
☐ Guarantee				und Agreement			
* - Indicates m	echanism	s that require th	ne use of a Standt	y Trust Fund Agreemen	t		
	25 Baymeadow	st District ss Way, Ste. B200 'L 32256-7590 7-3300	Central District 3319 Maguire Blvd., Ste Orlando, FL 32803-3 407-894-7555			Ste. 364 400 N. Coi 01-3881 West Pal	ulheast District ngress Ave., Ste. 200 m Beach, FL 33401 81-681-6600

Dept. Of Environmental Protection

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.

☐ (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 De	4/21/2010					
Latest Department Approved Closing Cost Estimate:	Current Year Inflation Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:		
\$21,607,544.00	1.01		, =	\$21,823,619.44		
This adjustment is based on the De	epartment approved long-t	erm care cost estir	nate dated:	4/21/2010		
Latest Department Approved Annual Long-Term Care Cost Estimate: \$975,535.00	Current Year Inflation Factor, e.g. 1.02 _1.01_		, , , , , , , , , , , , , , , , , , ,	Inflation Adjusted Annual Long-Term Care Cost Estimate: \$985,290.35		
Number of Years of Lor	ng Term Care Remaining:			30		
Inflation Adjusted Lor	ng-Term Care Cost Estim	ate:	. = =	\$29,558,710.50		
Signature by:	Owner/Operator	ঐ Engineer	(check what			
		5426 Bay Center Drive, Suite 400				
Signature				Address		
Jason E. Timmons, P.E., Project M	Tampa, FL 33609-3444 City, State, Zip Code					
Name & Ti						
January 20, 2011		jason.timmons@hdrinc.com				
Date		E-N	fail Address			
813-282-2300		_				
Telephone Nu	umber					



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:					
. GENERAL INFO	RMATION:						
Facility Name: <u>F</u>	lillsborough	County Southeast County Landfill - CEA			WACS ID: SWD/29/41193		
Permit Application	it Application or Consent Order No.: 35435-014-SO/01			SO/01	Expiration Date: 12/29/2013		
Facility Address:	15960 CR 6	372 Lithia, I	FL 33547 (8.8	miles east of U.S.	301 on County	/ Road 672)	
Permittee or Owne	r/Operator:	Hillsbord	ough County S	olid Waste Manage	ement Departm	ent	
Mailing Address:	P.O. Box 1	110, Tampa	a, FL 33601				
	•						
_atitude:	27 °	46'	38 "	Longitude:	82°	10'	38 "
Coordinate Method	: AutoCA	D Survey		atum: NAD 83			
Collected by: HD				ompany/Affiliation	HDR		
Solid Waste Dispos	sal Units Incl	uded in Es	timate: **De	sign Life from 2010	Remaining C	apacity Repor	t dated 9/1/20
<u> </u>			Date Unit	Active Life of		If closed:	If closed:
			Began	Unit From Date	If active:	Date last	Official
Db 1.0	N - 11		Accepting	of Initial Receipt	Remaining	waste	date of
Phase / C		Acres	Waste	of Waste	life of unit	received	closing
Section 7,8,	and 9	34.5	1/5/2004	28.5 years **	21.5 years	N/A	N/A
· -				<u></u>			
			-				
			<u>.</u>		·		<u> </u>
Fotal disposal unit	acreage incl	uded in this	estimate:	Closure: 34.5	Lor	ng-Term Care:	34.5
,	Ū					•	
Facility typ	pe: 🞽	Class I		lass III 🗆	C&D Debris	Disposal	
(Check all that apply) ☐ Other:		·					
I. TYPE OF FINA	NCIAL ASS	URANCE E	OCUMENT (Check type)			
□ Letter of Credit*			☐ Insurance Certificate		□ Escrow Account		
□ Performance Bond*				☐ Form 29 (FA Deferral)			
☐ Guarantee Bond*			□ Trust F	Trust Fund Agreement			
* - Indica	ates mechanism:	s that require t	he use of a Standt	by Trust Fund Agreemen	t		
Northwest District 160 Government Center		t District s Way, Ste. B200	Central District 3319 Maguire Blvd., Sk	Southwest District a. 232 13051 N. Telecom Pky	South District. 2295 Victoria Ave.,		rtheast District ngress Ave., Ste. 200

Pensacola, FL 32502-5794 850-595-8360

Jacksonville, FL 32256-7590 904-807-3300

Orlando, FL 32803-3767 407-894-7555

Temple Terrace, FL 33637 813-632-7600

Fort Myers, FL 33901-3881 239-332-6975

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 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 D	epartment approved closing c	ost estimate dated:		1/28/2010		
Latest Department Approved Closing Cost Estimate:	ed Current Year Inflation Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:		
\$5,851,049.06	\$5,851,049.06 =			\$5,909,559.55		
This adjustment is based on the D	epartment approved long-tern	n care cost estimat	e dated:	1/28/2010		
Latest Department Approved Annual Long-Term Care Cost Estimate: \$248.380.28 Current Year Inflatio Factor, e.g. 1.02		n =		Inflation Adjusted Annual Long-Term Care Cost Estimate:		
	ng Term Care Remaining:			\$250,864.08 30 \$7,525,922.48		
		[〈] Engineer	(check what	applies)		
Signatur Jason E. Timmons, P.E. Project Ma	Signature Addre			Address		
Name & T		City, State, Zip Code				
January 20, 2011		jason.timmons@hdrinc.com E-Mail Address				
Date 813-282-2300			E-IV	iali Address		
Telephone Nu	umber					

DEP FORM 62-701.900(28) Effective January 6, 2010

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FL PE# 65869 HDR CO# 421