



# Florida Department of Environmental Protection

South District Office  
Post Office Box 2549  
Fort Myers, Florida 33902-2549

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard Jr.  
Secretary

October 12, 2011

Garden Street Iron & Metal, Inc. of S.W. Florida  
c/o Rob Weber, President  
3350 Metro Parkway  
Fort Myers, FL 33902  
E-mailed to: [junkitrob@aol.com](mailto:junkitrob@aol.com)



Re: Lee County - WT  
Garden Street Iron & Metal (Waste Tire Processing Center)  
Application No. 0296251-002-WT/02, WACS ID No. 98386  
Closure Cost Estimate - Financial Assurance

Dear Mr. Weber:

The Department hereby approves the closure cost estimate updated September 22, 2011, and received October 11, 2011 for the subject facility for the year 2011. A copy of the approved cost estimate is enclosed for your records. Please submit the re-calculated financial assurance documents (Escrow Account Audit Report, etc.) corresponding to the approved estimates to:

Solid Waste Financial Coordinator  
Attention: Tor Bejnar  
Florida Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4565  
Tallahassee, Florida 32399-2400

**The next closure cost estimates or inflation adjustment statement, as applicable, will be due between January 1 and March 1, 2012.**

Should you need further information, please call Albert D. McLaurin at (239) 344-5605. Your cooperation in this matter is appreciated.

Sincerely,

Charles Emery III  
Environmental Administrator

Enclosure  
CE/ADM/se

cc: Tor Bejnar, DEP (w/enclosure, emailed to [tor.bejnar@dep.state.fl.us](mailto:tor.bejnar@dep.state.fl.us))



# 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: October 12, 2011

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### I. GENERAL INFORMATION:

Facility Name: Garden Street Iron & Metal Waste Tire Processing Center WACS ID: 000098386 ADM  
Permit Application or Consent Order No.: 0296251-001-WT / 02 Expiration Date: 12/9/2014  
Facility Address: 3350 Metro Parkway, Fort Myers, FL. 33902  
Permittee or Owner/Operator: Rob Weber  
Mailing Address: 3350 Metro Parkway, Fort Myers, FL. 33902

Latitude: 26° 37' 4.4" Longitude: 81° 51' 13.8"

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

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

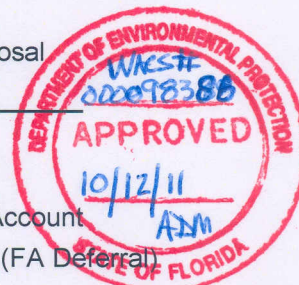
Total disposal unit acreage included in this estimate: \_\_\_\_\_ Closure: \_\_\_\_\_ Long-Term Care: \_\_\_\_\_

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



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 33637  
813-632-7600

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

Southeast District  
400 N. Congress Ave., Ste. 200  
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

☒ (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](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  
Closing Cost Estimate:

Current Year Inflation  
Factor, e.g. 1.02

Inflation Adjusted Closing  
Cost Estimate:

×

=

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)

P.O. BOX 2770

Address

Fort Myers, FL. 33902

City, State, Zip Code

tim@keenefl.com

E-Mail Address

9/22/2011

Date

239-939-0524

Telephone Number

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**IV. ESTIMATED CLOSING COST (check what applies)**

☒ **Recalculated Cost Estimate**

☐ **New Facility Cost Estimate**

- Notes: 1. Cost estimates for the time period when the extent and manner of landfill operation makes closing most exp  
 2. Cost estimate must be certified by a professional engineer.  
 3. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.  
 4. In some cases, a price quote in support of individual item estimates may be required.

Description	Unit	Number of Units	Cost / Unit	Total Cost
<b>1. Proposed Monitoring Wells (Do not include wells already in existence.)</b>				
	EA			
Subtotal Proposed Monitoring Wells:				
<b>2. Slope and Fill (bedding layer between waste and barrier layer):</b>				
Excavation	CY			
Placement and Spreading	CY			
Compaction	CY			
Off-Site Material	CY			
Delivery	CY			
Subtotal Slope and Fill:				
<b>3. Cover Material (Barrier Layer):</b>				
Off-Site Clay	CY			
Synthetics - 40 mil	SY			
Synthetics - GCL	SY			
Synthetics - Geonet	SY			
Synthetics - Other (explain)				
Subtotal Cover Material:				
<b>4. Top Soil Cover:</b>				
Off-Site Material	CY			
Delivery	CY			
Spread	CY			
Subtotal Top Soil Cover:				
<b>5. Vegetative Layer</b>				
Sodding	SY			
Hydroseeding	AC			
Fertilizer	AC			
Mulch	AC			
Other (explain)				
Subtotal Vegetative Layer:				
<b>6. Stormwater Control System:</b>				
Earthwork	CY			
Grading	SY			
Piping	LF			
Ditches	LF			
Berms	LF			
Control Structures	EA			
Other (explain)				
Subtotal Stormwater Control System:				

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**Total Cost**  
**D.E.P. South District**

Description	Unit	Number of Units	Cost / Unit	Total Cost
<b>7. Passive Gas Control:</b>				
Wells	EA	_____	_____	_____
Pipe and Fittings	LF	_____	_____	_____
Monitoring Probes	EA	_____	_____	_____
NSPS/Title V requirements	LS	1	_____	_____
			Subtotal Passive Gas Control:	_____
<b>8. Active Gas Extraction Control:</b>				
Traps	EA	_____	_____	_____
Sumps	EA	_____	_____	_____
Flare Assembly	EA	_____	_____	_____
Flame Arrestor	EA	_____	_____	_____
Mist Eliminator	EA	_____	_____	_____
Flow Meter	EA	_____	_____	_____
Blowers	EA	_____	_____	_____
Collection System	LF	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
			Subtotal Active Gas Extraction Control:	_____
<b>9. Security System:</b>				
Fencing	LF	_____	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
			Subtotal Security System:	_____
<b>10. Engineering:</b>				
Closure Plan Report	LS	1	_____	_____
Certified Engineering Drawings	LS	1	_____	_____
NSPS/Title V Air Permit	LS	1	_____	_____
Final Survey	LS	1	_____	_____
Certification of Closure	LS	1	_____	_____
Other (explain) _____	_____	_____	_____	_____
			Subtotal Engineering:	_____

Description	Hours	Cost / Hour	Hours	Cost / Hour	Total Cost
<b>11. Professional Services</b>					
	<u>Contract Management</u>		<u>Quality Assurance</u>		
P.E. Supervisor	_____	_____	_____	_____	_____
On-Site Engineer	_____	_____	_____	_____	_____
Office Engineer	_____	_____	_____	_____	_____
On-Site Technician	_____	_____	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____	_____

Description	Unit	Number of Units	Cost / Unit	Total Cost
Quality Assurance Testing	LS	1	_____	_____
			Subtotal Professional Services:	_____

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

12. Contingency \_\_\_\_\_ % of Subtotal of 1-11 Above

Subtotal Contingency: \_\_\_\_\_

Estimated Closing Cost Subtotal: \_\_\_\_\_

Description	Total Cost
<b>13. Site Specific Costs</b>	
Mobilization	_____
Waste Tire Facility	\$40,825.00
Materials Recovery Facility	_____
Special Wastes	_____
Leachate Management System Modification	_____
Other (explain) _____	_____
	Subtotal Site Specific Costs: \$40,825.00

**TOTAL ESTIMATED CLOSING COSTS (\$):** \$40,825.00

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

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.

(Check Term Length) ☐ 5 Years ☐ 20 Years ☐ 30 Years ☐ Other, \_\_\_ Years

Notes: 1. Cost estimates must be certified by a professional engineer.

2. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.

3. 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 entries left blank.

Description	Sampling Frequency (Events / Year)	Number of Wells	(Cost / Well) / Event	Annual Cost
<b>1. Groundwater Monitoring [62-701.510(6), and (8)(a)]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Groundwater Monitoring:				_____
<b>2. Surface Water Monitoring [62-701.510(4), and (8)(b)]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Surface Water Monitoring:				_____
<b>3. Gas Monitoring [62-701.400(10)]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Gas Monitoring:				_____
<b>4. Leachate Monitoring [62-701.510(5), (6)(b) and 62-701.510(8)c]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Leachate Monitoring:				_____

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
<b>5. Leachate Collection/Treatment Systems Maintenance</b>				
<u>Maintenance</u>				
Collection Pipes	LF	_____	_____	_____
Sumps, Traps	EA	_____	_____	_____
Lift Stations	EA	_____	_____	_____
Cleaning	LS	1	_____	_____
Tanks	EA	_____	_____	_____

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Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
<b>5. (continued)</b>				
<u>Impoundments</u>				
Liner Repair	SY	_____	_____	_____
Sludge Removal	CY	_____	_____	_____
<u>Aeration Systems</u>				
Floating Aerators	EA	_____	_____	_____
Spray Aerators	EA	_____	_____	_____
<u>Disposal</u>				
Off-site (Includes transportation and disposal)	1000 gallon	_____	_____	_____
Subtotal Leachate Collection / Treatment Systems Maintenance:				_____
<b>6. Groundwater Monitoring Well Maintenance</b>				
Monitoring Wells	LF	_____	_____	_____
Replacement	EA	_____	_____	_____
Abandonment	EA	_____	_____	_____
Subtotal Groundwater Monitoring Well Maintenance:				_____
<b>7. Gas System Maintenance</b>				
Piping, Vents	LF	_____	_____	_____
Blowers	EA	_____	_____	_____
Flaring Units	EA	_____	_____	_____
Meters, Valves	EA	_____	_____	_____
Compressors	EA	_____	_____	_____
Flame Arrestors	EA	_____	_____	_____
Operation	LS	<u>1</u>	_____	_____
Subtotal Gas System Maintenance:				_____
<b>8. Landscape Maintenance</b>				
Mowing	AC	_____	_____	_____
Fertilizer	AC	_____	_____	_____
Subtotal Landscape Maintenance:				_____
<b>9. Erosion Control and Cover Maintenance</b>				
Sodding	SY	_____	_____	_____
Regrading	AC	_____	_____	_____
Liner Repair	SY	_____	_____	_____
Clay	CY	_____	_____	_____
Subtotal Erosion Control and Cover Maintenance:				_____
<b>10. Storm Water Management System Maintenance</b>				
Conveyance Maintenance	LS	<u>1</u>	_____	_____
Subtotal Storm Water Management System Maintenance:				_____
<b>11. Security System Maintenance</b>				
Fences	LS	<u>1</u>	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
Subtotal Security System Maintenance:				_____

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Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
12. Utilities	LS	1		
Subtotal Utilities:				

**13. Leachate Collection/Treatment Systems Operation**

Operation

P.E. Supervisor	HR			
On-Site Engineer	HR			
Office Engineer	HR			
OnSite Technician	HR			
Materials	LS	1		

Subtotal Leachate Collection/Treatment Systems Operation: \_\_\_\_\_

**14. Administrative**

P.E. Supervisor	HR			
On-Site Engineer	HR			
Office Engineer	HR			
OnSite Technician	HR			
Other _____				

Subtotal Administrative: \_\_\_\_\_

**Subtotal of 1-14 Above:** \_\_\_\_\_

**15. Contingency**

\_\_\_\_\_ % of Subtotal of 1-14 Above

Subtotal Contingency: \_\_\_\_\_

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
16. Site Specific Costs				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Subtotal Site Specific Costs:				_____

**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 have been examined by me and found to conform to 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/or long-term care of the facility and comply with the requirements of Rule 62-701.630 F.A.C. 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

William T. Keene, P.E.  
Name and Title (please type)

9/22/2011  
Date

45915  
Florida Registration Number  
(please affix seal)



P.O Box 2770  
Mailing Address

Fort Myers, FL 33902  
City, State, Zip Code

tim@keenefl.com  
E-Mail address (if available)

239-939-0524  
Telephone Number

## VII. SIGNATURE BY OWNER/OPERATOR

  
Signature of Applicant

Rob Weber, President  
Name and Title (please type)

junkitrob@aol.com  
E-Mail address (if available)

3350 Metro Parkway  
Mailing Address

Fort Myers, FL 33916  
City, State, Zip Code

239-337-5865  
Telephone Number



## TRANSMITTAL



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**D.E.P. South District**

TO: Albert McLaurin, P.E.  
FDEP  
2295 Victoria Ave, Ste 364  
Ft. Myers, Fl. 33901

FROM: Tim Keene

DATE: October 11, 2011

RE: WACS #98386 – Garden Street Iron & Metal

The following items were hand delivered:

Quantity	Description
1	Orig. Closure Cost Estimate Form

**REMARKS:**

As requested.