



Florida Department of Environmental Protection

Northwest District
160 Governmental Center, Suite 308
Pensacola, Florida 32502-5794

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 12, 2010

Sent via e-mail to:

agtrans@bellsouth.net

Mr. Jim Merrifield
J. E. Merrifield, Inc.
3053 Barnes Lane
Cottondale, Florida 32431

Dear Mr. Merrifield:

This letter is to notify you that the Department has received your updated financial assurance cost estimate for your facility known as Tire Disposal Services (FDEP Permit No. 64386-003-WT, Facility Identification No. 6475), located in Jackson County. Included with the current years' cost estimate update are also updates for the previous four years. The year-by-year updates that you submitted for your facility are itemized in the table below.

Beginning Cost Estimate	Inflation Factor/Year	Updated Cost Estimate
\$2500.00	1.020/2006	\$2,550.00
\$2550.00	1.030/2007	\$2,626.50
\$2,626.50	1.030/2008	\$2,705.29
\$2,705.29	1.025/2009	\$2,772.92
\$2,772.92	1.020/2010	\$2,828.38

The estimate of \$2,828.38 for closure, using the Inflation Factor Adjustment (1.020 for 2010), is **APPROVED for 2010**. The next annual update (revised or inflation-adjusted estimates) is due no later than March 1, 2011.

A copy of this estimate will be forwarded to the Florida Department of Environmental Protection, Solid Waste Financial Coordinator, 2600 Blair Stone Road, MS 4565, Tallahassee, Florida 32399-2400. Please work with him directly to assess your facility's compliance with the funding mechanism requirements of **Rule 62-701.630, Florida Administrative Code (F.A.C.)**.

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

If you have any questions, please contact Ross Mitchell at (850) 595-8360, extension 1244 or by e-mail at ross.mitchell@dep.state.fl.us

Sincerely,



Marshall Seymore, P.E.
Solid Waste Section Supervisor

MSS/rmb

Enclosure: 2006 through 2010 Cost Estimates

- c: Susan Eldredge, Financial Assurance, susan.f.eldredge@dep.state.fl.us
Thomas Dillard, Panama City Branch Office, thomas.dillard@dep.state.fl.us
Ross Mitchell, ross.mitchell@dep.state.fl.us
Mike Stephen, Solid Waste Section, mike.stephen@dep.state.fl.us



Florida Department of Environmental Protection
Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, FL 32399-2400

DEP Form # 52-781.900126
Form Title Financial Assurance Cost Estimate Form
Effective Date 05-27-01
DEP Application No. _____
(Filed by DEP)

FINANCIAL ASSURANCE COST ESTIMATE FORM

3-10-10

Date of DEP Approval: _____

GENERAL INFORMATION:

City Name: Tire Disposal Services WACS or GMSID #: 00006475
Alt / Application No.: 0064386-003-WT Expiration Date: 9-12-10
City Address: 3053 Barnes Lane, Cottondale, FL 32431
Officer: J.E. Merrifield Inc.
Mailing Address: P.O. Box 550 Cottondale, FL 32431

Latitude: 30°47'21"N Longitude: 85°24'54"W or UTM: _____

Waste Disposal Units Included in Estimate:

Base / Cell	Acres	Date Unit Began Accepting Waste	Design Life of Unit From Date of Initial Receipt of Waste
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Landfill Acreage included in this estimate. _____ Closure _____ Long-Term Care _____

Class of landfill: _____ Class I _____ Class III _____ C&D Debris _____

TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check Type)

____ Letter of Credit* _____ Insurance Certificate
____ Surety Bond* _____ Escrow Account
____ Trust Fund Agreement _____ Financial Test
*Indicates mechanisms that require use of a Standby Trust Fund Agreement

Regional Office: District Northeast District Central District Southwest District South District Southeast District
1600 Central Center 7825 Baymeadows Way, Ste. B200 3319 Maguire Blvd., Ste. 232 3804 Coconut Palm Dr. 2295 Victoria Ave., Ste. 364 400 North Congress Ave.
Phone: 12501-5784 Jacksonville, FL 32256-7590 Orlando, FL 32803-3767 Tampa, FL 33619 Fort Myers, FL 33901-3881 West Palm Beach, FL 33401
Fax: 8360 904-448-4300 407-894-7555 813-744-8100 941-332-6975 561-881-8600

ESTIMATE ADJUSTMENT

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

1) Inflation Factor Adjustment

Cost 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 Financial Coordinator at (850)-245-8732.

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

Latest Department Approved
Closure Cost Estimate:

\$2,500.00

X

Current Year
Inflation Factor

1.020

=

Inflation Adjusted
Closure Cost Estimate:

\$2,550.00

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

Latest Department Approved
Annual Long-Term Care Cost
Estimate:

X

Current Year
Inflation Factor

=

Inflation Adjusted Annual
Long-Term Care Cost
Estimate:

Number of Years of Long Term Care Remaining:

X

Inflation Adjusted Long-Term Care Cost Estimate:

=

2) Recalculate Estimates (see section V)

CERTIFICATION BY ENGINEER

I do hereby certify that the Financial Assurance Cost Estimates pertaining to the engineering features of the this solid waste management facility have been examined by me and found to conform to engineering principals applicable to such facilities. In my professional judgement, 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 Financial Assurance Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

Signature of Engineer

Jim Merrifield
Signature of Owner/Operator

Name & Title (please type)

Jim Merrifield, Owner
Name & Title (please type)

Phone Registration Number (affix seal)

850-352-1044
Telephone Number

E-Mail Address

TDSMRD@MSN.COM
Owner/Operator E-Mail Address

Phone Number

Engineer E-Mail Address

III. ESTIMATE ADJUSTMENT

Part 264 Subpart H as adopted by reference in Rule 62-701.630, Florida Administrative Code sets forth the method of annual 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.

☒ () 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 Financial Coordinator at (850)-245-8732.

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

Department Approved
Closure Cost Estimate:

Current Year
Inflation Factor

Inflation Adjusted
Closure Cost Estimate:

2,550,00

X

1.030

=

2,626.50

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

Department Approved
Annual Long-Term Care Cost
Estimate:

Current Year
Inflation Factor

Inflation Adjusted Annual
Long-Term Care Cost
Estimate:

X

=

Number of Years of Long Term Care Remaining:

X

Inflation Adjusted Long-Term Care Cost Estimate:

=

☐ () Recalculate Estimates (see section V)

IV. CERTIFICATION BY ENGINEER

I, _____, do hereby certify that the Financial Assurance Cost Estimates pertaining to the engineering features of the this solid waste management facility have been examined by me and found to conform to engineering principals applicable to such facilities. In my professional judgement, 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 Financial Assurance Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

Signature of Engineer

Jim Merrifield
Signature of Owner/Operator

Name & Title (please type)

Jim Merrifield Owner
Name & Title (please type)

Florida Registration Number (affix seal)

850-352-1044
Telephone Number

Mailing Address

TDSMR0@MSN.COM
Owner/Operator E-Mail Address

Telephone Number

Engineer E-Mail Address

ESTIMATE ADJUSTMENT

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

I Inflation Factor Adjustment

An 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 base year. The inflation factor may also be obtained from the Solid Waste Financial Coordinator at (850)-245-8732.

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

Most Department Approved Closure Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Closure Cost Estimate:
<u>1,626.50</u>	X	<u>1.030</u>	=	<u>\$2,705.29</u>

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

Most Department Approved Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____	X	_____	=	_____
Number of Years of Long Term Care Remaining:			X	_____
Inflation Adjusted Long-Term Care Cost Estimate:			=	_____

II Recalculate Estimates (see section V)

CERTIFICATION BY ENGINEER

I do certify that the Financial Assurance Cost Estimates pertaining to the engineering features of this solid waste management facility have been examined by me and found to conform to engineering principals applicable to such facilities. In my personal judgement, 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 Financial Assurance Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

Signature of Engineer

Jim Merrifield
Signature of Owner/Operator

Name & Title (please type)

Jim Merrifield Owner
Name & Title (please type)

Florida Registration Number (affix seal)

850-352-1044
Telephone Number

E-Mail Address

TDSMRO@MSN.com
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This adjustment is based on the Department approved closure cost estimate dated: _____

Most Recent Department Approved Closure Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Closure Cost Estimate:
<u>705,29</u>	X	<u>1.025</u>	=	<u>\$2,772.92</u>

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

Most Recent Department Approved Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____	X	_____	=	_____
Number of Years of Long Term Care Remaining:			X	_____
Inflation Adjusted Long-Term Care Cost Estimate:			=	_____

Recalculate Estimates (see section V)

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Signature of Engineer

Jim Merrifield
Signature of Owner/Operator

Name & Title (please type)

Jim Merrifield Owner
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This adjustment is based on the Department approved closure cost estimate dated: _____

Department Approved Closure Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Closure Cost Estimate:
<u>772.92</u>	X	<u>1.020</u>	=	<u>\$ 2,828.38</u>

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

Department Approved Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____	X	_____	=	_____

Number of Years of Long Term Care Remaining: _____ X _____

Inflation Adjusted Long-Term Care Cost Estimate: _____ = _____

(f) Recalculate Estimates (see section V)

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Signature of Owner/Operator

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