Р	rint	Form	

**Reset Form** 



## Florida Department of EIVED Environmental Protection 2013

**Bob Martinez Center** 

Tallahassee, Florida 32399-2400 EP Central Dist Incorporated in Rule 62-701.630(3), F.A.C.

Date of DEP Approval:

DEP Form # 62-701.900(28), F.A.C.

Form Title: Closure Cost Estimating Form For Solid Waste Facilities

Effective Date: January 6, 2010

## CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FACILITIES

	AL INFORMAT							<del></del>
Facility Na	cility Name: EMPIRE TIRE OF EDGEWATER , LLC			· · · · · · · · · · · · · · · · · · ·	WACS ID: 95062			
Permit Application or Consent Order No.: WT 480287891.001					ation Date:			
Facility Ad	dress: <u>4888</u>	W. CC	DLONIAL E	R ORLANDO	, FLORIDA 32808	}		
Permittee (	or Owner/Oper	rator:	VINCEN	T CONTESTA	ABILE			
Mailing Ad	dress: <u>4888</u>	W. CO	DLONIAL E	R ORLAND	O ,FLORIDA 3280	3		
Latitude:	28	3°	33'	52N "	Longitude:	80°	26'	33 "
Coordinate	Method:				oatum:			
Collected b	oy:			c	Company/Affiliation			
				<del>-</del>				
Solid Wast	e Disposal Uni	its Incl	uded in Est	timate:				
				Date Unit	Active Life of		If closed:	If closed:
				Began	Unit From Date	If active:	Date last	Official
_	Share (Call	'	A = = = =	Accepting	of Initial Receipt	Remaining	waste	date of
	Phase / Cell		Acres	Waste	of Waste	life of unit	received	closing
								<u> </u>
Total dispo	esal unit acreag	je inclu	uded in this	estimate:	Closure:	Lor	ng-Term Care:	
					class III 🗆			
(Checl	k all that apply	<b>X</b>	Other:	Vaste Tire	Processing Fac	ility		
II. TYPE C	OF FINANCIAL	. ASSI	JRANCE D	OCUMENT (	Check type)			
ř								
☐ Performance Bond* ☐ Financial Test ☐ Form			m 29 (FA Defe	erral)				
	☐ Guarantee Bond* ☐ Trust Fund Agreement							
	* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement							
Northwest	District	Northeast	t District	Central District	Southwest District	South Distric	et Sout	heast District

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

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

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

13051 N. Telecom Pky. Temple Terrace, FL 33637 813-632-7600

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

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 ajustment below.

(X	(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 <a href="https://www.dep.state.fl.us/waste/categories/swfr">www.dep.state.fl.us/waste/categories/swfr</a> or call the Financial Coordinator at (850) 245-8706.

This adjustment is based on th	2012			
Latest Department Approved Closing Cost Estimate:	Current Year Inflati Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:
\$42,920.71	x <u>1.02</u>		. =	\$43,779.12
This adjustment is based on the	e Department approved long	g-term care cost estin	nate dated:	
Latest Department Approved Annual Long-Term Care Cost Estimate:	Current Year Inflati Factor, <b>e.g. 1.02</b>			Inflation Adjusted Annual Long-Term Care Cost Estimate:
	×		=	
Number of Years of	g:	×		
Inflation Adjusted	Long-Term Care Cost Est	imate:	=	
Signature by:	☑ Owner/Operator	□ Engineer	(check what a	applies)
Vicent Contestate	4888 W. COLONIAL DR			
Signa	Address			
VINCENT CONTESTABILE	MANAGING MEMBER	ORLAI	NDO , FLORIDA	32808
Name	City, State, Zip Code			
1/10/2013		TROP	62@HOTMAIL.CO	OM
Date		E-Mail Address		
407.625.8654 Telephone	e Number	_		