



# 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

2011

Date of DEP Approval: \_\_\_\_\_

### I. GENERAL INFORMATION:

Facility Name: Tire Disposal Services WACS ID: 6475  
Permit Application or Consent Order No.: 0064386-004-WT Expiration Date: 1-13-16  
Facility Address: 3053 Barnes Lane, Cottondale, FL 32431  
Permittee or Owner/Operator: J.E. Merrifield, Inc.  
Mailing Address: P.O. Box 550 Cottondale, FL 32431

Latitude: 30°47'21" N

Longitude: 85°24'54" W

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: Class 710

### 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. 384  
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  
Closing Cost Estimate:

Current Year  
Inflation Factor

Inflation Adjusted Closing Cost  
Estimate:

3,500.00 X 1.010 = 3,535.00

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

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:

=

Signature by:

☒ Owner/Operator ☐ Engineer

(check what applies)

Jim Merrifield  
Signature

P.O. Box 550  
Address

Jim Merrifield Owner  
Name & Title

Co. Hondale, FL 32431  
City, State, Zip Code

4-26-13  
Date

TDSMRD@MSN.COM  
E-Mail Address (if available)

850-352-1044  
Telephone Number

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