

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

Effective Date: January 6, 2010

Incorporated in Rule 62-701,630(3), F.A.C.

CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FACILITIES

2012		Date of DEP Approval:							
I. GENERAL INFORMATIO	N: ,								
Facility Name: T	al Services			WACS ID: 6475					
Dormit Application or Cou	neant Orde	ar No : Aa a u	7 96-004 -45	- Expirati	on Date. 📝	-/5-/6			
Facility Address: 305	3 Barn	es Lane.	Lottondale	-, FL 3d	<u> </u>				
Permittee or Owner/Ope	rator: <u></u> <u> </u>	E. Merri	field, Inc						
Permittee or Owner/Ope Mailing Address: <u>P.10</u> .	Box S	50 Co	ttondule, t	2 3243	<u> </u>				
			_						
Latitude: 30° 47′2 Coordinate Method:	1"N	Lo	ongitude: <u>85 ゚</u> ೩	454W					
Coordinate Method:	######################################	D	atum:						
Collected by:		C	ompany/Affiliation	1.					
Solid Waste Disposal Uni	ts Include	d in Estimate:	1			16 . (4.			
		Date Unit	Active Life of	16	If closed: Date last	If closed: Official			
٠,		Began	Unit From Date	If active: Remaining	vaste	date of			
Diame (Oal)	Aeree	Accepting Waste	of Initial Receipt of Waste	life of unit	received	closing			
Phase / Cell	Acres	vvaste	OI Waste	or arm					
	 								
	-								
	<u> </u>			<u> </u>					
Total disposal unit acreage	e included i	n this estimate	: Closure:	Lon	g-Term Care:	·			
					egyi'	,			
Facility type:	_Class I	· (Class III	C&D Debri	s Disposai				
(Check all that apply)	_Other: _	Class 7	10						
II. TYPE OF FINANCIAL				Г-	araw Aaaasin				
Letter of Credit		Insurance Certificate Escrow Account Financial Test Form 29 (FA Defe							
Performance B				F0	IIII 28 (FA DE	n o lial)			
Guarantee Bon			Fund Agreement						
* - Indicates mechani	sms that requ	rire the use of a St	andby Trust Fund Agree	ment					

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

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.

atest Department Approved Closing Cost Estimate:	,	Current Year Inflation Factor				Inflation Adjusted Closing Cost Estimate:		
3,535.00	x	1.010		-		3,5 70.35		
This adjustment is based on the C	Departm	ent approved long	-term care o	ost estimate dat	ed:	***		
Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		ì		Inflation Adjusted Annual Long- Term Care Cost Estimate:		
	. х	··		-				
Number of Years of I	erm Care Remainir		X					
inflation Adjusted L	.ong-Te	erm Care Cost Es	timate:		=			
Signature by:	□ov	vner/Operator	☐ Engin	eer (c	neck what a	applies)		
o m.1 4.				•	Po. l	30x550		
Signature				***************************************		Address		
Jim Merrifield Owner Name & Title				. (Cottondale, FZ 3243/ City, State, Zip Code			
<u>4-26-/3</u> Date				7	TDSMRO @ MSN. Com E-Mail Address (if available)			
						•		