

Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FAGIL

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.

RECEIVED MAY 0 1 2013

2013		Date of DEP Approval:				DEP FLORID		
I GENERAL INFORMATIO	N:			_				
Facility Name: Time	Disas s	al Serv	1625	V	IACS ID:	5 475		
Facility Name: Tire Permit Application or Co	nsent Ord	er No.: 6064	1386-004-W	T Expirat	ion Date:	1-13-16		
Facility Address: 305	ત્ર i≳	Lan	- Cottanda	10 FJ 30	2431			
Permittee or Owner/Ope	rator: T.	E Menso	till the	,				
Mailing Address: <u>P.6.</u>	Box 5	TO CAT	indale , FL	32 43 /				
Latitude: <u>30°47′2</u>	I"N	L	ongitude: <u>8J </u> 8	24'5-4"1	٧			
Coordinate Method:		_						
	oordinate Method: Datum: ollected by: Company/Affiliation:							
								
Solid Waste Disposal Uni	its Include	d in Estimate:						
		Date Unit	Active Life of		If closed:	If closed:		
		Began	Unit From Date	If active:	Date last	Official		
		Accepting	of Initial Receipt	Remaining	waste	date of		
Phase / Cell	Acres	Waste	of Waste	life of unit	received	closing		
Total disposal unit acreage	included in	n this estimate	: Closure:	Lon	g-Term Care):		
Facility type:	Class I	(Class III	C&D Debri	s Disposal			
(Check all that apply)	Other:	14 55 71	0	****	•			
		-/4-33 //				•		
II. TYPE OF FINANCIAL	ASSURAN	CE DOCUMEI	NT (Check type)					
Letter of Credit*			Insurance Certificate Escrow Account					
Performance Bond*		Financial Test Form 29 (FA Defe			eferral)			
Guarantee Bond	Trust Fund Agreement							
			andby Trust Fund Agreer	nent	•			

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.

This adjustment is based on the D	epartment approved closing cost es	timate dated:			
atest Department Approved Closing Cost Estimate:	Current Year Inflation Factor	=	Inflation Adjusted Closing Cost Estimate:		
This adjustment is based on the D	epartment 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:		
Number of Years of I	ong Term Care Remaining:	x			
Inflation Adjusted L	ong-Term Care Cost Estimate:				
Signature by:	☐ Owner/Operator ☐ Engi		0x550		
Signature Sim Merrifield Name & Tit	Owner_	Cotto.	Cottonlate, FL 3243 City, State, Zip Code		
<u>4-26-13</u> Date			TDS MRO @MSN.Com E-Mail Address (if available)		
850 -352 - 104 Telephone Nu	mber Cost Estimates (see Section IV)	·			