

1099 Miller Drive, Altamonte Springs, Florida 32701

February 7, 2014

Cory Dilmore, P.E. Professional Engineer II Florida Department of Environmental Protection Solid Waste Section 2600 Blair Stone Road, MS4565 Tallahassee, Florida 32399

Subject: Annual Financial Assurance Renewal - 2014 J.E.D. Solid Waste Management Facility Omni Waste of Osceola County, LLC Osceola County, Florida Permit No. 0199726-024-SO/MM

Dear Mr. Dilmore:

Please find attached the 2014 adjusted financial assurance cost estimate for the J.E.D. Solid Waste Management Facility. The most recent approved 2013 closure cost estimate of \$9,423,946.85 and long-term care cost estimate of \$9,558,394.22 have been increased to \$9,584,153.95 and \$9,720,886.92, respectfully. This increase represents an annual adjustment of one percent (1.7%) as directed by the Florida Department of Environmental Protection Memorandum dated January 2, 2014. As requested in the Memorandum, the financial assurance adjustment is being submitted to your Department for review and approval. Upon your approval, I will ask our bonding company to issue a new certificate of insurance for the adjusted amount shown.

If you have any questions or require any additional information, please contact me at (904) 673-0446 or by e-mail <u>mkaiser@wsii.us</u> at your earliest convenience.

Sincerely,

Mike Kain

Mike Kaiser Progressive Waste Solutions of FL, Inc.

Cc: Mr. Thomas Lubozynski, FDEP Central District Solid Waste Financial Coordinator@dep.state.fl.us

Print Form



Florida Department of **Environmental Protection**

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

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

Date of DEP Approval:

I. GENERAL INFORMATION:

Facility Name:	cility Name: JED Solid Waste Management Facility					WACS ID: 89544		
Permit Applicatio	on or Consent O	rder No.: 0	199726-024	I-SO/MM	Expiration Date: July 3, 2007			
Facility Address:	1501 Omni \	Nay, St. Clou	4773					
Permittee or Own	ner/Operator:	Omni Wast	e of Osceola	a County, LLC				
Mailing Address:	1501 Omni \	Nay, St. Clou						
Latitude:	28 °	03'	32 "	Longitude:	81°	05'	46 "	
Coordinate Meth	od: DGPS		D	atum: WGS84				
Collected by: Johnston's Surveying			C	ompany/AffiliationJc	hnston's Surve	ying		

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
Phase 1/Cells 1-4	8.5	Jan 2004	4 to 10 years	1 year		
Phase 2/Cells 5-7	35.7	Mar 2009	10 years	5 years		
Phase 3/Cells 8&9	25.8	May 2012	10 years	7 years		

Total disposal unit acreage included in this estimate:

Closure: 70.0

Long-Term Care: 114.5

Facility type: Č Class I Class III (Check all that apply) □ Other:

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

Letter of Credit*

- M Insurance Certificate
- Performance Bond* Guarantee Bond*
- Financial Test
- Trust Fund Agreement

* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement

	Northwest District
1	60 Government Center
Pe	nsacola, FL 32502-5794
	850-595-8360

Northeast District 904-807-3300

Central District 7825 Baymeadows Way, Ste. B200 3319 Maguire Blvd., Ste. 232 Jacksonville, FL 32256-7590 Orlando, FL 32803-3767 407-894-7555

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

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

C&D Debris Disposal

Escrow Account

Form 29 (FA Deferral)

Southeast District 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.

☑ (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 www.dep.state.fl.us/waste/categories/swfr or call the Financial Coordinator at (850) 245-8706.

Department approved cl	losing cost estimate dat	ed:	August 13, 2013				
Latest Department Approved Current Year Inflation Closing Cost Estimate: Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:				
× <u>1.017</u>		=	\$9,584,153.95				
Department approved lo	ong-term care cost estin	nate dated:	August 13, 2013				
			Inflation Adjusted Annual Long-Term Care Cost Estimate:				
× 1.017		¥	\$324,029.56				
ong Term Care Remain	ing:	×	30				
ong-Term Care Cost E	stimate:	=	\$9,720,886.90				
Owner/Operator	□ Engineer	(check what a	pplies)				
Mile Kan			1099 Miller Drive				
ure		1	Address				
	Altamo	onte Springs, Flori	da 32701				
Mike Kaiser Name & Title February 7, 2014			City, State, Zip Code mkaiser@wasteservicesinc.com				
							Date
Number							
	Current Year Infla Factor, e.g. 1.0 × 1.017 Department approved lo Current Year Infla Factor, e.g. 1.0 × 1.017 ong Term Care Remain ong-Term Care Cost E	Current Year Inflation Factor, e.g. 1.02 × 1.017 Department approved long-term care cost estim Current Year Inflation Factor, e.g. 1.02 × 1.017 cong Term Care Remaining: cong-Term Care Cost Estimate: Cowner/Operator Engineer ure 1099 M Title Mkaise	Factor, e.g. 1.02 × 1.017 = Department approved long-term care cost estimate dated: Current Year Inflation Factor, e.g. 1.02 × 1.017 = cong Term Care Remaining: × ong-Term Care Cost Estimate: = Cowner/Operator □ Engineer (check what a ure 1099 Miller Drive ////////////////////////////////////				