

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 D	EP Approval:		1 per 193 (19 19 19		
GENERAL INFOR	RMATION:								
Facility Name: <u>Vista Landfill, LLC</u>						WACS ID: 87081			
Permit Application of	r Consent C	order No.:	SO48-01659	69-020	Expiration Date: 04/9/16				
acility Address:	242 West K	eene Road	l, Apopka, FL	32703	Deprisation	layl no bebid	all their as		
Permittee or Owner	Operator:	Vista La	ndfill, LLC						
Mailing Address:	242 West K	eene Road	l, Apopka, FL	32703		Alterior singles	D. I von Oliman		
						- 13			
.atitude:	28°	38'	24.5 "	Longitude:	81°	30'	41.7 "		
coordinate Method:	State Pla	ane	D	atum: NAD 83/90					
Collected by: T. J	effery Young	g, PSM, CF	- C	ompany/Affiliation	Pickett Surv. &	Photogram			
				The second second					
Solid Waste Dispos	al Units Incl	uded in Es	timate:						
no an il maelle no			Date Unit	Active Life of	o emplo	If closed:	If closed		
			Began	Unit From Date	If active:	Date last	Official		
20 602700			Accepting	of Initial Receipt	Remaining	waste	date of		
Phase / Cell		Acres	Waste	of Waste	life of unit	received	closing		
Phase 1/1		7.39	11/14/2008	5	5	10.81.41.10	ecmos:		
Phase1/2		9.54	1/25/10	5	5				
Phase 1/3		7.6	12/4/12	5	5	EA SACTOR STREET	Tracks I		
Phase 1/4		10.97	proposed	5	5	the anniholities in			
		State And State							
							2.37		
Total disposal unit a	oroogo ingl	idad in this	ootimata:	Closure: 35.5	Lon	g-Term Care:	25.5		
otal disposal unit a	icreage mon	aded III tills	estimate.	Closure. <u>35.5</u>		ig-Term Care.	33.3		
Facility typ	o. 🗆	Class I	Ď C	class III	C&D Debris	Dienosal			
(Check all that				nass III 🗆	C&D Debits	Dispusai			
(Officer all triat	apply) 🗆	Other: _			91.11	0.50.47			
TYPE OF FINAL	10141 4001	IDANOE I	OCCUMENT						
I. TYPE OF FINAL		JRANCE	•			106 A			
□ Letter of Credit*				ce Certificate	☐ Escrow Account				
	□ Performance Bond*			al Test	□ Form 29 (FA Deferral)				
□ Perform									
□ Perforr □ Guarar	tee Bond*			und Agreement by Trust Fund Agreemen					

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 33637 813-632-7600 South District 2295 Victoria Ave., Ste. 364 Fort Myers, FL 33901-3881 239-332-6975 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 of	closing cost es	timate dated	on agro weer Boalersto held	4/8/13		
			Inflation Adjusted Closing Cost Estimate:			
\$3,029,899.24 × 1.017						
Department approved l	ong-term care	cost estima	te dated:	4/8/13		
= g				Inflation Adjusted Annual Long-Term Care Cost Estimate:		
x <u>1.017</u>			1 / 	\$96,094.09		
∟ong Term Care Remair		×	30			
.ong-Term Care Cost E	= \$2,882,822.78					
ॉ Owner/Operator	□ Engi	neer	(check what ap	oplies)		
3510 Rio Vista Ave						
ture	Mary and	5 testion is	A	ddress		
	H 4,567	Orlando, FL 32805				
title			City, St	ate, Zip Code		
		pbermil1	@wm.com			
е	La direction	10a i 🥞	E-Ma	ail Address		
Number	1951 T-114 - 1					
	Current Year Infl Factor, e.g. 1. x 1.017 Department approved lo Current Year Infl Factor, e.g. 1. x 1.017 Long Term Care Remain Long-Term Care Cost Externation Current Year Infl Factor, e.g. 1. x 1.017 Long Term Care Cost Externation Current Year Infl Factor, e.g. 1. Title	Current Year Inflation Factor, e.g. 1.02 x 1.017 Department approved long-term care Current Year Inflation Factor, e.g. 1.02 x 1.017 Long Term Care Remaining: Long-Term Care Cost Estimate: Current Year Inflation Factor, e.g. 1.02 x 1.017 Long Term Care Remaining: Cong-Term Care Cost Estimate:	Current Year Inflation Factor, e.g. 1.02 x 1.017 Department approved long-term care cost estimal Current Year Inflation Factor, e.g. 1.02 x 1.017 Long Term Care Remaining: Long-Term Care Cost Estimate: Coverion Manager Title Orlando, Title Department approved long-term care cost estimal Current Year Inflation Factor, e.g. 1.02 x 1.017 Current Year Inflation Factor, e.g. 1.02 x 1.017	Current Year Inflation Factor, e.g. 1.02 x 1.017 = Department approved long-term care cost estimate dated: Current Year Inflation Factor, e.g. 1.02 x 1.017 = Long Term Care Remaining:		