

Florida Department of Environmental Protection Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, FL 32399-2400

DEP Form # 62-701.900(28) Form Title Financial Assurance Cost Estimate Form Effective Date 05-27-01 DEP Application No. (Filled by DEP)

FINANCIAL ASSURANCE COST ESTIMATE FORM

						<i>i</i>).1	010.12	RECEIVE
Date:	8/20	0/02	-	Date of DEP A	Approval:	_4	<u> </u>	AUG 2 9 2002
I. GENERAL INF	FORMATION	۱:						
Facility Name:	Hardee C	ounty L	andfill			WACS	or GMSID #	Solid Waste Section 4025C30001
Permit / Applicat		38414-0	-			_		11/19/2003
			•		72	_ =xbi	ration Date.	11/19/2003
Facility Address:			i, wauchu	Па, гь 338	73		<u></u>	
Permittee:	Hardee C						<u> </u>	
Mailing Address:	412 West	Orange	Street,	Room A-204,	Wauchul	la, FL	33873	
Latitude:	81 47' 1		Longitude	: <u>27 34' 10</u>		or	UTM	:
Solid Waste Dis	sposal Units	Included	l in Estima	Date Unit Began		_	n Life of Unit Date of Initial	
Phase / Cell	_	Acres	_	Accepting Waste	_		pt of Waste	_
1		13	_		_	Ren	maining	_
			-		_	life e	expectancy	_
			-		•	of	1 year	-
			-					-
 			_		•			-
			-		•			- -
Total Landfill Acr	reage include	ed in this e	estimate.	13	Closure	····	13	_Long-Term Care
Type of landfill:	-	'	_Class I		Class III		- 	_C&D Debris
II. TYPE OF FIN	IANCIAL AS	SURANC	E DOCUM	ENT (Check Type)				
···	Letter of Credit*Performance Bond*				Insurance Certificate			*Indicates mechanisms that
					Escrow A	ccount		require use of a Standby Trust Fund

Guaranty Bond*

Trust Fund Agreement

Agreement

III. ESTIMATE ADJUSTMENT

40 CFR Part 264 Subpart H as adopted by reterence in Rule 62-701.630, Florida Administrative Code 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 Financial Coordinator at (850)-488-0300.

This adjustment is based on t	9/26/2001			
Latest Department Approved Closure Cost Estimate: \$1,305,702.00	Current Year Inflation Factor			Inflation Adjusted Closure Cost Estimate: \$1,331,816.04
	X		-	7-,00-,010-01
This adjustment is based on the I	Department ap	oproved long-term care cost	t estimate dated:	9/26/2001
Latest Department Approved				Inflation Adjusted
Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		Annual Long-Term Care Cost Estimate:
Annual Long-Term Care Cost	x		=	Annual Long-Term Care
Annual Long-Term Care Cost Estimate:		Inflation Factor	= X	Annual Long-Term Care Cost Estimate:

(b) Recalculate Estimates (see section V)

IV. CERTIFICATION BY ENGINEER

This is to certify that the Financial Assurance Cost Estimates pertaining to the engineering features of the this solid waste management facility have been examined by me and found to conform to engineering principals applicable to such facilities. In my professional judgement, the Cost Estimates are a true, correct and complete representation of the financial liabilities for closing and long-term care of the facility and comply with the requirements of Florida Administrative Code (F.A.C.), Rule 62-701.630 and all other Department of Environmental Protection rules, and statutes of the State of Florida. It is understood that the Financial Assurance Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

Signature of Facinese	James Williamson
Signature of Engineer	Signature of Owner/Operator
	Janice Williamson, S.W. Superintendent
Name & Title (please type)	Name & Title (please type)
	(863) 773-5089
Florida Registration Number (affix seal) &Date	Telephone Number
Mailing Address	
Telephone Number	
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