

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 L	DEP Approvai:			
I. GENERAL	INFORMATION							
Facility Name: Sarasota Central County Solid Waste Disposal Complex					WACS ID: 51614			
Permit Application or Consent Order No.:					Expiration Date: 1/6/2034			
Facility Address: 4000 Knights Trail Roa			ad, Nokomis, I					
Permittee or	Owner/Operator:	Sarasot	a County Solid	Waste Operations				
Mailing Addre	ess: 4000 Knig		ad, Nokomis, I					
	S							
_atitude:	27 °	12'	9.84 "	Longitude:	82°	23'	24.75 "	
Coordinate M	lethod: Web	Based Map	oing C	Datum: WGS 84				
Collected by:	Sarasota Co	unty		Company/Affiliation:	Owner			
	•							
Solid Waste [Disposal Units In	cluded in Es	timate:					
			Date Unit	Active Life of		If closed:	If closed:	
			Began	Unit From Date	If active:	Date last	Official	
Dh	/ 0-11		Accepting	of Initial Receipt	Remaining	waste	date of	
Phase / Cell		Acres	Waste	of Waste	life of unit	received	closing	
Phase I		55	6/15/1998	13.2 years	0 years	August 2011	TBD	
Phase II		63	8/16/2010	15 years	11 years	N/A	N/A	
		-						
		-						
		+						
						l		
Total disposal	I unit acreage inc	luded in this	s estimate:	Closure: 63	S Lor	ng-Term Care:	118	
·	•			-				
Facility type: 💆 Class I			☐ Class III ☐ C&D Debris Disposal					
(8)		aste Tire Processing Facility, C&D MRF, Yard Waste Site						
		=		<u> </u>	•			
I. TYPE OF	FINANCIAL AS	SURANCE D	OCUMENT (C	Check type)				
□ Letter of Credit*			□ Insuran	nsurance Certificate				
□ Performance Bond*			★ Financia					
☐ Guarantee Bond*			□ Trust F	und Agreement		,	-	
*.	- Indicates mechanisi	ns that require t	he use of a Standb	by Trust Fund Agreement				
Northwest Distri	ict Northe	ast District	Central District	Southwest District	South Distri	ct South	heast District	

Northwest District 160 Government Center Pensacola, FL 32502-5794 850-595-8360 Northeast District 7825 Bayrneadows 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.

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□ (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.

This adjustment is based on the	e Department approved clo	sing cost estimate dated:		September 16, 2013		
Latest Department Approved Closing Cost Estimate: \$19,811,538.91	Inflation Adjusted Closing Cost Estimate: \$20,108,711.99					
				*		
This adjustment is based on the	e Department approved lon	g-term care cost estimate	dated:	September 16, 2013		
Latest Department Approved Annual Long-Term Care Cost Estimate:	Inflation Adjusted Annual Long-Term Care Cost Estimate:					
\$664,256.34	× 1.015		=	\$674,220.19		
Number of Years of	30					
Inflation Adjusted	Long-Term Care Cost Est	imate:	=	\$20,226,605.55		
Signature by:	★ Owner/Operator → Owner	□ Engineer 4000 Knigl	(check what a			
Signa	ture		Address			
Lois Rose, Manager Solid Wast	Nokomis, F	Nokomis, FL 34275				
1-27-15	lerose@sc	City, State, Zip Code				
Da		E-M	ail Address			
941-861-1589 Telephone	Number	_				