



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

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

FINANCIAL ASSURANCE COST ESTIMATE FORM

| Date: | August 2 | 7, 2002 | • | Date of DEP | Approval: | | |
|--------------------|--------------------------------------|--------------|-------------|--------------------------|----------------|----------------------|-------------------------------------|
| I. GENERAL INF | ORMATION | l: | | | | | |
| Facility Name: | Tomoka Farms Road Class III Landfill | | | | | _ WACS or GMSID #: | |
| Permit / Applicati | oplication No.: SC64-0078767-007 | | | | | _ Expiration Date: | 7/08/04 |
| Facility Address: | 1990 Tomo | oka Farm | s Road, I | Daytona Bea | ich, FL 3 | 2128 | |
| Permittee: | Volusia (| County | | | | | |
| Mailing Address: | 3151 E. I | New York | Avenue, | DeLand, FI | 32724 | | |
| Latitude: | 29-7-53 | | Lonaitude: | 81-05-31 | | or UTM: | |
| | | | | | - | | RECEIVED |
| Solid Waste Dis | posal Units | included | in Estimate | e: Date Unit Began | | Design Life of Unit | SEP 1 0 2002 |
| | | | | Accepting | | From Date of Initial | 6.05.614446 |
| Phase / Cell | | Acres | | Waste | - | Receipt of Waste | Solid Waste Sectio |
| Class III | | 81.4 | | 7/18/98 | - | 12 Years | - |
| | | <u></u> | | | - | | - |
| | | | | | - | | - |
| | | | | | _ | | - |
| | | | • | | - | | - |
| | <u> </u> | | | | - | | _ |
| Total Landfill Acr | reage include | ed in this e | stimate. | 81.4 | _Closure | 81.4 | _Long-Term Care |
| Type of landfill: | - | | Class I | <u> </u> | Class III | | _C&D Debris |
| II. TYPE OF FIN | NANCIAL AS | SURANC | E DOCUME | ENT (Check Type) | | | |
| | Letter of Credit* | | | | Insurance | Certificate | *Indicates mechanisms that |
| Performance Bond* | | | | | Escrow Account | | require use of a Standby Trust Fund |
| Guaranty Bond* | | | | _Trust Fund | d Agreement | Agreement | |
| | | | | | | | |

!II. ESTIMATE ADJUSTMENT

40 CFR Part 264 Subpart H as adopted by reference 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.

August 2001 This adjustment is based on the Department approved closure cost estimate dated: Inflation Adjusted Latest Department Approved **Current Year** Closure Cost Estimate: Inflation Factor Closure Cost Estimate: \$4,293,970.00 1.02 \$4,379,849.40 X August 2001 This adjustment is based on the Department approved long-term care cost estimate dated: Latest Department Approved Inflation Adjusted Annual Long-Term Care Cost **Current Year** Annual Long-Term Care Estimate: Inflation Factor Cost Estimate: \$65,520.00 1.02 \$66,830.40 X 30 Number of Years of Long Term Care Remaining: X Inflation Adjusted Long-Term Care Cost Estimate: 2,004,912.00

☐ (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 <u>annually</u>, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

| The submitted to the Department <u>annually</u> , revised of adjusted | ras required by rule 92-701.030(4), 1.A.C. |
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| A STATE OF THE STA | 412 |
| Signature of Engineer | Signature of Owner/Operator |
| John G. Ladner | Josef F. Grusauskas |
| Name & Title (please type) | Name & Title (please type) |
| | (386) 943-7889 |
| Florida Registration Number (affix seal) &Date | Telephone Number |
| 2301 Maitland Ctr. Pwky., #300 | |
| Mailing Address | |
| Maitland, FL 32751 (407) 660-2552 | |

Telephone Number