

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:

				Date 01 t	Li Appierai.					
I. GENERA	L INFORMATION	ON:								
Facility Name: Sarasota Central County Solid Waste Disposal Complex WACS ID: 51614										
Permit Application or Consent Order No.: 0130542-022-SO/01 with 027-MM Expiration Date: 1/6/2034										
Facility Address: 4000 Knights Trail Road, Nokomis, FL 34275										
Permittee or Owner/Operator: Sarasota County Solid Waste Operations										
Mailing Address: 4000 Knights Trail Road, Nokomis, FL 34275										
Latitude:	27 °	12	9.84 "	Longitude:	82°	23'	24.75 "			
Coordinate Method: Web Based Mapping Datum: WGS 84										
Collected by	/: Sarasota	County								
Solid Waste	Disposal Units	Included in E	stimate:							
			Date Unit	Active Life of		If closed:	If closed:			
		- 1	Began	Unit From Date	If active:	Date last	Official			
Dk	nase / Cell	Acres	Accepting Waste	of Initial Receipt of Waste	Remaining life of unit	waste	date of			
	Phase I	55	6/15/1998	13.2 years		received	closing TBD			
	Phase II	63	8/16/2010		0 years	August 2011 N/A				
	-nase n	03	6/16/2010	15 years	8.5 years	IN/A	N/A			
			+							
			+			====				
						- 12				
Total dispos	al unit acreage	included in th	nis estimate:	Closure: 63	Lor	ng-Term Care:	118			
Facility type: 💆 Class I 🗆 Class III 🖂 C&D Debris Disposal										
(Check all that apply) 🖄 Other: Waste Tire Processing Facility, C&D MRF, Yard Waste Site										
II. TYPE OI	F FINANCIAL A	ASSURANCE	DOCUMENT (Check type)						
	Letter of Credi	t*	□ Insurar	nce Certificate	□ Esc	row Account				
□ Performance Bond*		3ond*	🖰 Financ	ial Test	□ For	m 29 (FA Defe	rral)			
	Guarantee Bor	nd*	□ Trust F	und Agreement						
* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement										
		Jardha ant Die tetet	0-1-10	0- 15 - 10/21	ā					
Northwest Di	autot [Vortheast District	Central District	Southwest District	South Distri	a South	neast District			

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.

This adjustment is based on the	e Department approved clo	osing cost estima	te dated:	January 7, 2016		
Latest Department Approved Closing Cost Estimate:	ation 2		Inflation Adjusted Closing Cost Estimate:			
\$20,390,233.96	x <u>1.009</u>)] = 0	\$20,573,746.07		
This adjustment is based on the	e Department approved lor	ng-term care cost	estimate dated:	January 7, 2016		
Latest Department Approved Annual Long-Term Care Cost Estimate:	Current Year Infla Factor, e.g. 1.0 2			Inflation Adjusted Annual Long-Term Care Cost Estimate:		
\$683,659.27	x <u>1.009</u>	\$689,812.20				
Number of Years of	Long Term Care Remaini	ng:	×	30		
Inflation Adjusted	Long-Term Care Cost Es	stimate:	=	\$20,694,366.10		
Signature by:	→ Owner/Operator	□ Engineer	check what a			
Signa	ature		Address			
Lois Rose, Manager Solid Wast		<u>N</u>	Nokomis, FL 34275			
Name 8	& Title		City, State, Zip Code			
1-19-	-17	<u>le</u>	lerose@scgov.net			
Da	te		E-N	lail Address		
941-861-1589						
Telephone	Number					