



5135 Madison Avenue, Tampa, Florida 33619

February 27, 2017

Cory Dilmore, P.E.  
Professional Engineer II  
Florida Department of Environmental Protection  
Solid Waste Section  
2600 Blair Stone Road, MS4565  
Tallahassee, Florida 32399

Subject: Annual Financial Assurance Renewal - 2017  
J.E.D. Solid Waste Management Facility  
Omni Waste of Osceola County, LLC  
Osceola County, Florida  
Permit No. SO49-0199726-022  
WACS Facility ID No. 89544

Dear Mr. Dilmore:

Please find attached the 2017 adjusted financial assurance cost estimate for the J.E.D. Solid Waste Management Facility. The most recent approved 2016 closure cost estimate (May 3, 2016) of \$15,079,201.88 and long-term care cost estimate of \$10,869,837.31 have been increased to \$15,214,914.70 and \$10,967,665.84, respectfully. This increase represents an annual adjustment of 1.009 as directed by the Florida Department of Environmental Protection Memorandum dated January 5, 2017. As requested in the Memorandum, the financial assurance adjustment is being submitted to your Department for review and approval. Upon your approval, I will ask our bonding company to issue new certificates of insurance for the adjusted amounts shown.

If you should have any questions or require any additional information, please contact me at (813) 388-1026 or by e-mail [kirk.wills@progressivewaste.com](mailto:kirk.wills@progressivewaste.com) at your earliest convenience.

Sincerely,

A handwritten signature in blue ink that reads "Kirk Wills".

Kirk Wills  
*South Region Engineer*  
Progressive Waste Solutions of FL, Inc.

Attachments

Cc: [Solid.Waste.Financial.Coordinator@dep.state.fl.us](mailto:Solid.Waste.Financial.Coordinator@dep.state.fl.us)  
B. Gray, WCN



# 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: \_\_\_\_\_

### I. GENERAL INFORMATION:

Facility Name: \_\_\_\_\_ WACS ID: \_\_\_\_\_  
 Permit Application or Consent Order No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 Permittee or Owner/Operator: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "  
 Coordinate Method: \_\_\_\_\_ Datum: \_\_\_\_\_  
 Collected by: \_\_\_\_\_ Company/Affiliation \_\_\_\_\_

### Solid Waste Disposal Units Included in Estimate:

Phase / Cell	Acres	Date Unit Began Accepting Waste	Active Life of Unit From Date of Initial Receipt of Waste	If active: Remaining life of unit	If closed: Date last waste received	If closed: Official date of closing

Total disposal unit acreage included in this estimate: \_\_\_\_\_ Closure: \_\_\_\_\_ Long-Term Care: \_\_\_\_\_

Facility type:     Class I                       Class III                       C&D Debris Disposal  
 (Check all that apply)  Other: \_\_\_\_\_

### II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Letter of Credit* | <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Escrow Account        |
| <input type="checkbox"/> Performance Bond* | <input type="checkbox"/> Financial Test        | <input type="checkbox"/> Form 29 (FA Deferral) |
| <input type="checkbox"/> Guarantee Bond*   | <input type="checkbox"/> Trust Fund Agreement  |  |

\* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement

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 adjustment 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 Deflator 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](http://www.dep.state.fl.us/waste/categories/swfr) or call the Financial Coordinator at (850) 245-8706.

This adjustment is based on the Department approved closing cost estimate dated: \_\_\_\_\_

Latest Department Approved <b>Closing Cost</b> Estimate:		Current Year Inflation Factor, <b>e.g. 1.02</b>				Inflation Adjusted Closing Cost Estimate:
_____	×	_____	=	_____	_____	_____

This adjustment is based on the Department approved long-term care cost estimate dated: \_\_\_\_\_

Latest Department Approved <b>Annual Long-Term Care</b> Cost Estimate:		Current Year Inflation Factor, <b>e.g. 1.02</b>				Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____	×	_____	=	_____	_____	_____
Number of Years of Long Term Care Remaining:				×	_____	_____
<b>Inflation Adjusted Long-Term Care Cost Estimate:</b>				=	_____	_____

**Signature by:**     **Owner/Operator**                       **Engineer**                      (check what applies)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Telephone Number

**WRITTEN CONSENT OF  
THE SOLE MEMBER AND SOLE MANAGER OF  
OMNI WASTE OF OSCEOLA COUNTY LLC**

The undersigned, being the sole member and the sole manager of the Board of Managers of OMNI WASTE OF OSCEOLA COUNTY LLC, a Florida limited liability company (the "Company"), consent to the following actions and adopt the following resolutions:

RESOLVED, that Kirk Wills, Southern Region Engineer of the Company, is hereby authorized to execute by and on behalf of the Company any and all documents required in connection with the permit and regulatory applications, reports, filings, and other documentation relating to and necessary for the day-to-day operations of the J.E.D. Landfill by the Company, including, without limitation, Title V and other permit renewal applications and reports, Florida Department of Environmental Protections reports, forms, and filings, discharge monitoring reports, and emissions and compliance reports for air quality, and all other documentation related thereto.

IN WITNESS WHEREOF, the undersigned sole member of the Company and sole manager of the Board of Managers of the Company, have duly executed this Written Consent in The Woodlands, Texas on the date set forth below.

Dated: July 21, 2016

**SOLE MEMBER:**

WASTE SERVICES, INC.,  
a Delaware corporation

By: \_\_\_\_\_

Name: Ronald J. Mittelstaedt

Its: Chief Executive Officer



**SOLE MANAGER OF THE BOARD OF  
MANAGERS:**

\_\_\_\_\_  
Ronald J. Mittelstaedt, Manager



## Kirk Wills

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**Subject:** FW: Updating Solid Waste Cost Estimates

**From:** Financial Assurance Working Group (Shared Mailbox) [<mailto:Financial.Assurance.Working.Group@dep.state.fl.us>]

**Sent:** Thursday, January 05, 2017 8:45 AM

**Subject:** Updating Solid Waste Cost Estimates

**TO:** Solid Waste Management Facility Owners and Operators

**FROM:** Financial Assurance Working Group

**DATE:** January 5, 2017

**SUBJECT:** Updating Cost Estimates

It is time for owners and operators of solid waste management facilities using alternate financial assurance (letters of credit, surety bonds, insurance, trust funds or financial tests) to inflation adjust facility closure cost estimates. If you have already submitted your cost estimate update for 2017, please disregard this notice.

Pursuant to Rule 62-701.630(4), Florida Administrative Code, cost estimate adjustments must be made every year between January 1 and March 1. Please download the Closure Cost Estimating Form for Solid Waste Facilities – [Form 62-701.900\(28\)](#). This form is available on-line at

[http://www.dep.state.fl.us/waste/quick\\_topics/forms/pages/62-701.htm#Cost](http://www.dep.state.fl.us/waste/quick_topics/forms/pages/62-701.htm#Cost)

or directly from DEP offices. Remember, if you are adjusting your estimate using the current inflation factor (**1.009**), only the first two pages of [Form 62-701.900\(28\)](#) must be submitted.

Please submit updated cost estimates to the appropriate permitting office for review and approval, and submit a copy by e-mail to

[Financial.Assurance.Working.Group@dep.state.fl.us](mailto:Financial.Assurance.Working.Group@dep.state.fl.us). ([Solid.Waste.Financial.Coordinator@dep.state.fl.us](mailto:Solid.Waste.Financial.Coordinator@dep.state.fl.us) still works, and goes to the same shared mailbox – our responsibilities now extend beyond just Solid Waste.)

Additional information concerning cost estimates can be found at the [Solid Waste Financial Assurance cost estimate web page](#). Contact your permitting office for further assistance with cost estimates. If you have any questions about financial assurance requirements, please contact Tor Bejnar at (850) 245-8743.

Please contact me if you have any questions.



**Tor Bejnar**

*Environmental Specialist III*

Financial Assurance Working Group, Permitting & Compliance Assistance Program  
Division of Waste Management, Department of Environmental Protection  
2600 Blair Stone Road MS 4548, Tallahassee, Florida 32399-2400

*direct line: (850) 245-8743*

*usual hours: 7:00am-3:30pm*