



Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-701.900(28)
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.

RECEIVED

SEP 12 2017

CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FACILITIES NORTHWEST FLORIDA DEP

Date of DEP Approval: 4-4-16

I. GENERAL INFORMATION:

Facility Name: Tire Disposal Service WACS ID: 6475
Permit Application or Consent Order No.: 0064386-005-WT Expiration Date: 4-4-21
Facility Address: 3053 Barnes Lane, Cottondale, FL 32431
Permittee or Owner/Operator: J.E. Merrittfield, Inc.
Mailing Address: P.O. Box 550 Cottondale, FL 32431

Latitude: 30°47'21" N

Longitude: 85°24'54 W

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: Class 710

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

____ Letter of Credit* ____ Insurance Certificate ____ Escrow Account
____ Performance Bond* ____ Financial Test ____ Form 29 (FA Deferral)
____ Guarantee Bond* ☒ 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
407-894-7855

Southwest District
13051 N. Telecom Pky
Temple Terrace, FL
813-632-7600

South District
2295 Victoria Ave., Ste. 384
Fort Myers, FL 33901-3881
239-332-6975

Southeast District
400 North Congress Ave.
West Palm Beach, FL 33401
561-681-6600

APPACHMENT #

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

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 or call the Financial Coordinator at (850) 245-8706.

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

Latest Department Approved
Closing Cost Estimate:

3,600

x

Current Year
Inflation Factor

1.009

=

Inflation Adjusted Closing Cost
Estimate:

3,632.40

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

Annual Long-Term Care Cost
Estimate:

x

Current Year
Inflation Factor

=

Inflation Adjusted Annual Long-
Term Care Cost Estimate:

Number of Years of Long Term Care Remaining:

x

Inflation Adjusted Long-Term Care Cost Estimate:

=

Signature by:

☐ Owner/Operator

☐ Engineer

(check what applies)

Jim Merrifield

Signature

Jim Merrifield Owner

Name & Title

8-20-17

Date

850-352-1044

Telephone Number

P.O. Box 550

Address

Cottondale, FL 32431

City, State, Zip Code

TDSMRD@MSN.COM

E-Mail Address (if available)

☐ (b) Recalculated or New Cost Estimates (see Section IV)