

Florida Department of Environmental Protection

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Ms. Susan Metcalfe, P.G., Director Citrus County Solid Waste Division P.O. Box 340 Lecanto, Fl. 34460-0340

November 24, 2008

RE:

Citrus County Landfill Financial Assurance Cost Estimates

Permit No.: 21375-009-SO/01, Citrus County

Dear Ms. Metcalfe:

This letter is to acknowledge receipt of the revised cost estimates dated September 4, 2008, prepared by Citrus County for closure and long-term care of the Citrus County Landfill (Phases 1, 1A, & 2 and the old 60 acre landfill). The revised cost estimates received on September 4, 2008 (total for closing \$4,153,131.00 and long-term care \$223,422.00/year x 30 years= \$6,702,670.00), are APPROVED for 2008. The approved estimates are for closing 25.1 acres (Phases 1, 1A, & 2) and long-term care of 85.1 acres. The next annual update (revised or inflation-adjusted estimates) is due no later than September 1, 2009.

A copy of these estimates will be forwarded to Mr. Fred Wick, Solid Waste Section, FDEP, 2600 Blair Stone Road, Tallahassee, Florida 32399-2407. Please work with him directly to assess the facility's compliance with the funding mechanism requirements of Rule 62-701.630, F.A.C. If you have any questions, you may contact me at (813) 632-7600 ext. 374.

Sincerely,

Melissa Madden Solid Waste Section Southwest District

mam cc:

Fred Wick, FDEP, Tallahassee, w/attachment Susan Pelz, P.E., FDEP Tampa



Board of County Commissioners DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460 Telephone: (352) 527-7670 FAX: (352) 527-7672 email: landfillinfo@bocc.citrus.fl.us TDD Telephone: (352) 527-5303

Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

Document Transmittal

Protection

SEP 0 4 2008

Southwest District

TO:

Steve Morgan

Dept. of Environmenta Department of Environmental Protection - Tampa Office

FROM:

Susan Metcalfe, Director Citrus County, Division of Solid Waste Management

Fax #352/527-7672 Phone 352/527-7670

Re:

Financial Assurance Cost Estimate Form for 9/1/08

Transmittal Date: August 29, 2008

Message:

Enclosed please find the original signed Financial Assurance Cost Estimate Form for the Citrus County Central Landfill for the September 1, 2008 submittal requirement.

Thank you

CC: 30 day file

(Copy e-mailed to DEP 8/29/08)



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

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

FINANCIAL ASSURANCE COST ESTIMATE FORM

| Date: | August | 29, 2 | 008 | Date of DEP | Approval: | | | |
|---|-------------------|---|-------------|--|-----------|--|--|--|
| I. GENERAL INI | ORMATIO | N: | | | | | | |
| Facility Name: | Citrus | County Central Landfill WACS or GMSID #: SWD/09/39859 | | | | | | |
| Permit / Application No.: | | 21375-008-SO/01 | | | | Expiration Date: | 9/30/2010 | |
| Facility Address: | | 230 W | Gulf t | o Lake H | wy, Lec | anto, Fl | | |
| Permittee: | 19- | Citru | s Count | y Board o | of Coun | ty Commission | ners | |
| Mailing Address: | | P.O. | Box 340 | , Lecante | o, Fl 3 | 4460 | | |
| Latitude | _28°51 | 07" | Longitude | :_82°26'1 | 2" | or UTM: | | |
| Solid Waste Dis | sposal Units | Include | d in Estima | te: | | | | |
| Phase / Cell Closed LF Phase 1/1A Phase 2 | | Acres 60 19.1 6 | | Date Unit Began Accepting Waste 1975 1991 2005 | | Design Life of Unit From Date of Initial Receipt of Waste 1990 14 years 10 years | SUTTIN THE PARTY OF THE PARTY O | |
| Total Landfill Acr | eage include | ed in this | estimate. | 25.1 | Closure | 851-1 | Long-Term Care | |
| Type of facility: | X | Class I | (| Class III | C&D | Debris Disposal | Other | |
| II. TYPE OF FIN | IANCIAL AS | SURANG | CE DOCUM | ENT (Check Type) | | | | |
| | Letter of Credit* | | | Insurance Certificate | | | *Indicates mechanisms that | |
| Surety Bond* | | | X | _Escrow Ac | count | require use of a Standby Trust Fund | | |
| Trust Fund Agreement | | | | Financial 1 | Test | Agreement | | |

| III. ESTIMATE ADJUSTMENT | - d b f ! - | D. I. 00 704 000 FL. I. A. I. | | | | | | | |
|---|---|--|---|---|--|--|--|--|--|
| 40 CFR Part 264 Subpart H as adopted by reference in Rule 62-701.630, Florida Administrative Code sets forth the method of annua 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 using an inflation changes have occurred in the facility derived from the most recent Implicit survey of Current Business. The inflation factor may | factor may only be operation which wo Price Deflator for G ation factor is the re | ould necessitate modification Fross National Product publis esult of dividing the latest pub | to the closure plan hed by the U.S. De lished annual Defla | n. The inflation factor is epartment of Commerce in its ator by the Deflator for the | | | | | |
| This adjustment is based or | the Department | approved closure cost est | imate dated: | 6/20/07 | | | | | |
| Latest Department Approved Closure Cost Estimate: | | Current Year Inflation Factor | | Inflation Adjusted Closure Cost Estimate: | | | | | |
| \$4,051,835 | Х | 1.025 | = | \$4,153,131 | | | | | |
| This adjustment is based on the | Department app | proved long-term care cost | estimate dated: | 6/20/07 | | | | | |
| Latest Department Approved Annual Long-Term Care Cost Estimate: | | Current Year Inflation Factor | | Inflation Adjusted Annua Long-Term Care Cost Estimate: | | | | | |
| \$217,973 | х | 1.025 | = | \$223,422 | | | | | |
| Number of Years | of Long Term Ca | are Remaining: | x | 30 | | | | | |
| Inflation Adjusted | Long-Term Car | e Cost Estimate: | = | \$6,702,670 | | | | | |
| (b) Recalculate Estimates (se | ee section V) | | | | | | | | |
| IV. CERTIFICATION BY ENGINE | ER | | | | | | | | |
| This is to certify that the Financial Ass management facility have been exam professional judgement, the Cost Esti long-term care of the facility and com Department of Environmental Protect Estimates shall be submitted to the D NA | ined by me and fou imates are a true, on ply with the require ion rules, and statu | correct and complete represe ements of Florida Administration tes of the State of Florida. It y, revised or adjusted as req | g principals applica ntation of the finan ve Code (F.A.C.), i is understood that uired by Rule 62-7 | able to such facilities. In my cial liabilities for closing and Rule 62-701.630 and all other the Financial Assurance Cost | | | | | |
| Signature of Engineer | | | Owner/Operator | | | | | | |
| Name & Title (please type) | | | 70 70 | e, Director | | | | | |
| Name a Thie (please type) | | | (please type) 7-7671 | | | | | | |
| Florida Registration Number (affix | | Telephone Number | | | | | | | |
| an engagementalization of the second state of | | 70 | susan metcal feabocc citrus flus | | | | | | |

Mailing Address

Telephone Number

Owner/Operator E-Mail Address

Engineer E-Mail Address