

SEE PART 2 FOR SEAL CERIFICATION PAGE(S)

And cover letter.

Geosyntec[®]
consultants

RECEIVED

JAN 05 2010

DEP Central Dist.

31 December 2009

FILE COPY
14055 Riveredge Drive, Suite 300
Tampa, Florida 33637
PH 813.558.0990
FAX 813.558.9726
www.geosyntec.com

Mr. F. Thomas Lubozynski, P.E.
Solid and Hazardous Waste Program
Florida Department of Environmental Protection (FDEP), Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Subject: Phase 1 Partial Closure Certification Report
J.E.D. Solid Waste Management Facility, Waste Services, Inc.
Permit No. SC49-0199726-004/SO49-0199726-005

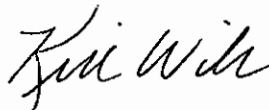
Dear Mr. Lubozynski:

Submitted herewith is one (1) hard copy and 1 (one) electronic copy of the construction quality assurance (CQA) certification report (including Record Drawings) for the Phase 1 partial closure construction at the J.E.D. Solid Waste Management Facility located in Osceola County, Florida. FDEP form #62-701.900(2) titled *Certification of Construction Completion of a Solid Waste Management Facility*, duly completed and signed, is also attached. A compact disk (CD) containing a PDF of this certification report is presented on the inside of the front cover of the report.

Included with this CQA report is a revised final assurance closure cost estimate. The closure cost estimate was revised to reflect the remaining Phase 1 & 2 areas still requiring final closure, and includes closure costs associated with two recent minor modification applications submitted for waste tire processing and auto shredder residual recycling activities.

If you have any questions or need additional information, please do not hesitate to contact the undersigned.

Sincerely,



Kirk Wills
Project Engineer

Enclosure
Copy: Mr. Mike Kaiser, Waste Services, Inc.

T. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

Applicant:

The undersigned applicant or authorized representative of Omni Waste of Osceola
County, LLC (Omni) is aware that statements made in this form and attached

information are an application for a Minor Modification Permit from the Florida Department of Environmental Protection and certifies that the information in this application is true, correct and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department. It is understood that the Permit is not transferable, and the Department will be notified prior to the sale or legal transfer of the permitted facility.

Mike Kaiser
Signature of Applicant or Agent

Mike Kaiser, Vice President, WSI

Name and Title (please type)

mkaiser@wsii.us

E-Mail address (if available)

1501 Omni Way

Mailing Address

St. Cloud, Florida 34773

City, State, Zip Code

(904) 673-0446

Telephone Number

Date: 12/31/2009

Attach letter of authorization if agent is not a governmental official, owner, or corporate officer.

2. Professional Engineer registered in Florida (or Public Officer if authorized under Sections 403.707 and 403.7075, Florida Statutes):

This is to certify that the engineering features of this solid waste management facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will comply with all applicable statutes of the State of Florida and rules of the Department. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

Craig R. Browne
Signature 12/31/09

Craig R. Browne, Project Engineer

Name and Title (please type)

14055 Riveredge Drive, Suite 300

Mailing Address

Tampa, Florida 33637

City, State, Zip Code

cbrowne@geosyntec.com

E-Mail address (if available)

(813) 558-0990

Telephone Number

Date: 12/31/09

68613
Florida Registration Number
(please affix seal)

III. 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)-245-8732.

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

Latest Department Approved Closure Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Closure Cost Estimate:
_____	X	_____	=	\$0.00

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

Latest Department Approved Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____	X	_____	=	\$0.00

Number of Years of Long Term Care Remaining: _____

X

Inflation Adjusted Long-Term Care Cost Estimate: _____

=

0.00

☒ (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 annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

Signature of Engineer

Craig Browne P.E. Project Engineer

Name & Title (please type) Geosyntec Consultants

Florida Registration Number (affix seal) & Date

4055 Riveredge Drive Ste 300, Tampa, FL

Mailing Address

(813) 558-0990

Telephone Number

Signature of Owner/Operator

Mike Kaiser, Vice President

Name & Title (please type) Waste Services, Inc.

(904) 673-0446

Telephone Number