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SEP 21 2010

NORTHEAST DISTRICT
DEP-JACKSONVILLE



September 16, 2010

Mr. Emerson Raulerson
Florida Department of Environmental Protection
7825 Baymeadows Way, Suite 200B
Jacksonville, FL 32256-7598

Dear Emerson:

Attached please find a signed and sealed copy of the 2010 Financial Assurance Cost Estimate for Trail Ridge Landfill. Retain this copy for your files.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward Schmalfeld II".

Edward Schmalfeld II, P.E.
Trail Ridge Landfill
District Manager



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:

DEP Application No.

(Filled by DEP)

FINANCIAL ASSURANCE COST ESTIMATE FORM

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SEP 21 2010

Date: September 7, 2010

Date of DEP Approval: _____

NORTHEAST DISTRICT
DEP-JACKSONVILLE

I. GENERAL INFORMATION:

Facility Name: Trail Ridge Class I Landfill WACS or GMSID #: NED / 16 / 00033628
Permit Application No.: 0013493-017-SO Expiration Date: September 16, 2014
Facility Address: 5110 U.S. Highway 301, Baldwin, Florida 32234
Permittee: Trail Ridge Landfill, Inc.
Mailing Address: Same as facility address

Latitude: 30°13'27"N

Longitude: 82°02'40"W

or UTM: _____

Solid Waste Disposal Units Included in Estimate:

Phase/Cell	Acres	Date Unit Began Accepting Waste	Design Life of Unit From Date of Initial Receipt of Waste
<u>I - V</u>	<u>144</u>	<u>18-May-92</u>	<u>20 +/- Years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Landfill Acreage included in this estimate: 119 Closure 144 Long Term Care

The entire landfill less closed areas (25 Ac +/-), after Fill Phase 10 (the estimated worse case).
(71.3 acres of top area and 47.7 acres of side slope)

Type of Landfill X Class I _____ Class III _____ C&D Debris

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check Type)

_____ Letter of Credit* _____ Insurance Certificate
_____ Performance Bond* X Escrow Account
_____ Guaranty Bond* _____ Trust Fund Agreement

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

Northwest District
160 Governmental Center
Pensacola, FL 32501-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. B200
Jacksonville, FL 32256-7590
904-448-4300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Dr.
Tampa, FL 33619
813-744-6100

South District
2295 Victoria Ave., Ste. 364
Fort Myers, FL 33901-3881
941-332-6975

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

40 CFR Part 264 H as adopted by reference in Rule 62-701.603, Florida Administrative Code sets forth the method of annual Cost estimates may be adjusted using an inflation factor or be recalculating the maximum cost of closure in current dollars. Select one of the methods of cost estimate adjustment below.



(a) Inflation Factor Adjustment

Inflation adjustments 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) 488-0300.

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

Latest Department Approved		Current Year		Inflation Adjusted
\$25,424,769.30	X	1.010	=	\$25,679,016.99

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

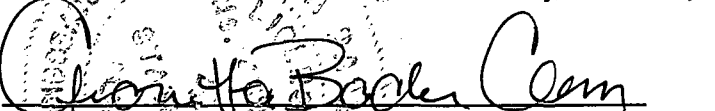
Latest Department Approved Annual Long-Term Care Cost Estimate		Current Year Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate
\$1,128,813.16	X	1.010	=	\$1,140,101.29
Number of Years of Long-Term Care Remaining:			X	30
Inflation Adjusted Long-Term Care Cost Estimate:			=	\$34,203,038.75



(b) Recalculate Estimates (see section V)

IV. CERTIFICATION BY ENGINEER

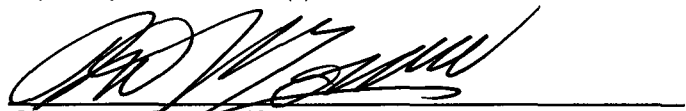
This is to certify that the Financial Assurance Cost Estimates pertaining to the engineering features of this solid waste management facility have been examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, the Cost Estimates are a true, 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
Juanitta Bader Clem, P.E.
Name & Title (please type)

43245
Florida Registration Number (affix seal)

14775 Old St. Augustine Road, Jax. FL 32258
Mailing Address

(904) 265-3181
Telephone Number


Signature of Owner/Operator
R. D. McConnell, Area Vice President
Name & Title (please type)

(904) 289-9100
Telephone Number

dmccconnell@wm.com
Owner/Operator E-Mail Address

clemj@etminc.com
Engineer's E-Mail Address