



P | (844) 772-2726
E | info@pacskon.com

4517 George Road, Suite 220
Tampa, FL 33634

December 20, 2023

Mr. Jeffrey Allen Ray
Environmental Consultant
Division of Waste Management
Hazardous Waste Program & Permitting
Florida Department of Environmental Protection
2600 Blair Stone Rd. MS 4560
Tallahassee, FL 32399

**Subject: RESPONSE TO SECOND REQUEST FOR ADDITIONAL INFORMATION
US Ecology Tampa, Inc.
7202 East 8th Avenue, Tampa, FL 33619
EPA ID No. FLD981932494
FDEP Application Nos. 34875-019-HO & 34875-018-SO
PACSCON No. 2023-1816**

Dear Mr. Ray:

PACSCON GeoEnvironmental, Inc. (PACSCON), in collaboration with the applicant – **U.S. Ecology Tampa, Inc.** (USET) – is providing this submittal (in electronic copy) in response to the Department’s Request for Additional Information (RAI), dated November 21, 2023. Our document responding to each of Department’s RAI comments follows this transmittal letter, along with these supporting attachments:

- Copy of updated performance bond for total combined facility in the amount of \$1,141,695.
- Signed and sealed FDEP Form #62-701.900(28), F.A.C. and a copy of updated performance bond for solid waste operations in the amount of \$192,924.
- Revised hazardous waste certificate of liability insurance.

Please note that the original hazardous and solid waste performance bonds will be overnighted to you for proper handling today.

We sincerely appreciate your assistance and guidance with this permit renewal process. Please do not hesitate to contact the undersigned should you have any questions or comments or require anything further to complete your review.

Professional Engineer's (P.E.'s) Certification

This is to certify that the engineering features of this hazardous waste management facility as amended by this document have been designed or examined by me (the undersigned P.E.) and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the state of Florida and rules of the Department of environmental protection. No warranties are implied or expressed. I reserve the right to revise my interpretations or conclusions based on additional information or evaluations.

Sincerely,

PACSCON



Francisco J. "Paco" Amram, P.E.
Senior Engineer
Florida P.E. License No. 45133
PACSCON GeoEnvironmental, Inc. (PACSCON)
State of Florida Engineering Business Registry No. 32162
pamram@pacskon.com

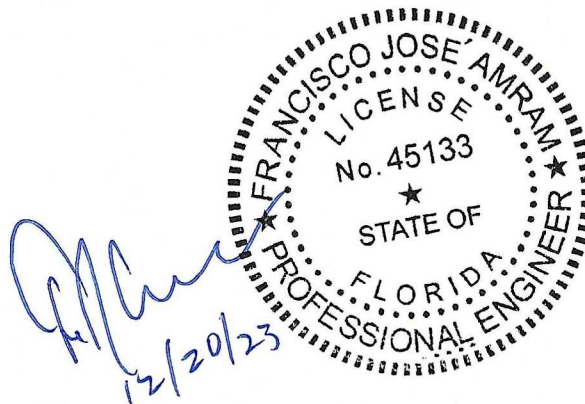


Christopher B. Poole, CPG
President | Founding Principal
cpoole@pacskon.com

CP/PA/cp

Response to Second RAI Comments/Requests
Attachments

EC: Michelle Mason Smith, FDEP
Kean Dean, USET
Don Locke, USET



RESPONSE TO SECOND RAI COMMENTS/REQUESTS

1. Page 32, **Total Combined Facility Closure Cost** - The total combined facility closure cost of \$1,141,695 is \$386,826 greater than the closure bond of \$754,869. Please submit an updated closure bond for the total facility closure cost.

Response: Please see electronic copy of updated closure performance bond attached hereto and note that the original bond will be sent to your attention via overnight courier.

2. Page 36, **Solid Waste Closure Cost Summary** - The total closure cost of \$192,924 exceeds the solid waste financial assurance on file of \$160,460.52. Financial Assurance will need to be increased. Additionally, closure cost estimates must be submitted on DEP Form #62-701.900(28), F.A.C. The closure cost estimating form must be signed by the owner and sealed by a Florida registered Professional Engineer. Please provide the closure cost estimate on a DEP Form #62-701.900(28), F.A.C. that has been signed by the owner and sealed by a Florida registered Professional Engineer.

Response: Please see electronic copy of updated closure performance bond attached hereto and note that the original bond will be sent to your attention via overnight courier. Additionally, the closure cost estimating form for solid waste facilities, DEP Form #62-701.900(28), F.A.C., has been prepared and certified as requested by the Department and is attached to this RAI response.

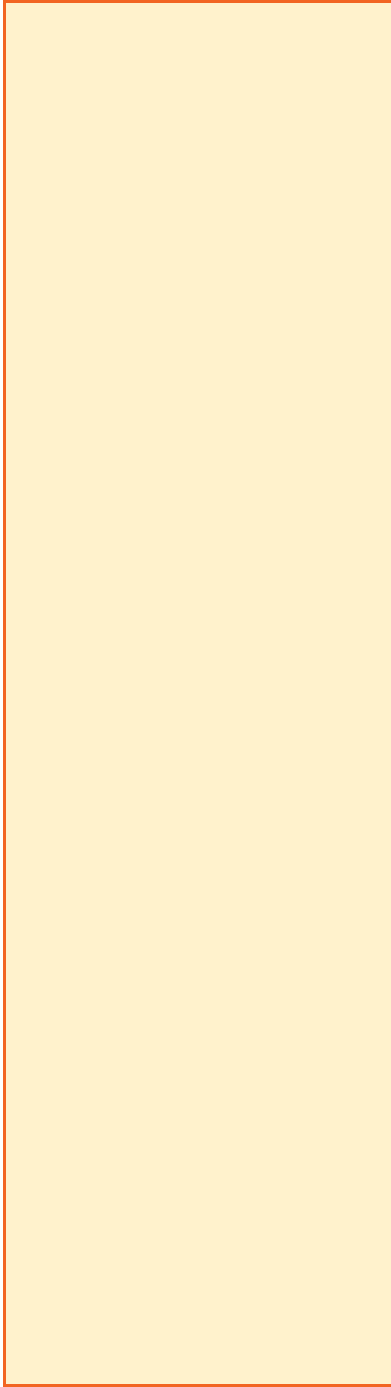
3. **Appendix P Facility Financial Assurance Documentation** - Financial assurance must be in the name of the permittee. This Certificate is in the name of Republic Services Inc. and not US Ecology Tampa, Inc. Please resubmit the Certificate in the name of US Ecology Tampa, Inc.

Response: The hazardous waste facility certificate of liability insurance (COI) is attached hereto and has also been provided separately to the Department. USET is a wholly owned subsidiary of Republic Services, Inc. and as such the COI is issued in the name of Republic Services, Inc. However, it is clearly indicated on the COI that the coverages provided thereunder meet the insured's obligation to demonstrate financial responsibility for the USET facility.

4. Appendix P Facility Financial Assurance Documentation - The certificate of financial assurance states it covers "nonsudden accidental occurrences", however our records show that both sudden and nonsudden are needed. The previous 2022 Certificate was for both types of discharges. Please provide a revised certificate.

Response: Please see revised COI attached to this RAI response.





ATTACHMENT 1

Updated Performance Bonds

INCREASE PENALTY RIDER

BOND AMOUNT \$754,868.69

BOND NO. 30167992

To be attached and form a part of Bond No. 30167992, executed by Western Surety Company as surety, on behalf of US Ecology Tampa, Inc. as current principal of record, and in favor of Florida Department of Environmental Protection, as Obligee for EPA ID NO: FLD981932494 - Closure Bond, and in the amount of Seven Hundred Fifty Four Thousand Eight Hundred Sixty Eight Dollars and 69/100 (\$754,868.69).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Western Surety Company hereby consents that effective from the 1st Day of December, 2023, said bond shall be amended as follows:


THE BOND PENALTY SHALL BE INCREASED:

FROM: Seven Hundred Fifty Four Thousand Eight Hundred Sixty Eight Dollars and 69/100 (\$754,868.69)

TO: One Million One Hundred Forty One Thousand Six Hundred Ninety Five Dollars and 00/100 (\$1,141,695.00) Closure

The INCREASE of said bond penalty shall be effective as of the 1st Day of December, 2023.

Signed, sealed and dated this 13th Day of December, 2023

BY  Western Surety Company
SURETY
Amber Engel, ATTORNEY-IN-FACT

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Amber Engel , Individually

of Seattle, WA its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond No.: 30167992
Principal: US Ecology Tampa, Inc.
Obligee: Florida Department of Environmental Protection

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 9th day of May, 2023.

WESTERN SURETY COMPANY



Larry Kasten
Larry Kasten, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 9th day of May, 2023, before me personally came Larry Kasten, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
March 2, 2026



M. Bent
M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law and Resolutions of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 13th day of December, 2023.



WESTERN SURETY COMPANY

L. Nelson
L. Nelson, Assistant Secretary

Authorizing By-Laws and Resolutions

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above Bylaw to execute power of attorneys on behalf of Western Surety Company.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

INCREASE PENALTY RIDER

BOND AMOUNT \$160,460.52

BOND NO. 880419

To be attached and form a part of Bond No. 880419, executed by Evergreen National Indemnity Company as surety, on behalf of US Ecology Tampa, Inc. as current principal of record, and in favor of Florida Department of Environmental Protection, as Obligee for WACS 44633 - Closure Bond, and in the amount of One Hundred Sixty Thousand Four Hundred Sixty Dollars and 52/100 (\$160,460.52).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Evergreen National Indemnity Company hereby consents that effective from the 1st Day of December, 2023, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE INCREASED:


FROM: One Hundred Sixty Thousand Four Hundred Sixty Dollars and 52/100 (\$160,460.52)

TO: One Hundred Ninety Two Thousand Nine Hundred Twenty Four Dollars and 00/100 (\$192,924.00) Closure

The INCREASE of said bond penalty shall be effective as of the 1st Day of December, 2023.

Signed, sealed and dated this 13th Day of December, 2023

Evergreen National Indemnity Company
SURETY

BY  _____
Amber Engel, ATTORNEY-IN-FACT

EVERGREEN NATIONAL INDEMNITY COMPANY
Independence, Ohio

POWER OF ATTORNEY

Bond No. 880419

KNOW ALL MEN BY THESE PRESENTS: That the Evergreen National Indemnity Company, a corporation in the State of Ohio does hereby nominate, constitute and appoint:

Amber Engel

its true and lawful Attorney(s)-In-Fact to make, execute, attest, seal and deliver for and on its behalf, as Surety, and as its act and deed, where required, any and all bonds, undertakings, recognizances and written obligations in the nature thereof.

This Power of Attorney is granted and is signed by facsimile pursuant to the following Resolution adopted by its Board of Directors on the 23rd day of July, 2004:

"RESOLVED, That any two officers of the Company have the authority to make, execute and deliver a Power of Attorney constituting as Attorney(s)-in-fact such persons, firms, or corporations as may be selected from time to time.
FURTHER RESOLVED, that the signatures of such officers and the Seal of the Company may be affixed to any such Power of Attorney or any certificate relating thereto by facsimile; and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company; and any such powers so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached."

IN WITNESS WHEREOF, the Evergreen National Indemnity Company has caused its corporate seal to be affixed hereunto, and these presents to be signed by its duly authorized officers this 1st day of April, 2022.

EVERGREEN NATIONAL INDEMNITY COMPANY



By: *Matthew T. Tucker*
Matthew T. Tucker, President

By: *David A. Canzone*
David A. Canzone, CFO

Notary Public)
State of Ohio) SS:

On this 1st day of April, 2022, before the subscriber, a Notary for the State of Ohio, duly commissioned and qualified, personally came Matthew T. Tucker and David A. Canzone of the Evergreen National Indemnity Company, to me personally known to be the individuals and officers described herein, and who executed the preceding instrument and acknowledged the execution of the same and being by me duly sworn, deposed and said that they are the officers of said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of said Corporation, and that the resolution of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at Cleveland, Ohio, the day and year above written.



Julie K. Bowers
Notary Public
In and For the State of Ohio
My Commission Expires
August 13, 2024

Julie K. Bowers
Julie K. Bowers, Notary Public
My Commission Expires August 13, 2024

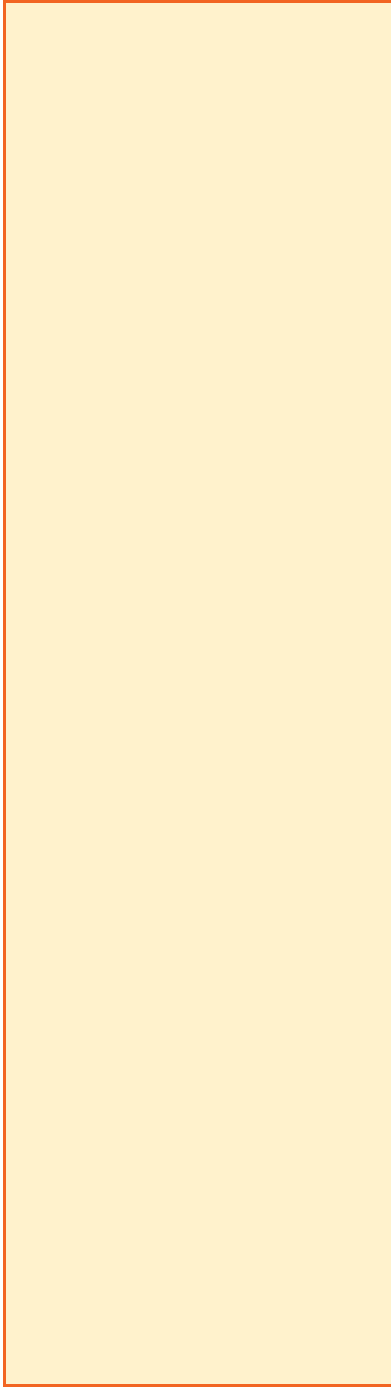
State of Ohio) SS:

I, the undersigned, Secretary of the Evergreen National Indemnity Company, a stock corporation of the State of Ohio, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth herein above, is now in force.

Signed and sealed in Independence, Ohio, this 13th day of December, 2023.



Wan C. Collier
Wan C. Collier, Secretary



ATTACHMENT 2

FDEP Form #62-701.900(28), F.A.C.



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: US Ecology Tampa, Inc. WACS ID: 44633
Permit Application or Consent Order No.: 34875-018-SO Expiration Date: 04/01/2024
Facility Address: 2002 N. Orient Road, Tampa, FL 33619
Permittee or Owner/Operator: US Ecology Tampa, Inc.
Mailing Address: 7202 E. 8th Avenue, Tampa, FL 33619

Latitude: 27° 57' 44.2N " Longitude: 81° 22' 26.7W "
Coordinate Method: Google Earth Datum: _____
Collected by: Ken Dean Company/Affiliation: US Ecology Tampa, Inc. / EHS

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
Not Applicable						

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: Materials Processing and Transfer Facility

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
407-894-7555

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

Refer to new FDEP approved cost estimate from solid waste closure plan attached hereto.

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 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:	×	Current Year Inflation Factor, e.g. 1.02	=	Inflation Adjusted Closing Cost Estimate:
_____		_____		_____

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, e.g. 1.02	=	Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____		_____		_____
Number of Years of Long Term Care Remaining:			×	_____
Inflation Adjusted Long-Term Care Cost Estimate:			=	_____

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

Signature

Address

Name & Title

City, State, Zip Code

Date

E-Mail Address

Telephone Number

Refer to new FDEP approved cost estimate from solid waste closure plan attached hereto.

IV. ESTIMATED CLOSING COST (check what applies)

- Recalculated Cost Estimate **New Facility Cost Estimate**

Notes: 1. Cost estimates for the time period when the extent and manner of landfill operation makes closing most exp
 2. Cost estimate must be certified by a professional engineer.
 3. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.
 4. In some cases, a price quote in support of individual item estimates may be required.

Description	Unit	Number of Units	Cost / Unit	Total Cost
1. Proposed Monitoring Wells (Do not include wells already in existence.)				
	EA	_____	_____	_____
			Subtotal Proposed Monitoring Wells:	_____
2. Slope and Fill (bedding layer between waste and barrier layer):				
Excavation	CY	_____	_____	_____
Placement and Spreading	CY	_____	_____	_____
Compaction	CY	_____	_____	_____
Off-Site Material	CY	_____	_____	_____
Delivery	CY	_____	_____	_____
			Subtotal Slope and Fill:	_____
3. Cover Material (Barrier Layer):				
Off-Site Clay	CY	_____	_____	_____
Synthetics - 40 mil	SY	_____	_____	_____
Synthetics - GCL	SY	_____	_____	_____
Synthetics - Geonet	SY	_____	_____	_____
Synthetics - Other (explain) _____	_____	_____	_____	_____
			Subtotal Cover Material:	_____
4. Top Soil Cover:				
Off-Site Material	CY	_____	_____	_____
Delivery	CY	_____	_____	_____
Spread	CY	_____	_____	_____
			Subtotal Top Soil Cover:	_____
5. Vegetative Layer				
Sodding	SY	_____	_____	_____
Hydroseeding	AC	_____	_____	_____
Fertilizer	AC	_____	_____	_____
Mulch	AC	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
			Subtotal Vegetative Layer:	_____
6. Stormwater Control System:				
Earthwork	CY	_____	_____	_____
Grading	SY	_____	_____	_____
Piping	LF	_____	_____	_____
Ditches	LF	_____	_____	_____
Berms	LF	_____	_____	_____
Control Structures	EA	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
			Subtotal Stormwater Control System:	_____

Description	Unit	Number of Units	Cost / Unit	Total Cost
7. Passive Gas Control:				
Wells	EA	_____	_____	_____
Pipe and Fittings	LF	_____	_____	_____
Monitoring Probes	EA	_____	_____	_____
NSPS/Title V requirements	LS	1	_____	_____
Subtotal Passive Gas Control:				_____
8. Active Gas Extraction Control:				
Traps	EA	_____	_____	_____
Sumps	EA	_____	_____	_____
Flare Assembly	EA	_____	_____	_____
Flame Arrestor	EA	_____	_____	_____
Mist Eliminator	EA	_____	_____	_____
Flow Meter	EA	_____	_____	_____
Blowers	EA	_____	_____	_____
Collection System	LF	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Active Gas Extraction Control:				_____
9. Security System:				
Fencing	LF	_____	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
Subtotal Security System:				_____
10. Engineering:				
Closure Plan Report	LS	1	_____	_____
Certified Engineering Drawings	LS	1	_____	_____
NSPS/Title V Air Permit	LS	1	_____	_____
Final Survey	LS	1	_____	_____
Certification of Closure	LS	1	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Engineering:				_____

Description	Hours	Cost / Hour	Hours	Cost / Hour	Total Cost
11. Professional Services					
	<u>Contract Management</u>		<u>Quality Assurance</u>		
P.E. Supervisor	_____	_____	_____	_____	_____
On-Site Engineer	_____	_____	_____	_____	_____
Office Engineer	_____	_____	_____	_____	_____
On-Site Technician	_____	_____	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____	_____

Description	Unit	Number of Units	Cost / Unit	Total Cost
Quality Assurance Testing	LS	1	_____	_____
Subtotal Professional Services:				_____

Refer to new FDEP approved cost estimate from solid waste closure plan attached hereto.

Subtotal of 1-11 Above: _____

12. Contingency _____ % of Subtotal of 1-11 Above
Subtotal Contingency: _____

Estimated Closing Cost Subtotal: _____

Description	Total Cost
13. Site Specific Costs	
Mobilization	_____
Waste Tire Facility	_____
Materials Recovery Facility	_____
Special Wastes	_____
Leachate Management System Modification	_____
Other (explain) _____	_____
_____	_____
	Subtotal Site Specific Costs: _____

TOTAL ESTIMATED CLOSING COSTS (\$): 192,924

VI. ANNUAL COST FOR LONG-TERM CARE

See 62-701.600(1)a.1., 62-701.620(1), 62-701.630(3)a. and 62-701.730(11)b. F.A.C. for required term length. For landfills certified closed and Department accepted, enter the remaining long-term care length as "Other" and provide years remaining. (Check Term Length) 5 Years 20 Years 30 Years Other, ___ Years

- Notes: 1. Cost estimates must be certified by a professional engineer.
 2. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.
 3. In some cases, a price quote in support of individual item estimates may be required.

All items must be addressed. Attach a detailed explanation for all entries left blank.

Description	Sampling Frequency (Events / Year)	Number of Wells	(Cost / Well) / Event	Annual Cost
1. Groundwater Monitoring [62-701.510(6), and (8)(a)]				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Groundwater Monitoring:				_____
2. Surface Water Monitoring [62-701.510(4), and (8)(b)]				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Surface Water Monitoring:				_____
3. Gas Monitoring [62-701.400(10)]				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Gas Monitoring:				_____
4. Leachate Monitoring [62-701.510(5), (6)(b) and 62-701.510(8)c]				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Leachate Monitoring:				_____

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
5. Leachate Collection/Treatment Systems Maintenance				
<u>Maintenance</u>				
Collection Pipes	LF	_____	_____	_____
Sumps, Traps	EA	_____	_____	_____
Lift Stations	EA	_____	_____	_____
Cleaning	LS	1	_____	_____
Tanks	EA	_____	_____	_____

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
5. (Continued)				
<u>Impoundments</u>				
Liner Repair	SY	_____	_____	_____
Sludge Removal	CY	_____	_____	_____
<u>Aeration Systems</u>				
Floating Aerators	EA	_____	_____	_____
Spray Aerators	EA	_____	_____	_____
<u>Disposal</u>				
Off-site (Includes transportation and disposal)	1000 gallon	_____	_____	_____
Subtotal Leachate Collection / Treatment Systems Maintenance:				_____
6. Groundwater Monitoring Well Maintenance				
Monitoring Wells	LF	_____	_____	_____
Replacement	EA	_____	_____	_____
Abandonment	EA	_____	_____	_____
Subtotal Groundwater Monitoring Well Maintenance:				_____
7. Gas System Maintenance				
Piping, Vents	LF	_____	_____	_____
Blowers	EA	_____	_____	_____
Flaring Units	EA	_____	_____	_____
Meters, Valves	EA	_____	_____	_____
Compressors	EA	_____	_____	_____
Flame Arrestors	EA	_____	_____	_____
Operation	LS	1	_____	_____
Subtotal Gas System Maintenance:				_____
8. Landscape Maintenance				
Mowing	AC	_____	_____	_____
Fertilizer	AC	_____	_____	_____
Subtotal Landscape Maintenance:				_____
9. Erosion Control and Cover Maintenance				
Sodding	SY	_____	_____	_____
Regrading	AC	_____	_____	_____
Liner Repair	SY	_____	_____	_____
Clay	CY	_____	_____	_____
Subtotal Erosion Control and Cover Maintenance:				_____
10. Storm Water Management System Maintenance				
Conveyance Maintenance	LS	1	_____	_____
Subtotal Storm Water Management System Maintenance:				_____
11. Security System Maintenance				
Fences	LS	1	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
Subtotal Security System Maintenance:				_____

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
12. Utilities	LS	1		
			Subtotal Utilities:	

13. Leachate Collection/Treatment Systems Operation				
<u>Operation</u>				
P.E. Supervisor	HR			
On-Site Engineer	HR			
Office Engineer	HR			
OnSite Technician	HR			
Materials	LS	1		
			Subtotal Leachate Collection/Treatment Systems Operation:	

14. Administrative				
P.E. Supervisor	HR			
On-Site Engineer	HR			
Office Engineer	HR			
OnSite Technician	HR			
Other _____				
			Subtotal Administrative:	

Subtotal of 1-14 Above: _____

15. Contingency	_____	% of Subtotal of 1-14 Above		
			Subtotal Contingency:	

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
16. Site Specific Costs				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Subtotal Site Specific Costs:	

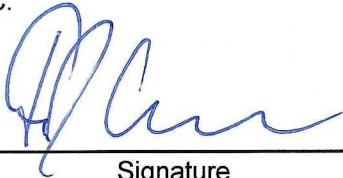
ANNUAL LONG-TERM CARE COST (\$ / YEAR): _____

Number of Years of Long-Term Care: _____

TOTAL LONG-TERM CARE COST (\$): _____

VI. CERTIFICATION BY ENGINEER

This is to certify that the 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/or long-term care of the facility and comply with the requirements of Rule 62-701.630 F.A.C. and all other Department of Environmental Protection rules, and statutes of the State of Florida. It is understood that the Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.


Signature

4517 George Road, Suite 220
Mailing Address

Francisco J. "Paco" Amram, P.E.
Name and Title (please type)

Tampa, FL 33634
City, State, Zip Code

December 20, 2023
Date

pamram@pacskon.com
E-Mail address (if available)

45133
Florida Registration Number
(please affix seal)

(813) 503-6319
Telephone Number

VII. SIGNATURE BY OWNER/OPERATOR


Signature of Applicant

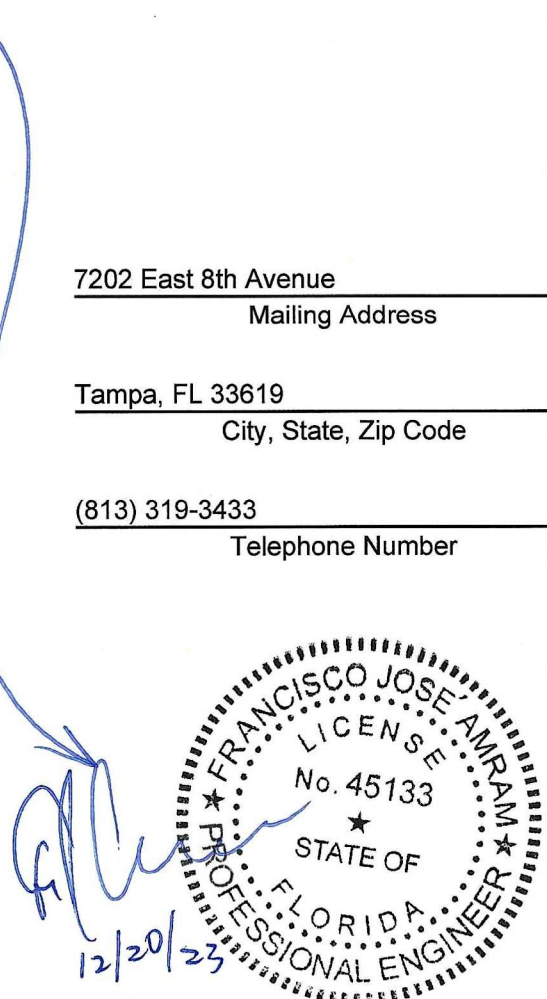
7202 East 8th Avenue
Mailing Address

Ken Dean / Env. Compliance Manager
Name and Title (please type)

Tampa, FL 33619
City, State, Zip Code

KDean2@RepublicServices.com
E-Mail address (if available)

(813) 319-3433
Telephone Number



SOLID WASTE FACILITY CLOSURE COST SUMMARY

LABOR COSTS

Operational Area	Capacity in Gallons	Square Footage	Rinsate Generated	Labor Hours	Labor Cost @ \$210/hr
Pumps and Filters			280	6	\$1,260
Vehicles and Equipment			3,000	30	\$6,300
Staging Area ^{1,2}	35,200	9,158	4,579	41	\$8,610
Waste Processing Building ^{1,2}	180,410	8,050	4,025	36	\$7,560
Solid Waste Operations Area ^{1,2}	20,200	2,288	0	0	\$0
	235,810	19,496	11,884	113.0	\$23,730

WASTE ON-SITE

	gallons (solids) ³	gallons (liquids) ³	
	0	247,694	
	tons ⁴	hours labor	labor cost @ \$210/hr
Bulk roll off loading @ 1 hr labor / 20 tons loaded	0	0	\$0

ANALYTIC COSTS

	tons ⁴	# samples	Sample cost @ \$800/sample
Solid composite sample @ 1 sample / 110 tons	0	0	\$0
	gallons	# samples	Sample cost @ \$800/sample
Liquid composite sample @ 1 sample / 20,000 gallons	247,694	14	\$11,200

Total Analytical Cost = **\$11,200**

TRANSPORTATION AND DISPOSAL COSTS

	tons	cost
T & D of solids @ \$1.80 / ton	0	\$0
	gallons	cost
T & D of Liquids @ \$0.50/gallon (235,810 gallons + 11,844 gallons rinsate)	247,694	\$123,847
Total T & D Cost =		\$123,847
Equipment Rental =		\$2,108
Mobilization & Demobilization =		\$4,500
Closure certification =		\$10,000
Subtotal Closure Cost ** =		\$175,385
10% contingency =		\$17,539
Total Closure Cost =		\$192,924

ASSUMPTIONS

¹ Rinsate is based on generating 0.5 gallons per square foot.

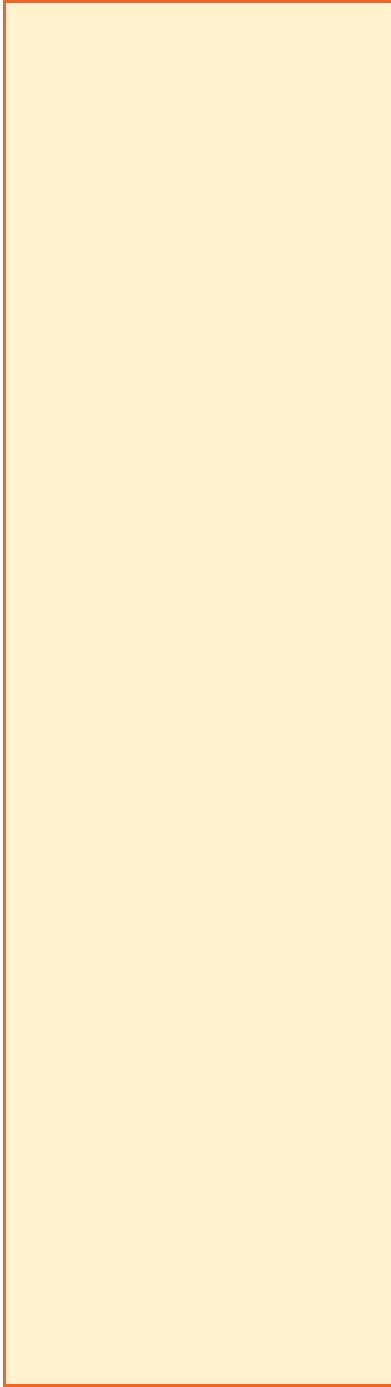
² Labor hours are based on cleaning 225 square feet per hour.

³ For worst-case scenario, the total inventory is assumed to be liquid.

⁴ Tons = (waste gallons) * (8.34 lb/gallon) / (2000 lb/ton)

Note:

** Subtotal cost equals the sum of **bolded** entries above.



ATTACHMENT 3

Revised Hazardous Waste Certificate of Liability Insurance

STATE OF FLORIDA
HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
(Primary Policy)

1. ASPEN SPECIALTY INSURANCE COMPANY, (the "Insurer"),
Name of Insurer
of 499 Washington Boulevard, 8th Floor, Jersey City, NJ 07310
Address of Insurer

hereby certifies that it has issued liability insurance covering bodily injury and property damage to
REPUBLIC SERVICES, INC., (the "Insured"), of
Name of Insured
18500 N Allied Way, Phoenix, AZ 85054
Address of Insured

In connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
<u>FLD981932494</u>	<u>US Ecology Tampa, Inc.</u>	<u>7202 E. 8th Ave, Tampa, FL 33619</u>
_____	_____	_____
_____	_____	_____

for:

- sudden accidental occurrences
 nonsudden accidental occurrences
 sudden and nonsudden accidental occurrences

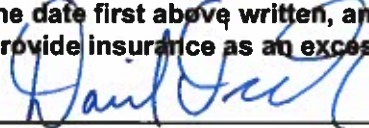
If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$4,000,000 each occurrence and \$8,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number ER00T3623, issued on 06/30/2023. The effective date of said policy is 06/30/2023.
Date Date

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
 - (c) Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.

- (d) **Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.**
- (e) **Any other termination of the insurance (e.g., expiration, non-renewal) will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP.**

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States including Florida.



Signature of Authorized Representative of Insurer

Daniel Orseck

Type name

Regional Manager, Senior Vice President

Title

Authorized Representative of

Aspen Specialty Insurance Company

Name of Insurer

50 California St., Suite 1607, San Francisco, CA 94111

Address of Representative