

# 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: American Cement Company, LLC WACS ID: SWD/60/98523  
 Permit Application or Consent Order No.: 297136-001-WT/02 Expiration Date: 04/07/2015  
 Facility Address: 4750 East CR 470, Sumterville, FL 33585  
 Permittee or Owner/Operator: American Cement Company, LLC  
 Mailing Address: P.O. Box 445, Sumterville, FL 33585

Latitude: 28 ° 45' 38 " Longitude: 82 ° 01' 35 "  
 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: Waste Tire Processing Facility

**II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Letter of Credit*          | <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Escrow Account        |
| <input type="checkbox"/> Performance Bond*          | <input type="checkbox"/> Financial Test        | <input type="checkbox"/> Form 29 (FA Deferral) |
| <input checked="" type="checkbox"/> Guarantee Bond* | <input type="checkbox"/> 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 33901-3681  
239-332-6975

Southeast District  
400 N. Congress Ave., Ste. 200  
West Palm Beach, FL 33401  
561-681-6600

**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 Deflatory 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](http://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: \_\_\_\_\_

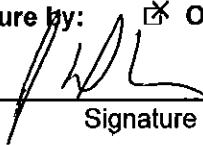
Latest Department Approved Closing Cost Estimate:		Current Year Inflation Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:
\$4,224.84	x	1.017	=		\$4,297.51

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:
_____	x	_____	=		_____
Number of Years of Long Term Care Remaining:			x		_____
Inflation Adjusted Long-Term Care Cost Estimate:			=		_____

Signature by:  Owner/Operator

Engineer (check what applies)

  
Signature

P.O. Box 445

Address

David Osmun, Vice President

Name & Title

Sumterville, FL 33585

City, State, Zip Code

March 7, 2014

Date

E-Mail Address

(352) 569-5393

Telephone Number