




**KEENE ROAD LANDFILL, INC.**  
A WASTE MANAGEMENT COMPANY

April 6, 2005

255 W. Keene Road  
Apopka, Florida 32703  
(407) 886-2920  
(407) 889-8043 Fax

Mr. James N. Bradner, P.E.  
Program Manager, Solid and Hazardous Waste  
Florida Department of Environmental Protection  
Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, FL 32803-3767

  
APR 08 2005  
Central Dist. - DEP

**RE: Financial Assurance Cost Estimate  
Permit Nos. SC48-0165969-001 & SO48-0165969-002  
Keene Road Disposal/Buttrey Development, Class III Landfill  
Apopka, Florida**

Dear Mr. Bradner:

On behalf of Waste Management Inc. of Florida (WMIF), I respectfully request that the Department release the current financial assurance mechanism associated with the Keene Road Disposal/Buttrey Development, Class III Landfill located at 230 West Keene Road, Apopka, Florida. Please note that the facility is permitted under permit nos. SC48-0165969-001 and SO48-0165969-002, as modified by permit modification nos. SC48-0165969-004 and SO48-0165969-005.

In support of this request, please refer to the attached closure/long-term care cost estimate that has been prepared in accordance with the applicable sections of Chapter 62-701, Florida Administrative Code. The estimate is based on WMIF estimates that waste operations will not begin at the Buttrey Facility for at least 3 to 4 years.

In addition, WMIF concurs that Specific Condition # 45 of Permit Nos. SC48-0165969-001 and SO48-0165969-002 and Specific Condition # 15 of Permit Modification Nos. SC48-0165969-004 and SO48-0165969-005 require that financial assurance must be fully funded at least 60 days prior to waste acceptance. WMIF understands that prior to accepting solid waste at the subject facility, WMIF must:

- 1) Submit closure/long-term care cost estimates to the Department for approval,
- 2) Once the Department has approved the estimates, WMIF submit proof to the Department that the financial assurance mechanism is fully-funded; and
- 3) Once the Department approves of the financial assurance documentation, WMIF must wait at least 60 days (from the date of submittal #2) before accepting waste.

If there are any questions, or if the Department requires additional information, please contact S2Li at 407-475-9163.

Very truly yours,

**Waste Management Inc. of Florida**



John Cook  
District Engineer

Enclosure



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)

RECEIVED  
APR 08 2005  
Central Dist. - DEP

**FINANCIAL ASSURANCE COST ESTIMATE FORM**

Date: April 2005

Date of DEP Approval: \_\_\_\_\_

**I. GENERAL INFORMATION:**

Facility Name: Buttrey Development, Class III Landfill WACS or GMSID #: 87081

Permit / Application No.: SC48-0165969-001 & SO48-0165969-002 Expiration Date: 1/22/2006

Facility Address: 230 West Keene Road, Apopka, Florida 32703

Permittee: Waste Management Inc. of Florida

Mailing Address: 255 West Keene Road, Apopka, Florida 32703

Latitude: 28 38'25" Longitude: 81 30'42" 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

Total Landfill Acreage included in this estimate. 0 Closure 0 Long-Term Care

Type of landfill:   Class I  Class III   C&D Debris

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

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

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

**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)-488-0300.

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

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

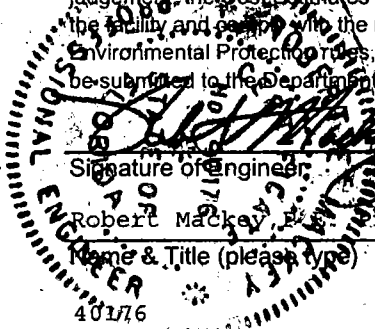
This adjustment is based on the Department approved long-term care cost estimate dated: \_\_\_\_\_

Latest Department Approved Annual Long-Term Care Cost Estimate:	X	Current Year Inflation Factor	=	Inflation Adjusted Annual Long-Term Care Cost Estimate:
_____		_____		\$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  
 Robert Mackey, Principal Engineer  
 Name & Title (please type)  
 40176

\_\_\_\_\_  
 Florida Registration Number (affix seal) & Date  
 529 Versailles Dr, Maitland, FL 32751  
 Mailing Address  
 (407) 475-9163  
 Telephone Number

*John Cook*  
 \_\_\_\_\_  
 Signature of Owner/Operator  
 John Cook, Compliance & Constr Engineer  
 Name & Title (please type)  
 (407) 886-2920  
 Telephone Number

**V. RECALCULATE ESTIMATED CLOSING COST**

For the time period in the landfill operation when the extent and manner of its operation makes closing **most expensive**.

**\*\* Third Party Estimate / Quote must be provided for each item**

**\*\* Costs must be for a third party providing all material and labor**

DESCRIPTION	UNIT	QUANTITY	UNIT COST	TOTAL
1. Proposed Monitoring Wells	(Do not include wells already in existence.)			
	EA	_____	_____	\$0.00
2. Slope and Fill (bedding layer between waste and barrier layer):				
Excavation	CY	_____	_____	\$0.00
Placement and Spreading	CY	_____	_____	\$0.00
Compaction	CY	_____	_____	\$0.00
Off-Site Material	CY	_____	_____	\$0.00
Delivery	CY	_____	_____	\$0.00
			Subtotal Slope and Fill :	\$0.00
3. Cover Material (Barrier Layer):				
Off-Site Clay	CY	_____	_____	\$0.00
Synthetics - 40 mil	SY	_____	_____	\$0.00
Synthetics - GCL	SY	_____	_____	\$0.00
Synthetics - Geonet	SY	_____	_____	\$0.00
Synthetics - Other	SY	_____	_____	\$0.00
			Subtotal Barrier Layer Cover:	\$0.00
4. Top Soil Cover:				
Off-Site Material	CY	_____	_____	\$0.00
Delivery	CY	_____	_____	\$0.00
Spread	CY	_____	_____	\$0.00
			Subtotal Top Soil Cover:	\$0.00

DESCRIPTION	UNIT	QUANTITY	UNIT COST	TOTAL
<b>5. Vegetative Layer</b>				
Sodding	SY			\$0.00
Hydroseeding	AC			\$0.00
Fertilizer	AC			\$0.00
Mulch	AC			\$0.00
Other	SY			\$0.00
Subtotal Vegetative Layer:				\$0.00
<b>6. Stormwater Control System:</b>				
Earthwork	CY			\$0.00
Grading	SY			\$0.00
Piping	LF			\$0.00
Ditches	LF			\$0.00
Berms	LF			\$0.00
Control Structures	EA			\$0.00
Other	LS			\$0.00
Subtotal Stormwater Controls:				\$0.00
<b>7. Gas Controls: Passive</b>				
Wells	EA			\$0.00
Pipe and Fittings	LF			\$0.00
Monitoring Probes	EA			\$0.00
NSPS/Title V requirements	LS			\$0.00
Subtotal Passive Gas Control:				\$0.00

DESCRIPTION	UNIT	QUANTITY	UNIT COST	TOTAL
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8. Gas Control: Active Extraction

Traps	EA	_____	_____	\$0.00
Sump	EA	_____	_____	\$0.00
Flare Assembly	EA	_____	_____	\$0.00
Flame Arrestor	EA	_____	_____	\$0.00
Mist Eliminator	EA	_____	_____	\$0.00
Flow Meter	EA	_____	_____	\$0.00
Blowers	EA	_____	_____	\$0.00
Collection System	LF	_____	_____	\$0.00
Other (describe)		_____	_____	\$0.00
Subtotal Active Gas Extraction:				\$0.00

9. Security System:

Fencing	LF	_____	_____	\$0.00
Gate(s)	EA	_____	_____	\$0.00
Sign(s)	EA	_____	_____	\$0.00
Subtotal Security System:				\$0.00

10. Engineering:

Closure Plan report	LS	_____	_____	_____
Certified Engineer	LS	_____	_____	_____
NSPS/Title V Air Permit	LS	_____	_____	_____
Final Survey	LS	_____	_____	_____
Certification of Closure	LS	_____	_____	_____
Other (detail)		_____	_____	_____
Subtotal Engineering:				\$0.00

11. Professional Services

	Contract Management		Quality Assurance		Total
	Hours	LS	Hours	LS	
P.E. Supervisor	_____	_____	_____	_____	\$0.00
On-Site Engineer	_____	_____	_____	_____	\$0.00
Office Engineer	_____	_____	_____	_____	\$0.00
On-Site Technician	_____	_____	_____	_____	\$0.00
Other (explain)	_____	_____	_____	_____	\$0.00

DESCRIPTION	UNIT	QUANTITY	UNIT COST	TOTAL
Quality Assurance Testing	LS	_____	_____	\$0.00
<b>Subtotal Professional Services:</b>				<b>\$0.00</b>

**Subtotal of 1-11 Above:** \$0.00

12. Contingency % of Total (example. enter .1 for 10%) 0%

**Closing Cost Subtotal:** 0.00

13: Site Specific Costs (explain)

<u>Mobilization</u>	_____
<u>Waste Tire Facility</u>	_____
<u>Materials Recovery Facility</u>	_____
<u>Special Wastes</u>	_____
<u>Leachate Management System Modification</u>	_____
<u>Other</u>	_____
_____	_____

**Subtotal Site Specific Costs:** \$0.00

**TOTAL CLOSING COSTS** \$0.00

**VI. ANNUAL COST FOR LONG-TERM CARE**

(Check Term Length)

\_\_\_\_\_ 5 Years      \_\_\_\_\_ 20 Years      \_\_\_\_\_ 30 Years      \_\_\_\_\_ Other

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.

**\*\* Third Party Estimate / Quote must be provided for each item**  
**\*\* Costs must be for a third party providing all material and labor.**

**All items must be addressed:** Attach a detailed explanation for all items marked not applicable (N/A)

Description	Sampling Frequency (events/yr.)	Number of Wells	\$ / Well / Event	\$ / Year
<b>1. Groundwater Monitoring (62-701.510(6), and (8)(a))</b>				
Monthly	12	_____	_____	\$0.00
Quarterly	4	_____	_____	\$0.00
Semi-Annual	2	_____	_____	\$0.00
Annual	1	_____	_____	\$0.00
Subtotal Groundwater Monitoring:				\$0.00
<b>2. Surface Water Monitoring (62-701.510(4), and (8)(b))</b>				
Monthly	12	_____	_____	\$0.00
Quarterly	4	_____	_____	\$0.00
Semi-Annual	2	_____	_____	\$0.00
Annual	1	_____	_____	\$0.00
Subtotal Surface Water Monitoring:				\$0.00
<b>3. Gas Monitoring</b>				
Monthly	12	_____	_____	\$0.00
Quarterly	4	_____	_____	\$0.00
Semi-Annual	2	_____	_____	\$0.00
Annual	1	_____	_____	\$0.00
Subtotal Gas Monitoring:				\$0.00



Description	Sampling Frequency (events/yr.)	Number of Locations	\$/Location/Event	\$/Year
<b>4. Leachate Monitoring (62-701.510(5), (6)(b) and 62-701.510(8)(c))</b>				
Monthly	12			\$0.00
Quarterly	4			\$0.00
Semi-Annual	2			\$0.00
Annual	1			\$0.00
Other	1			\$0.00
<b>Subtotal Leachate Monitoring:</b>				\$0.00

DESCRIPTION	UNIT	QUANTITY	UNIT COST	ANNUAL COST
<b>5. Leachate Collection/Treatment Systems Maintenance</b>				
<b>Maintenance</b>				
Collection Pipes	LF			\$0.00
Sumps, Traps	EA			\$0.00
Lift Stations	EA			\$0.00
Cleaning	LS			\$0.00
Tanks	EA			\$0.00
<b>Impoundments</b>				
Liner Repair	SY			\$0.00
Sludge Removal	CY			\$0.00
<b>Aeration Systems</b>				
Floating Aerators	EA			\$0.00
Spray Aerators	EA			\$0.00
<b>Disposal</b>				
Off-site (Include Transportation and Disposal)	1000 gallon			\$0.00
				\$0.00

**6. Leachate Collection/Treatment Systems Operation**

Operation		Hours	\$/Hour	Total
P.E. Supervisor	HR			\$0.00
On-Site Engineer	HR			\$0.00
Office Engineer	HR			\$0.00
OnSite Technician	HR			\$0.00
Materials	LS			
Subtotal Leachate Collection/Treatment System Maintenance & Operation:				\$0.00

**7. Maintenance of Groundwater Monitoring Wells**

Monitoring Wells	LF			\$0.00
Replacement	EA			\$0.00
Abandonment	EA			\$0.00
Subtotal Groundwater Monitoring Well Maintenance:				\$0.00

DESCRIPTION	UNIT	QUANTITY	UNIT COST	ANNUAL COST
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**8. Gas System Maintenance**

Piping, Vents	LF			\$0.00
Blowers	EA			\$0.00
Flaring Units	EA			\$0.00
Meters, Valves	EA			\$0.00
Compressors	EA			\$0.00
Flame Arrestors	EA			\$0.00
Operation	LS			
SubTotal Gas System:				\$0.00

**9. Landscape**

Mowing	AC			\$0.00
Fertilizer	AC			\$0.00
Subtotal Landscape Maintenance:				\$0.00

DESCRIPTION	UNIT	QUANTITY	UNIT COST	ANNUAL COST
<b>10. Erosion Control &amp; Cover Maintenance</b>				
Sodding	SY	_____	_____	\$0.00
Regrading	AC	_____	_____	\$0.00
Liner Repair	SY	_____	_____	\$0.00
Clay	CY	_____	_____	\$0.00
Subtotal Erosion Control and Cover Maintenance:				\$0.00
<b>11. Storm Water Management System Maintenance</b>				
Conveyance Maintenance	LS	_____	_____	_____
Subtotal Storm Water System Maintenance:				_____
<b>12. Security System Maintenance</b>				
Fences	LF	_____	_____	\$0.00
Gate(s)	EA	_____	_____	\$0.00
Sign(s)	EA	_____	_____	\$0.00
Subtotal Security System:				\$0.00
<b>13. Utilities</b>				
	LS			_____
<b>14. Administrative</b>				
		Hours	\$/Hour	Total
P.E. Supervisor	HR	_____	_____	\$0.00
On-Site Engineer	HR	_____	_____	\$0.00
Office Engineer	HR	_____	_____	\$0.00
OnSite Technician	HR	_____	_____	\$0.00
Other (explain)		_____	_____	\$0.00
Subtotal Administrative:				\$0.00
<b>15. Contingency</b>				
	% of Total	_____	_____	0%
	\$0.00			\$0.00
Subtotal Contingency:				\$0.00

16. Site Specific Costs (explain)

UNIT COST

<hr/>	LS	<hr/>
<hr/>	LS	<hr/>
<hr/>	LS	<hr/>

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

\$0.00

NUMBER OF YEARS OF LONG-TERM CARE

30.00

TOTAL LONG-TERM CARE COST (\$)

\$0.00