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Solid Waste Section

Buttrey Development Three L.L.C.

August 12, 2002

Mr. James Bradner, P.E.
FDEP Solid Waste
Central District
3319 Maguire Blvd., Ste. 232
Orlando, Florida 32803-3767

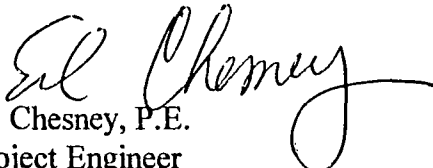
Subject: Financial Assurance Updates
Application Nos. SC48-0165969-004 & SO48-0165969-005

Dear Mr. Bradner:

Attached is a revised Financial Assurance Update to replace that submitted as part of our July 10, 2002 response to comments. This update covers the required 2001 & 2002 inflationary adjustments, based on a conversation with Mr. Frank Hornbrook, FDEP Tallahassee

If you have any questions concerning these responses or need clarification or additional information please feel free to contact me at 407-296-0016.

Sincerely,


Ed Chesney, P.E.
Project Engineer

Attachments: as noted

Cc: Frank Hornbrook - FDEP Tallahassee

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Response to FDEP Financial Responsibility Requirements

The closure and long term care costs estimates submitted with the original site permit cover the first four landfill cells to be filled identified as Cells 1 through 4. This cost estimated was approved at the time of permit issuance in March of 2001. The permit modification currently under review adds additional landfill acreage that is not expected to be filled until after the first five-year period. As required in the Special Conditions to Permit Nos. SO48-185969-001 & SO48-0165969-002, the approved financial mechanism will be in place at least 60 days prior to the first receipt of waste at the site.

Based on discussions with Jim Bradner and George Cheryan from the Central District Office, it is proposed that the current approved financial responsibility amount for the existing permitted site is still applicable. This amount would be subject to the regular annual inflationary increases. Approaching the financial responsibility demonstration in a sequential manner provides coverage for all landfill areas expected to be filled within the first five year permit period (Cells 1 through 4). The annual update for the approved closure and long term care costs with the inflationary factor applied is attached. The inflationary update covers both 2001 & 2002.

Expansion area Cells 5 through 8 will not receive waste without prior Department approval of updated cost estimates for closure and long-term care covering the additional acreage and volume. To make certain that cells 5 through 8 do not receive waste prior to Department approval, the following conditions are proposed;

1. Only Cells 1 through 4 of the permitted site will be filled prior to submittal of the closure and long term costs for the expanded areas (Cells 5 through 8).
2. Monuments will be installed at the landfill site to mark the limits of Cell 4 where it adjoins Cell 8 of the expansion site. A monument will be installed at the southwest corner of Cell 4 within the limits of the permitted site, along with two additional monuments located to the north and east of the southwest corner. These three monuments will delineate the limits of Cell 4 that adjoin Cell 8, which will allow for visual onsite inspections of waste placement between the original and expansion areas. No waste will be placed outside these markers prior to acceptance of and execution of a new financial mechanism.
3. A modified financial mechanism will be in place 60 days prior to placement of waste in the expansion areas (Cells 5 through 8).



Florida Department of Environmental Protection
 Twin Towers Office Bldg. • 2600 Blake Stone Road • Tallahassee, FL 32399 2400

DEP Form # 62 791 800(24)
 Form Title: Financial Assurance Cost Estimate Form
 Effective Date: 05 27 01
 DEP Application No. _____
 (Filled by DEP)

FINANCIAL ASSURANCE COST ESTIMATE FORM

Date: August 12, 2002 Date of DEP Approval: Permit date March 5, 2001

I. GENERAL INFORMATION:

Closure Costs, Aug. 2000 87081
 Long Term Care, Nov. 2000

Facility Name: Keene Road Disposal/Buttrey Development WACS or GMSID #: 87493

Permit / Application No.: SC48-0165969-001 & -002 Expiration Date: 01/22/06

Facility Address: 230 W. Keene Road Apopka, FL, 32703

Permitter: Buttrey Development Two, L.L.C.

Mailing Address: P.O. Box 1029 Clarcona FL, 32710-1029

Latitude: 28°31'25" 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
Cell 1	9.17		2.8 years
Cell 2	9.35		2.5 years
Cell 3	9.25		1.9 years
Cell 4	9.23		1.5 years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Total Landfill Acreage included in this estimate. 37 Closure 37 Long-Term Care

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

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check Type)

_____ Letter of Credit* _____ Insurance Certificate
X 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: August, 2000

Latest Department Approved		Current Year- 2001		Inflation Adjusted
<u>2,398,478.90</u>	x	<u>1.02</u>	=	<u>2,446,448.48</u>

This adjustment is based on the Department approved long-term care cost estimate dated: November 2000

Latest Department Approved Annual Long-Term Care Cost Estimate:		Current Year- 2001 Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate:
<u>57,552.00</u>	x	<u>1.02</u>	=	<u>58,703.04</u>
		Number of Years of Long Term Care Remaining:	x	<u>30</u>
		Inflation Adjusted Long-Term Care Cost Estimate:	=	<u>1,761,091.20</u>

(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.

Ed Chesney
 Signature of Engineer

Ed Chesney, P.E.
 Name & Title (please type)

51888
 Florida Registration Number (affix seal)

6239 Edgewater Dr. Suite D-1
 Mailing Address

Orlando, FL. 32810
 Telephone Number

407-296-0016

 Signature of Owner/Operator

 Name & Title (please type)

 Telephone Number

 Owner/Operator E-Mail Address

bb@purplenet.net
 Engineer E-Mail Address

III. ESTIMATE ADJUSTMENT

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This adjustment is based on the Department approved closure cost estimate dated:		<u>August 2000</u>
Latest Department Approved	Current Year- 2002	Inflation Adjusted
<u>2,446,448.48</u>	X <u>1.02</u>	= <u>2,495,377.45</u>

This adjustment is based on the Department approved long-term care cost estimate dated:		<u>November, 2000</u>
Latest Department Approved Annual Long-Term Care Cost Estimate:	Current Year - 2002 Inflation Factor	Inflation Adjusted Annual Long-Term Care Cost Estimate:
<u>58,703.04</u>	X <u>1.02</u>	= <u>59,877.10</u>
Number of Years of Long Term Care Remaining:		X <u>30</u>
Inflation Adjusted Long-Term Care Cost Estimate:		= <u>1,796,313.02</u>

(b) Recalculate Estimates (see section V)

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Ed Chesney
 Signature of Engineer
 Ed Chesney, P.E.
 Name & Title (please type)
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 Florida Registration Number (affix seal)
6239 Edgewater Drive, Suite D-1
 Mailing Address
Orlando, Fl. 32810
 Telephone Number
407-296-0016

 Signature of Owner/Operator

 Name & Title (please type)

 Telephone Number

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 Engineer E-Mail Address