

1201 Industrial Drive Wildwood, FL 34785 Phone: (352) 330-2213 Fax: (352) 330-2214

January 22, 2016

**FDEP** Central District Attn: Allen Rainey, Environmental Specialist 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767

RE:

Global Tire Recycling Waste Tire Processing Facility

Permit No: 0136808-006-WT-02

WACS # 53122

Dear Mr. Rainey:

Enclosed you will find the completed 2016 Closure Cost Estimating Form for the above referenced facility. Our current trust fund balance with US Bank is currently sufficient to cover the inflation adjusted closure cost estimate at this time.

Please let me know if you need any additional information.

Sincerely,

Global Tire Recycling of Sumter County, Inc.

Charles R. Hebel

Controller

JAN 25 2016

**RED Central District** 

Enclosure

Cc:

**FDEP** – Financial Assurance Subsection Attn: Susan Eldredge, Environmental Specialist 2600 Blair Stone Road MS 4548 Tallahassee, FL 32399-2400



## 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 L	JEP Approvai:		
I. GENERAL INFORMATION	:					
Facility Name: Global Tire Recycling of Sumter County, Inc.				WACS ID: 53122		
Permit Application or Consen	Expiration Date: 7/02/2018					
Permittee or Owner/Operator	Same					
Mailing Address: Same						
Latitude:°	Ĭ		Longitude:	o	1	u
Coordinate Method:			atum:			
Collected by:			company/Affiliation:	9	<del></del>	
Solid Waste Disposal Units In	cluded in Es	timate:				
		Date Unit	Active Life of		If closed:	If closed:
		Began	Unit From Date	If active:	Date last	Official
Phase / Cell	Acres	Accepting Waste	of Initial Receipt of Waste	Remaining	waste	date of
T flase / Cell	Acres	vvasie	or vvaste	life of unit	received	closing
						ļ
	<del>                                     </del>					
	1					
Total disposal unit acreage ind	cluded in this	estimate:	Closure:	Lor	ng-Term Care:	
5 5.	Class I	□ C	lass III 🗆	C&D Debris	Disposal	
(Check all that apply) $\ \ \Box$	Other:					
II. TYPE OF FINANCIAL AS	SURANCE D	OCUMENT (C	heck type)			
□ Letter of Credit*		☐ Insurance Certificate		□ Esc	row Account	
□ Performance Bond*		□ Financial Test		☐ Form 29 (FA Deferral)		
☐ Guarantee Bond*			1 Trust Fund Agreement			,
* - Indicates mechanis	ns that require t		y Trust Fund Agreement			
160 Government Center 7825 Baymead Pensacola, FL 32502-5794 Jacksonville	ast District ows Way, Ste. B200 FL 32256-7590 307-3300	Central District 3319 Maguire Blvd., Ste Orlando, FL 32803-37 407-894-7555			Ste. 364 400 N. Cong 01-3881 West Palm	heast District gress Ave., Ste. 200 n Beach, FL 33401

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 ajustment below.

☐ (b) Recalculated or New Cost Estimates

Inflation adjustment using an inflation have occurred in the facility operation recent Implicit Price Deflator for Growthe inflation factor is the result of dialso be obtained from the Solid Wash	on which would necessitate mo less National Product published viding the latest published ann	dification to the closure play the U.S. Department ual Deflatory by the Defl	plan. The inflatio of Commerce in ator for the previo	n factor is derived from the most its survey of Current Business. ous year. The inflation factor may		
This adjustment is based on the Department approved closing cost estimate dated:				2/03/2015		
Latest Department Approved Closing Cost Estimate:		Inflation Adjusted Closing Cost Estimate:				
\$78,606.22	× <u>1.014</u>		=	\$79,706.71		
This adjustment is based on the	Department approved long-	term care cost estima	te dated:			
Latest Department Approved Annual <b>Long-Term Care</b> Cost Estimate:	Current Year Inflation Factor, <b>e.g. 1.02</b>	١		Inflation Adjusted Annual Long-Term Care Cost Estimate:		
	×		=			
Number of Years of L	×					
Inflation Adjusted L	ong-Term Care Cost Estin	nate:	=			
Signature by: 12	Owner/Operator	□ <b>Engineer</b> Same	(check what a	applies)		
"Signat			Address			
Charles R. Hebel - Controller						
Name &		City, State, Zip Code				
1/22/2016		chebel@	chebel@aol.com			
Date		E-Mail Address				

352-330-2213

Telephone Number