

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 i	JEP Approval		
I. GENER	AL INFORMATION:						ententro de la compansa de la compa
Facility Na	ame: <u>EMPIRE TIR</u>	WACS ID: 95062					
Permit Application or Consent Order No.: WT480287891.001					Expiration Date:		
Facility Address: 4888 W COLONIAL DR ORLANDO FLORIDA 32808							
Permittee	or Owner/Operator:	VINCEN	T CONTESTA	ABILE			
Mailing Ad	ddress: 4888 W CC	DLONIAL D	R ORLANDO	FLORIDA 32808			
Latitude:	28 °	33'	52N "	Longitude:	80°	26'	33 "
Latitude: 28 ° 33 ' 52N " Longitude: 80 ° 26 ' ; Coordinate Method: Datum:							
Collected by:				Company/Affiliation			
Solid Was	te Disposal Units Incl	uded in Est	timate:				
	,		Date Unit	Active Life of		If closed:	If closed:
			Began	Unit From Date	If active:	Date last	Official
Dhace / Call		Aorea	Accepting	of Initial Receipt	Remaining	waste	date of
	Phase / Cell	Acres	Waste	of Waste	life of unit	received	closing

Total dispo	sal unit acreage inclu	uded in this	estimate:	Closure:	Lon	g-Term Care:	
Fa	acility type:	Class I	□ C	lass III	C&D Debris	Disposal	
(Checl	k all that apply) 💆	Other: WA	ASTE TIRE PE	ROCESSING FACI	LITY		
I. TYPE C	F FINANCIAL ASSU	JRANCE D	OCUMENT (C	heck type)			
		☐ Insurance Certificate		□ Escrow Account			
□ Performance Bond*		☐ Financial Test		☐ Form 29 (FA Deferral)			
☐ Guarantee Bond*		□ Trust Fu	□ Trust Fund Agreement				
	* - Indicates mechanisms	that require th	e use of a Standb	y Trust Fund Agreement			
Northwest	District Northeast	District	Central District	Southwest District	South District		
	.401010031		Ochida Diablict	Southwest District	South District	South	east District

160 Government Center Pensacola, FL 32502-5794 850-595-8360

7825 Bayrneadows Way, Ste. B200 3319 Maguire Blvd., Ste. 232 Jacksonville, FL 32256-7590 Orlando, FL 32803-3767 904-807-3300

Orlando, FL 32803-3767 407-894-7555

13051 N. Telecom Pky.

2295 Victoria Ave., Ste. 364 Temple Terrace, FL 33637 Fort Myers, FL 33901-3881 813-632-7600 239-332-6975 400 N. Congress Ave., Ste. 200 West Palm Beach, FL 33401 561-681-6600

III. ESTIMATE ADJUSTMENT

(a) Inflation Factor 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.

Inflation adjustment using an inflation factor may only be made when a Department approved closure cost estimate exists and no changes

☐ (b) Recalculated or New Cost Estimates

have occurred in the facility operation recent Implicit Price Deflator for Growthe Implicit Price Deflator for Growthe Implicit Price Deflator for Growth Implication for Growth Implicit Price Deflator for Growth Implicit Price Deflator for Growth Implicit Price Deflator for Growth Implication for Growth	oss National Product publishividing the latest published	ned by the U.S. Departn annual Deflatory by the	nent of Commerce in Deflator for the prev	n its survey of Current Business. ious year. The inflation factor may	
This adjustment is based on the Department approved closing cost estimate dated:				JANUARY 28 2015	
Latest Department Approved Closing Cost Estimate:	Inflation Adjusted Closing Cost Estimate:				
\$45,191.22	× 1.014		=	\$45,823.90	
This adjustment is based on the	Department approved lo	ng-term care cost est	imate dated:		
Latest Department Approved Annual Long-Term Care Cost Estimate:	Current Year Infla Factor, e.g. 1.0			Inflation Adjusted Annual Long-Term Care Cost Estimate:	
Note that the second state and	×		=		
Number of Years of	Long Term Care Remain	ing:	×		
Inflation Adjusted L	ong-Term Care Cost E	stimate:	=		
Signature by:	Owner/Operator	□ Engineer	(check what	. ,	
Signat		Address			
VINCENT CONTESTABILE MA	ORL	ORLANDO FLORIDA 32808			
Name &		City, State, Zip Code			
APRIL 30 2016	TROI	TROP62@HOTMAIL.COM			
Date	e		E-N	Mail Address	
407 625 8654					

Telephone Number