Freedenberg, Henry

From: Freedenberg, Henry

Sent: Friday, October 13, 2017 4:14 PM

To: 'Ken Wheeler'; Madden, Melissa; Bejnar, Tor; Ciaravella, Philip

Subject: RE 2017 Financial Assurance Closure Cost Estimate

Attachments: 2017 Inflation Adjusted FA estimate.pdf

Mr. Wheeler.

This correspondence is to acknowledge receipt of inflation-adjusted cost estimates, dated and received October 13, 2017, for closure and long-term care of Hardee County Class I Landfill. The cost estimates, received October 13, 2017 (total for closing \$3,368,785.86 and long-term care \$369,861.10/year x 30 years=\$11,095,833.00), are <u>APPROVED for 2017</u>. The approved cost estimates are for closing 12.49 existing acres (Phase II, Sections I & II) and long-term care for 24.80 acres (Phase I and Phase II, Sections I & II). The next annual recalculated update is due no later than September 1, 2018.

This correspondence also acknowledges receipt of an updated (October 13, 2017) copy of the inflation adjusted cost estimate originally submitted on November 16, 2016. The values shown on this updated 2016 cost estimate was used to calculate the 2017 cost estimate.

A copy of these estimates is forwarded, via this link, to the Solid Waste Financial Coordinator at Solid.Waste.Financial.Coordinator@dep.state.fl.us. Financial assurance documents can be sent to: Solid Waste Section, FDEP, 2600 Blair Stone Road MS 4548, Tallahassee, Florida 32399-2407. Please work with the coordinator directly to assess the facility's compliance with the funding mechanism requirements of Rule 62-701.630, F.A.C.

Further information about Solid Waste Financial Assurance can be found at the Department's website at: http://www.dep.state.fl.us/waste/categories/swfr

Please feel free to contact me for further information if needed.

Thanks

Henry Freedenberg PE, PG
Solid Waste Section
Florida Department of Environmental Protection
2600 Blair Stone Road, MS 4565
Jallahassee, Florida 32399
henry.freedenberg@dep.state.fl.us
850-245-8760



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

Incorporated in Rule 62-701.630(3), F.A.C.

CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FACILITIES

			Date of L	DEP Approvai:		
. GENERAL INFORMATION:						
Facility Name: Hardee Coun	ty Landfill				WACS ID: SWD/	25/40612
Permit Application or Consent C		38414-011-5	SO/01		tion Date: 11-8	
		uchula, Florida				
Permittee or Owner/Operator:	Hardee (County				
Mailing Address: 685 Airport	Road, Wai	uchula, Florida	33873			
Latitude: 27 °	34'	17 "	Longitude:	81°	46'	58 "
Coordinate Method: USGS N	/lapping		atum: <u>NAD 83/90 V</u>	Vest Zone of the	<u>ne</u>	
Collected by: Shane Fischer			company/Affiliation	SCS Engineer	rs	
Solid Waste Disposal Units Incl	uded in Es	timate:				
		Date Unit	Active Life of		If closed:	If closed:
		Began Accepting	Unit From Date of Initial Receipt	If active: Remaining	Date last waste	Official date of
Phase / Cell	Acres	Waste	of Waste	life of unit	received	closing
Phase I	12.31	N/A	N/A	N/A	10-26-10	01-03-12
Phase II Section I	6.29	05-01-08	02-01-16	18 Months	N/A	N/A
Phase II Section II	6.20	N/A	05-01-38	267 Months	N/A	N/A
The state of the s		and the state of t				
						71-12/11
-	aladia di		Oleanne 40	10	a Tarm Cara	04.00
Total disposal unit acreage incli	Jaea in this	s estimate:	Closure: 12.4	<u>49</u> LOI	ng-Term Care:	24.60
Facility type:	Class I		class III	C&D Debris	Dienosal	
(Check all that apply)	Other:		olass III 🗆	Cab Debits	. Dізрозаі	
(Chook an that apply)	Other.					
II. TYPE OF FINANCIAL ASS	IRANCE I	OCUMENT (Check type)			
□ Letter of Credit*	JIMITOL L		ce Certificate	M Esc	row Account	
□ Performance Bond	*	□ Financi			m 29 (FA Defe	erral)
☐ Guarantee Bond*			und Agreement		= (0)	
* - Indicates mechanisms	s that require t		•	t		
- maicates mechanisms	, mac roquire t	no acc or a ctariut	, , , act and rigitalities			
Northwest District Northeas	t District	Central District	Southwest District	South Distric	ct Sou	theast District

160 Government Center Pensacola, FL 32502-5794 850-595-8360 7825 Bayrmeadows Way, Ste. B200 Jacksonville, FL 32256-7590 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767 Jacksonville, FL 32256-7590 904-807-3300

407-894-7555

13051 N. Telecom Pky. Temple Terrace, FL 33637 813-632-7600

2295 Victoria Ave., Ste. 364 Fort Myers, FL 33901-3881 239-332-6975

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

		ISTMEN	

(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 operative recent Implicit Price Deflator for Ground The inflation factor is the result of dalso be obtained from the Solid Wallon and the Solid Wallon in th	oss National	al Product published by the L latest published annual Defla	J.S. Departmen atory by the De	t of Commerce in flator for the previ	its survey of Current Business. ous year. The inflation factor may
This adjustment is based on the	Departme	ent approved closing cost	estimate date	ed:	
Latest Department Approved Closing Cost Estimate:		ırrent Year Inflation Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:
\$3,295,890.64	×	1.009		=	\$3,325,553.66
This adjustment is based on the	Departme	ent approved long-term ca	re cost estima	ate dated:	
Latest Department Approved Annual Long-Term Care Cost Estimate:		irrent Year Inflation Factor, e.g. 1.02			Inflation Adjusted Annual Long-Term Care Cost Estimate:
\$361,857.89	×	1.009		=	\$365,114.61
Number of Years of	Long Term	n Care Remaining:		×	30
Inflation Adjusted L	ong-Tern	n Care Cost Estimate:		= -	\$10,953,438.33
Signature by:		Operator 🗵 Er	ngineer 685 Airp	(check what a	applies)
Signal		•			Address
Ken Wheeler, P.E. , Project Man	ager		Wauchu	la, FL 33873	
Name 8	Title			City, S	State, Zip Code
10/01/2015 - 09/30/2016			ken.whe	eler@hardeeco	unty.net
Dat	е			E-M	lail Address

863-773-5089

Telephone Number



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: Hardee Cour	ty Landfill				NACS ID: SWD/	25/40612
Permit Application or Consent	Order No.:	38414-011-9	SO/01	Expira	tion Date: 11-8	3-2033
Facility Address: 685 Airport	Road, Wa	uchula, Florida	33873			
Permittee or Owner/Operator:	Hardee	County				
Mailing Address: 685 Airport	Road, Wa	uchula, Florida	33873			
Latitude: 27 °	34'	17 "	Longitude:	81°	46'	58 "
Coordinate Method: USGS	Mapping		oatum: <u>NAD 83/90 \</u>	West Zone of the	<u>ne</u>	
Collected by: Shane Fischer			company/Affiliation	SCS Engineer	S	
Solid Waste Disposal Units Inc	luded 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 life of unit	waste received	date of closing
Phase I	12.31	N/A	N/A	N/A	10-26-10	01-03-12
Phase II Section I	6.29	05-01-08	02-01-16	15 Months	N/A	N/A
Phase II Section II	6.20	N/A	05-01-38	267 Months	N/A	N/A
T Hade it deditori it	0.20	1477	00 01 00	207 111011110		7,114
					M	H view a s
	the state of					<u> </u>
Total disposal unit acreage incl	uded in this	s estimate:	Closure: 12.	49 Lon	g-Term Care:	24.80
					20 2	
			class III	C&D Debris	Disposal	
(Check all that apply)	Other: _					
II. TYPE OF FINANCIAL ASS	URANCE D			* -	wa .	
□ Letter of Credit*			ce Certificate		row Account	n
□ Performance Bond	•	□ Financi		□ For	m 29 (FA Defe	errai)
☐ Guarantee Bond*			und Agreement			
* - Indicates mechanism	s that require t	he use of a Standb	by Trust Fund Agreemen	t		
	st District	Central District	Southwest District	South Distric		theast District
Pensacola, FL 32502-5794 Jacksonville, I	vs Way, Ste. B200 FL 32256-7590 97-3300	3319 Maguire Blvd., Ste Orlando, FL 32803-3 407-894-7555			01-3881 West Pair	ngress Ave., Ste. 200 m Beach, FL 33401 i1-681-6600

III ESTIMATE ADJUSTMEN			
	 COTINEATE	AD HICTBERN	•

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.

(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 or call the Financial Coordinator at (850) 245-8706.

Department approved clo	osing cost estimate dat	ted:			
Latest Department Approved Current Year Inflation Closing Cost Estimate: Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:		
\$3,325,553.66 × 1.013					
Department approved lor	ng-term care cost estin	nate dated:	nished the second second		
			Inflation Adjusted Annual Long-Term Care Cost Estimate:		
× 1.013		=	\$369,861.10		
Number of Years of Long Term Care Remaining:					
Inflation Adjusted Long-Term Care Cost Estimat			\$11,095,833.00		
Owner/Operator	⊠ Engineer	(check what ap	pplies)		
10-13-10	685 Aiı	rport Road			
Signature			Address		
ger	Wauch	ula. FL 33873			
Ken Wheeler, P.E. , Project Manager Name & Title			City, State, Zip Code		
	ken.wh	eeler@hardeecou	nty.net		
	E-Mail Address				
lumber					
	Current Year Infla Factor, e.g. 1.00 x 1.013 Department approved for Current Year Inflat Factor, e.g. 1.00 x 1.013 Dong Term Care Remaining Dong-Term Care Cost Est Owner/Operator Term Care Cost Est Owner/Operator Title	Current Year Inflation Factor, e.g. 1.02 x 1.013 Department approved long-term care cost estim Current Year Inflation Factor, e.g. 1.02 x 1.013 Dong Term Care Remaining: Dong-Term Care Cost Estimate: Owner/Operator Ger Ger Wauch Title ken.wh	Factor, e.g. 1.012 x 1.013 = Department approved long-term care cost estimate dated: Current Year Inflation Factor, e.g. 1.02 x 1.013 = ong Term Care Remaining:		