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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: Trail Ridge Class I Landfill WACS ID: 33628

Permit Application or Consent Order No.: _____ Expiration Date: _____

Facility Address: 5110 U.S. Highway 301, Baldwin, Florida 32234

Permittee or Owner/Operator: Trail Ridge Landfill, Inc.

Mailing Address: Same as Facility Address

Latitude: 30 ° 13 ' 27N " Longitude: 82 ° 02 ' 40W "

Coordinate Method: _____ Datum: NGVD 1929

Collected by: Robert M. Angas Associates Company/Affiliation Subconsultant

Solid Waste Disposal Units Included in Estimate:

Phase / Cell	Acres	Date Unit Began Accepting Waste	Active Life of Unit From Date of Initial Receipt of Waste	If active: Remaining life of unit	If closed: Date last waste received	If closed: Official date of closing
Phase 1-5	144	5/18/1992	20 years +/-	1.5years +/-		
Phase 6	30.5	NA	5 years +/-	3.5 years +/-		

Total disposal unit acreage included in this estimate: Closure: 43.4 Long-Term Care: 174.5

Facility type: (Check all that apply)
- ☒ Class I
- ☐ Class III
- ☐ C&D Debris Disposal
- ☐ Other: _____

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

- ☐ Letter of Credit*
- ☐ Performance Bond*
- ☐ Guarantee Bond*
- ☐ Insurance Certificate
- ☐ Financial Test
- ☐ Trust Fund Agreement
- ☒ Escrow Account
- ☐ Form 29 (FA Deferral)

* - Indicates mechanisms that require the 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, (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.

This adjustment is based on the Department approved closing cost estimate dated: February 2020

Latest Department Approved **Closing Cost** Estimate:		Current Year Inflation Factor, ***e.g. 1.02***		Inflation Adjusted Closing Cost Estimate:
18566725.32	×	1.017	=	18882359.65044

This adjustment is based on the Department approved long-term care cost estimate dated: February 2020

Latest Department Approved Annual **Long-Term Care** Cost Estimate:		Current Year Inflation Factor, ***e.g. 1.02***		Inflation Adjusted Annual Long-Term Care Cost Estimate:
712498.38	×	1.017	=	724610.85246
Number of Years of Long Term Care Remaining:			×	30
Inflation Adjusted Long-Term Care Cost Estimate:			=	21738325.5738

Signature by: ☐ **Owner/Operator** ☒ **Engineer** (check what applies)

Lisa M. Sterling, P.E., BCEE Digitally signed by Lisa M. Sterling, P.E., BCEE DN: C=US, E=Sterlinglm@cdmsmith.com, OU=CDM Smith Inc., CN="Lisa M. Sterling, P.E., BCEE" Date: 2020.09.03 12:49:36-04'00'	4651 Salisbury Rd, Suite 420
Signature	Address
Lisa Sterling, Project Manager	Jacksonville, FL 32256
Name & Title	City, State, Zip Code
9/3/2020	SterlingLM@cdmsmith.com
Date	E-Mail Address
904-527-6726	
Telephone Number	

IV. ESTIMATED CLOSING COST (check what applies)

☐ **Recalculated Cost Estimate** ☐ **New Facility Cost Estimate**

Notes: 1. Cost estimates for the time period when the extent and manner of landfill operation makes closing most exp
2. Cost estimate must be certified by a professional engineer.
3. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.
4. In some cases, a price quote in support of individual item estimates may be required.

Description	Unit	Number of Units	Cost / Unit	Total Cost
1. Proposed Monitoring Wells	**(Do not include wells already in existence.)**			
	EA	_____	_____	_____
			Subtotal Proposed Monitoring Wells:	_____
2. Slope and Fill (bedding layer between waste and barrier layer):				
Excavation	CY	_____	_____	_____
Placement and Spreading	CY	_____	_____	_____
Compaction	CY	_____	_____	_____
Off-Site Material	CY	_____	_____	_____
Delivery	CY	_____	_____	_____
			Subtotal Slope and Fill:	_____
3. Cover Material (Barrier Layer):				
Off-Site Clay	CY	_____	_____	_____
Synthetics - 40 mil	SY	_____	_____	_____
Synthetics - GCL	SY	_____	_____	_____
Synthetics - Geonet	SY	_____	_____	_____
Synthetics - Other (explain) (Sand)	_____	_____	_____	_____
			Subtotal Cover Material:	_____
4. Top Soil Cover:				
Off-Site Material	CY	_____	_____	_____
Delivery	CY	_____	_____	_____
Spread	CY	_____	_____	_____
			Subtotal Top Soil Cover:	_____
5. Vegetative Layer				
Sodding	SY	_____	_____	_____
Hydroseeding	AC	_____	_____	_____
Fertilizer	AC	_____	_____	_____
Mulch	AC	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
			Subtotal Vegetative Layer:	_____
6. Stormwater Control System:				
Earthwork	CY	_____	_____	_____
Grading	SY	_____	_____	_____
Piping (Letdown Piping)	LF	_____	_____	_____
Ditches	LF	_____	_____	_____
Berms	LF	_____	_____	_____
~~Control Structures~~ Terrace Drains	EA	_____	_____	_____
Other (explain) (Underdrains)	LF	_____	_____	_____
			Subtotal Stormwater Control System:	_____

Description	Unit	Number of Units	Cost / Unit	Total Cost
7. Passive Gas Control:				
Wells	EA			
Pipe and Fittings	LF			
Monitoring Probes	EA			
NSPS/Title V requirements	LS	1		
			Subtotal Passive Gas Control:	
8. Active Gas Extraction Control:				
Traps	EA			
Sumps	EA			
Flare Assembly	EA			
~~Flame Arrestor~~ 6"-10" Pipes, Fittings	~~EA~~ LF			
~~Mist Eliminator~~ 12"-18" Pipes, Fittings	~~EA~~ LF			
~~Flow Meter~~ Well Drilling	~~EA~~ LF			
~~Blowers~~ 6"-10" Control Valve	EA			
~~Collection System~~ 12"-18" Control Valve	LF			
Other (explain) Wellhead Assembly	LS			
			Subtotal Active Gas Extraction Control:	
9. Security System:				
Fencing	LF			
Gate(s)	EA			
Sign(s)	EA			
			Subtotal Security System:	
10. Engineering:				
Closure Plan Report	LS	1		
Certified Engineering Drawings	LS	1		
NSPS/Title V Air Permit	LS	1		
Final Survey	LS	1		
Certification of Closure	LS	1		
Other (explain)	LS			
Construction Drawings			Subtotal Engineering:	

Description	Hours	Cost / Hour	Hours	Cost / Hour	Total Cost
11. Professional Services					
	Contract Management		Quality Assurance		
P.E. Supervisor					
On-Site Engineer					
Office Engineer					
On-Site Technician					
Other (explain)					

Description	Unit	Number of Units	Cost / Unit	Total Cost
Quality Assurance Testing	LS	1		
			Subtotal Professional Services:	

Subtotal of 1-11 Above: _____

12. Contingency 15 % of Subtotal of 1-11 Above _____

Subtotal Contingency: _____

Estimated Closing Cost Subtotal: _____

Description	Total Cost
13. Site Specific Costs	
Mobilization	
Waste Tire Facility 1,600 Tons @ $100/Ton	
Materials Recovery Facility	
Special Wastes Erosion Control (1% of Construction Cost)	
~~Leachate Management System Modification~~	
Other (explain) Bonds (1.2% of Construction Cost)	
Subtotal Site Specific Costs:	

TOTAL ESTIMATED CLOSING COSTS ($): _____

V. ANNUAL COST FOR LONG-TERM CARE

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.

(Check Term Length) ☐ 5 Years ☐ 20 Years ☐ 30 Years ☐ Other, ___ Years

Notes: 1. Cost estimates must be certified by a professional engineer.

2. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.

3. In some cases, a price quote in support of individual item estimates may be required.

All items must be addressed. Attach a detailed explanation for all entries left blank.

Description	Sampling Frequency (Events / Year)	Number of Wells	(Cost / Well) / Event	Annual Cost
1. Groundwater Monitoring [62-701.510(6), and (8)(a)]				
Monthly	12			
Quarterly Permit Renewal	4			
Semi-Annually	2			
Annually Cost of Biennial Tech Report	1			
			Subtotal Groundwater Monitoring:	
2. Surface Water Monitoring [62-701.510(4), and (8)(b)]				
Monthly	12			
Quarterly	4			
Semi-Annually	2			
Annually	1			
			Subtotal Surface Water Monitoring:	
3. Gas Monitoring [62-701.400(10)]				
Monthly	12			
Quarterly	4			
Semi-Annually	2			
Annually	1			
			Subtotal Gas Monitoring:	
4. Leachate Monitoring [62-701.510(5), (6)(b) and 62-701.510(8)c]				
Monthly	12			
Quarterly	4			
Semi-Annually	2			
Annually	1			
Other (explain) _____	1			
			Subtotal Leachate Monitoring:	

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
5. Leachate Collection/Treatment Systems Maintenance				
Maintenance				
Collection Pipes	LF			
Sumps, Traps	EA			
Lift Stations	EA			
Cleaning	LS	1		
Tanks	EA			

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
5. (continued)				
Impoundments				
Liner Repair	SY			
Sludge Removal	CY			
Aeration Systems				
Floating Aerators	EA			
Spray Aerators	EA			
Disposal				
Off-site (Includes transportation and disposal)	1000 gallon			
			Subtotal Leachate Collection / Treatment Systems Maintenance:	
6. Groundwater Monitoring Well Maintenance				
Monitoring Wells	LF			
Replacement	EA			
Abandonment	EA			
			Subtotal Groundwater Monitoring Well Maintenance:	
7. Gas System Maintenance				
Piping, Vents	LF			
Blowers	EA			
Flaring Units	EA			
Meters, Valves	EA			
Compressors	EA			
Flame Arrestors	EA			
Operation	LS	1		
			Subtotal Gas System Maintenance:	
8. Landscape Maintenance				
Mowing	AC			
Fertilizer	AC			
			Subtotal Landscape Maintenance:	
9. Erosion Control and Cover Maintenance				
Sodding	SY			
Regrading	AC			
Liner Repair	SY			
Clay	CY			
			Subtotal Erosion Control and Cover Maintenance:	
10. Storm Water Management System Maintenance				
Conveyance Maintenance	LS	1		
			Subtotal Storm Water Management System Maintenance:	
11. Security System Maintenance				
Fences	LS	1		
Gate(s)	EA			
Sign(s)	EA			
			Subtotal Security System Maintenance:	

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
12. Utilities	LS	1		
			Subtotal Utilities:	
13. Leachate Collection/Treatment Systems Operation				
Operation				
P.E. Supervisor	HR			
On-Site Engineer	HR			
Office Engineer	HR			
OnSite Technician	HR			
Materials	LS	1		
	Subtotal Leachate Collection/Treatment Systems Operation:			
14. Administrative				
P.E. Supervisor	HR			
On-Site Engineer	HR			
Office Engineer	HR			
OnSite Technician	HR			
Other Clerical	HR			
			Subtotal Administrative:	
			Subtotal of 1-14 Above:	
15. Contingency	10	% of Subtotal of 1-14 Above		
			Subtotal Contingency:	

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
16. Site Specific Costs				
			Subtotal Site Specific Costs:	
			ANNUAL LONG-TERM CARE COST ($ / YEAR):	
			Number of Years of Long-Term Care:	30
			TOTAL LONG-TERM CARE COST ($):	

VI. CERTIFICATION BY ENGINEER

This is to certify that the Cost Estimates pertaining to the engineering features of this solid waste management facility have been examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, the Cost Estimates are a true, correct and complete representation of the financial liabilities for closing and/or long-term care of the facility and comply with the requirements of Rule 62-701.630 F.A.C. and all other Department of Environmental Protection rules, and statutes of the State of Florida. It is understood that the Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.

Signature	Mailing Address
Name and Title (please type)	City, State, Zip Code
Date	E-Mail address (if available)
Florida Registration Number (please affix seal)	Telephone Number

VII. SIGNATURE BY OWNER/OPERATOR

Signature of Applicant	Mailing Address
Name and Title (please type)	City, State, Zip Code
E-Mail address (if available)	Telephone Number