



# FLORIDA DEPARTMENT OF Environmental Protection

Northeast District  
8800 Baymeadows Way West, Suite 100  
Jacksonville, FL 32256

Ron DeSantis  
Governor

Jeanette Nuñez  
Lt. Governor

Shawn Hamilton  
Interim Secretary

August 11, 2021

Transmitted via email to: [SYang@webberrecycling.com](mailto:SYang@webberrecycling.com)

Ms. Sasha (Xia) Yang, CEO  
Webber Recycling, LLC  
2203 Hamilton Street  
Jacksonville, Florida 32210

RE: Webber Recycling, LLC  
Waste Tire Processing Facility  
Facility WACS I.D. Number: 106211  
Permit Number: 378243-001  
2020 & 2021 Financial Assurance Cost Estimates Approval  
Duval County – Solid Waste Permitting

Dear Ms. Yang:


This letter is to acknowledge receipt of the subject Facility's updated 2020 & 2021 cost estimates on August 10, 2021. The cost estimates were submitted to comply with Rule 62-711.500(3)(a), Florida Administrative Code (F.A.C.). The following cost estimates are approved for:

2020 Closing Cost Estimate:	\$36,157.34
2021 Closing Cost Estimate:	\$36,772.00

The next annual cost estimate update is due between January 1 and March 1, 2022.

A copy of this estimate will be forwarded to the Financial Coordinator, FDEP, 2600 Blair Stone Road, MS 4565, Tallahassee, Florida 32399-2400. Please work with Susan Eldredge at (850)245-8740 or [susan.f.eldredge@dep.state.fl.us](mailto:susan.f.eldredge@dep.state.fl.us) directly to assess the facility's compliance with the funding mechanism requirements of Rule 62-701.630, F.A.C. If you have any questions or comments about this matter, please contact Michael Bogin by mail at the letterhead address, by email at [Michael.Bogin@FloridaDEP.gov](mailto:Michael.Bogin@FloridaDEP.gov), or by telephone at 904.256.1579.

Sincerely,

  
Michael Bogin  
Permitting Engineer

Enclosure

cc: Lynn Roesser, Webber Recycling, LLC, [lroesser@webberrecycling.com](mailto:lroesser@webberrecycling.com)  
Financial Assurance Working Group, DEP, [Financial.Assurance.Working.Group@floridadep.gov](mailto:Financial.Assurance.Working.Group@floridadep.gov)  
Michael Bogin, NED-DEP  
Jeff Schroer, NED-DEP



# 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: Webber Recycling, LLC WACS ID: 106211  
Permit Application or Consent Order No.: 378243-001-WT-02 Expiration Date: 9/5/2024  
Facility Address: 2203 Hamilton Street, Jacksonville, FL 32210  
Permittee or Owner/Operator: Webber Recycling, LLC  
Mailing Address: 2203 Hamilton Street, Jacksonville, FL 32210

Latitude: 30 ° 16 ' 43 " Longitude: 81 ° 43 ' 16 "

Coordinate Method: \_\_\_\_\_ Datum: \_\_\_\_\_

Collected by: \_\_\_\_\_ Company/Affiliation: \_\_\_\_\_

### 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

Total disposal unit acreage included in this estimate: \_\_\_\_\_ Closure:  \_\_\_\_\_ Long-Term Care: \_\_\_\_\_

Facility type:  Class I  Class III  C&D Debris Disposal  
(Check all that apply)  Other: \_\_\_\_\_

### II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

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

\* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement

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

Northeast District  
7825 Baymeadows Way, Ste. B200  
Jacksonville, FL 32256-7590  
904-807-3300

Central District  
3319 Maguire Blvd., Ste. 232  
Orlando, FL 32803-3767  
407-894-7555

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

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

Southeast District  
400 N. Congress Ave., Ste. 200  
West 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 adjustment 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](http://www.dep.state.fl.us/waste/categories/swfr) or call the Financial Coordinator at (850) 245-8706.

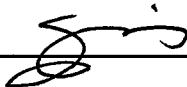
This adjustment is based on the Department approved closing cost estimate dated: 7/18/2019

Latest Department Approved Closing Cost Estimate:	Current Year Inflation Factor, e.g. 1.02	Inflation Adjusted Closing Cost Estimate:
<u>Y12020 35379.00</u>	<u>x 1.022</u>	<u>= \$36,157.34</u>
<u>Y12021 36,157.34</u>	<u>x 1.017</u>	<u>= \$36,772.00</u>

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

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:
_____	x _____	= _____
Number of Years of Long Term Care Remaining:		x _____
Inflation Adjusted Long-Term Care Cost Estimate:		= _____

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

      2203 Hamilton Street  
 Signature      Address

Sasha Yang, CEO      Jacksonville, FL 32210  
 Name & Title      City, State, Zip Code

8/3/2021      SYang@WebberRecycling.com  
 Date      E-Mail Address

904 673 1661  
 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
<b>1. Proposed Monitoring Wells (Do not include wells already in existence.)</b>				
	EA	_____	_____	_____
Subtotal Proposed Monitoring Wells:				_____
<b>2. Slope and Fill (bedding layer between waste and barrier layer):</b>				
Excavation	CY	_____	_____	_____
Placement and Spreading	CY	_____	_____	_____
Compaction	CY	_____	_____	_____
Off-Site Material	CY	_____	_____	_____
Delivery	CY	_____	_____	_____
Subtotal Slope and Fill:				_____
<b>3. Cover Material (Barrier Layer):</b>				
Off-Site Clay	CY	_____	_____	_____
Synthetics - 40 mil	SY	_____	_____	_____
Synthetics - GCL	SY	_____	_____	_____
Synthetics - Geonet	SY	_____	_____	_____
Synthetics - Other (explain) _____	_____	_____	_____	_____
Subtotal Cover Material:				_____
<b>4. Top Soil Cover:</b>				
Off-Site Material	CY	_____	_____	_____
Delivery	CY	_____	_____	_____
Spread	CY	_____	_____	_____
Subtotal Top Soil Cover:				_____
<b>5. Vegetative Layer</b>				
Sodding	SY	_____	_____	_____
Hydroseeding	AC	_____	_____	_____
Fertilizer	AC	_____	_____	_____
Mulch	AC	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Vegetative Layer:				_____
<b>6. Stormwater Control System:</b>				
Earthwork	CY	_____	_____	_____
Grading	SY	_____	_____	_____
Piping	LF	_____	_____	_____
Ditches	LF	_____	_____	_____
Berms	LF	_____	_____	_____
Control Structures	EA	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Stormwater Control System:				_____

Description	Unit	Number of Units	Cost / Unit	Total Cost
<b>7. Passive Gas Control:</b>				
Wells	EA	_____	_____	_____
Pipe and Fittings	LF	_____	_____	_____
Monitoring Probes	EA	_____	_____	_____
NSPS/Title V requirements	LS	1	_____	_____
Subtotal Passive Gas Control:				_____
<b>8. Active Gas Extraction Control:</b>				
Traps	EA	_____	_____	_____
Sumps	EA	_____	_____	_____
Flare Assembly	EA	_____	_____	_____
Flame Arrestor	EA	_____	_____	_____
Mist Eliminator	EA	_____	_____	_____
Flow Meter	EA	_____	_____	_____
Blowers	EA	_____	_____	_____
Collection System	LF	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Active Gas Extraction Control:				_____
<b>9. Security System:</b>				
Fencing	LF	_____	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
Subtotal Security System:				_____
<b>10. Engineering:</b>				
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) _____	_____	_____	_____	_____
Subtotal Engineering:				_____

Description	Hours	Cost / Hour	Hours	Cost / Hour	Total Cost
<b>11. Professional Services</b>					
	<u>Contract Management</u>		<u>Quality Assurance</u>		
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 \_\_\_\_\_ % of Subtotal of 1-11 Above  
Subtotal Contingency: \_\_\_\_\_

Estimated Closing Cost Subtotal: \_\_\_\_\_

Description	Total Cost
<b>13. Site Specific Costs</b>	
Mobilization	_____
Waste Tire Facility	_____
Materials Recovery Facility	_____
Special Wastes	_____
Leachate Management System Modification	_____
Other (explain) _____	_____
_____	_____
	Subtotal Site Specific Costs: _____

**TOTAL ESTIMATED CLOSING COSTS (\$):** 36,630.80

**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
<b>1. Groundwater Monitoring [62-701.510(6), and (8)(a)]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Groundwater Monitoring:				_____
<b>2. Surface Water Monitoring [62-701.510(4), and (8)(b)]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Surface Water Monitoring:				_____
<b>3. Gas Monitoring [62-701.400(10)]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Subtotal Gas Monitoring:				_____
<b>4. Leachate Monitoring [62-701.510(5), (6)(b) and 62-701.510(8)c]</b>				
Monthly	12	_____	_____	_____
Quarterly	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	1	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Leachate Monitoring:				_____

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

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
<b>5. (continued)</b>				
<u>Impoundments</u>				
Liner Repair	SY	_____	_____	_____
Sludge Removal	CY	_____	_____	_____
<u>Aeration Systems</u>				
Floating Aerators	EA	_____	_____	_____
Spray Aerators	EA	_____	_____	_____
<u>Disposal</u>				
Off-site (Includes transportation and disposal)	1000 gallon	_____	_____	_____
Subtotal Leachate Collection / Treatment Systems Maintenance:				_____
<b>6. Groundwater Monitoring Well Maintenance</b>				
Monitoring Wells	LF	_____	_____	_____
Replacement	EA	_____	_____	_____
Abandonment	EA	_____	_____	_____
Subtotal Groundwater Monitoring Well Maintenance:				_____
<b>7. Gas System Maintenance</b>				
Piping, Vents	LF	_____	_____	_____
Blowers	EA	_____	_____	_____
Flaring Units	EA	_____	_____	_____
Meters, Valves	EA	_____	_____	_____
Compressors	EA	_____	_____	_____
Flame Arrestors	EA	_____	_____	_____
Operation	LS	1	_____	_____
Subtotal Gas System Maintenance:				_____
<b>8. Landscape Maintenance</b>				
Mowing	AC	_____	_____	_____
Fertilizer	AC	_____	_____	_____
Subtotal Landscape Maintenance:				_____
<b>9. Erosion Control and Cover Maintenance</b>				
Sodding	SY	_____	_____	_____
Regrading	AC	_____	_____	_____
Liner Repair	SY	_____	_____	_____
Clay	CY	_____	_____	_____
Subtotal Erosion Control and Cover Maintenance:				_____
<b>10. Storm Water Management System Maintenance</b>				
Conveyance Maintenance	LS	1	_____	_____
Subtotal Storm Water Management System Maintenance:				_____
<b>11. Security System Maintenance</b>				
Fences	L6	1	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
Subtotal Security System Maintenance:				_____



Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
<b>12. Utilities</b>	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 _____				
			Subtotal Administrative:	

**Subtotal of 1-14 Above:** \_\_\_\_\_

**15. Contingency**

\_\_\_\_\_ % of Subtotal of 1-14 Above

Subtotal Contingency: \_\_\_\_\_

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
<b>16. Site Specific Costs</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Subtotal Site Specific Costs:	

**ANNUAL LONG-TERM CARE COST (\$ / YEAR):** \_\_\_\_\_

Number of Years of Long-Term Care: \_\_\_\_\_


**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	2203 Hamilton Street _____ Mailing Address
Sasha Yang, CEO _____ Name and Title (please type)	Jacksonville, FL 32210 _____ City, State, Zip Code
SYang@WebberRecycling.com _____ E-Mail address (if available)	904 673 1661 _____ Telephone Number