

# 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

September 3, 2021

Transmitted via email to: <a href="mailto:gmathes@wm.com">gmathes@wm.com</a>

Mr. Greg Mathes General Manager Trail Ridge Landfill, Inc. 5110 U.S. Highway 301 Baldwin, Florida 32234

RE: Trail Ridge Landfill, Inc.

Trail Ridge Class I Landfill

Facility WACS I.D. Number: 33628 DEP Permit Number: 13493-029-SO

2021 Financial Assurance Cost Estimate Approval

**Duval County - Solid Waste Permitting** 

Dear Mr. Mathes:

This letter is to acknowledge receipt of the subject facility's updated closure and long-term care cost estimates on August 31, 2021. The cost estimates were submitted to comply with Rule 62-701.630(4)(a), Florida Administrative Code.

The following cost estimates have been approved for Phases 1-6 of the Facility for 2021:

Closing Cost Estimate - \$19,108,947.97 Annual Long-Term Care Cost Estimate - \$733,306.18 Total Long-Term Care Cost Estimate - \$21,999,185.41 (for 30 year)

The closure construction costs listed above are for 73.9 acres, which includes 43.4 acres in the existing Phases 1-5 and 30.5 acres for the new Phase 6, and the long-term care costs are for 174.5 acres. The Landfill is permitted to perform "close-as-you-go," whereas 100.6 acres of the permitted 174.5 acres have been Certified Closed.

The next annual cost estimates update is due between July 1 and September 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 <a href="mailto:susan.f.eldredge@dep.state.fl.us">susan.f.eldredge@dep.state.fl.us</a> 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 <a href="Michael.Bogin@FloridaDEP.gov">Michael.Bogin@FloridaDEP.gov</a>, or by telephone at 904.256.1579.

Sincerely,

Michael Bogin Permitting Engineer

# Enclosure

cc: Eric Parker, Trail Ridge Landfill, Inc., <a href="mailto:Eparker1@wm.com">Eparker1@wm.com</a>

Eric B. Fuller, City of Jacksonville, <a href="mailto:EFuller@coj.net">EFuller@coj.net</a>

Jeffrey S. Foster, P.G., City of Jacksonville, <u>JSFoster@coj.net</u>

Lisa M. Sterling, P.E., CDM Smith, sterlinglm@cdmsmith.com

Financial Assurance Working Group, DEP,

Financial.Assurance.Working.Group@floridadep.gov

Jeff Schroer, NED-DEP Michael Bogin, NED-DEP



4651 Salisbury Road, Suite 420 Jacksonville, Florida 32256 tel: 904-731-7109

August 26, 2020

Mr. Michael Bogin Florida Department of Environmental Protection Northeast District Waste & Air Resource Management 8800 Baymeadows Way West, Suite 100 Jacksonville, FL 32256

Subject: Trail Ridge Landfill Financial Assurances 2021

WACS ID# 33628

Dear Mr. Bogin:

Please find enclosed the updated Financial Assurances form 62-701.900(28), F.A.C. for Trail Ridge Class I Landfill at 5110 U.S. Highway 301 in Baldwin Florida for 2018.

This update represents inflation adjusted closing cost estimate and annual long-term care cost estimate submitted to the Northeast District for review.

The table below outlines the inflation adjusted costs included in the 2020 Financial Assurance calculations. This adjustment was based on current year inflation factors for estimates due between July 1 and September 1, 2021 and prices for closure and long-term care submitted under the previous financial assurances cost estimate approved September 8, 2020.

	Latest Department Approved Cost Estimate	Current Year Inflation Factor	Years of Long Term Care Remaining	Inflation Adjusted Cost Estimate
Closing Cost	\$18,882,359.65	1.012		\$19,108,947.97
Annual Long-Term Care	\$724,610.85	1.012	30	\$21,999,185.41

Please contact me directly at 904-527-6726 or <a href="mailto:Sterlinglm@cdmsmith.com">Sterlinglm@cdmsmith.com</a> if you require any additional information.

Sincerely,

Lisa M. Sterling, P.E., BCEE, PMP

Associate

CDM Smith Inc.



# 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 D	Date of DEP Approval: Sep 8, 2020			
I. GENERAL INFO	<b>RMATION:</b> Trail Ridge C	lass I I and	lfill		1	MACS ID: 22620		
Tability Ivalia.						WACS ID: 33628		
Permit Application or Consent Order No.:  Facility Address: 5110 U.S. Highway 301, Baldwin, Florida 32234					Expiration Date:			
Facility Address:								
Permittee or Owne			lge Landfill, In	C.				
Mailing Address:	Same as F	acility Addı	ess					
Latitude:	30 °	13 י	27N "	Longitude:	82 °	02 '	40W "	
Coordinate Method				atum: NGVD 1929				
Collected by: Ro	bert M. Anga	as Associa	tes C	company/Affiliation	Subconsultant	•		
0 11 11 11 11 11		–						
Solid Waste Dispo	sai Units Incl	uded in Es T		T			l	
			Date Unit	Active Life of	If active:	If closed:	If closed:	
			Began Accepting	Unit From Date of Initial Receipt	Remaining	Date last waste	Official date of	
Phase / (	اام	Acres	Waste	of Waste	life of unit	received	closing	
Phase 1		144	5/18/1992	20 years +/-	1 year +/-	received	Glosing	
Phase		30.5	NA	5 years +/-	1.5 years +/-			
				,				
Total disposal unit	acreage incl	uded in this	s estimate:	Closure: 43.4	Lor	ng-Term Care:	174.5	
Facility ty	pe: 🙇	Class I		Class III □	COD Dobrio	Dianocal		
Facility ty (Check all tha		Other:	□ C	Class III □	C&D Debris	Disposai		
II. TYPE OF FINA	NCIAL ASSI	URANCE [	OCUMENT (	Check type)				
□ Letter of Credit* □		□ Insuran	☐ Insurance Certificate					
□ Performance Bond*		☐ Financial Test		□ For	m 29 (FA Defe	erral)		
□ Guara	ntee Bond*		□ Trust F	und Agreement				
* - Indic	ates mechanisms	s that require t	he use of a Standt	by Trust Fund Agreemen	t			
Northwest District	Northeas	t Dietrict	Central District	Southwest District	South Dietric	et Sout	theast District	

#### 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 <a href="https://www.dep.state.fl.us/waste/categories/swfr">www.dep.state.fl.us/waste/categories/swfr</a> or call the Financial Coordinator at (850) 245-8706.

This adjustment is based on the	September 8, 2020						
Latest Department Approved Closing Cost Estimate:	Current Year Inflation Factor, e.g. 1.02		Inflation Adjusted Closing Cost Estimate:				
\$18,882,359.65	×	=	\$19,108,947.97				
This adjustment is based on the	Department approved long-term care c	ost estimate dated:	September 8, 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:				
\$724,610.85	× 1.012	=	\$733,306.18				
Number of Years of	×	30					
Inflation Adjusted I	=	\$21,999,185.41					
Signature by:  Owner/Operator							
Signature  Address  JEFFZEY 5. FOSTER SW ENV. ENG. MGR  Name & Title  Address  Address  Address  City, State, Zip Code							
			E-Mail Address				
<u>~_</u>	55.6841	E-IV	iaii Audiess				