



Florida Department of Environmental Protection
 Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, FL 32399-2400

DEP Form # 62-701.900(28)
 Form Title Financial Assurance Cost Estimate Form
 Effective Date 05-27-01
 DEP Application No. _____
 (Filled by DEP)

Dept. Of Environmental Protection

FINANCIAL ASSURANCE COST ESTIMATE FORM

DEC 23 2010

Southwest District

Date: Dec. 20, 2010

Date of DEP Approval: _____

I. GENERAL INFORMATION:

Facility Name: Sumter County Waste Tire/Transfer Station WACS or GMSID #: SWD/60/50038

Permit / Application No.: 126848-005-WT/05 126941-005-SO/31 Expiration Date: 10/31/12 9/3/14

Facility Address: 1035 CR 529

Permittee: Sumter County Board of County Commissioners

Mailing Address: 7375 Powell Road, Wildwood, FL 34785

Latitude: 28°44'30" Longitude: 82°05'26" or UTM: _____

Solid Waste Disposal Units Included in Estimate:

Phase / Cell	Acres	Date Unit Began Accepting Waste	Design Life of Unit From Date of Initial Receipt of Waste
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Landfill Acreage included in this estimate. _____ Closure _____ Long-Term Care _____

Type of landfill: _____ Class I _____ Class III _____ C&D Debris _____

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check Type)

_____ Letter of Credit* _____ Insurance Certificate
 _____ Surety Bond* Escrow Account
 _____ Trust Fund Agreement _____ Financial Test

*Indicates mechanisms that require 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 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

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 Deflator by the Deflator for the previous year. The inflation factor may also be obtained from the Solid Waste Financial Coordinator at (850)-245-8732.

This adjustment is based on the Department approved closure cost estimate dated: 09/15/2009

Latest Department Approved Closure Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Closure Cost Estimate:
\$1,614.68	X	1.010	=	\$1,630.83

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

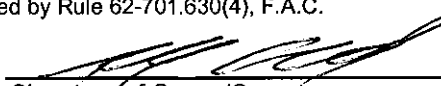
Latest Department Approved Annual Long-Term Care Cost Estimate:		Current Year Inflation Factor		Inflation Adjusted Annual Long-Term Care Cost Estimate:
	X	1.010	=	\$0.00
Number of Years of Long Term Care Remaining:			X	
Inflation Adjusted Long-Term Care Cost Estimate:			=	0.00

(b) Recalculate Estimates (see section V)

IV. CERTIFICATION BY ENGINEER

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

Signature of Engineer



Signature of Owner/Operator

Name & Title (please type)

Bradley Arnold, County Administrator

Name & Title (please type)

Florida Registration Number (affix seal) & Date

(352) 689-4411

Telephone Number

Mailing Address

Telephone Number