



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: _____ WACS ID: _____
 Permit Application or Consent Order No.: _____ Expiration Date: _____
 Facility Address: _____
 Permittee or Owner/Operator: _____
 Mailing Address: _____

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "
 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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Letter of Credit* | <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Escrow Account |
| <input type="checkbox"/> Performance Bond* | <input type="checkbox"/> Financial Test | <input type="checkbox"/> Form 29 (FA Deferral) |
| <input type="checkbox"/> Guarantee Bond* | <input type="checkbox"/> 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 Deflator 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: _____

Latest Department Approved Closing Cost Estimate:		Current Year Inflation Factor, e.g. 1.02			Inflation Adjusted Closing Cost Estimate:
_____	×	_____	=		_____

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:
_____	×	_____	=		_____

Number of Years of Long Term Care Remaining:					_____
	×		=		_____

Inflation Adjusted Long-Term Care Cost Estimate:					_____
			=		_____

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

Signature

Address

Name & Title

City, State, Zip Code

Date

E-Mail Address

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) _____	_____	_____	_____	_____
			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	LF	_____	_____	_____
Ditches	LF	_____	_____	_____
Berms	LF	_____	_____	_____
Control Structures	EA	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
			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	_____	_____	_____
Subtotal Passive Gas Control:				_____
8. Active Gas Extraction Control:				
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:				_____
9. Security System:				
Fencing	LF	_____	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
Subtotal Security System:				_____
10. Engineering:				
Closure Plan Report	LS	_____	_____	_____
Certified Engineering Drawings	LS	_____	_____	_____
NSPS/Title V Air Permit	LS	_____	_____	_____
Final Survey	LS	_____	_____	_____
Certification of Closure	LS	_____	_____	_____
Other (explain) _____	_____	_____	_____	_____
Subtotal Engineering:				_____

Description	Hours	Cost / Hour	Hours	Cost / Hour	Total Cost
11. Professional Services					
	<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	_____	_____	_____
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
13. Site Specific Costs	
Mobilization	_____
Waste Tire Facility	_____
Materials Recovery Facility	_____
Special Wastes	_____
Leachate Management System Modification	_____
Other (explain) _____	_____
_____	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	4	_____	_____	_____
Semi-Annually	2	_____	_____	_____
Annually	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) _____	_____	_____	_____	_____
Subtotal Leachate Monitoring:				_____

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

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
5. (continued)				
<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:	_____
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	_____	_____	_____
			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	_____	_____	_____
			Subtotal Storm Water Management System Maintenance:	_____
11. Security System Maintenance				
Fences	L6	_____	_____	_____
Gate(s)	EA	_____	_____	_____
Sign(s)	EA	_____	_____	_____
			Subtotal Security System Maintenance:	_____

Description	Unit	Number of Units / Year	Cost / Unit	Annual Cost
12. Utilities	LS	_____	_____	_____
			Subtotal Utilities:	_____
13. Leachate Collection/Treatment Systems Operation				
<u>Operation</u>				
P.E. Supervisor	HR	_____	_____	_____
On-Site Engineer	HR	_____	_____	_____
Office Engineer	HR	_____	_____	_____
OnSite Technician	HR	_____	_____	_____
Materials	LS	_____	_____	_____
			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
16. Site Specific Costs				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			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

Mailing Address

Name and Title (please type)

City, State, Zip Code

E-Mail address (if available)

Telephone Number