

Mail duplicate original to: Solid Waste Financial Coordinator Florida Department of Environmental Protection 2600 Blairstone Road MS 4548 Tallahassee, Florida 32399-2400

SCHEDULE A (Revised)

| To be attached to S | State of Florida Solid Waste Fa | cility Enter "Trust Fund" or "Standby Trust F | Agreement entered into |
|--|---|--|---|
| | | | |
| Date of | of Agreement | Owner or opera | tor |
| | | | |
| | | Bank name | , and master |
| or account number | Enter "N/A" if pooled account or no acct. no. | | |
| | Enter "N/A" if pooled account or no acct. no. | assigned | |
| This Agreement is following facility(i | | cial assurance for cost estimate(s) |) on file with FDEP for the |
| FDEP I.D. Number | Facility Name | Site Address | Facility Cost Estimate** (total of Required Action amounts) |
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| This amendment is | executed on | and will become effective | e upon FDEP approval. |
| GRANTOR | | TRUSTEE | |
| | | | |
| uthorized Signature for Gran | ntor | Authorized Signature for Trustee | |
| Type Name and Title | | Type Name and Title | |
| Telephone Number | | Telephone Number | |
| E-mail Address | | E-mail Address | |
| | | Signature of Witness or Notary | Date |
| | | Printed Name of Witness or Notary Seal | |

^{* -} Removal of a facility from a standby trust fund or trust fund agreement, in accordance with FDEP regulations, requires prior written permission from the FDEP Tallahassee Office. Authorization will be addressed to the Trustee and will specify agreement by date.

^{** -} For each facility, enter the most recent Department approved facility cost estimate amount, or subsequently increased amount.