



Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road MS 4560, Tallahassee, Florida 32399-2400

DEP Form # 62-710.901(7)
Form Title: Used Oil Processing Facility Closing Cost Estimate Form
Effective Date: 12/2019
Incorporated in Rule 62-710.800(6)(b)

Used Oil Processing Facility Closing Cost Estimate Form

I. GENERAL INFORMATION:

EPA ID Number: _____

Facility Name: _____ Permit Number: _____

Facility Address: _____

Owner or Operator (Permittee/Applicant): _____

Mailing Address: _____

II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check Type):

<input type="checkbox"/> Letter of Credit*	<input type="checkbox"/> Performance Bond*	<input type="checkbox"/> Financial Guaranty Bond*	*Indicate mechanisms that require use of a Standby Trust Fund Agreement
<input type="checkbox"/> Insurance Certificate*	<input type="checkbox"/> Financial Test	<input type="checkbox"/> Trust Fund Agreement	

III. ESTIMATE (Complete either Part A or Part B):

Rule 62-710.800(6)(c), Florida Administrative Code (F.A.C.), sets forth the requirements for cost estimate calculation. Estimates adjusted for inflation are due annually between January 1 and March 1.

Part A – Inflation Factor Adjustment

An inflation adjustment using an inflation factor may only be used when recalculation is not required by rule. When inflation-factor adjusting, only page 1 of this form must be submitted. The appropriate inflation factor for adjusting an estimate may be obtained from the Solid Waste website –

<http://FloridaDEP.gov/waste/permitting-compliance-assistance/content/solid-waste-financial-assurance>

– or by sending a request to Solid.Waste.Financial.Coordinator@floridadep.gov

This estimate is based on the estimate dated _____ that was approved by the Department on _____.
(signature date) (leave blank if not approved)

Last Year's Closing Cost Estimate:		Current Year Inflation Factor (e.g.1.0xx)		Inflation Adjusted Closing Cost Estimate:
\$ _____	X	_____	=	\$ _____

Signature (representative of Owner/Operator) Date Telephone

Name and Title E-mail

If you have questions concerning this form, please contact the Used Oil Permitting Coordinator at the address below or by phone at (850) 245-8707.

Please send this completed cost estimate to:
Used Oil Permitting Coordinator
Department of Environmental Protection
2600 Blair Stone Road MS 4560
Tallahassee, Florida 32399-2400

Please e-mail a copy of this completed cost estimate to:
Solid.Waste.Financial.Coordinator@floridadep.gov

Part B – Calculated Cost Estimates

A third-party Estimate/Quote must be provided for each item.
 Costs must be for a third party providing all materials and labor.

DESCRIPTION	UNIT	QUANTITY	UNIT COST	TOTAL
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1. Decontamination and Disposal

Note: These costs must be broken down by individual waste stream. If contamination is found, the cost estimate must be recalculated to include remediation costs.

a. Used oil tanks, containers, piping, equipment and secondary containment

decontamination	_____	_____	\$ _____	\$ _____
waste characterization	_____	_____	\$ _____	\$ _____
disposal	_____	_____	\$ _____	\$ _____

b. Wash Water

waste characterization	_____	_____	\$ _____	\$ _____
disposal	_____	_____	\$ _____	\$ _____

c. Sludges/Sediment

waste characterization	_____	_____	\$ _____	\$ _____
disposal	_____	_____	\$ _____	\$ _____

d. Used Oil Filter Management

waste characterization	_____	_____	\$ _____	\$ _____
disposal	_____	_____	\$ _____	\$ _____

e. Petroleum Contaminated Water (PCW), tanks, containers, piping, equipment and secondary containment

waste characterization	_____	_____	\$ _____	\$ _____
disposal	_____	_____	\$ _____	\$ _____

f. Mobilization Costs

_____	_____	_____	\$ _____	\$ _____
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g. Other _____

_____	_____	_____	\$ _____	\$ _____
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Subtotal (1) Decontamination/Disposal: \$ _____

2. Engineering (On-site Inspections and Quality Assurance are to be included in this item).

- a. Closure sampling and analysis plan implementation as described in the permit application \$ _____
- b. Closure Certification Report \$ _____

Subtotal (2) Professional Services: \$ _____

Subtotal of (1) and (2) Above: \$ _____

3. Contingency (10% of the Subtotal) \$ _____

TOTAL CLOSING COST: \$ _____

IV. SIGNATURES:

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 principals applicable to such facilities. In my professional judgment, the Cost Estimates are a true, correct and complete representation of the financial liabilities for closing of the facility, and comply with the requirements of Rule 62-710, F.A.C. and all other Department of Environmental Protection rules, and statutes of the State of Florida.

Signature

Date

Name and Title

Address

Florida Registration Number

City, State, Zip

Telephone

E-mail

SIGNATURE BY OWNER/OPERATOR

I understand that Cost Estimates, adjusted for inflation, must be submitted to the Department annually. Revised or adjusted Cost Estimates will be submitted as required by Rule 62-710.800(6), F.A.C.

Signature (authorized representative of Owner/Operator)

Telephone

Name and Title

E-mail