



# 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](mailto: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](mailto: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