



## Solid Waste Disposal Facility Cost Estimate Form

Facility Name:						Permit No. SWP									
Address:															
City:					State:				Zip:						
FA Holder:															
Estimate Prepared By:															
Indicate the plan versions for which this cost estimate was prepared, identifying the following information for each plan:															
<b>Closure Plan</b>						<b>Post-Closure Care Plan</b>									
Title:						Title:									
Plan Date:				Approved:				Plan Date:				Approved:			
Consultant:						Consultant:									
<b>Corrective Action Plan</b>						<b>Corrective Action Monitoring Plan</b>									
Title:						Title:									
Plan Date:				Approved:				Plan Date:				Approved:			
Consultant:						Consultant:									
<b>Cost Estimate Summary</b>															
Total Closure Cost:		\$													
Total Post-Closure Cost:		\$													
Total Corrective Action Cost:		\$													
<b>TOTAL:</b>		<b>\$</b>													
<b>References</b>															
Please indicate references used to develop this cost estimate:															
<b>Certification by Preparer:</b>															
This is to certify that the cost estimates pertaining to the engineering features and monitoring requirements of this solid waste management facility have been prepared by me and are representative of the design specified in the facility's approved Closure, Post-Closure and Corrective Action Plans. The estimate is based on the cost of hiring a third party and does not incorporate any salvage value that may be realized by the sale of wastes, facility structures, or equipment, land or other facility assets at the time of partial or final closure. In my professional judgment, the cost estimates are a true, correct, and complete representation of the financial liabilities for closure, post-closure care, and corrective action of the facility and comply with the requirements of 9 VAC 20-70 and all other DEQ rules and statutes of the Commonwealth of Virginia.															
Name:						Signature:									
Title:						Date:									
<b>Acknowledgement by Owner/Operator :</b>															
Name:						Signature:									
Title:						Date:									

## Instructions for Completing DEQ Form CE SWDF

DEQ Form CE SWDF should be submitted by solid waste disposal facilities providing a new or updated cost estimate in accordance with a new permit or permit modification affecting the existing financial assurance cost estimate. If the facility is increasing an existing cost estimate for inflation to meet the annual financial assurance demonstration, this worksheet is not necessary. This form is designed to provide summary information regarding the individual cost estimates developed to cover the cost of facility closure, post-closure care, and groundwater corrective action and certification that the estimates are true, correct and complete. Separate from this form, the Department has revised the closure and post-closure cost estimate worksheets, now referred to as CEW-01 and CEW-02, respectively, to assist in development of closure and post-closure cost estimates. A worksheet has not been developed for corrective action cost estimates since corrective action remedies are site-specific and vary based on the remediation selected.

These instructions are designed to assist solid waste management facilities with the completion of this form and forms CEW-01 and CEW-02. The descriptions below are listed in the order as they appear on DEQ Form CE SWDF.

### **Facility Name:**

Enter the name of the facility as it should appear or as it currently appears on the existing DEQ Part B Permit.

### **Permit No. SWP**

Indicate the 3-digit number assigned to the facility. The permit number is usually written as SWP###.

### **Address, City, State, Zip:**

Provide the street address of the facility's physical location (may be Rural Route/Box No. if 911 address is not available)

### **FA Holder:**

Indicate the entity responsible for maintaining the financial assurance mechanism. This entity should be either the owner or operator of the facility listed, and should match the SCC documentation filed for the facility.

### **Estimate Prepared By:**

Indicate the person and entity preparing this form and the attached cost estimate worksheets. For example, if the form is prepared by a facility representative, this box should contain his/her name along with the facility name. If a consultant prepared the form, the consultant's name along with the consultant's company should be listed.

### **Closure, Post-Closure Care, Corrective Action and Corrective Action Monitoring Plans**

*For each plan, indicate the following information:*

**Title:** Indicate the title of the approved plan on file with the Department. If a closure or post-closure plan has not been approved the facility should provide a cost estimate for the standard regulatory cap and post-closure care required per the Virginia Solid Waste Management Regulations.

**Plan Date:** Specify the plan's date. If the plan has been revised, enter the date of the last revision.

**Approved:** Indicate date of the plan's approval. The approval date should be the date of any Department correspondence indicating the plan is administratively complete/technically adequate (for stand-alone plans) or the date of the permit modification incorporating the plan into the facility's Part B permit.

**Consultant:** Indicate the consulting firm who prepared the plan or latest revision.

### **Cost Estimate Summary**

**Total Closure Cost:** Enter the estimated total cost of closure activities. This amount should match the total determined using worksheet CEW-01 or other worksheet prepared for closing the facility. Worksheet CEW-01 or alternate should be attached to DEQ Form CE SWDF.

**Total Post-Closure Cost:** Enter the estimated total cost of post-closure care activities. The amount should match the total determined using worksheet CEW-02 or other worksheet prepared for operating the facility during the post-closure care period. Worksheet CEW-02 or alternate should be attached to DEQ Form CE SWDF.

**Total Corrective Action Cost:** Enter the estimated total cost of corrective action. The amount should match the total determined using a worksheet prepared based on the cost of the proposed corrective action activities. The worksheet prepared to estimate corrective action costs should be attached to DEQ Form CE SWDF.

### **References**

In the space provided, list references used to prepare the cost estimate. These references can be bids or actual cost data from previous projects, RSMMeans values, or other applicable data. References listed should include dates associated with the documentation. If valuable to support the worksheets provided, please provide copies of references to this form.

### **Certification by Preparer**

The person responsible for preparing the cost estimate should read the certification statement and provide his/her name, title, signature, and date to certify that the facility cost estimate provided is true, correct, and complete.

### **Acknowledgement by Owner/Operator**

If DEQ Form CE SWDF and the attached cost estimate worksheets are prepared by a third party (i.e. consultant), a responsible official representing the FA Holder should indicate his/her acknowledgement of the cost estimate. If this estimate is prepared by a responsible official representing the FA Holder then this line can be left blank so long as the Certification by Preparer is signed.

### **Worksheets CEW-01 & CEW-02: Format for the Estimation of Closure & Post-Closure Care Costs**

The previous Landfill Cost Estimate Form included four worksheet tabs: a summary worksheet, a worksheet for estimating closure costs (Worksheet 1), a worksheet for estimating post-closure care costs (Worksheet 2), and a final worksheet providing suggested and minimum default values to be used in Worksheets 1 and 2 (Worksheet 3). With this revision, the summation sheet has been separated and is now a stand-alone form (DEQ CE SWDF) to be used for all cost estimates.

The new worksheets, CEW-01 and CEW-02, have been revised to group similar items and include comments provided throughout to assist the preparer with determining what information goes in some of the boxes. Comments are present on cells with a small red triangle in the upper right hand corner of the cell. To see the comment, you need to hover your cursor over the cell with this red triangle. Any facility-specific items not included on CEW-01 or CEW-02 should be added to ensure a complete and true cost estimate is provided.

Previous Worksheet 3 containing the default values has not been revised and is no longer provided with the new worksheets. The default values have been removed in favor of facilities supplying site-specific cost factors to develop accurate closure and post-closure care cost estimates.

Facilities are not required to use Worksheets CEW-01 and CEW-02; these forms are merely provided for facility use in an effort to show the depth of items to be addressed when preparing closure and post-closure cost estimates. Facility-specific or alternate worksheets will be accepted for review and should accompany a certified DEQ Form CE SWDF.