| Logo for the Virginia Department of Environmental Quality | Solid Waste Disposal FacilityCost Estimate Form, DEQ Form CE SWDF |
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**Facility Name:**       **Permit No. SWP**

**Location 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:

## Closure Plan Post-Closure Plan

**Title:**       **Title:**

**Plan Date:**       **Approved:**       **Plan Date:**       **Approved:**

**Consultant:**       **Consultant:**

## Corrective Action Plan Corrective Action Monitoring Plan

**Title:**       **Title:**

**Plan Date:**       **Approved:**       **Plan Date:**       **Approved:**

**Consultant:**       **Consultant:**

## Cost Estimate Summary

| Closure Cost Element | Total Cost | Notes |
| --- | --- | --- |
| Total Closure Cost: | $      |  |
| Total Post-Closure Cost: | $      |  |
| Total Corrective Action Cost: | $      |  |
| Total: | $      |  |

**References:** Please indicate references used to develop this cost estimate:

## CERTIFICATION BY PREPARER

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 Closure Plan. 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 closure. In my professional judgment, the cost estimates are a true, correct, and complete representation of the financial liabilities for closure and postclosure care 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.

SIGNATURE: DATE:

NAME:

TITLE:

## Acknowledgement by Owner / Operator:

SIGNATURE: DATE:

NAME:

TITLE:

## 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, permit modification, or facility operational change affecting the existing financial assurance cost estimate. Examples of operational changes that could require calculation of a revised cost estimate and submittal of this form are listed below:

* Issuance of certificate-to-operate (e.g. new landfill cell, expansion, etc.)
* Addition of a new solid waste building, equipment or other construction on site
* Increase in permitted landfill disposal capacity
* Significant increase or decrease (± 15%) in SWIA report since previous year
* Increase, decrease, or exceedance of permitted daily disposal limit
* Increase, decrease, or exceedance of permitted storage capacity
* New stockpile, increase or decrease to stockpile size, or complete removal of stockpile
* Change to leachate collection and control system or leachate disposal method
* Addition or removal of leachate storage unit or capacity (e.g. tanks or impoundments)
* Change to underdrain system or monitoring frequency
* Addition or removal of wells in groundwater or gas monitoring network
* Change to frequency of groundwater or gas monitoring (except for temporary changes to the gas monitoring frequency in a subset of wells to address a methane gas exceedance)
* Groundwater corrective action (e.g. initial groundwater protection standards exceedance, alternate source demonstration, remedy selection)
* Change in groundwater corrective action plan or remedy
* Release from groundwater corrective action
* Change to passive or active gas remediation system (new vent, well, expansion, etc.)
* Addition or removal of odor control system or equipment
* Modification to closure or post-closure care plan
* Partial or full facility closure
* Entering post-closure care
* Changes to post-closure care uses of the property
* Partial or full post-closure care termination
* Any enforcement action requiring a revised cost estimate and financial assurance update.

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 provided closure and post-closure cost estimate worksheets, 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 disposal 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, RSMeans 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**

Worksheets, CEW-01 and CEW-02, are provided to assist with development of closure and post-closure care cost estimates. The worksheets group similar items together and include comments throughout to assist the preparer with determining what information goes in each box. 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 for closure and post-closure care is provided.

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.