



California Integrated Waste Management Board



Linda S. Adams
Secretary for
Environmental
Protection

Margo Reid Brown, Chair
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Arnold Schwarzenegger
Governor

TO ALL OPERATORS/OWNERS OF SOLID WASTE LANDFILLS

Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, Subchapter 3, Article 1, section 22236, requires you to submit a report to the California Integrated Waste Management Board (CIWMB). The report calculates the inflationary increase in the closure and/or postclosure maintenance and/or corrective action cost estimates for the previous calendar year.

Based on information obtained from the U.S. Department of Commerce, Bureau of Economic Analysis, Table 4, dated May 2008, the inflation factor for **2007** is 1.027 (2.7%). Please complete the form on the reverse side of this letter for each active and/or inactive landfill you own and/or operate, and return it to the **Financial Assurances Section** at the above address by **June 1, 2008**. We are providing this form for your convenience.

Following are previous years' inflation factors:

1989	1.041	1990	1.054	1991	1.036	1992	1.033	1993	1.026						
1994	1.020	1995	1.024	1996	1.020	1997	1.020	1998	1.010	1999	1.015	2000	1.021	2001	1.022
2002	1.011	2003	1.017	2004	1.021	2005	1.028	2006	1.029						

If you have not made the previous years' adjustments, please do so before calculating the 2008 adjusted total cost estimates. Apply the inflation factor for 1989 to your 1988 initial certified total closure and postclosure maintenance cost estimates. Apply subsequent inflation factors to the previous year's total cost estimate.

Disregard the cost estimate information in this notice, if you recently revised your estimates due to changes in your closure and/or postclosure maintenance plans and/or corrective action plan, and the revised estimates reflect 2008 dollars.

Information regarding the total and remaining permitted capacity at your landfill(s) should be submitted under a separate mailing.

If you have any questions regarding this report, please contact Ms. Elizabeth Castañeda of the Financial Assurances Section at (916) 341-6323, or via email at ecastaneda@ciwmb.ca.gov. Thank you for your cooperation.

Sincerely,

Garth C. Adams, Manager
Financial Assurances Section
Closure and Financial Assurances Branch
Waste Compliance and Mitigation Program

cc: Local Enforcement Agencies
Regional Water Quality Control Boards

California Environmental Protection Agency

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The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web site at <http://www.ciwmb.ca.gov/>.

ANNUAL INFLATION FACTOR 2007

FACILITY NAME: _____ **FACILITY NO.:** _____

Multiply each cost estimate by the inflation factor to determine the new adjusted cost estimates as illustrated below.

The ABC Landfill's *COST ESTIMATE* for *CLOSURE* in 2007 was \$2,000,000. Using the 2007 inflation factor of 1.027, they recalculated their *ADJUSTED CLOSURE COST* for 2008 to \$2,054,000. Their *30-year COST ESTIMATE* for *POSTCLOSURE MAINTENANCE* in 2007 was \$1,500,000. Using the 2007 inflation factor of 1.027, their *ADJUSTED POSTCLOSURE MAINTENANCE COST* for 2008 is \$1,540,500. Their cost estimate for corrective action in 2007 was \$1,000,000. Using the 2007 inflation factor of 1.027, they recalculated their *ADJUSTED CORRECTIVE ACTION COST* for 2008 to \$1,027,000.

Closure estimate	\$2,000,000	X1.027	=	\$2,054,000
30-year Postclosure estimate	\$1,500,000	X1.027	=	\$1,540,500
Corrective Action	\$1,000,000	X1.027	=	\$1,027,000

Using the inflation factor for 2007, calculate the following:

\$ _____	X 1.027	=	\$ _____
Closure Costs			estimate in 2008 dollars
\$ _____	X 1.027	=	\$ _____
Annual Postclosure Costs X 30 years			estimate in 2008 dollars
\$ _____	X 1.027	=	\$ _____
Corrective Action Costs			estimate in 2008 dollars

I certify under penalty of perjury under the laws of the State of California that the information in this document is true and correct to the best of my knowledge and is being provided in accordance with the regulations.

Operator/Owner Signature	Title of Person Signing
Mailing Address	Printed Name of Person Signing
Phone Number	Date of Report

Thank you for providing this information.

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