FCOST ESTIMATE4

**English Name** 

EPA Handler ID (Primary Key)

Description

Unique RCRA identification number assigned by the implementing State or Region to each RCRA site (e.g., generators; transporters; and

treatment, storage, disposal facilities).

Data Type and Length VARCHAR2 (12)

Allowed Values

Valid ID as outlined below:

The ID can be a minimum of 4 characters and a maximum of 12 characters.

The first two characters must be a valid state postal code which corresponds to the state in which the handler is located.

Spaces are not allowed.

**Default Value** 

**Notes** 

Handlers associated with Navajo Nation should be assigned Handler IDs beginning with 'NN' regardless of where the handler is physically

located.

**English Name** 

Cost Estimate Activity Location (Primary Key)

Description

Indicates the location of the agency regulating the activity.

Data Type and Length CHAR (2)

**Allowed Values** 

State postal code

**Default Value** 

Location of the current user ID

Notes

For a list of valid state postal codes, refer to the Column Information Report for LU STATE.

**English Name** 

Financial Assurance Type (Primary Key)

Description

Indicates the type of financial assurance information that is being recorded.

**Data Type and Length** CHAR (1)

**Allowed Values** 

Α Corrective Action

В Sudden and Non-Sudden Third-Party Liability

C Closure

Non-Sudden Third-Party Liability Ν

Post-Closure Care

S Sudden Third-Party Liability

**Default Value** 

**English Name** 

Cost Estimate Responsible Agency (Primary Key)

Description

Code indicating the agency responsible for overseeing the review of the cost estimate.

**Data Type and Length** CHAR (1)

Allowed Values

Ε **EPA** S State

**Default Value** 

**Notes** 

A cost estimate can only link to a Mechanism / Mechanism Detail of the same agency.

## FCOST\_ESTIMATE4

English Name Cost Coverage Sequence Number (Primary Key)

**Description** System-generated value used to uniquely identify a cost estimate.

**Data Type and Length** NUMBER (4.0) **Allowed Values** 1 - 9,999

**Default Value** Next sequential number

English Name Cost Estimate Responsible Person Owner

**Description** Indicates the agency that defined the Cost Estimate Responsible Person.

Data Type and Length CHAR (2)

Allowed Values 01 - 10 Region

State postal code

blank Not provided

**Default Value** blank

Notes If Cost Estimate Responsible Person is provided then Cost Estimate Responsible Person Owner must be provided.

English Name Cost Estimate Responsible Person

**Description** The person currently responsible for the cost estimate.

Data Type and Length VARCHAR2 (5)

Allowed Values Implementer-defined value in LU\_STAFF

blank Not provided

**Default Value** blank

**Notes** If Cost Estimate Responsible Person Owner is provided then Cost Estimate Responsible Person must be provided.

English Name Cost Estimate Amount

**Description** The dollar amount of the cost estimate for a given financial assurance type.

Data Type and Length NUMBER (13.2)

Allowed Values

0.01 - 9,999,999,999,999

**Default Value** 

**Notes**The cost estimate also includes the facility's third-party liability limitations. Annual inflation adjustments to the cost estimate are optional.

If Financial Assurance Type = 'N' Then Cost Estimate Amount must be at least 6,000,000.

If Financial Assurance Type = 'S' Then Cost Estimate Amount must be at least 2,000,000.

If Financial Assurance Type = 'B' Then Cost Estimate Amount must be at least 8,000,000.

## FCOST ESTIMATE4

**English Name** 

Cost Estimate Date

Description

The date when the cost estimate for a given financial assurance type was submitted, adjusted, approved, or required to be in place.

Data Type and Length DATE

**Allowed Values** 

Valid date <= Today in MM/DD/YYYY format

blank

Not applicable

**Default Value** 

If Financial Assurance Type = 'S', 'N', or 'B' Then Cost Estimate Date cannot be provided. Notes

If Financial Assurance Type = 'A', 'C', or 'P' Then Cost Estimate Date must be provided.

**English Name** 

Cost Estimate Reason

Description

The reason the cost estimate for a financial assurance type is being reported.

**Data Type and Length** CHAR (1)

**Allowed Values** 

Α Inflation adjusted Initial cost estimate R Revised cost estimate S Submitted not approved

**Default Value** 

Notes

If Financial Assurance Type = 'S', 'N', or 'B' Then Cost Estimate Reason cannot be provided.

If Financial Assurance Type = 'A', 'C', or 'P' Then Cost Estimate Reason must be provided.

**English Name** 

CA Area or Permit Unit Notes

**Description** 

Notes regarding the corrective action area or permit unit that this cost estimate applies.

Data Type and Length VARCHAR2 (240)

**Allowed Values** 

Any value

blank

Not provided

**Default Value** 

blank

**English Name** 

User ID of Last Change

Description

Records the user ID of the last person to change the data.

**Data Type and Length** VARCHAR2 (6) **Allowed Values** 

Valid user ID

**Default Value** Current user ID

## FCOST\_ESTIMATE4

English Name Date of Last Change

**Description** Records the date that the data was last changed.

Data Type and Length DATE

Allowed Values Valid date/time stamp

Default Value Current date and time

English Name Notes

**Description** Additional description of the cost estimate.

Data Type and Length VARCHAR2 (2000)

Allowed Values Any value

blank Not provided

**Default Value** blank

<sup>\*</sup> End of Report \*