

---

## Nationally Defined Values for Cost Estimate Reason

---

A	INFLATION ADJUSTED
C	COST ESTIMATE NOT REQUIRED OR NO LONGER REQUIRED
F	FACILITY TRANSFERRED TO A FEDERAL OR STATE AUTHORITY THAT DOES NOT REQUIRE FINANCIAL ASSURANCE
I	INITIAL COST ESTIMATE
L	LIABILITY COVERAGE REQUIRED
N	COST ESTIMATE REQUIRED BUT NOT SUBMITTED
P	POST-CLOSURE COST ESTIMATE IS INCLUDED IN OTHER COST ESTIMATES
R	REVISED COST ESTIMATE (MODIFICATIONS AND RENEWALS)
S	SUBMITTED NOT APPROVED
T	CORRECTIVE ACTION COST ESTIMATE IS INCLUDED IN OTHER COST ESTIMATES
V	VOLUNTARY CORRECTIVE ACTION, NO FINANCIAL ASSURANCE REQUIRED
W	FINANCIAL ASSURANCE REQUIREMENT IS WAIVED (INDICATE REASON FOR WAIVER IN THE NOTES FIELD)
X	CLOSURE COST ESTIMATE IS INCLUDED IN OTHER COST ESTIMATES
blank	NOT PROVIDED

\* End of Report \*