



**FLORIDA INLAND NAVIGATION DISTRICT  
DREDGED MATERIAL MANAGEMENT  
AREA DU-9 EXPANSION  
ST. JOHNS COUNTY, FLORIDA**

**APPENDIX F  
General Forms**

**CERTIFICATION LETTER ACKNOWLEDGING RECEIPT AND  
UNDERSTANDING OF ALL PERMITS AND EASEMENT AGREEMENTS**

**PROJECT:** DREDGED MATERIAL MANAGEMENT AREA DU-9 EXPANSION;  
ST. JOHNS COUNTY, FLORIDA

I \_\_\_\_\_ have a copy of all permits and easement agreements for the **Dredged**  
CQC System Manager

**Material Management Area DU-9 Expansion; St. Johns County, Florida** project and have read,  
understand, and will comply with the conditions stated therein.

\_\_\_\_\_  
Signature of Contractor's Quality Control (CQC)  
System Manager

\_\_\_\_\_  
Date

CQC System Manager Business Name, Address, and Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PREPATORY PHASE CHECKLIST**

**PROJECT:** DREDGED MATERIAL MANAGEMENT AREA DU-9 EXPANSION;  
ST. JOHNS COUNTY, FLORIDA

**SPECIFICATION SECTION & PARAGRAPH:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**DRAWING SHEET NUMBER:** \_\_\_\_\_ **WORK SEGMENT:** \_\_\_\_\_

**A. PERSONNEL PRESENT**

NAME	POSITION	COMPANY
1.		
2.		
3.		
4.		
5.		

*\*Attach additional sheets as necessary*

**B. HAS EACH SPECIFICATION PARAGRAPH AND DRAWING BEEN STUDIED?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**C. SUBMITTALS INVOLVED**

NUMBER AND ITEM	CODE	CONTRACTOR OR ENGINEER APPROVAL
1.		
2.		
3.		
4.		
5.		

*\*Attach additional sheets as necessary*

**HAVE ALL ITEMS INVOLVED BEEN APPROVED?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**IF NO, LIST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. ARE ALL MATERIALS ON HAND?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**HAVE ALL MATERIALS BEEN CHECKED FOR CONTRACT COMPLIANCE AGAINST SHOP APPROVED DRAWINGS?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**ITEMS NOT ON HAND OR IN ACCORDANCE WITH TRANSMITTALS:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**E. TESTS REQUIRED IN ACCORDANCE WITH CONTRACT REQUIREMENTS:**

TEST	NUMBER AND ITEM
1.	
2.	
3.	
4.	

*\*Attach additional sheets as necessary*

**F. ACCIDENT PREVENTION PREPLANNING – HAZARD CONTROL MEASURES**

**APPLICABLE OUTLINES** (attach completed copies):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**OPERATIONAL EQUIPMENT CHECKLISTS**

**ATTACHED FOR:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**ON FILE FOR:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**G. HAVE PROCEDURES FOR ACCOPLISHING WORK BEEN REVIEWED WITH APPROPRIATE PEOPLE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**H. HAS ALL PRELIMINARY WORK BEEN ACCOMPLISHED IN ACCORD WITH CONTRACT REQUIREMNTS AND IS THIS SEGMENT OF WORK READY TO START?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF NO, EXPLAIN ANY PROBLEMS ON ATTACHED SHEETS.**

\_\_\_\_\_  
**CQC SYSTEM MANAGER SIGNATURE & DATE**

**INITIAL PHASE CHECKLIST**

**PROJECT:** DREDGED MATERIAL MANAGEMENT AREA DU-9 EXPANSION;  
ST. JOHNS COUNTY, FLORIDA

**SPECIFICATION SECTION & PARAGRAPH:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**DESCRIPTION AND LOCATION OF WORK INSPECTED:** \_\_\_\_\_

**A. PERSONNEL PRESENT**

NAME	POSITION	COMPANY
1.		
2.		
3.		
4.		
5.		

*\*Attach additional sheets as necessary*

**B. MATERIAL BEING USED ARE IN STRICT COMPLIANCE WITH THE CONTRACT PLANS AND SPECIFICATIONS?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**IF NO, EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. PROCEDURES AND/OR WORK METHODS WITNESSED ARE IN STRICT COMPLIANCE WITH THE REQUIREMENT OF THE CONTRACT SPECIFICATIONS?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**IF NO, EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. WORKMANSHIP IS ACCEPTABLE?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**STATE AREAS WHERE IMPROVEMENT IS NEEDED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. SAFETY VIOLATIONS AND CORRECTIVE ACTIONS TAKEN?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**CQC SYSTEM MANAGER SIGNATURE & DATE**

**AFFIDAVIT**

**PROJECT:** DREDGED MATERIAL MANAGEMENT AREA DU-9 EXPANSION;  
ST. JOHNS COUNTY, FLORIDA

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, authorized to administer oaths and take acknowledgements, personally appeared \_\_\_\_\_, who, after being first duly sworn, upon oath deposes and says that all lienors contracting directly with, or directly employed by (him, them, it) and that all taxes imposed by Chapter 212, Florida Statutes (Sales and Use Tax) as amended, have been paid and discharged, and that all bills, wages, fees, claims, and other charges incurred by \_\_\_\_\_ in connection with the construction of: \_\_\_\_\_

\_\_\_\_\_ have been paid in full.

SIGNED:

By: \_\_\_\_\_

WITNESSES:

By: \_\_\_\_\_

Sworn and subscribed to before me this day \_\_\_\_\_, 20\_\_AD.

\_\_\_\_\_  
Notary Public  
State of Florida-at-Large  
My Commission Expires: \_\_\_\_\_

## CERTIFICATION OF CONTRACTOR

**PROJECT:** DREDGED MATERIAL MANAGEMENT AREA DU-9 EXPANSION;  
ST. JOHNS COUNTY, FLORIDA

According to the best of my knowledge and belief, I certify that all items and amounts shown on Application for Payment No. \_\_\_\_\_ are correct, and that all work has been performed and/or materials supplied in full accordance with the terms and conditions of this Contract, dated \_\_\_\_\_, 20\_\_\_\_\_, between \_\_\_\_\_ (Owner) and \_\_\_\_\_ (Contractor);

I further certify that all just and lawful bills against the undersigned and his subcontractors and suppliers for labor, materials and equipment employed in the performance of this Contract have been paid in full accordance with their terms and conditions; that all taxes imposed by Chapter 212, Florida Statutes (Sales and Use Tax Act), as amended, have been paid and discharged; and that there are no Vendor's, Mechanic's or other Liens or right to liens or conditional sales contracts which should be satisfied or discharged before such payment is made.

Date: \_\_\_\_\_ Contractor: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_ known (or made known) to me as the \_\_\_\_\_  
\_\_\_\_\_ (Owner) (Partner) (Corporate Officer) – Give Title of \_\_\_\_\_  
\_\_\_\_\_ Contractor(s), who subscribed and swore to the above instrument in my presence.

\_\_\_\_\_  
Notary Public  
State of Florida-at-Large  
My Commission Expires: \_\_\_\_\_

The Contractor shall execute this Certificate and attach it to each Application for Payment.

**FINAL RELEASE OF LIEN**

**PROJECT:** DREDGED MATERIAL MANAGEMENT AREA DU-9 EXPANSION;  
ST. JOHNS COUNTY, FLORIDA

KNOW ALL MEN BY THESE PRESENT, that \_\_\_\_\_  
\_\_\_\_\_ for and in consideration of the sum  
of \_\_\_\_\_ Dollars (\$) paid  
to \_\_\_\_\_ by the \_\_\_\_\_  
\_\_\_\_\_ receipt of which is hereby acknowledged, do(es) hereby release and quitclaim to  
the Owner, its successors or assigns, all liens, lien rights, claims or demands of any kind  
whatsoever which \_\_\_\_\_ now has (have)  
or might have against the property, building, and/or for any incidental expense for the  
construction of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

thereon or in otherwise improving said property situated as above described.

IN WITNESS WHEREOF \_\_\_\_\_ have (has) hereunto set hand and seal this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, A.D.

WITNESS:

\_\_\_\_\_  
(Seal)

Sworn and subscribed to before me this day \_\_\_\_\_, 20\_\_\_\_AD.

\_\_\_\_\_  
Notary Public  
State of Florida-at-Large  
My Commission Expires: \_\_\_\_\_