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 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)    Date
System Manager

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

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<th>NAME</th>
<th>POSITION</th>
<th>COMPANY</th>
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*Attach additional sheets as necessary

## B. HAS EACH SPECIFICATION PARAGRAPH AND DRAWING BEEN STUDIED?

YES_______  NO_______

## C. SUBMITTALS INVOLVED

<table>
<thead>
<tr>
<th>NUMBER AND ITEM</th>
<th>CODE</th>
<th>CONTRACTOR OR ENGINEER APPROVAL</th>
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*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 COMPLAINECE 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:**
<table>
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*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 ACCOMPLISHING WORK BEEN REVIEWED WITH APPROPRIATE PEOPLE?**

YES_______NO_______

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

YES_______NO_______

IF NO, EXPLAIN ANY PROBLEMS ON ATTACHED SHEETS.

CQC SYSTEM MANAGER SIGNATURE & DATE
INTIAL 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

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*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 COMPLAINECE 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 contacts 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: __________