



**DREDGED MATERIAL MANAGEMENT
AREA M-8 CONSTRUCTION
ST. LUCIE COUNTY, FLORIDA**

APPENDIX F
General Forms



10151 Deerwood Park Blvd
Bldg 300, Suite 300
Jacksonville, Florida 32256
Certificate of Authorization #4815
Phone: (904) 731-7040
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www.TaylorEngineering.com
(Taylor Engineering Contract No. C2016-053)

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

PROJECT: DREDGED MATERIAL MANAGEMENT AREA M-8 CONSTRUCTION;
ST. LUCIE COUNTY, FLORIDA

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

Material Management Area M-8 Design and Permitting; St. Lucie 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 M-8 CONSTRUCTION;
ST. LUCIE 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 M-8 CONSTRUCTION;
ST. LUCIE 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 M-8 CONSTRUCTION;
ST. LUCIE 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 M-8 CONSTRUCTION;
ST. LUCIE 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 M-8 CONSTRUCTION;
ST. LUCIE 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: _____