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
Fax: (904) 731-9847
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 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)  Date
System Manager

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

<table>
<thead>
<tr>
<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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<tr>
<th>Test</th>
<th>Number and Item</th>
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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 M-8 CONSTRUCTION; ST. LUCIE 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 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 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 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: __________