APPENDIX H
General Forms

Certification Letter

Example Turbidity Form

Example Manatee Reporting Log

Example Daily Report of Operations

Project Environmental Summary Sheet

Phase Checklists

Payment Documents
CERTIFICATION LETTER ACKNOWLEDGING RECEIPT AND UNDERSTANDING OF ALL PERMITS AND EASEMENT AGREEMENTS

PERMIT/EASEMENT AGREEMENTS:
FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW); Temporary Access Road Easement Agreement (OR Book 3898; Page 1230 – 1235)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; ST. LUCIE COUNTY, FLORIDA

I ___________________________ have a copy of all permits and easement agreements for the Intracoastal Waterway St. Lucie County Reach I Maintenance Dredging; 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: (____) _______ - ______________
TURBIDITY MONITORING

PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; ST. LUCIE COUNTY, FLORIDA

DATE: ______________ COLLECTOR: __________________________________________

DATE AND TIME OF TURBIDITY METER CALIBRATION: ____________________________

DREDGE STATUS: WORKING (____) NOT WORKING (____) STATION (__________)

WEATHER AND WATER OBSERVATIONS:
WIND VELOCITY: ______ DIRECTION FROM: ______ CURRENT DIRECTION: ______
TIDAL STAGE: HIGH: ______ LOW: ______ (PREDICTED) EST
WEATHER CONDITIONS: ____________________________________________________

ICWW BACKGROUND STATION WATER BODY DEPTH ____________________________

<table>
<thead>
<tr>
<th>ICWW BG SAMPLE COLLECTION DATA</th>
<th>1-FT BELOW SURFACE</th>
<th>MID-DEPTH</th>
<th>1-FT ABOVE BOTTOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATER TEMPERATURE (°F)</td>
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<tr>
<td>COLLECTION DEPTH</td>
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<td>COLLECTION TIME</td>
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<tr>
<td>ANALYSIS TIME</td>
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<tr>
<td>TURBIDITY (NTU)</td>
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</tbody>
</table>

ICWW COMPLIANCE STATION WATER BODY DEPTH ____________________________

<table>
<thead>
<tr>
<th>ICWW CS-1 SAMPLE COLLECTION DATA</th>
<th>1-FT BELOW SURFACE</th>
<th>MID-DEPTH</th>
<th>1-FT ABOVE BOTTOM</th>
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</thead>
<tbody>
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<td>WATER TEMPERATURE (°F)</td>
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<td>COLLECTION TIME</td>
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<tr>
<td>TURBIDITY (NTU)</td>
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<tr>
<td>TURBIDITY VARIANCE (NTU)</td>
<td>(Compliance - Background)</td>
<td></td>
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</tbody>
</table>

DMMA BACKGROUND STATION DATA WATER BODY DEPTH ____________________________

<table>
<thead>
<tr>
<th>DCC BG SAMPLE COLLECTION DATA</th>
<th>1-FT BELOW SURFACE</th>
<th>MID-DEPTH</th>
<th>1-FT ABOVE BOTTOM</th>
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<td>ANALYSIS TIME</td>
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<tr>
<td>TURBIDITY (NTU)</td>
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</tbody>
</table>

COLLECTOR’S INITIALS: ________________
**DMMA COMPLIANCE STATION**  
**WATER BODY DEPTH**

*At discharge location*

<table>
<thead>
<tr>
<th>DCC CS-1 SAMPLE COLLECTION DATA</th>
<th>1-FT BELOW SURFACE</th>
<th>MID-DEPTH</th>
<th>1-FT ABOVE BOTTOM</th>
</tr>
</thead>
<tbody>
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<tr>
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<tr>
<td>(NTU) (Compliance - Background)</td>
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</table>

**TURBIDITY REVIEW**

DID THE ANY OF THE COMPLIANCE STATION’S NTU EXCEED BACKGROUND NTU BY MORE THAN 29 NTU? CIRCLE: **YES** OR **NO**

IF SO, WHEN AND AT WHAT COMPLIANCE STATION: ____________________________

**INDICATE LOCATION OF STATIONS ON MAP AND IN TABLE BELOW.**

<table>
<thead>
<tr>
<th>STATION</th>
<th>X</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICWW BG</td>
<td></td>
<td></td>
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<tr>
<td>ICWW CS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMMA BG</td>
<td></td>
<td></td>
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<tr>
<td>DMMA CS</td>
<td></td>
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</tbody>
</table>

SAMPLES ARE COLLECTED AND IMMEDIATELY ANALYZED FOR TURBIDITY WITH A ________ TURBIDITY METER. THE METER IS CLEANED AND CALIBRATED ACCORDING TO UNIT INSTRUCTIONS BEFORE EACH DAY’S SAMPLING.

I HEREBY ATTEST TO THE ACCURACY, PRECISION, AND AUTHENTICITY OF THE DATA PRESENTED IN THIS REPORT.

COLLECTOR’S SIGNATURE: ___________________________________________ DATE: __________

**COLLECTOR’S INITIALS:** __________________
DAILY MANATEE REPORTING LOG

PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; ST. LUCIE COUNTY, FLORIDA

DATE: _______________ OBSERVER: ____________________________________________

1. MANATEES SIGHTED: YES _______ NO _______
   (If “NO” proceed to Signature)

2. TIME: _______________

3. NUMBER OF MANATEES SIGHTED:
   ADULT: _______ JUVENILE: _______

4. NUMBER OF MANATEES INJURED:
   ADULT: _______ JUVENILE: _______ Work Related: YES _____ NO _____

5. NUMBER OF MANATEES KILLED:
   ADULT: _______ JUVENILE: _______ Work Related: YES _____ NO _____

6. LOCATION:
   ________________________________________________________________
   ________________________________________________________________

7. REMARKS:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. SIGNATURE: ________________________________

9. TITLE: ________________________________
PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; ST. LUCIE COUNTY, FLORIDA

WEATHER SUMMARY

<table>
<thead>
<tr>
<th>TIME</th>
<th>CONDITIONS</th>
<th>TEMPERATURE (F)</th>
<th>HUMIDITY (%)</th>
<th>PRECIPITATION (IN)</th>
<th>WIND SPEED (MPH) AND DIRECTION</th>
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PROGRESS SUMMARY

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DAY</th>
<th>TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKED HOURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOWN TIME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESTIMATED VOLUME DREDGED (CY)</td>
<td></td>
<td></td>
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<tr>
<td>DREDGE ADVANCE (FT)</td>
<td></td>
<td></td>
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<tr>
<td>ESTIMATED VOLUME TRANSFERRED OFF-SITE</td>
<td></td>
<td></td>
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<tr>
<td>FROM DMMA (CY)</td>
<td></td>
<td></td>
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</tbody>
</table>

DREDGE AREA – DREDGING IN PROGRESS

<table>
<thead>
<tr>
<th>ACCEPTANCE SECTION NO.</th>
<th>CUT</th>
<th>START STATION</th>
<th>END STATION</th>
<th>START TIME</th>
<th>END TIME</th>
</tr>
</thead>
<tbody>
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</table>

EXPLANATION OF DOWNTIME

________________________________________________________________________
________________________________________________________________________

DMMA – OPERATIONS IN PROGRESS

<table>
<thead>
<tr>
<th>MATERIAL TRANSFERRED FROM BARGE (CY)</th>
<th>MATERIAL TRANSFERRED OFF-SITE (CY)</th>
<th>START TIME</th>
<th>END TIME</th>
<th>DESCRIPTION OF ON-SITE ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

EXPLANATION OF DOWNTIME

________________________________________________________________________
________________________________________________________________________
### SUPPORT EQUIPMENT USED TODAY

<table>
<thead>
<tr>
<th>ITEM</th>
<th>LOCATION (DREDGE/DMMA)</th>
<th>TOTAL HOURS</th>
<th>DOWN TIME</th>
</tr>
</thead>
<tbody>
<tr>
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### ON-SITE PERSONNEL HOURS TODAY

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>COMPANY/SUB</th>
<th>POSITION</th>
<th>HOURS</th>
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<tbody>
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CQC SYSTEM MANAGER INITIALS: ___________________
PROJECT ENVIRONMENTAL SUMMARY SHEET

Note: This sheet shall be submitted within 30 days following completion of the project. The Contractor will prepare this sheet so as to include all Subcontractor information also. Use additional sheets as necessary.

PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; ST. LUCIE COUNTY, FLORIDA

DATE: _______________ NTP DATE: ____________________________

1. PROJECT ACTIVITIES THAT HAVE OCCURRED:

<table>
<thead>
<tr>
<th>Permit Condition Activity</th>
<th>Date of Anticipated Completion</th>
<th>Date of Actual Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Completion</td>
<td></td>
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</tbody>
</table>

2. DESCRIBE PROJECT SURVEY BENCHMARK IF A STRUCTURE IS INVOLVED:

3. CHECK WHETHER THE FOLLOWING ENVIRONMENTAL INCIDENTS OCCURRED:
   Yes*:                  No:
   a. Spill of petroleum or hazardous substance
   b. Surface water or ground water contamination event
   c. Air pollution event
   d. Monitoring sample outside limit
   e. Required sampling or monitoring not conducted
   f. Event which threatened or actually harmed:
      i. Vegetation, habitat, or wetland
      ii. Human, fish, bird, or other wildlife species
      iii. Protected soil or water bottom
      iv. Historic, archeological, or cultural resources
   g. Regulatory violation, regulatory warning, permit violation, newsworthy event, or other (describe):

4. FOR EACH ASTERISKED (*) ‘YES’ ITEM:
   a. Describe incident and how discovered:
   b. Describe how, when, and if incident reported (initially and subsequently):
   c. Describe act which resulted in incident:
   d. Describe any failures of containment systems, contingency plans, or emergency procedures:
   e. Describe severity or extent of incident and landowner(s) affected:
   f. Describe how situation corrected and verified:
   g. List and describe costs involved with incident correction ($_______):
   h. Additional sheets, sketches, pertinent photographs with annotations and dates, daily reports, or other items attached? Yes____ No____

Typed or Handwritten Name: _______________ Contractor Signature: _______________________
Position: _______________________________ Phone Number: ____________________________
PREPATORY PHASE CHECKLIST

PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; 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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</table>

*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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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</tbody>
</table>

*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.  

Page 1 of 2
E. TESTS REQUIRED IN ACCORDANCE WITH CONTRACT REQUIREMENTS:

<table>
<thead>
<tr>
<th>Test</th>
<th>Number and Item</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</table>

*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

PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; ST. LUCIE COUNTY, FLORIDA

SPECIFICATION SECTION & PARAGRAPH: ____________________ TITLE: __________________
DESCRIPTION AND LOCATION OF WORK INSPECTED: ____________________

A. PERSONNEL PRESENT

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
<th>COMPANY</th>
</tr>
</thead>
<tbody>
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<td>5.</td>
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</tbody>
</table>

*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

PERMIT:  FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT:  INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; 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

PERMIT:  FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT:  INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; 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

PERMIT: FDEP ERP 56-0255662 (001-004); USACE SAJ-2014-03657 (GP-SAW)

PROJECT: INTRACOASTAL WATERWAY ST. LUCIE COUNTY REACH I MAINTENANCE DREDGING; 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: ________