

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY **BLUE SHEET NO: 20041237-UTL**

1. REQUESTED MOTION:

ACTION REQUESTED: Approve final acceptance, by Resolution, as a donation for a hydrant branch line and one fire hydrant serving the *HEALTHPARK MEDICAL OFFICES*. This is a developer contributed asset project located on the west side of Bass approximately 1/3 mile north of Summerlin Road.

WHY ACTION IS NECESSARY:

To provide fire protection to the recently constructed medical office building.

WHAT ACTION ACCOMPLISHES:

Places the fire hydrant into operation and complies with the Lee County Utilities Operations Manual.

2. DEPARTMENTAL CATEGORY: 10
COMMISSION DISTRICT #: 3

C106

3. MEETING DATE: 10-19-2004

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED: _____

5. REQUIREMENT/PURPOSE:

- (Specify)
- STATUTE _____
 - ORDINANCE _____
 - ADMIN. CODE _____
 - OTHER Res. _____

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER: _____
- B. DEPARTMENT: Lee County-Public Works
- C. DIVISION/SECTION: Utilities Division
- BY: Rick Diaz, Utilities Director
- DATE: 10/1/04

7. BACKGROUND:

Fire hydrants do not require permission to construct by the Board, therefore, no previous Blue Sheet number is provided. The installation has been inspected for conformance to the Lee County Utilities Operations Manual. Satisfactory pressure and bacteriological testing has been completed. Record drawings have been received. Engineer's Certification of Completion has been provided---copy attached. Project Location Map---copy attached. Warranty has been provided---copy attached. Waiver of Lien has been provided---copy attached. Certification of Contributed Assets has been provided---copy attached. Potable water and Sanitary sewer service is provided by Lee County Utilities via existing on-site infrastructure. 100% of the connection fees have been paid. No funds required.

SECTION 04 TOWNSHIP 46S RANGE 24E DISTRICT # 3 COMMISSIONER JUDAH

MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL

(A) DEPARTMENT DIRECTOR	(B) PURCH. OR CONTRACTS	(C) HUMAN RESOURCES	(D) OTHER	(E) COUNTY ATTORNEY	(F) BUDGET SERVICES				(G) COUNTY MANAGER
					OA	OM	Risk	GC	
J. Lavender Date: 10-1-04	N/A Date:	N/A Date:	N.O. T. Osterhout Date: 9-30	S. Coovert Date:	PM 10/5/04	10/5/04	10/5/04	10/5/04	J. Lavender Date: 10-1-04

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
 Date: 10/4/04
 Time: 4:15
 Forwarded to:
 Admin 10/5/04

RECEIVED BY
 COUNTY ADMIN:
 10/25/04
 9:55 AM
 COUNTY ADMIN
 FORWARDED TO:
 10/7/04
 9:30

RESOLUTION NO. _____

RESOLUTION ESTABLISHING UTILITY ACCEPTANCE OF
DEVELOPER CONTRIBUTED ASSETS
IN LEE COUNTY, FLORIDA

WHEREAS, it is the desire of "Bondville Associates, LLC ", owner of record, to make a contribution to Lee County Utilities of water facilities (one hydrant branch line, one fire hydrant) serving "**HEALTHPARK MEDICAL OFFICES**"; and,

WHEREAS, Lee County Utilities requires proof of a Release of Lien, a Warranty (one-year) on all labor and materials, an accurate value of contributed assets, and right-of-way and/or easement-indemnity granted for all systems being contributed to Lee County Utilities; and,

WHEREAS, all of the above information has been received and approved as complete by Lee County Utilities; and,

WHEREAS, Lee County Utilities has recommended to the Board of County Commissioners that the above-named system be accepted for ownership, operation, and maintenance.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF LEE COUNTY, FLORIDA, that the above facilities, for a contributed value of **\$32,470.00** is hereby ACCEPTED and acknowledged as an addition to Lee County Utilities.

THE FOREGOING RESOLUTION was offered by Commissioner _____ who moved for its adoption. The motion was seconded by Commissioner _____ and, upon being put to a vote, the vote was as follows:

- Commissioner Janes _____ (1)
- Commissioner St. Cerny: _____ (2)
- Commissioner Judah: _____ (3)
- Commissioner Coy: _____ (4)
- Commissioner Albion: _____ (5)

DULY PASSED AND ADOPTED this _____ day of _____, _____.

ATTEST:
CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
DEPUTY CLERK

By: _____
CHAIRMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

LETTER OF COMPLETION

DATE: 2/19/2004

Department of Lee County Utilities
Division of Engineering
Post Office Box 398
Fort Myers, FL 33902

Gentlemen:

This is to certify that the **water distribution** located in
Healthpark Water Line Extension
(Name of Development)

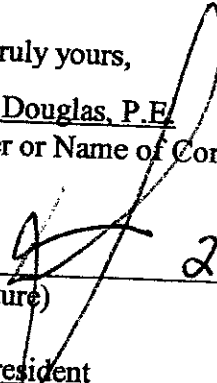
were designed by me and have been constructed in conformance with:
the approved plans and the approved specifications

Upon completion of the work, we observed the following successful tests of the facilities:
Bacteriological Test and Pressure Test(s) - Water Main

Very truly yours,

David Douglas, P.E.
(Owner or Name of Corporation)

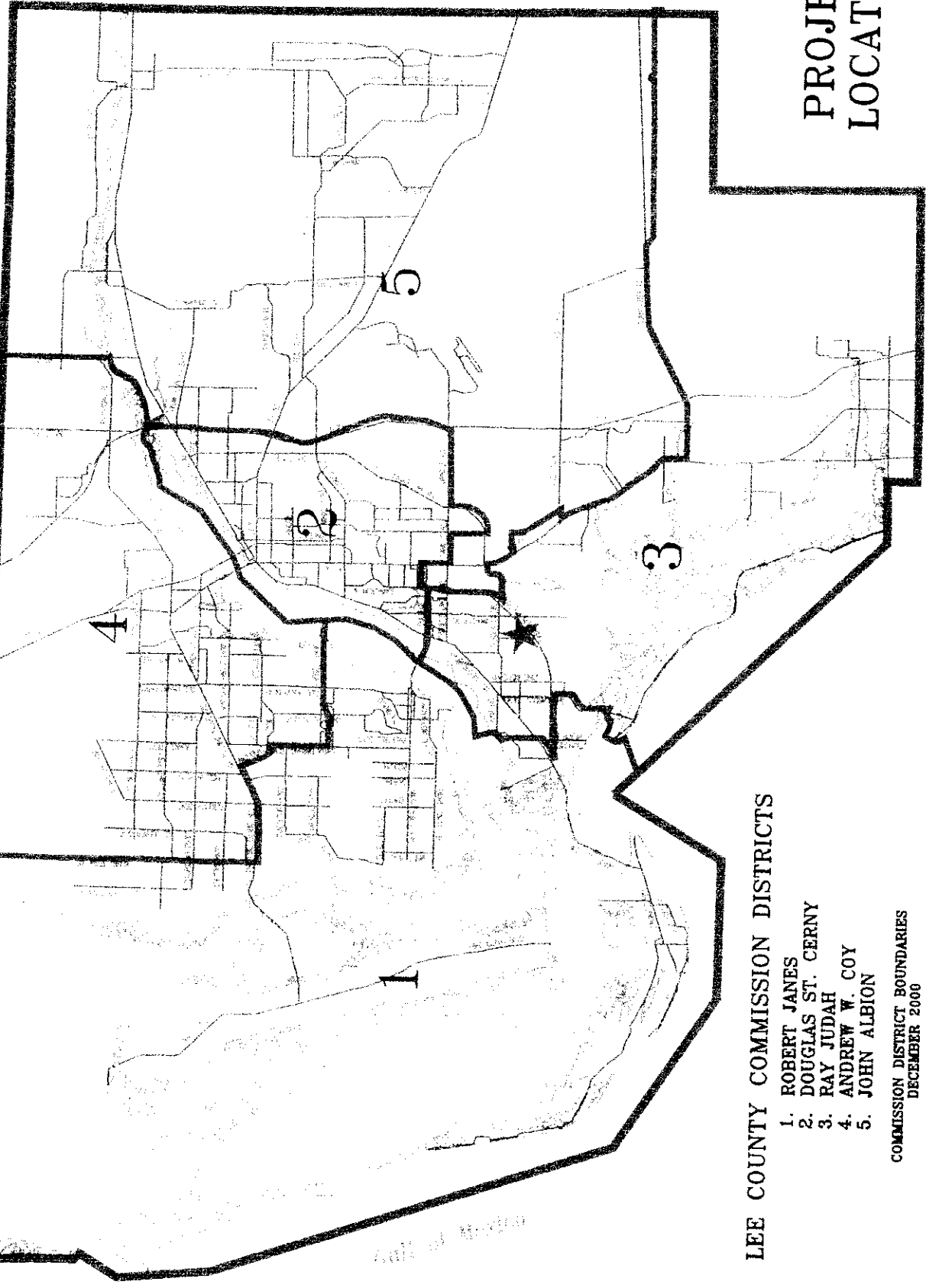
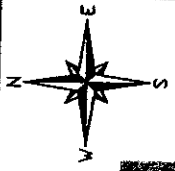
(Signature)

 2/24/04

Vice President
(Title)

(Seal of Engineering Firm)

HEALTHPARK WATER LINE EXTENSION
04-46-24-13-00000.0110
COMMISSION DISTRICT #3 - JUDAH



PROJECT LOCATION

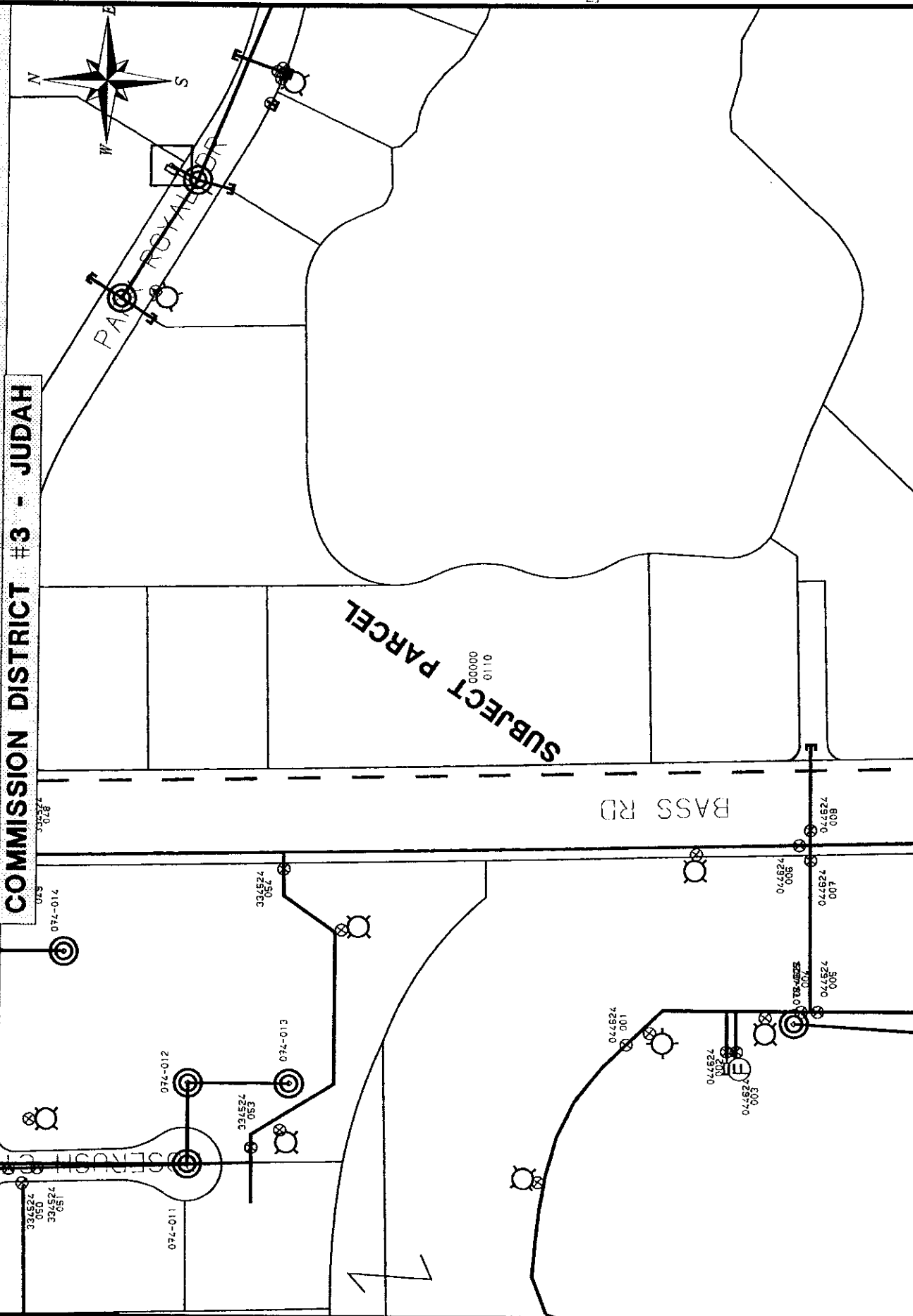
LEE COUNTY COMMISSION DISTRICTS

- 1. ROBERT JANES
- 2. DOUGLAS ST. CERNY
- 3. RAY JUDAH
- 4. ANDREW W. COY
- 5. JOHN ALBION

COMMISSION DISTRICT BOUNDARIES
DECEMBER 2000

HEALTHPARK WATER LINE EXTENSION

COMMISSION DISTRICT #3 - JUDAH



04-46-24-13-00000.0110 16261 BASS ROAD

WARRANTY

THE UNDERSIGNED parties do hereby warrant and/or guaranty all work executed by the contractor on the water systems of (Name of Development): HEALTHPARK WATER LINE EXTENSION

16261 BASS ROAD FORT MYERS, FL

STRAP# 04-46-24-13-00-000.0110

to be free from defects in material and workmanship for a period of one (1) year from the date of acceptance by the Lee County Board of County Commissioners. The undersigned parties further agree that they will, at their own expense, repair and replace all such defective work and all other work damaged by said defective work under this Warranty-Guaranty

It is furthermore understood that the consideration for the giving of this warranty and/or guaranty is the requirement by the General Conditions and Specifications under which the contract was let that such warranty and/or guaranty would be given.

CHRISTO, INCORPORATED

(NAME OF OWNER OR CONTRACTOR)

BY: *Robert A. Keiling*
(SIGNATURE & TITLE) **ROBERT A. KEILING-PRESIDENT**

STATE OF FLORIDA)

COUNTY OF LEE) SS:

The foregoing instrument was signed and acknowledged before me this 17TH day of

FEBRUARY, 20 04 by ROBERT A. KEILING who has produced
(Print or Type Name)

PERSONALLY KNOWN TO ME as identification, and who (did) (did not) take an oath.
(Type of Identification and Number)

Mark K. Nottingham
Notary Public Signature

MARK K. NOTTINGHAM
Printed Name of Notary Public

DD 261445 JAN. 6, 2008
Notary Commission Number

MARK K. NOTTINGHAM
Notary Public, State of Florida
My comm. exp. Jan. 6, 2008
Comm. No. DD 261445

(NOTARY SEAL)

**WAIVER AND RELEASE OF LIEN
UPON FINAL PAYMENT**

The undersigned lienor, in consideration of the final payment in the amount
Of THIRTY TWO THOUSAND FOUR HUNDRED SEVENTY DOLLARS AND NO/100 (\$ 32,470.00)

Hereby waives and releases its lien and right to claim a lien for labor, service, or materials

Furnished to DEANGELIS DIAMOND on the job
(Insert name of your customer)

Of BONDVILLE ASSOC., LLC to the following describe
(Insert name of the owner)

Property: HEALTH PARK WATER LINE EXTENSION
(Name of Development/Project)

SEE EXHIBIT 'A' FOR DESCRIPTION
(Facilities Constructed)

16261 BASS ROAD FORT MYERS, FL
(Project Location)

STRAP# 04-46-24-13-00-000.0110

Dated on FEBRUARY 17, 2004

By: [Signature]
(Signature of Authorized Representative)

CHRISTO, INCORPORATED
(Name of Firm or Corporation)

By: ROBERT A. KEILING
(Print Name of Authorized Representative)

4461-B HANCOCK BRIDGE PKWY
(Address)

Title: PRESIDENT

N. FORT MYERS, FL 33903
(City, State & Zip)

Phone #: 239-997-2823

Fax#: 239-997-4672

State of FLORIDA
County of LEE

The foregoing instrument was signed and acknowledged before me this 17TH day of FEBRUARY
2004, by Robert A. Keiling, who produced personally known to me as identification or who is personally
Known to me, and who did/did not take an oath.

Notary Public: [Signature]
(Signature)

Notary Public Name: MARK K. NOTTINGHAM
(Print)

My Commission Expires: JAN. 6, 2008

NOTARY SEAL

MARK K. NOTTINGHAM
Notary Public, State of Florida
My comm. exp. Jan. 6, 2008
Comm. No. DD 281445

(Forms-Waiver of Lien-Revised December 2002)



EXHIBIT 'A'
WAIVER ATTACHMENT

DATE: February 17, 2004

PROJECT NAME: HEALTH PARK WATER LINE EXTENSION

PROJECT ADDRESS: 16261 BASS ROAD FORT MYERS, FL

STRAP#: 04-46-24-13-00-000.0110

DESCRIPTION OF THE UTILITY SYSTEM CONSTRUCTED: **WATER**

TIED INTO EX. 10" WATER LINE, INSTALLED 453 LF 10" DIP CL 50 WATERLINE, 1-10" 90degree BEND, 1-10" 45degree BEND, 1-22 ½ degree BEND, 1-11 ¼ degree BEND, 1-10" X 6" TEE, 1-10" GATE VALVE, 1-FIRE HYDRANT ASSY TO EXTEND EX. 10" WATER LINE TO SERVE FUTURE MEDICAL EXPANSIONS.

11.5

I do hereby certify that the quantities of material and services described above are a true and accurate representation of the as-installed cost of the system being contributed to Lee County and corresponds with the record drawings.

CERTIFYING:

Robert A. Keiling
(Name & Title of Certifying Agent) **ROBERT A. KEILING-PRESIDENT**

OF: **CHRISTO, INCORPORATED**
(Firm or Corporation)

ADDRESS: 4461-B HANCOCK BRIDGE PKWY.
N. FORT MYERS, FL 33903

STATE OF FLORIDA)
COUNTY OF LEE) SS:

The foregoing instrument was signed and acknowledged before me this 17TH
day of February, 20 04 by ROBERT A. KEILING
(Print or Type Name)

who has produced Personally Known to Me as identification,
(Type Of Identification and Number)

and who (did) (did not) take an oath.

Mark K. Nottingham
Notary Public Signature

MARK K. NOTTINGHAM
Printed Name of Notary Public

DD261445 JAN. 6, 2008
Notary Commission Number

MARK K. NOTTINGHAM
Notary Public, State of Florida
My comm. exp. Jan. 6, 2008
Comm. No. DD 261445

(NOTARY SEAL)