

**Lee County Board Of County Commissioners  
Agenda Item Summary**

Blue Sheet No. 20070557-UTL

**1. ACTION REQUESTED/PURPOSE:**

Developer Contributed Asset: Approve final acceptance, as a donation of one fire hydrant and one water service, to provide potable water service and fire protection to *United Medical Technologies*, a recently constructed commercial building. This is a Developer contributed asset and the project is located on the north side of Andrea Lane approximately 3/4 mile east of US 41.

**2. FUNDING SOURCE:**

No funds required.

**3. WHAT ACTION ACCOMPLISHES:**

Provides adequate utility infrastructure to support development of the subject property and complies with the Lee County Utilities Operations Manual.

**4. MANAGEMENT RECOMMENDATION:** Approval.

**5. Departmental Category:** 10 - Utilities *CLOC* **6. Meeting Date:** MAY 01 2007

<b>7. Agenda:</b> <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals <input type="checkbox"/> Public <input type="checkbox"/> Walk-On	<b>8. Requirement/Purpose: (specify)</b>		<b>9. Request Initiated:</b>
	Statute		Commissioner
	Ordinance		Department <u>Public Works</u>
	Admin. Code		Division <u>Utilities</u>
	<input checked="" type="checkbox"/> Other	<u>Approval</u>	By: <i>Doyle &amp; Meurer</i> 4-12-2007 Douglas L. Meurer, P.E., Director

**10. Background:**

Fire hydrants and single water services 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.  
100% of the connection fees have been paid.  
Sanitary sewer service will be provided by an on-site septic system.  
No funds required.

SECTION 25 TOWNSHIP 45S RANGE 24E DISTRICT # 5 COMMISSIONER MANN

**11. Review for Scheduling:**

Department Director	Purchasing or Contracts	Human Res.	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
<i>J. Lavender</i> Date: 4-16-07	N/A Date:	N/A Date:	<i>T.O.</i> T. Osterhout Date: 4/12	<i>S. Covert</i> S. Covert Date: 4/14/07	<i>RK</i> 4/17	<i>MP</i> 4/18/07	<i>MP</i> 4/17/07	<i>J. Lavender</i> Date: 4-16-07	

**12. Commission Action:**

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN: *RK*  
4-17-07  
10 AM  
COUNTY ADMIN FORWARDED TO: *PK*  
4-18-07  
11:15 AM

Rec. by CoAtty  
Date: 4/16/07  
Time: 4:00 PM  
Forwarded To: 4/17/07  
8:45 AM

RESOLUTION NO.

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

WHEREAS, it is the desire of **"BLACKSTAR HOLDINGS, LLC."**, owner of record, to make a contribution to Lee County Utilities of water facilities **(one fire hydrant, one water service)**, serving **"UNITED MEDICAL TECHNOLOGIES"**; 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 **\$6,700.00** 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 Bob Janes: \_\_\_\_\_ (1)
- Commissioner Brian Bigelow: \_\_\_\_\_ (2)
- Commissioner Ray Judah: \_\_\_\_\_ (3)
- Commissioner Tammara Hall: \_\_\_\_\_ (4)
- Commissioner Frank Mann: \_\_\_\_\_ (5)

DULY PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

ATTEST:  
CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

By: \_\_\_\_\_  
DEPUTY CLERK

By: \_\_\_\_\_  
CHAIR

APPROVED AS TO FORM

\_\_\_\_\_  
OFFICE OF COUNTY ATTORNEY

**BS 20070557-UTL**

# COPY

## LETTER OF COMPLETION

DATE: 03/27/07

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

Gentlemen:

This is to certify that the **water service(s) and fire hydrant(s)** located at  
**UNITED MEDICAL TECHNOLOGIES**  
(Name of Development/Project)

was designed by me and has 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:

**Pressure Test(s) - Water Main**

Very truly yours,

**Spectrum Engineering, Inc.**  
(Owner or Name of Corporation/Firm)

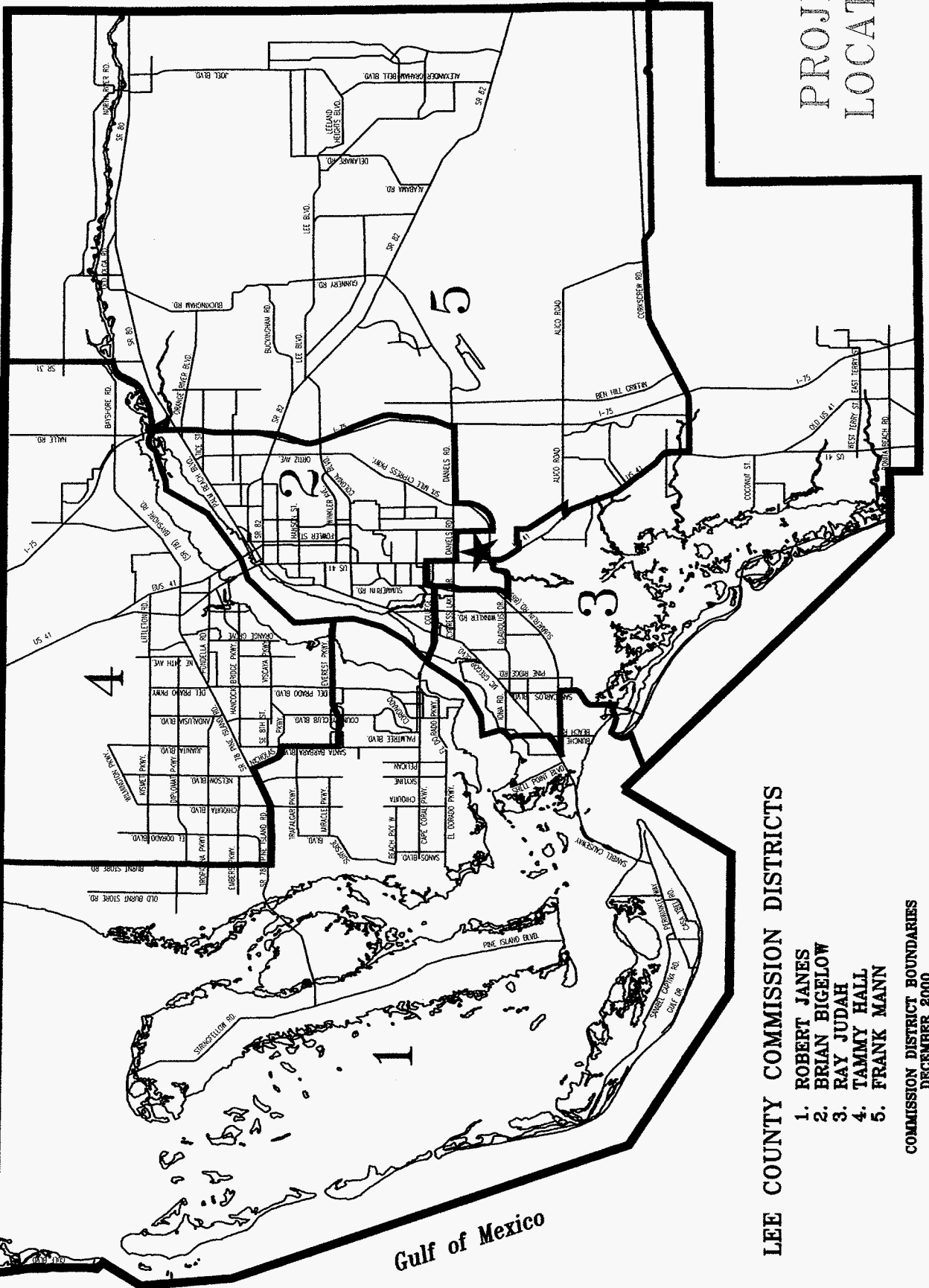
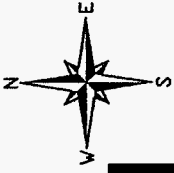
(Signature)

**R. J. Ward, P.E., President**  
(Name and Title)

(Seal of Engineering Firm)

PROJECT  
LOCATION

UNITED MEDICAL TECHNOLOGIES  
25-45-24-00-00001.0610  
COMMISSION DISTRICT # 5 - FRANK MANN



LEE COUNTY COMMISSION DISTRICTS

- 1. ROBERT JANES
- 2. BRIAN BIGELOW
- 3. RAY JUDAH
- 4. TAMMY HALL
- 5. FRANK MANN

COMMISSION DISTRICT BOUNDARIES  
DECEMBER 2000

Gulf of Mexico

WARRANTY

THE UNDERSIGNED parties do hereby warrant and/or guaranty all work executed by the contractor on the water system of United Medical Tech. 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.

Scarab Construction Group Inc.

(Contractor/Company Name)

President

(Authorized Representative, Title)

BY: *Donald Mount*

(Signature)

STATE OF FL )

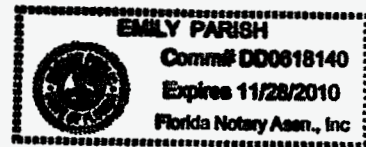
) SS:

COUNTY OF Collier )

The foregoing instrument was signed and acknowledged before me this        day of January, 20  
by Donald Mount who is personally known to me - Emily Parrish , and who did not take an oath.

*Emily Parrish*  
Notary Public Signature

Emily Parrish  
Printed Name of Notary Public



(Notary Seal & Commission Number)

WAIVER AND RELEASE OF LIEN  
UPON FINAL PAYMENT

COPY

The undersigned lienor, in consideration of the final payment in the amount of Six Thousand Seven Hundred Dollars(\$6,700.00) hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished to Scarab Construction Group, Inc. on the job of United Medical Technologies to the following described property:

United Medical Technologies  
(Name of Development/Project)

Water Service(s) and Fire Hydrant(s)  
(Facilities Constructed)

2196 Andrea Lane  
(Location)

25-45-24-00-00001, 0610  
(Strap # or Section, Township & Range)

Dated on: April 3, 2007

By: *Donald Mount*  
(Signature of Authorized Representative)

Scarab Construction Group, Inc.  
(Name of Firm or Corporation)

By: Donald Mount  
(Print Name of Authorized Representative)

2770 Horseshoc Dr.  
(Address of Firm or Corporation)

Title: President

Naples, FL 34104-  
(City, State & Zip Of Firm Or Corporation)

Phone #: (239)403-1779 Ext.

Fax#: (239)403-4730

STATE OF FL )  
) SS:  
COUNTY OF Collier )

The foregoing instrument was signed and acknowledged before me this 3 day of April, 2007 by Donald Mount who is personally known to me - Emily Parrish, and who did not take an oath.



(Notary Seal & Commission Number)

*Emily Parrish*  
(Notary Public Signature)

Emily Parrish  
(Printed Name of Notary Public)

**CERTIFICATION OF CONTRIBUTORY ASSETS**

**PROJECT NAME:** United Medical Tech.

**STRAP NUMBER:** 25 , 45 , 24-00-00001,0610

**LOCATION:** 2196 Andrea Lane , Fort Myers

**OWNER'S NAME:** (as shown on Deed) Blackstar Holdings, LLC.

**OWNER'S ADDRESS:** 1215 Florida Ave.

**OWNER'S ADDRESS:** Fort Myers, FL 33901-

**OWNER'S TELEPHONE #:** (239) 433-5332

**TYPE UTILITY SYSTEM:** Potable Water

(Please provide separate 'Certifications' for potable water, sanitary sewer and effluent reuse facilities.)

**DESCRIPTION AND COST OF MATERIAL, LABOR, AND SERVICES**

Please list each element of the system from the drop-down list provided.

<b>ITEM</b>	<b>SIZE</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>UNIT COST</b>	<b>TOTAL</b>
HDPE SDR-11 CASING	4"	30.0	LF	\$60.00	\$1,800.00
TAPPING SLEEVE W/VALVE WATER MAIN	8" x 6"	1.0	EA	\$1,600.00	\$1,600.00
FIRE HYDRANT ASSEMBLY	6"	1.0	EA	\$2,500.00	\$2,500.00
SINGLE WATER SERVICE/COMPLETE	1"	1.0	EA	\$800.00	\$800.00
<b>TOTAL</b>					<b>\$6,700.00</b>

(If more space is required, use additional forms(s).)

COPY

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:

X

*Donald Mount*

(Signature of Certifying Agent)

Donald Mount / President

(Name & Title of Certifying Agent)

Scarab Construction Group Inc.

(Name of Firm or Corporation)

2770 Horseshoe Dr. Suite 4

(Address of Firm or Corporation)

Naples, FL 34104 -

STATE OF FL )

) SS:

COUNTY OF Collier )

The foregoing instrument was signed and acknowledged before me this 16 th day of March, 2007 by Donald Mount who is personally known to me - Emily , and who did not take an oath.

*Emily Parrish*  
Notary Public Signature

Emily Parrish  
Printed Name of Notary Public

Notary Commission Number



(NOTARY SEAL)