

**LEE COUNTY BOARD OF COUNTY COMMISSIONERS**  
**AGENDA ITEM SUMMARY**

**BLUE SHEET NO: 20040391-UTL**

**1. REQUESTED MOTION:**

**ACTION REQUESTED:**

Approve final acceptance, by Resolution, as a donation for one fire hydrant serving *HOPE HOSPICE @ HEALTHPARK FLORIDA*. This is a Developer contributed asset project located approximately 1,600 west of Bass Road along the north side of North HealthPark Circle.

**WHY ACTION IS NECESSARY:**

To provide fire protection to the recently constructed care facility.

**WHAT ACTION ACCOMPLISHES:**

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

**2. DEPARTMENTAL CATEGORY: 10 - UTILITIES**  
**COMMISSION DISTRICT #: 3**

*C10C*

**3. MEETING DATE:**

*04-20-2004*

**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, P.E. Utilities Director*
- DATE: *4/1/04*

**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 infrastructure located within the right-of-way of North HealthPark Circle. No funds required.

SECTION 33    TOWNSHIP 45S    RANGE 24E    DISTRICT # 3    COMMISSIONER JUDAH

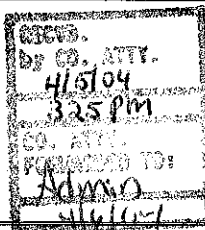
**MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL**

(A) DEPARTMENT DIRECTOR	(B) PURCH. OR CONTRACTS	(C) HUMAN RESOURCES	(D) OTHER	(E) COUNTY ATTORNEY	(F) BUDGET SERVICES				(G) COUNTY MANAGER
					<i>4/7/04</i>				
					OA	OM	Risk	GC	
<i>J. Lavender</i> Date: <i>4-5-04</i>	N/A Date: _____	N/A Date: _____	<i>T.O.</i> T. Osterhout Date: <i>4-1</i>	<i>S. Lavender</i> Date: <i>4/6/2004</i>	<i>P. H</i> <i>4/6/04</i>	<i>4/7/04</i>	<i>4/7/04</i>	<i>4/7/04</i>	<i>J. Lavender</i> Date: <i>4-5-04</i>

**10. COMMISSION ACTION:**

- \_\_\_\_\_ APPROVED
- \_\_\_\_\_ DENIED
- \_\_\_\_\_ DEFERRED
- \_\_\_\_\_ OTHER



RECEIVED BY COUNTY ADMIN: <i>PM</i>
<i>04/06/04</i>
<i>2:02 PM 4/6/04</i>
COUNTY ADMIN FORWARDED TO: <i>PR</i>
<i>4-7-04</i> <i>1pm</i>

RESOLUTION NO. \_\_\_\_\_

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

WHEREAS, it is the desire of Hope of Southwest Florida, Inc., owner of record, to make a contribution to Lee County Utilities of water facilities (one fire hydrant), serving **"HOPE HOSPICE @ HEALTHPARK FLORIDA"**; 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 **\$4,889.98** 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

COPY

**LETTER OF COMPLETION**

DATE: June 2, 2003

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 and/or sewage collection system(s) located in relocation of existing fire hydrant is complete at Hope Hospice HealthPark Florida

(Name of Development)

were designed by me and have been constructed in conformance with:

☒ the approved plans

☐ the revised plans, attached

and:

☐ the approved specifications

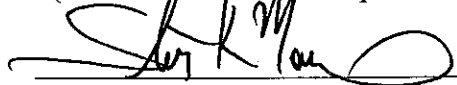
☐ the revised specifications, attached

Upon completion of the work, we observed the following successful tests of the facilities: LCU Pressure Test, dated May 14, 2003

Very truly yours,

Johnson Engineering, Inc.

(Owner or Name of Corporation)



(Signature)

6/2/03

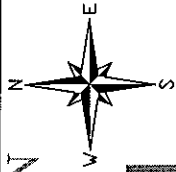
Project Engineer

(Title)

(SEAL OF ENGINEERING FIRM)



HOPE HOSPICE @ HEALTHPARK FLORIDA - HYDRANT RELOCATION  
 33-45-24-04-00000.0090  
 COMMISSION DISTRICT #3 - JUDAH



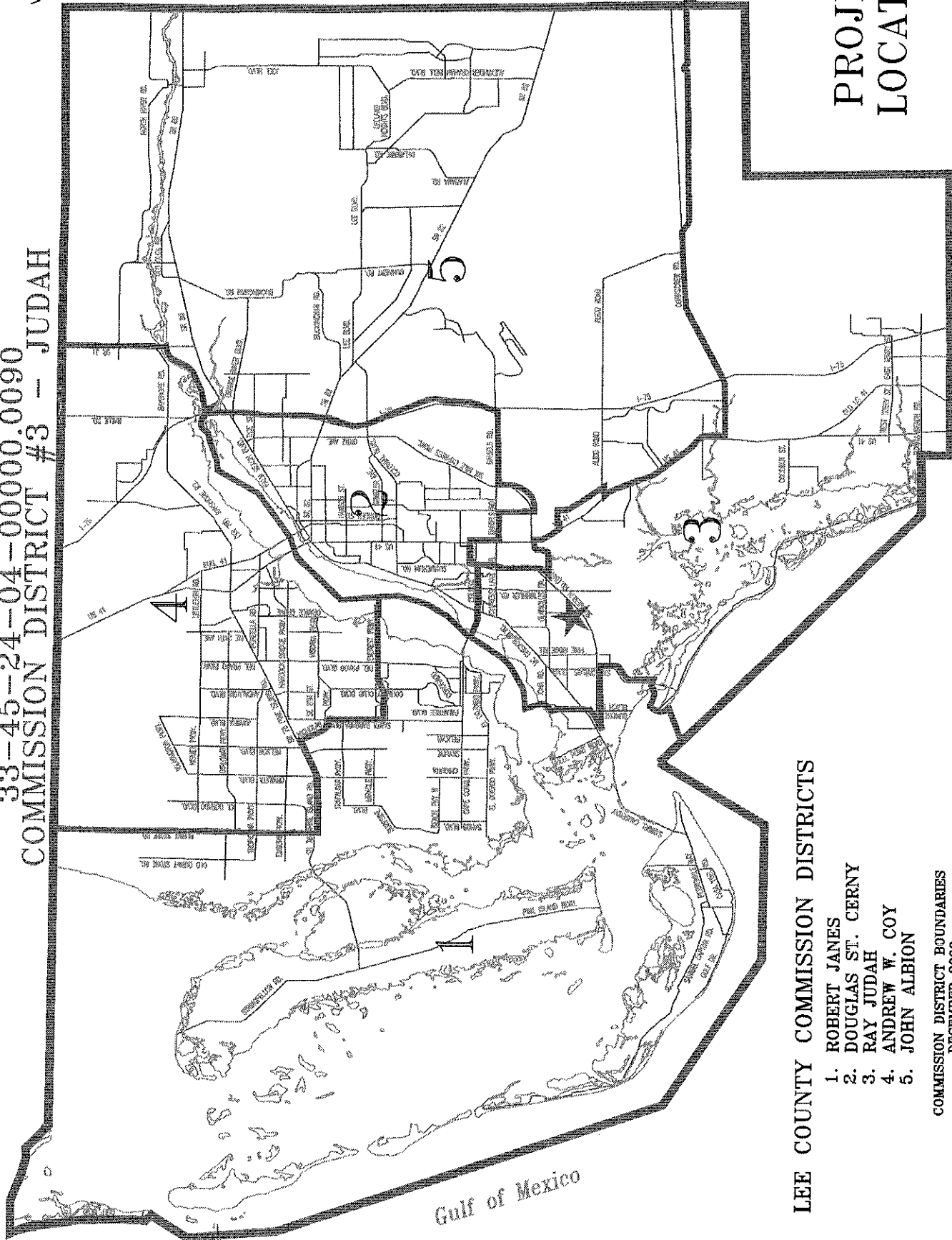
COPY

PROJECT  
 LOCATION

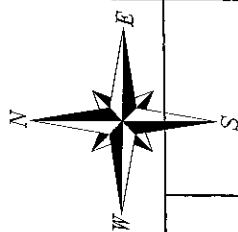
LEE COUNTY COMMISSION DISTRICTS

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

COMMISSION DISTRICT BOUNDARIES  
 DECEMBER 2000



**COMMISSION DISTRICT #3 - JUDAH**



**SUBJECT PARCEL**

4-002

700-7

334527 050 334527 051

800-740

900-7FC

074-011

074-012

000-750

000-750

33-45-24-04-00000.0090 9470 HEALTHPARK CIR

COPY

COPY

11.2

WARRANTY

THE UNDERSIGNED parties do hereby warrant and/or guaranty all work executed by the contractor on the water and/or sewer systems of (Name of Development): Hope Hospice Palliative Care Facility

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.

Howe Construction Inc  
(NAME OF OWNER OR CONTRACTOR)

BY: [Signature]  
(SIGNATURE & TITLE)  
Project Manager

STATE OF Florida )  
COUNTY OF Lee ) SS:

The foregoing instrument was signed and acknowledged before me this 30<sup>th</sup> day of May 2003 by Davin Michael Strickland who has produced a Driver's License  
(Print or Type Name) (Type Of Identification and Number)

as identification, and who (did) (did not) take an oath.

[Signature]  
Notary Public Signature

JANE ANN GIFFORD  
Printed Name of Notary Public

DD 000596  
Notary Commission Number



JaneAnn Gifford  
Commission # DD 000596  
Expires Feb. 11, 2005  
Bonded Thru  
Atlantic Bonding Co., Inc.

(NOTARY SEAL)



COPY

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

The undersigned lienor, in consideration of the final payment in the amount of Four Thousand Eight Hundred Eighty-Nine and 98/100 (\$4,889.98) hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished to Gulf Coast Consulting Group on the job of Fire Hydrant Relocation At Hope Hospice @ Heathpa<sup>rk</sup> to the following described property:

Hope Hospice Palliative Care Facility  
(Name of Development/Project)

fire hydrant(s)  
(Facilities Constructed)

9470 Heathpark Circle / Fort Myers, Florida 33908  
(Location)

33-45-24-04-00000.090  
(Strap # or Section, Township & Range)

(Please provide full name and location of development and a description of the utility system constructed).

Dated on: February 11, 2004

By: [Signature]

(Signature of Authorized Representative)

Honc Construction, Inc.

(Name of Firm or Corporation)

By: David Strickland

(Print Name of Authorized Representative)

1130 Pondella Road

(Address of Firm or Corporation)

Phone #: (239)458-3335 Ext. 111

North Fort Myers, FL 33903-

(City, State & Zip Of Firm Or Corporation)

Fax#: (239)458-3331

STATE OF FL )

) SS:

COUNTY OF Lee )

The foregoing instrument was signed and acknowledged before me this 11 th day of FEB, 2004 by David Strickland who has produced the following as identification - Personally Known by Me , and who did not take an oath.



Pamela J. Moody  
My Commission DD216642  
Expires May 28, 2007

(Notary Seal & Commission Number)

[Signature]  
(Notary Public Signature)

Pamela J. Moody  
(Printed Name of Notary Public)

MAR 01 2004

COPY

11.5

**CERTIFICATION OF CONTRIBUTORY ASSETS**

PROJECT NAME: Hope Hospice Palliative Care Facility

STRAP NUMBER: 33-45-24-04-00000-0090

LOCATION: 9470 Healthpark Circle, Fort Myers, Florida

OWNER'S NAME: Hope of Southwest Florida, Inc.

OWNER'S ADDRESS: 9470 Healthpark Circle, Fort Myers, Florida

OWNER'S ADDRESS:

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.

ITEM	SIZE	QUANTITY	UNIT	UNIT COST	TOTAL
TAPPING SLEEVE W/VALVE	10x6	1.0	EA	\$2,760.08	\$2,760.08
PVC C-900 DR-18	6"	3.0	LF	\$5.80	\$17.40
FIRE HYDRANT ASSEMBLY		1.0	EA	\$2,112.50	\$2,112.50
<b>TOTAL</b>					<b>4,889.98</b>

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



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:

Paul Strickland Project Manager  
(Name & Title of Certifying Agent)

OF: Honc Construction  
(Firm or Corporation)

ADDRESS: 1130 Pondella Road  
N. Fort Myers, FL 33903

STATE OF FL. )  
 ) SS:  
COUNTY OF Lee )

The foregoing instrument was signed and acknowledged before me this 30<sup>th</sup> day of May 2003 by DAVID Michael Strickland who has produced a Driver's License

(Print or Type Name)  
as identification, and who (did) (did not) take an oath.

(Type Of Identification and Number)

JaneAnn Gifford  
Notary Public Signature  
JANE ANN GIFFORD

Printed Name of Notary Public

DD 000596  
Notary Commission Number



JaneAnn Gifford  
Commission # DD 000596  
Expires Feb. 11, 2005  
Bonded Thru  
Atlantic Bonding Co., Inc.

(NOTARY SEAL)

