LEE COUNTY UTILITIES
DEVELOPER CONTRIBUTED ASSET PROJECT
ENGINEER'S OPINION OF PROBABLE COST

PROJECT NAME: _____

STRAP NUMBER: _____, _____, _____

LOCATION: _____

TYPE UTILITY SYSTEM: **LIFT STATION(S)**

(Please provide separate 'EOPs' for potable water, sanitary sewer, lift stations and reclaimed water facilities.)

DESCRIPTION AND COST OF MATERIAL, LABOR, AND SERVICES

Please list each element of the system from the drop-down list provided.
Please include **ONLY** the proposed facilities to be owned & maintained by
Lee County Utilities once the project has been completed.

ITEM	MANUFACTURER	MODEL #	SERIAL #	HP	RPM	VOLTS	CAPACITY	COST
	ABS							
						TOTAL	$ 0.00	

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

Certified By:

_____
(Engineer of Record Signature)

_____
(Engineer of Record Name & Title)

(Seal of Engineer of Record)