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

PROJECT NAME: _____

STRAP NUMBER(S): _____ , _____ , _____

LOCATION: _____

TYPE UTILITY SYSTEM: **RECLAIMED WATER**
(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	SIZE	QUANTITY	UNIT	UNIT COST	TOTAL
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
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)