

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**CONSTRUCTION COMPLIANCE WITH
SPECIFICATIONS AND PLANS**

700-020-02
CONSTRUCTION
11/11
Page 1 of 2

FIN PROJECT I.D.(s) 435515-1-58-01

DATE: September 25, 2015

North Hancock Road Extension Phase IIIA & IIIB

CONTRACT NO: LC 2014-11

Monthly:

Final:

Pospiech Contracting, Inc.

, Prime Contractor for the above referenced contract, hereby verifies based on personal knowledge or reasonable investigation and good faith belief, all work done and all Quality Control functions and Quality Control sampling and testing results are in substantial compliance with the pertinent specification requirements and the approved Quality Control Plan for this project. This includes the input of test results into the Department's LIMS database within 24 hours of results being received. This represents work done between August 26, 2015 and September 25, 2015. Exceptions to these requirements are listed below.

1.) Item No.: No Exceptions

Exception:

2.) Item No.: _____

Exception:

3.) Item No.: _____

Exception:

4.) Item No.: _____

Exception:

5. Item No.: _____
Exception: _____

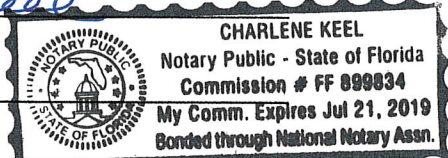
6.) Item No.: _____
Exception: _____

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State Law.

State of Florida
County of Citrus

Sworn to and subscribed before me this 25th day
of September, 2015, by Michael C. Davis
(Print name of person signing Certification)

Charlene Keel
Notary Public



Commission Expires _____

Personally Known or Produced Identification _____
Type of Identification Produced _____

AK
Quality Control Manager

Michael C. Davis
By

Central Testing Laboratory, Inc.
Company

State of Florida
County of _____

Sworn to and subscribed before me this _____ day
of _____, _____, by _____
(Print name of person signing Certification)

Notary Public _____

Commission Expires _____

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

Contractor _____

By _____

Title _____