

TRANSMISSION VERIFICATION REPORT

TIME : 09/22/2015 12:27
 NAME : L C
 FAX : 3522534915
 TEL : 3522534900
 SER.# : BROG5J313807

DATE, TIME 09/22 12:24
 FAX NO./NAME 818008458245
 DURATION 00:03:14
 PAGE(S) 02
 RESULT OK
 MODE STANDARD
 ECM

OMB No. 0607-0153: Approval Expires 05/31/2016

396850 4785

C-700(SD)
 U.S. DEPARTMENT OF COMMERCE
 Economic and Statistics Administration
 U.S. CENSUS BUREAU

CONSTRUCTION PROJECT REPORT
 STATE AND LOCAL GOVERNMENTS

IMPORTANT
 Please refer to the Reporting Instructions on the back of the form.

DUE DATE: SEP 19, 2015

RETURN FORM TO U.S. Census Bureau
 1201 East 10th Street
 Jeffersonville, IN 47132-0001

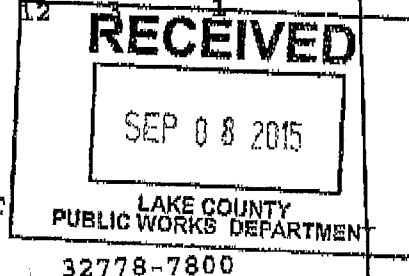
FAX 1-800-843-8245

VIA INTERNET OR FOR HELP econhelp.census.gov/cprs

Use your unique User ID and original password.
 User ID: 0750161 Password: Sjg\$K5#k

In any correspondence pertaining to this report, refer to the control number shown below.

DATE	SV	S WGT	TC	NEWTC	ST	NEWAA	STATUS
201503	8185	12.82	51	1211	12	1	1
	4396850			0750161			



LAKE COUNTY PUBLIC WORKS
 ATTN DEBORAH C. MARCHESI
 CONSTRUCTION PROGRAM SPECIALIST
 PO BOX 7800
 TAVERES FL

FAX (352) 483-9025 PHONE (352) 253-6007
 (Please correct any error in name and address including ZIP Code, telephone and fax number)

Section A PROJECT IDENTIFICATION

The construction project described below is associated with your organization according to published sources. Please correct any errors or fill in any blanks in items 1 and 2. If necessary, make your corrections in Item 10, Remarks, or use a separate sheet. IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 1-800-843-8246.

1. PROJECT DESCRIPTION
 NORTH HANCOCK ROAD EXTENSION (PHASE 3A AND 3B) : 140030

140030

2. PROJECT LOCATION
 N HANCOCK RD
 FL

Section B OWNERSHIP AND START DATE

3. TYPE OF OWNERSHIP - Mark (X) one box.

Is this project State Government or Agency
 Privately-owned OR Owned by: Federal Government or Agency

Section D SQUARE FEET

7. Based on exterior dimensions, how many square feet of enclosed floor area (including basements) will be created by this project?

Exclude nonbuilding projects and existing floor space that is being remodeled. If none, enter "0."

Square feet

Section E MONTHLY CONSTRUCTION PROGRESS REPORT

This form will be returned to you EACH MONTH until the project is completed.

- Continue with item 8 if project has started; otherwise, skip to section F.
- Report the value of construction put in place each month. Include only those construction costs defined in item 5c. DO NOT include costs reported in item 6.
- Report costs in the month in which work was done (including any monthly retainage being withheld from contractors) rather than in the month in which payment was made.
- When project is completed, enter month and year in item 9.



LETTER OF TRANSMITTAL

TO: _____
 Lake County BOCC
 323 N. Sinclair Avenue
 Eustis, FL 32778

DATE: 9/03/15
 ATTENTION: Deb Marchese
 RE: Pospiech Pay App #8
 JOB NO.: 435515-1-58-01 North
Hancock Road

WE ARE SENDING YOU:

- | | | | |
|--|--|--------------------------------|---|
| <input checked="" type="checkbox"/> Attached | <input checked="" type="checkbox"/> Mailed | <input type="checkbox"/> Faxed | <input type="checkbox"/> Hand Delivered |
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints | <input type="checkbox"/> Plans | <input type="checkbox"/> Samples |
| <input type="checkbox"/> Copy of Letter | <input type="checkbox"/> Change Oder | <input type="checkbox"/> Other | <input type="checkbox"/> Specification |

COPIES	DATE	NO.	DESCRIPTION
1	9/03/15		Pospiech Pay Application #8

THESE ARE TRANSMITTED as checked below:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> For Approval & Execution | <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Resubmit Copies for Approval |
| <input type="checkbox"/> For Your Use | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Submit for Distribution |
| <input type="checkbox"/> As Requested | <input type="checkbox"/> Returned for Corrections | <input type="checkbox"/> Return Corrected Prints |
| <input type="checkbox"/> For Review & Comment | <input type="checkbox"/> Other | |

REMARKS:

COPY TO: File 1.3 & 9.1 SIGNED: *J. Graz*

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: August 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 July 26, 2015 and August 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: _____

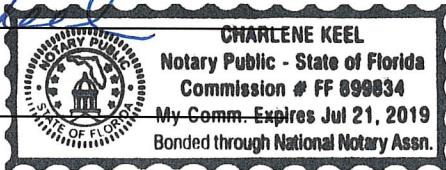
6.) Item No.: _____
Exception: _____

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 August, 2015, by Michael C. Davis
(Print name of person signing Certification)

Charlene Keel
Notary Public



Commission Expires _____

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

Michael C. Davis
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