

Cindy Hoodenpyle

From: Andy Palmer
Sent: Wednesday, September 14, 2011 5:13 PM
To: 'Curt Ulch'
Cc: Travis Edwards; Cindy Hoodenpyle; Michael Stavres; Ron Bach; Amin Hanhan; 'Reed, Charles R.'; Brinson, Lisa R
Subject: Final Acceptance of COL Trailhead Park Construction
Attachments: image001.jpg

Curt, good afternoon. This email is to serve as notice that all construction and punch list items for the Chain of Lakes Trailhead Park have been fulfilled effective today September 14, 2011. We are still in need of all close-out documents, EEO required documents, partial/final releases of liens, updated subcontract agreements and any other required documentation. As all construction and punch list items have been completed, we can now discontinue daily reports for the project. Please leave the bulletin board up until final close-out documents have been received, however we would request that you please remove all company signage from the site. If you have any questions, please do not hesitate to contact me. Thanks

Andy Palmer, CPRP
City of Winter Haven
Leisure Services Division
Phone: 863-291-5656
Fax: 863-291-5660

WINTER HAVEN
The Chain of Lakes City

Date: 9/14/2011	Contract ID: AP W16
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Estimated Work Performed							
Contr/ Sub #	Line Item #	Pay Item Code	Location	Time (AM/PM)		Installed	
				Beginning	Ending	Qty.	Units

EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: YES NO
 CONFORMANCE WITH CONTRACT DOCUMENTS: YES NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>Ron Buch Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):
 DATE:
09/14/2011

DISTRIBUTION: Original – Project Engineer
 Copy – Contractor (as requested)

Date: 9/13/2011	Contract ID: AP W16
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Estimated Work Performed							
Contr/ Sub #	Line Item #	Pay Item Code	Location	Time (AM/PM)		Installed	
				Beginning	Ending	Qty.	Units

EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
<i>Leak at Standing Water Issue</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO
CONFORMANCE WITH CONTRACT DOCUMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>Ken Bach Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 09/13/2011
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DISTRIBUTION: Original – Project Engineer
 Copy – Contractor (as requested)

Date: 9/12/2011	Contract ID: AP W16
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Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO
CONFORMANCE WITH CONTRACT DOCUMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE	TOTAL HOURS
<i>Ron Beck Inspector</i>	FROM: 7 am TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 09/12/2011
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