

SUGGESTED AGENDA

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS  
PERRY, FLORIDA  
REGULAR BOARD MEETING  
TUESDAY, APRIL 19, 2016  
6:00 P.M.  
201 E. GREEN STREET  
TAYLOR COUNTY ADMINISTRATIVE COMPLEX  
OLD POST OFFICE

NOTICE IS HEREBY GIVEN, PURSUANT TO FLORIDA STATUTES 286.0105, THAT ANY PERSONS DECIDING TO APPEAL ANY MATTER CONSIDERED AT THIS MEETING WILL NEED A RECORD OF THE MEETING AND MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

ANY PERSON WISHING TO ADDRESS THE BOARD REGARDING AN AGENDAED ITEM WILL BE GIVEN THREE (3) MINUTES FOR COMMENT. A COMMENTER MAY ONLY SPEAK ONE (1) TIME FOR EACH AGENDAED ITEM.

1. Prayer
2. Pledge of Allegiance
3. Approval of Agenda

COMMENTS AND CONCERNS FROM THE PUBLIC FOR NON-AGENDAED  
AND CONSENT AGENDA ITEMS:

CONSENT ITEMS:

4. APPROVAL OF MINUTES OF MARCH 7, 22, AND 29, 2016.
5. EXAMINATION AND APPROVAL OF INVOICES.
6. THE BOARD TO RATIFY THE COUNTY ADMINISTRATOR'S SIGNATURE ON THE 2016-2017 FLORIDA BOATING IMPROVEMENT PROGRAM (FBIP) GRANT APPLICATION THE COUNTY SUBMITTED, REQUESTING FUNDING ASSISTANCE FOR THE DOCKING AREA IMPROVEMENT PROJECT AT STEINHATCHEE BOAT RAMP, AS AGENDAED BY MELODY COX, GRANTS DIRECTOR.

7. THE BOARD TO APPROVE THE REQUEST TO REMOVE COUNTY ASSETS, THAT ARE VALUED UNDER THE PURCHASING THRESHOLD OF \$1000, FROM COUNTY INVENTORY, AS AGENDAED BY THERESA COPELAND, IT DIRECTOR.
8. THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY FOR EMPLOYEE INSURANCE IN THE AMOUNT OF \$4,812, AS AGENDAED BY DUSTIN HINKEL, COUNTY ADMINISTRATOR.
9. THE BOARD TO CONSIDER APPROVAL OF HIGHWAY AND BRIDGE/STRUCTURAL DESIGN PROPOSAL FROM CAUSSEUX HEWETT & WALPOLE, INC., FOR THE WIDENING AND RESURFACING OF CARLTON CEMETERY ROAD, AS AGENDAED BY KENNETH DUDLEY, COUNTY ENGINEER.
10. THE BOARD TO CONSIDER APPROVAL OF HIGHWAY AND BRIDGE/STRUCTURAL DESIGN PROPOSAL FROM PREBBLE RISH, INC., FOR THE WIDENING AND RESURFACING OF SAN PEDRO ROAD, AS AGENDAED BY THE COUNTY ENGINEER.

PUBLIC REQUESTS:

11. ERIN CAVANAUGH, TAYLOR MEDICAL & DENTAL CENTER, TO APPEAR TO MAKE A PRESENTATION REGARDING THE CENTER'S IMPACT ON THE COMMUNITY.

ADVISORY COMMITTEE REPORTS:

12. THE BOARD TO CONSIDER A REQUEST TO RE-APPOINT LYNN AIBEJERIS AND NANCY GEOHAGEN TO THE TAYLOR COASTAL WATER AND SEWER BOARD, AS AGENDAED BY M. DIANE CASH CARLTON.

GENERAL BUSINESS:

13. THE BOARD TO APPROVE A LETTER OF SUPPORT FOR THE "TAYLOR COUNTY FLORIDA COMPETITIVENESS & EMPLOYMENT BY RAIL (CEBYR) PROJECT" GRANT APPLICATION, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

COUNTY STAFF ITEMS:

14. THE BOARD TO REVIEW AND APPROVE TASK ORDER 7 WITH AVCON, INC., IN THE AMOUNT OF \$19,135 FOR THE SOLAR FARM FEASIBILITY STUDY AT PERRY-FOLEY AIRPORT, AS AGENDAED BY THE GRANTS DIRECTOR.

15. THE BOARD TO REVIEW AND CONSIDER ADOPTION OF A RESOLUTION AND DRUG FREE WORKPLACE CERTIFICATION, REQUIRED FOR SUBMISSION WITH THE RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM (RCMP) PROPOSAL APPLICATION, AS AGENDAED BY THE GRANTS DIRECTOR.

COUNTY ADMINISTRATOR ITEMS:

16. THE COUNTY ADMINISTRATOR TO DISCUSS INFORMATIONAL ITEMS.

ADDITIONAL COMMENTS AND CONCERNS FROM THE PUBLIC FOR NON-AGENDAED ITEMS:

BOARD INFORMATIONAL ITEMS:

Motion to Adjourn

FOR YOUR INFORMATION:

- THE AGENDA AND ASSOCIATED DOCUMENTATION, IF APPLICABLE, IS AVAILABLE TO THE PUBLIC ON THE FOLLOWING WEBSITE: [www.taylorcountygov.com](http://www.taylorcountygov.com)
- IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARGARET DUNN, ASSISTANT COUNTY ADMINISTRATOR, 201 E. GREEN STREET, PERRY, FLORIDA, 850-838-3500, EXT. 7, WITHIN TWO (2) WORKING DAYS OF THIS PROCEEDING.
- ANY PERSON WISHING TO ADDRESS THE BOARD REGARDING AN AGENDAED OR NON-AGENDAED ITEM WILL BE GIVEN THREE (3) MINUTES FOR COMMENT.
- BALLOTS USED TO APPOINT CITIZENS TO ADVISORY COMMITTEES AND ADVISORY BOARDS ARE AVAILABLE FOR PUBLIC INSPECTION AFTER THE MEETING AND ARE RETAINED AS PART OF THE PUBLIC RECORD.

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## **TAYLOR COUNTY BOARD OF COMMISSIONERS**

### ***County Commission Agenda Item***

**SUBJECT/TITLE:**

Board to ratify the County Administrator's signature on the 2016-2017 Florida Boating Improvement Program (FBIP) grant application the County submitted requesting funding assistance for the Docking Area Improvement Project at Steinhatchee Boat Ramp.

**MEETING DATE REQUESTED:**

April 19, 2016

**Statement of Issue:** The Board to ratify the County Administrator's signature on the grant application submitted to FBIP requesting funding assistance for the Docking Area Improvement Project at Steinhatchee Boat Ramp. The Board approved submitting grant application as well as the match at the March 22, 2016 meeting.

**Recommended Action:** Ratify the County Administrator's signature on the grant application submitted to FBIP requesting funding assistance for the Docking Area Improvement Project at Steinhatchee Boat Ramp.

**Fiscal Impact:** The project has an estimated cost of \$303,257 and the Board approved a cash match of \$72,000 at the March 22 meeting. If awarded the grant, the match would not need to be available until FY 2016-2017.

**Budgeted Expense:** Y/N Not applicable at this time.

**Submitted By:** Melody Cox

**Contact:** Melody Cox

### **SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** The County held two public hearings (March 7 and March 22) to discuss and receive public input for the possible submission of grant application to the 2016-2017 FBIP funding cycle. At the March 22 meeting the Board approved submitting grant application for improvements to the docking area at Steinhatchee Boat Ramp.

**Attachments:** Grant application submitted to FBIP

Steinhatchee Boat Ramp  
Docking Area  
Improvement Project  
Taylor County, Florida



Florida Boating Improvement Program



## Florida Boating Improvement Program Grant Application for Boating Access Facilities

### FOR OFFICE USE ONLY

Grant Application Number :

Date Received:

Fill in all sections that apply – Leave all other sections blank

### I – APPLICANT INFORMATION

a. Applicant: Taylor County Board of Commissioners

b. Federal Employer Id. No.: 59-6000879

c. Project Manager Name: Melody Cox

Project Manager Title: Grants Director

d. Mailing Address: 201 E. Green Street

City: Perry

Zip Code: 32347

e. Shipping Address: 201 E. Green Street

City: Perry

Zip Code: 32347

f. Telephone: 850-838-3553

Fax: 850-838-3563

Email: melody.cox@taylorcountygov.com

g. District Numbers:

U.S. Congressional: 2

State Senate: 3

State House: 7

### II – PROJECT SUMMARY

a. Project Title: Steinhatchee Boat Ramp Docking Area Improvement Project

b. Type of Application: ☒ New (never considered before) ☐ Reconsideration ☐ Phased Continuation–Phase No.: \_\_\_\_\_

c. Project Cost: Total Cost: \$ 303,257.00

Amount Requested: \$ 216,240

d. Project Summary:

Taylor County is requesting funding assistance for the construction and installation of 260 lf of 8ft wide x 20ft long aluminum surfaced poly tub floating docks securely anchored on new 6" galvanized pilings with protective guard rails at the Steinhatchee Boat Ramp. The project also includes installation of 6 ft wide x 20 ft long aluminum finger docks stabilized on 4" galvanized pilings. The County purchased the site in 2011 with funding assistance provided by FWC through the Sport Fish Restoration - Boat Access Grant. Upon acquisition of the site, the County determined the development of the boat ramp would require a series of phases contingent on the the availability of funding. The proposed project is the final phase to complete the development of the facility. Prior to acquiring the site, a developer had installed wooden docking with finger slips which was designed for light residential use. The developer had intended to construct condominiums and the purchase of each unit would include a boat slip and docking area. The existing dock area is in disrepair, does not have secure hand railings, or provide the stability required for year round heavy recreational use. The finger docks were removed by the County shortly after acquiring the site due to lack of stability and creating a serious safety hazard. Steinhatchee is the #1 tourism location in the County with recreational boating and fishing being key to the local economy. Steinhatchee Boat Ramp is in a prime location being located at the mouth of the Steinhatchee River and the Gulf. The boat ramp has been an extremely successful public/private partnership effort and in less than two years became the busiest boat ramp in Taylor County. In addition to the funding assistance provided by FWC to acquire the site, two key county employers donated \$100,000 towards the construction of the boat launch area and local citizens held fund raisers and donated \$15,000 towards the project. Per the Taylor County Tourism Development Authority and the Boating Access and Economic Valuation in Taylor County, Florida completed through a Sea Grant, recreational fishing and boating has an annual economic impact of over \$14M on Taylor County, creating more than 170 jobs. This is critically important as Taylor County is designated as "one of critical economic concern" and is a "Rural Area of Opportunity". Steinhatchee is a designated Waterfronts Florida Community. 85.7% of the Steinhatchee Boat Ramp users are from out of County, with 33.3% being from out of state. 83.5% of the expenditures and purchases made by visitors to the area remain in the County. As this is the ONLY public boat ramp in Steinhatchee, having a safe, user-friendly facility with adequate amenities is critical for the economic growth generated by recreational fishing and boating in Steinhatchee.

### III - FACILITY INFORMATION

a. Facility Name: Steinhatchee Boat Ramp

b. Type of Facility:

☒ Existing Boat Ramp / Public Launching Facility

☐ Existing Marina / Tie-up / Overnight Moorage Facility

☐ Proposed Boat Ramp / Public Launching Facility

☐ Proposed Marina / Tie-up / Overnight Moorage Facility

☐ Other: \_\_\_\_\_

c. Facility location:

County: Taylor

Water body: Steinhatchee River/Gulf of Mexico

Township: 09

Section: 26

Range: 09

Latitude: N 29 deg. 40 min 22.63 sec.

Longitude: W 83 deg. 23 min. 33.06 sec.

Facility Street Address or Location: 100 Riverside Drive, Steinhatchee, FL 32359

d. Upland Ownership:

☒ Public - Fee Simple

☐ Public - Lease

Number of Years Remaining in Lease: \_\_\_\_\_

Name of Owner: Taylor County Board of Commissioners

e. Is this facility open to the general public? ☒ Yes

☐ No

f. Estimate Percent (%) Use of Launching Facility: 99% Motorboats/Sailboats 1% Non-Motorboats

g. Day Use, Parking or Launch Fee Amount: \$5.00

Tie-up/Overnight Moorage: \$ \_\_\_\_\_

h. Number of Launch Lanes: 2

Condition: ☒ New ☐ Good ☐ Average ☐ Poor

i. Number of Boarding Docks: 3

Length: 20 ft.

Condition: ☒ New ☐ Good ☐ Average ☐ Poor

Type of docks: ☐ Fixed Wooden ☐ Fixed concrete ☒ Floating ☐ Other : \_\_\_\_\_

j. Number of Boat Trailer Parking Spaces: 77

Condition: ☒ New ☐ Good ☐ Average ☐ Poor

k. Tie-up Dock or Moorage: 490Ft or \_\_\_\_\_ Slip

Condition: ☐ New ☐ Good ☐ Average ☒ Poor

Type of docks: ☐ Fixed Wooden ☐ Fixed concrete ☒ Floating ☐ Other : \_\_\_\_\_

l. Other Facility Attributes:

Restroom: ☐ Yes ☐ No ☒ Proposed

Other: Picnic Pavilion, Paved Parking, Boater Safety Signs

Pump out or Dump Station: ☐ Yes ☒ No

Other: Restroom Facility Pending 2015-2016 FBIP Grant

m. Names of adjacent boating facilities, public and private (ramps, tie-up facilities/marinas) within a 10-mile radius.

Name	Distance	Name	Distance
1. <u>Sea Hag Marina</u>	<u>1 mile</u>	2. <u>Gulf Stream Marina (Dixie Co.)</u>	<u>6 miles</u>
3. <u>River Haven Marina</u>	<u>2 miles</u>	4. <u>Jena Boat Ramp (Dixie Co.)</u>	<u>3.5 miles</u>
5. <u>Dallus Creek</u>	<u>8.5 miles</u>	6. _____	_____
7. _____	_____	8. _____	_____
9. _____	_____	10. _____	_____



#### IV – PROJECT DESCRIPTION

a. List Primary Need for Project:

☒ Safety

☒ Age-end of Useful Life

☒ Environmental Needs of the Area

☒ Other: Tourism Development

☒ High Demand by Users

☒ Recommended by FWC Staff

☐ Lack of In-house Capability

b. Need Statement:

Steinhatchee Boat Ramp along with Keaton Beach Boat Ramp are the most heavily used boating facilities in the County and are key for tourism development. Recreational boating has an economic impact of over \$14M on the County and creates over 170 jobs. As a County of "critical economic concern" the impact of boating facilities is extremely significant. Providing the amenities needed at boating facilities to promote tourism development is essential. Per the Boating Access and Economic Valuation in Taylor County, Florida Study, one of the key avoidance factors of a boating facility is inadequate docks. With this, providing safe, secure, user-friendly docking is critical. Steinhatchee Boat Ramp caters primarily to visitors from out of County (85.7%). A significant number of these boaters-48.3% spend 2 to 3 days in the area at an average cost of \$378 per night. It is important to note that 97% of all boaters who visit the County engage in fishing. Adequate, safe, secure docking and passenger/cargo loading areas is critical at County ramps, particularly high usage facility such as Steinhatchee Boat Ramp.

c. Approach (Scope of Work): Describe the project's scope of work by providing a list of tasks and deliverables:

The County will move forward with the project immediately after execution of a grant agreement as the design and engineering will be complete. As per documentation included in the grant attachments, the project is exempt from permitting.

Task 1: Advertise and receive bids, award contract and issue Notice To Proceed. Task will be complete within 60 days of grant contract execution.

Deliverable 1.1: Provide copies of final design and engineering documents to FBIP staff for final approval.

Deliverable 1.2: Provide FBIP staff bid documents, bid rankings, and Notice to Proceed prior to construction being underway.

Task 2: County to remove existing docks in disrepair and pipe remaining from the previously removed finger docks. Task will take 14 days to complete.

Deliverable 2.1: Provide pictures to FBIP documenting removal of existing docking and pipes.

Task 3: Construction and installation of aluminum surfaced poly tub floating docks with protective hand railings on new 6" pilings and installation of aluminum floating finger docks on new 4" pilings. Task to take 60 days to complete.

Deliverable 3.1: Provide FBIP pictures and appropriate documentation of completion of project.

Task 4: County Engineer to inspect site and prepare final punch list for contractor. Engineer to make final inspection upon completion of punch list and approve final contractor payments. Task will be complete within 14 days.

Deliverable 4.1: Provide FBIP a list of changes or corrections and documentation all are complete.

Task 5: All invoices paid in reference to the project and final report submitted to FBIP with support documentation of completion of project including pictures. Task to take 21 days to complete.

Deliverable 5.1 Final report with support documentation submitted to FBIP.

Task 6: FBIP to make final inspections. County will make any changes requested by FBIP within 14 days.

Deliverable:6.1: Provide documentation of completion of any requested changes to FBIP.

The County anticipates the project to be complete within 183 days of grant contract execution.

d. Project Benefits:

Steinhatchee Boat Ramp is renowned for exceptional year round fishing and scalloping in the summer months. The facility is located in an excellent location, offering fresh water and saltwater fishing opportunities being located at the mouth of the Steinhatchee River and the Gulf. The boat ramp is nine nautical miles from the Steinhatchee Reef, and this extensive artificial reef system provides an abundant year round supply of trout, sheepshead, bluefish, and Spanish mackerel. Per [www.traveltips.usatoday.com](http://www.traveltips.usatoday.com), "Steinhatchee Florida has long been considered a fishermen's utopia". As Florida is known as the "Fishing Capital of the World", Steinhatchee without a doubt is a fisherman's paradise. Taylor County's tourism trade is largely dependent on the many visitors to the area who come specifically for recreational fishing and boating. 85.7% of the boaters who access the Steinhatchee Boat Ramp are from out of county, with 33.3% being from out of state. With an estimated 3.2M anglers visiting Florida annually, it is essential for not only local tourism development but also for the state wide tourism trade that boat ramps which attract and accommodate large numbers of visitors year round have the amenities needed to accommodate anglers and their families in a safe, efficient, and user-friendly manner. The proposed docking project provides for a safe, easy access to the water, user friendly boating facility promoting Florida as an outstanding place to visit AND fish.



**V – BUDGET**

a. Has a detailed cost estimate been developed for this project? If yes, attach a copy to application.

☐ Yes, Preliminary☒ Yes, Final☐ No**b. PROJECT COST: NON-CASH/IN-KIND**

Cost Item	Planning/Pre-Construction Costs		Construction Costs	TOTAL
	Pre-Award	Post-Award		
Administration	\$	\$	\$ 2,038	\$ 2,038
Project Management	\$	\$	\$ 4,362	\$ 4,362
In-Kind Engineering	\$	\$	\$ 3,200	\$ 3,200
In-Kind Labor	\$	\$	\$ 5,417	\$ 5,417
In-Kind Materials	\$	\$	\$	\$
In-Kind Equipment	\$	\$	\$	\$
Total Non-Cash/In-Kind Services:	\$	\$	\$ 15,017	\$ 15,017

**c. PROJECT COST: CASH FUNDS**

Cost Item	Planning/Pre-Construction Costs		Construction Costs	TOTAL
	Pre-Award	Post-Award		
Administration / Project Management	\$	\$	\$	\$
Design / Engineering	\$	\$	\$	\$
Permitting	\$	\$	\$	\$
Construction / Repair: Boat Ramps	\$	\$	\$	\$
Construction / Repair: Lifts, Hoists, Marine Railways	\$	\$	\$	\$
Construction / Repair: Piers or Docks	\$	\$	\$ 288,240	\$ 288,240
Construction / Repair: Parking	\$	\$	\$	\$
Construction / Repair: Restrooms	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$ 288,240	\$ 288,240

d. TOTAL COST: (non-cash/in-kind + cash funds) \$ \$ \$ 303,257 \$ 303,257

**e. COST SHARE:**

Grantee Share:	\$ 87,017
Partnerships (Other sources of funds):	\$
FBIP Grant Request:	\$ 216,240
Total Project Cost:	\$ 303,257

## VI - OTHER SOURCE OF FUNDS (Partnerships)

a. Funding source / Agency: \_\_\_\_\_

b. Type of funding: ☐ Federal grant ☐ State/Local grant ☐ Loan

c. Grant Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

d. Approval Status: ☐ Approved ☐ Pending ☐ Intend to Apply, Date: \_\_\_\_\_

a. Funding source / Agency: \_\_\_\_\_

b. Type of funding: ☐ Federal grant ☐ State/Local grant ☐ Loan

c. Grant Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

d. Approval Status: ☐ Approved ☐ Pending ☐ Intend to Apply, Date: \_\_\_\_\_

a. Funding source / Agency: \_\_\_\_\_

b. Type of funding: ☐ Federal grant ☐ State/Local grant ☐ Loan

c. Grant Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

d. Approval Status: ☐ Approved ☐ Pending ☐ Intend to Apply, Date: \_\_\_\_\_

## VII - PROJECT ENGINEERING AND CONSTRUCTION

a. Who is or will be completing project design/engineering?

- ☒ Applicant's Own Staff
- ☐ Consulting Engineers
- ☐ N/A (Materials or Equipment Purchase)
- ☐ Other:

b. Level of engineering completed at time of application:

- ☐ None
- ☐ Conceptual (Master Plan Phase)
- ☐ Preliminary
- ☒ Final (Ready to Bid)

## VIII - PERMITS

	Submitted	Approved	N/A
a. Florida Department of Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Florida Fish and Wildlife Conservation Commission*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. U.S. Army Corps of Engineers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Local and Others (If needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* Note: Projects involving mooring buoys must be permitted pursuant to Chapter 68D-23, F.A.C.

## **IX – ENVIRONMENTAL ASSESSMENT**

a. Explain how the project may impact the environment and describe any mitigation or actions proposed to minimize impacts.

The project will have a positive impact on the environment and coastal habitat. The existing docks constructed of treated lumber will be removed and replaced with aluminum docking. Removing the lumber will reduce the potential of chemical intrusion into the underlying water surface and the pristine ecological environment of the Steinhatchee River tributary. Environmentally friendly, corrosion resistant, marine grade aluminum with a textured surface for maximum slip resistance will be used for the construction of the docks. The marine grade aluminum will ensure for long term wear and durability with little to no maintenance required. The protective handrailings will also be constructed of marine and pedestrian grade aluminum providing for the same durability and low maintenance standards. Currently, due to the instability of the existing wooden dock and lack of finger docks, boat passengers frequently walk along the edge of the north-west shoreline of the facility to board boats waiting in a shallow area. The coastal vegetation on this shoreline was restored in 2012 after being significantly damaged by the developer who had previously owned the site. The new finger docks will enable passengers to board and load cargo safely and efficiently thus eliminating foot traffic on the shoreline and marsh area. There are no known endangered animal or plant species which will be adversely impacted by the proposed project.

## **X – BOATER SAFETY**

a. Explain how the project may affect boater safety whether positively or negatively.

Steinhatchee Boat Ramp has high useage year around and the proposed project will definitely have a positive impact on boater safety. The existing wooden docks are in disrepair, do not have secure, safe handrailings, and do not have sufficient stability required for the heavy use of the facility. The finger docks have been removed due to being very unsafe and unstable. The existing docks and finger docks which have been removed were on site when the County purchased the location and had been designed and constructed for residential use only. Prior to the County purchasing the site, a developer had planned on constructing condominiums at the location and each unit was to include a boat slip and docking area. The Steinhatchee Boat Ramp has high recreational useage year around. The boat ramp has 77 parking spaces and a parking overflow area of 2 acres across the street and both are frequently filled to capacity. Providing safe, slip resistant docking with protective hand railings constructed to accommodate high recreational use is essential for boater safety. The new docking area will also provide for handicap accessibily and be in compliance with ADA standards. The new docking and finger slips will assist in alleviating the traffic congestion in the immediate area of the boat launch by providing an area where boaters can load/unload passengers and vessel cargo and equipment thus making for a much safer launching area, particularly for the many families who access the boat ramp with children.

## XI – APPLICATION ATTACHMENTS CHECKLIST

Submit one (1) signed original plus two (2) photocopies of the application with attachments and an electronic copy on CD.

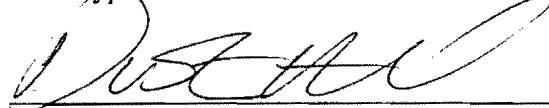
Inc.	--- Required Attachments ---
<input checked="" type="checkbox"/>	a. <b>Cover Letter:</b> application transmittal cover letter (Identify priority rank with multiple applications).
<input checked="" type="checkbox"/>	b. <b>Application:</b> One (1) application with original signature from authorized individual.
<input checked="" type="checkbox"/>	c. <b>Resolution:</b> An adopted resolution, by the Governing Body, authorizing that the Project Manager has the authority to apply for and administer the grant on behalf of the applicant. If the Applicant is applying on behalf of another public entity, then a Memorandum of Understanding between the Applicant and the public entity must also be submitted.
<input checked="" type="checkbox"/>	d. <b>Boundary Map:</b> indicate boundary of the project area.
<input checked="" type="checkbox"/>	e. <b>Site Control Documentation:</b> (e.g. a deed, lease, results of title search, etc. for the project site.)
<input checked="" type="checkbox"/>	f. <b>Existing Condition Photographs:</b> (sufficient to depict the physical characteristics of the project area)
<input checked="" type="checkbox"/>	g. <b>Aerial Photographs:</b> (marked with the approximate boundaries of the project site)
<input checked="" type="checkbox"/>	h. <b>Detailed Cost Estimate:</b> Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer's cost estimate.
<input checked="" type="checkbox"/>	i. <b>Navigational Chart:</b> An 8.5" x 11" photocopy of a current NOAA North American Datum 83 nautical chart (provide the NOAA chart name and number) indicating the precise location of the project site.
<input checked="" type="checkbox"/>	j. <b>Permits: (For construction projects only)</b> Photocopies of necessary project permit(s). If exempt, provide notification of exemption from permitting agency.
--- Optional Attachments ---	
<input checked="" type="checkbox"/>	k. <b>Plans:</b> preliminary site plan or conceptual plan (if completed).
<input checked="" type="checkbox"/>	l. <b>Support/Opposition:</b> Attach letters of known public support or known public opposition.

### APPLICANT SIGNATURE

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority including the necessary requisite property interests to undertake the proposed activities.

I also certify that the Applicant's governing body is aware of and has authorized the Project Manager as the official representative of the Applicant to act in connection with this application and subsequent project as well as to provide additional information as may be required. By signature below, the Applicant agrees to comply with all applicable federal, state, and local laws in conjunction with this proposal and resulting project so approved.

Dustin Hinkel  
Print/Type Name

  
Applicant Signature

County Administrator  
Title

3/29/16  
Date

WARNING: "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083." § 837.06, Florida Statutes.

NOTE: Instruction and further information regarding this application and the Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or you may contact the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600; or email fbip@MyFWC.com.



## TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

DUSTIN HINKEL, County Administrator  
201 East Green Street  
Perry, Florida 32347  
(850) 838-3500, extension 7 Phone  
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney  
Post Office Box 167  
Perry, Florida 32348  
(850) 584-6113 Phone  
(850) 584-2433 Fax

Upon motion of Commissioner Page with second by  
Commissioner Patterson and vote of 4-0 The Board of Taylor County  
Board of County Commissioners, adopt the following resolution:

### RESOLUTION

**Whereas**, the State of Florida Fish and Wildlife Conservation Commission established the Florida Boating Improvement Program, and

**Whereas**, The Board of County Commissioners, Taylor County, Florida is eligible to receive a grant awarded under this program to improve the County's boating areas for it's citizens, and

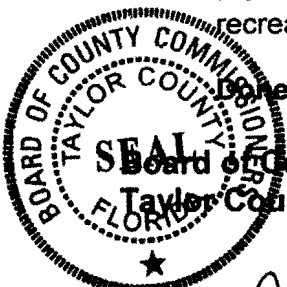
**Whereas**, The Board authorizes Jody DeVane, Chairman, or Dustin Hinkel, County Administrator to file and execute any contracts or documents and apply for and administer a grant on behalf of the applicant for the Steinhatchee Boat Ramp Docking Area Rehabilitation Project, and

**Whereas**, The Board of County Commissioners of Taylor County certifies that the Steinhatchee Boat Ramp Docking Area Rehabilitation Project is included on the Capital Improvements Plan of the Taylor County Comprehensive Plan.

**Therefore, be it resolved by the Board that:**

1. The Taylor County Board of Commissioners is eligible to submit grant application for funding assistance to the Florida Boating Improvement Program for improvements to and the rehabilitation of recreational boating facilities at Steinhatchee Boat Ramp.
2. The Taylor County Board of County Commissioners support grant application to the Florida Boating Improvement Program for improvements to and the rehabilitation of recreational boating facilities at Steinhatchee Boat Ramp.

**Done and Ordered** in regular session at Perry, Florida this 22<sup>nd</sup> day of March, 2016.



Board of County Commissioners  
Taylor County, Florida

Attest: Annie Mae Murphy  
Annie Mae Murphy, Clerk

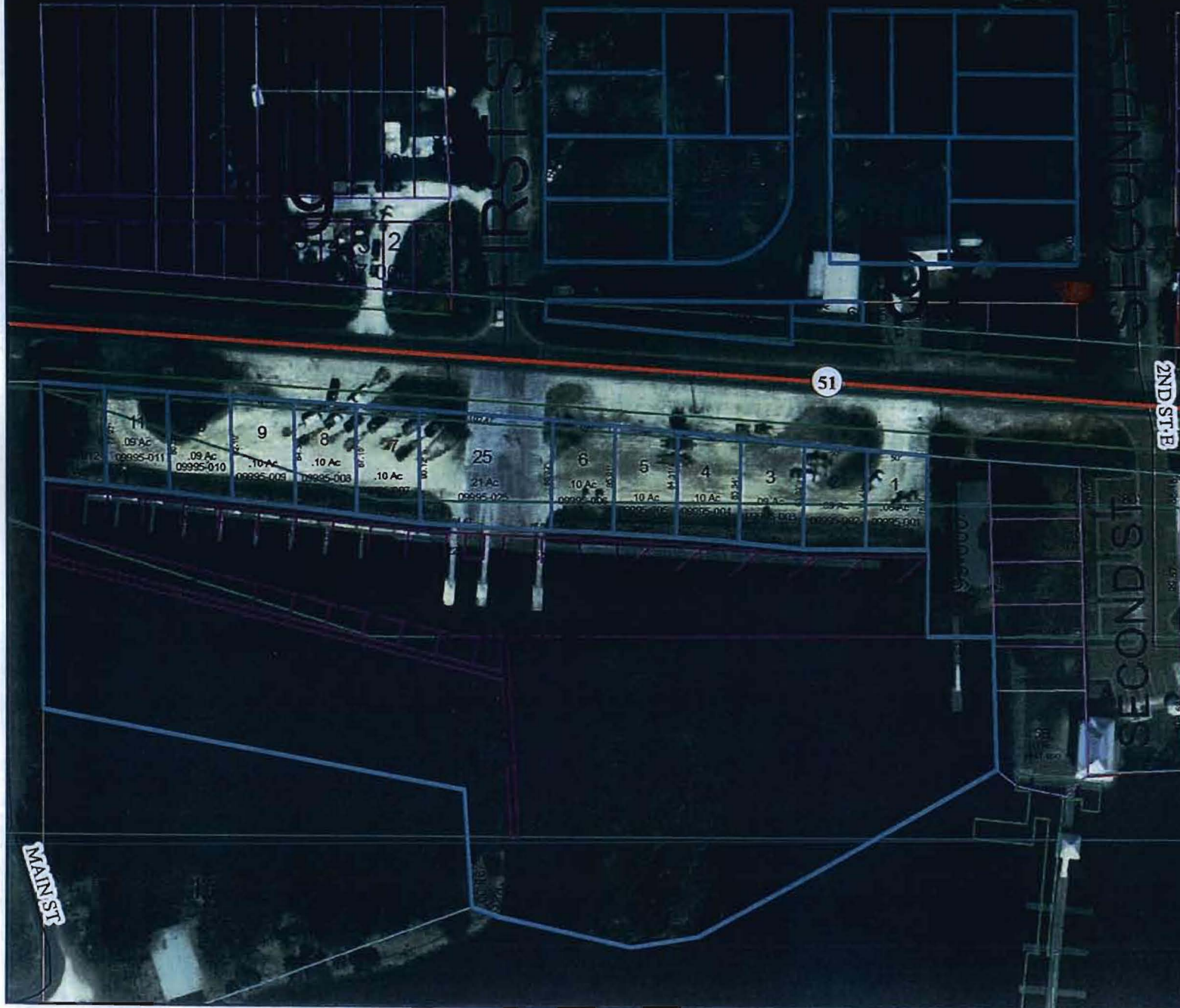
By: Jody DeVane  
Jody DeVane, Chairman



# Taylor County GIS Mapping

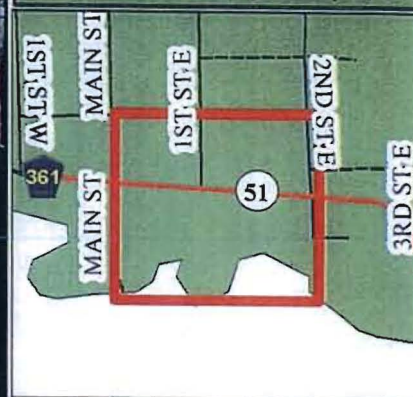
## Legend

-  State/ US Highway
-  Major Road
-  Minor Road
-  Graded Road



1 inch = 111 feet

Printed On: Tuesday, February 24, 2015



MAP PREPARED BY THE TAYLOR COUNTY ENGINEERING DEPARTMENT  
This information was compiled from the best information available and the Taylor County Board of Commissioners assumes no responsibility for errors or omissions.

## Kenneth Dudley

---

**From:** Kenneth Dudley  
**Sent:** Tuesday, March 15, 2016 3:11 PM  
**To:** 'Kauffman, Brian'  
**Cc:** Melody Cox; Dustin Hinkel  
**Subject:** RE: Steinhatchee Boat Ramp and Dock (Riverside Drive)

Thank you Mr. Kauffman.

We are still at the point of seeking a grant but will make every effort to keep you informed of this project's progress if and when it becomes a reality.

---

**From:** Kauffman, Brian [mailto:[bck@srwmd.org](mailto:bck@srwmd.org)]  
**Sent:** Tuesday, March 15, 2016 2:50 PM  
**To:** Kenneth Dudley  
**Cc:** Melody Cox; Dustin Hinkel  
**Subject:** Steinhatchee Boat Ramp and Dock (Riverside Drive)

Good Afternoon Kenneth,

The Steinhatchee Boat Ramp and Dock on Riverside Drive were permitted by the Suwannee River Water Management District (District) on February 2, 2011 under permit ERP11-0015. When the District updated to the new state wide EREG permitting system, a new number, ERP-123-211758-1, was assigned to this permit. Please use this new number in all future correspondence. Our records also indicate that the U.S. Army Corps of Engineers permit SAJ-2006-1369 was issued to the previous landowner and was transferred to the Taylor County for this project.

~~Replacing the existing broken dock with a substantial concrete structure with the existing permit will be a substantial improvement to the dock and would not require any additional permits.~~

Please feel free to give me a call if we can be of any further assistance.

Brian

Brian Kauffman, P.E.  
Senior Professional Engineer  
Suwannee River Water Management District  
9225 CR 49, Live Oak, FL 32060  
386.362.1001  
800.226.1066 (FL Toll Free)  
mobile 386.364.9189  
[bck@srwmd.org](mailto:bck@srwmd.org)  
[www.mysuwanneeriver.com](http://www.mysuwanneeriver.com)  
Let us know how we're doing: [Contact Us](#)





**Estimate of Probable Cost**

**Project:** Steinhatchee Boat Ramp - Dock Replacement  
**Program:** Florida Boating Improvement Program  
**Date:** Tuesday, March 22, 2016  
**Prepared By:** Kenneth Dudley

**Floating Docks**

Description	Width LF	Length LF	Quantity	Unit SF	Unit Price	Cost
West Main Dock	8	20	13	2,080	\$ 30.00	\$ 62,400.00
East Main Dock	8	20	13	2,080	\$ 30.00	\$ 62,400.00
Dock Install			26		\$ 100.00	\$ 2,600.00
20' Handrail			26		\$ 650.00	\$ 16,900.00
New 6" Pilings w/ install			30		\$ 1,550.00	\$ 46,500.00
<b>Subtotal</b>						<b>\$ 190,800.00</b>

**Finger Docks**

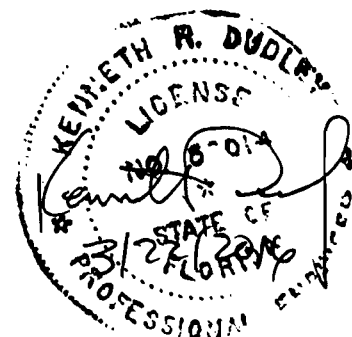
Description	Width LF	Length LF	Quantity	Unit SF	Unit Price	Cost
West Side	6	20	6	720	\$ 30.00	\$ 21,600.00
East Side	6	20	6	720	\$ 30.00	\$ 21,600.00
Dock Install			12		\$ 100.00	\$ 1,200.00
New 4" Pilings w/ install			48		\$ 1,105.00	\$ 53,040.00
<b>Subtotal</b>						<b>\$ 97,440.00</b>

**Contractual Services Total \$ 288,240.00**

**In-Kind Services**

Description	Width LF	Length LF	Quantity	Unit SF	Unit Price	Cost
PW West Dock Removal	6	250	1	1,500	\$ 1.84	\$ 2,763.98
PW East Dock Removal	6	240	1	1,440	\$ 1.84	\$ 2,653.42
Design & Engineering			40.00	1	\$ 80.00	\$ 3,200.00
Administration & Project Management			80.00	1	\$ 80.00	\$ 6,400.00
<b>Subtotal</b>						<b>\$ 15,017.40</b>

**Project Total \$ 303,257.40**



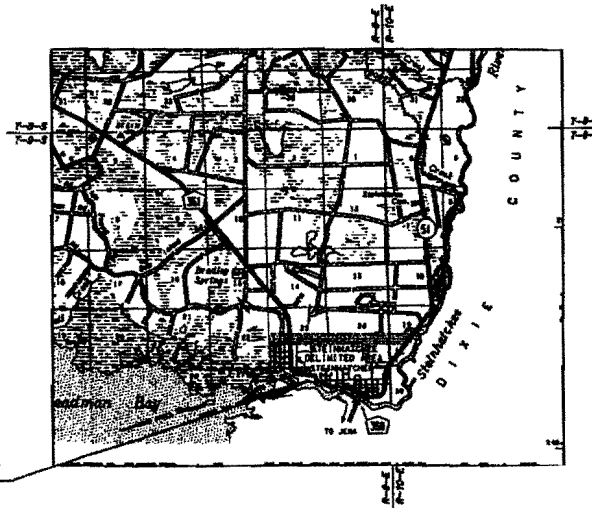
# TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

## STEINHATCHEE BOAT RAMP FLORIDA BOATING IMPROVEMENT PROGRAM DOCK REPLACEMENT

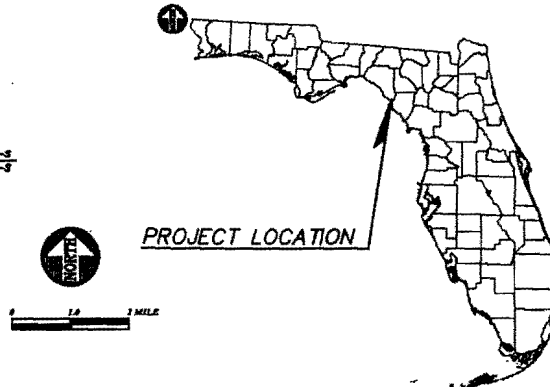
PLAN INDEX	
SHEET	DESCRIPTION
1	COVER AND INDEX
2	EXISTING CONDITIONS
3	NEW CONDITION

TAYLOR COUNTY PROJECT NO. 2006-005-ENG

PROJECT LOCATION  
S 26 T 09S R 09E



VICINITY MAP  
N.T.S.



LOCATION MAP  
N.T.S.

**BEFORE YOU DIG!**  
CALL SUNSHINE STATE ONE CALL OF FLORIDA  
AT LEAST TWO FULL BUSINESS DAYS BEFORE  
DIGGING OR DISTURBING EARTH

**811**

Know what's below.  
Call before you dig.

**1-800-432-4770**

GOVERNING STANDARDS AND SPECIFICATIONS:  
FLORIDA DEPARTMENT OF TRANSPORTATION,  
DESIGN STANDARDS DATED JANUARY 2010,  
STANDARD SPECIFICATIONS FOR ROAD AND  
BRIDGE CONSTRUCTION DATED 2010, AND  
TAYLOR COUNTY LAND DEVELOPMENT REGULATIONS,  
AS AMENDED BY CONTRACT DOCUMENTS.

SHOP DRAWINGS TO BE SUBMITTED TO:

BRENT BURFORD  
TAYLOR COUNTY ENGINEERING DIVISION  
201 EAST GREEN STREET  
PERRY, FL 32347

NOTE: ALL ELEVATIONS ARE NORTH  
AMERICAN VERTICAL DATUM NAVD88.

NOTE: THE SCALE OF THESE PLANS MAY  
HAVE CHANGED DUE TO REPRODUCTION.

CONSTRUCTION PLANS  
ENGINEER OF RECORD: KENNETH R. DUDLEY  
P.E. NO.: 58014

PROJECT NO. 2006-005-ENG	PROJECT NAME 39R DOCK REPLACEMENT	SHEET NO. 1	COVER AND INDEX DATE 03/18/16	SCALE AS SHOWN	SHEET 1 OF 3
<b>TAYLOR COUNTY ENGINEERING DIVISION</b> <b>BOARD OF COUNTY COMMISSIONERS</b> 201 E. GREEN STREET PERRY, FL 32347 PH: (904) 638-3800 FAX: (904) 638-3801 E-MAIL: county_engineering@taylorcounty.com					
KENNETH R. DUDLEY 58014					

# STEINHATCHEE BOAT RAMP FBIP GRANT APPLICATION

FIRST STREET EAST

EXISTING  
STORMWATER POND

EXISTING  
BUILDING

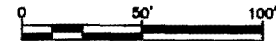
RIVERSIDE DRIVE (SR 51)

250 LF WOOD DOCK  
W/ SHORE SIDE GUARDRAIL  
& GALVANIZED PILING

(REMOVED)  
3 FT x 20 FT FINGER DOCK  
W/ GALVANIZED PILING

ORIGINAL FLOATING DOCK

240 LF WOOD DOCK  
W/ SHORE SIDE GUARDRAIL  
& GALVANIZED PILING



PROJECT NAME SBR DOCK REPLACEMENT		PROJECT NO. 2006-005-ENG	
SHEET TITLE EXISTING CONDITIONS		SHEET NO. 2	
DATE 03/10/16		SCALE 1" = 50'	
PROJECT LOCATION SR 51, 5100' E		PROJECT LOCATION DOCK	
<p><b>TAYLOR COUNTY ENGINEERING DIVISION</b>  <b>BOARD OF COUNTY COMMISSIONERS</b>          201 E. GREEN STREET, P.O. BOX 1347          P.O. BOX 1347, TALLAHASSEE, FL 32301          T: 904.243.3300 F: 904.243.3301          E: taylorcountyengineering@taylorcountyfl.gov</p>			
DATE 3/10/2016 10:11 PM	REVISION	KENNETH R. DIXLEY	50014
TAYLOR COUNTY ENGINEERING DIVISION		TAYLOR COUNTY ENGINEERING DIVISION	

STEINHATCHEE BOAT RAMP  
FBIP GRANT APPLICATION

FIRST STREET EAST

EXISTING  
STORMWATER POND

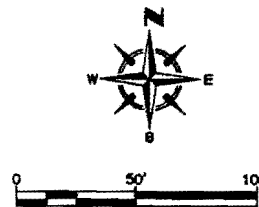
EXISTING  
BUILDING

RIVERSIDE DRIVE (SR 51)

13 - 8 FT x 20 FT DOCK  
W/ SHORE SIDE GUARDRAIL  
& 6" GALVANIZED PILINGS

6 FT x 20 FT FINGER DOCK  
W/ INTERNAL 4" GALVANIZED PILINGS

REPLACEMENT FLOATING DOCK

[illegible]



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Agriculture, *Chair*  
Appropriations Subcommittee on Education, *Vice Chair*  
Appropriations  
Banking and Insurance  
Education Pre-K - 12  
Rules

**SENATOR BILL MONTFORD**

3rd District

March 28, 2016

Mr. Tim Woody, Program Administrator  
Florida Boating Improvement Program  
Florida Fish and Wildlife Conservation Commission  
620 South Meridian Street  
Tallahassee, FL 32399

Dear Mr. Woody,

The purpose of this letter is to express my full support for the Taylor County Florida Boating Improvement Program Grant Application for the Steinhatchee Boat Ramp improvements, which should complete the development of this site, which began in 2011.

Located at the mouth of the Steinhatchee River and the Gulf of Mexico, the Steinhatchee Boat Ramp location allows fishing opportunities for both fresh and saltwater fishing. This location is probably why the boat ramp is the number one tourism site in the County and is used year round; therefore, providing safe and adequate facilities at the ramp is essential for continued economic development in Taylor County.

I understand the existing dock is wooden and in disrepair, has no handicap accessibility or rails, and is very unstable. In fact, the county removed the finger docks because they were very unsafe. Taylor County reports the boat ramp is in need of construction and installation of a docking area with hand rails with twelve finger docks.

Taylor County is a Rural Area of Opportunity, and Steinhatchee is designated as a Waterfronts Florida Community so approval of this grant will help maintain one of the County's chief economic engines.

Thank you for your past grant awards for this project, and I am pleased to voice my full support for this grant application and look forward to assisting and helping promote the Steinhatchee Boat Ramp in the future.

Sincerely,

A handwritten signature in black ink that reads "Bill Montford".

William J. Montford, III  
Florida State Senator – District 3

BJM:mam

REPLY TO:

☐ 214 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5003  
☐ 20 East Washington Street, Suite D, Quincy, Florida 32351 (850) 627-9100

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore



# Florida House of Representatives

*Representative Halsey Beshears*

District 7

303 House Office Building  
402 South Monroe Street  
Tallahassee, FL 32399  
(850) 717-5007  
Fax: (850) 413-0419

215 North Jefferson Suite 4  
Monticello, FL 32344  
(850) 342-0016  
Fax: (850) 342-0018

107 North Jefferson St.  
Perry, FL 32347  
(850) 584-2828  
Fax: (850) 584-2855

78 11<sup>th</sup> St. Suite 5  
Apalachicola, FL 32320  
(850) 653-1213  
Fax: (850) 653-1254

Email: [halsey.beshears@myfloridahouse.gov](mailto:halsey.beshears@myfloridahouse.gov)

March 29, 2016

Tim Woody  
Florida Boating Improvement Program  
Florida Fish & Wildlife Conservation Commission  
620 S. Meridian St.  
Tallahassee, FL 32399

Dear Mr. Woody:

I would like to lend my support to a grant application of the Taylor County Board of County Commissioners to the Florida Boating Improvement Program.

The grant will provide funding assistance for the construction and installation of a docking area with hand railings and twelve finger docks at Steinhatchee Boat Ramp. Steinhatchee is the #1 tourism site in the County and providing adequate and safe facilities at the boat ramp is essential for continued economic development. 85.7% of the users at this boat ramp are from out of county with 34% of those being from out of state.


The existing dock is wooden and in disrepair, has no hand railings, is very unstable, and has no handicap accessibility. The boat ramp is located at the mouth of the Steinhatchee River and the Gulf of Mexico, providing both fresh and saltwater fishing opportunities, and is heavily used year round. Taylor County is a Rural Area of Opportunity and Steinhatchee is a designated Waterfronts Florida Community.

Please give your consideration to this grant application. If I can offer additional assistance, please feel free to contact me.

Respectfully Yours,

Halsey Beshears  
State Representative  
House District 7

*Committees: \*Business & Professions Subcommittee - Chair*  
*\*Energy & Utilities Subcommittee - Vice-Chair*  
*\*Joint Committee on Public Counsel Oversight*  
*\*Highway & Waterway Safety Subcommittee\*Regulatory Affairs Committee*

TAYLOR COUNTY BOARD OF COMMISSIONERS	
County Commission Agenda Item	
<b>SUBJECT/TITLE:</b> 	THE BOARD TO APPROVE THE REQUEST OF REMOVING COUNTY ASSETS THAT ARE UNDER THE PURCHASING THRESHOLD OF \$1000, FROM COUNTY INVENTORY, AS AGENDED BY THERESA COPELAND, IT DIRECTOR
<b>MEETING DATE REQUESTED:</b>	APRIL 19, 2016

**Statement of Issue:** BOARD TO APPROVE REQUEST TO REMOVE ASSETS UNDER \$1000

**Recommended Action:** APPROVE

**Fiscal Impact:** SEE ATTACHED DOCUMENTATION

**Budgeted Expense:** Y/N

**Submitted By:** THERESA COPELAND

**Contact:** 838-3500 EXT. 108

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:**

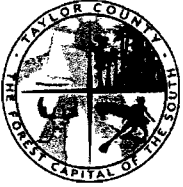
**Options:** APPROVE / DISAPPROVE

**Attachments:** DISPOSITION LIST



4934	250	LIVE TRAP	surplus	6507	192	ADAPTER	surplus
4935	250	LIVE TRAP	surplus	6554	192	BLOWER	surplus
5293	250	ZOLLAR PUMP	surplus	6636	192	REFRIDGERATOR	surplus
5326	250	INSTALLATION	surplus	2886	240	LAMINATOR	surplus
5383	250	SUMP PUMP	surplus	2925	240	combiner	surplus
5414	250	SUMP PUMP	surplus	3833	240	high chair	surplus
5477	250	EXHAUST FAN	surplus	3530	240	ac unit	surplus
5536	250	SUMP PUMP	surplus	4279	240	color tv	surplus
5852	250	DOG CAGE	surplus	4654	240	flag pole	surplus
6193	250	LIGHT BAR	surplus	4759	240	stove	surplus
6360	250	RIFLE	surplus	3927	261	trailer	surplus
6361	250	DRYER	surplus	3971	261	pallet truck	surplus
6751-003	250	BEDLINER	surplus	4722	261	desk	surplus
9061-005	250	CEILING FANS	surplus	4969	261	radio	surplus
9061-009	250	FANS AND BLANKLETS	surplus	4969-001	261	cab speaker	surplus
9061-017	250	CONCRETE	surplus	4969-002	261	antenna	surplus
9061-018	250	IMPROVEMENT/ MATERIAL BLOCKS	surplus	4969-003	261	installation	surplus
9061-019	250	IMPROVEMENT MATERIAL 4X4	surplus	4670	261	radio	surplus
9161	191	GENERATOR	surplus	4670-001	261	radio	surplus
3252	191	GENERATOR	surplus	5422	261	pumphouse	surplus
3326	191	GENERATOR	surplus	5410	261	air gun	surplus
3254	191	AIR COMPRESSOR	surplus	5770	261	skid sprayer	surplus
3708	191	FANS	surplus	6177	261	air condition	surplus
3972	191	WORKSTATION	surplus	9033-001	261	railing	surplus
5134	191	CHAINSAW	surplus	9036-001	261	shelter	surplus
5137	191	CHAINSAW	surplus	9036-002	261	concrete for blue springs	surplus
5138	191	CHAINSAW	surplus	9036-003	261	material for blue springs	surplus
5281	191	HAND HELD	surplus	9036-006	261	pumphouse	surplus
5378	191	GENERATOR	surplus	9038-001	261	pumphouse	surplus
5400	191	RADIO	surplus	9040-002	261	pumphouse	surplus
5424	191	WARN GRILL	surplus	9041-003	261	pumphouse	surplus
5425	191	WARN GRILL	surplus	9042-001	261	lumber for building	surplus
7354	191	RADIO	surplus	9042-002	261	concrete slab	surplus

2049	192	TOOL CHEST	surplus	9042-003	261	supplies for concrete	surplus
2133	192	TOOL CHEST	surplus	6128	270	4drum containment	surplus
2680	192	MULTI TOOL - MANIFOLD	surplus	6212	270	storage cabinet	surplus
2681	192	RAM BUTT PLATE	surplus	9061-010	270	3000 psi concrete	surplus
3177	192	GENERATOR	surplus	9061-011	270	construction material	surplus
4808	192	CHAINSAW	surplus	9061-012	270	improvement tools	surplus
5605	192	TABLE AND CHAIRS	surplus	9061-013	270	electrical supplies	surplus
5657	192	MONITOR	surplus	4450	277	workstation	surplus
5682	192	LAWN MOWER	surplus	5847	277	microscope	surplus
5902	192	CHAINSAW	surplus	6371	277	monitor	surplus
6380	192	CLOSET	surplus	6718-001	277	bedliner	surplus
6381	192	CLOSET	surplus	2137	281	pump tank	surplus
4382	192	CLOSET	surplus	2644	281	insectiside pump	surplus
6383	192	CLOSET	surplus	2647	281	insectiside pump	surplus
6384	192	CLOSET	surplus	5019	281	laternal drawer	surplus
6385	192	CLOSET	surplus	5283	281	12ft hose	surplus
6386	192	CLOSET	surplus	5348	281	electric motor	surplus



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

4934

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
LIVE TRAP		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

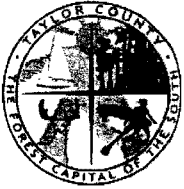
Dany Wambolt  
Department Head

[Signature]  
Chairman Signature

[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

[Signature]  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

4935

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
LIVE TRAP		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

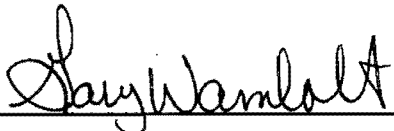
Type of Disposition: SURPLUS

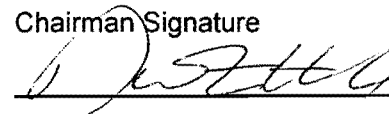
**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_


Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

  
Department Head

Chairman Signature  
  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

5293

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item ZOLLAR PUMP /FITTING	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

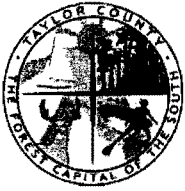
*Sally Wambolt*  
Department Head

\_\_\_\_\_  
Chairman Signature

*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

*[Signature]*  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

5326

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item INSTALL SECOND SUMP	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

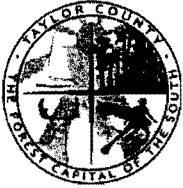
*Larry Wamboldt*  
Department Head

Chairman Signature

*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

*[Signature]*  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5383

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item MYERS SUMP PUMP	Room #	Make
Model	Year	Serial Number 63320-4
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Sally Wambolt  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

5414

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item 1 HSP SUMP PUMP	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

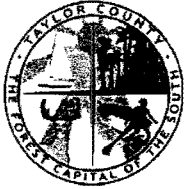
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dary Wambolt*  
Department Head

Chairman Signature  
*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

*[Signature]*  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

5477

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
EXAUST FAN		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Dave Wambolt  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS  
FROM: ANIMAL CONTROL  
Department Name

5536  
Clerk Asset Number:

0250  
DEPT Number

Board Asset Number:  
**DATE:** 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item SUMP PUMP	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

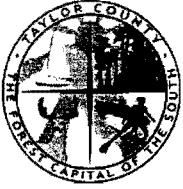
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Day Wambolt  
Department Head

Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

5852  
Clerk Asset Number:  
DEPT 0250  
Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item ALUMINUM DOG <del>DOG</del> <i>CAGE</i>	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

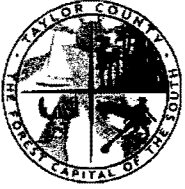
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

*[Signature]*  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

6193  
Clerk Asset Number:  
DEPT 0250  
Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item LIGHT BAR	Room #	Make
Model	Year	Serial Number PMK07034
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dary Wambert*  
Department Head

*[Signature]*  
Chairman Signature  
*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

*[Signature]*  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

6360

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
RIFLE		
Model	Year	Serial Number
		182-96620834
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

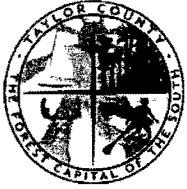
Larry Wambolt  
Department Head

[Signature]  
Chairman Signature

[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

6361

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
DRYER		
Model	Year	Serial Number
		PF752AX64CF
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature

[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ANIMAL CONTROL

Department Name

DEPT 0250

Number

6751-003

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item BEDLINER	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dary Wamboldt*  
Department Head

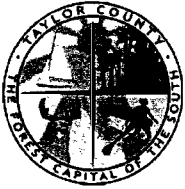
*[Signature]*  
Chairman Signature

*[Signature]*  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-005

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item CEILING FANS	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

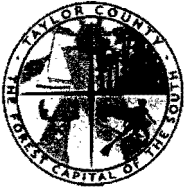
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Jay Wambeth  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

[Signature]  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-009

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item FANS AND BLANKLETS	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Sally Wasmuth*  
Department Head

*[Signature]*  
Chairman Signature

*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

*[Signature]*  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-017

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item CONCRETE	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

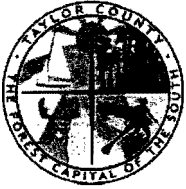
Gary Wamblat  
Department Head

\_\_\_\_\_  
Chairman Signature

[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

[Signature]  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-018

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item IMPROV. MATERIAL BLOCKS	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

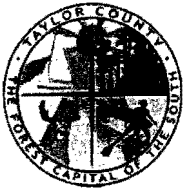
Gary Wambolt  
Department Head

\_\_\_\_\_  
Chairman Signature

[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-019

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: ANIMAL CONTROL

DEPT 0250

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
IMPROV. MATERIAL 4 X 4		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

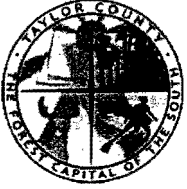
Gary Wamboldt  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

10  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

3161

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item GENERATOR	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) STATION 4

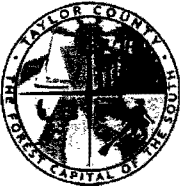
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

3252

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item GENERATOR 4000W	Room #	Make
Model	Year	Serial Number 59680260
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) STATION 4

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

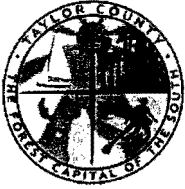
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: VFD ADVISORY

Department Name

3326

Clerk Asset Number:

DEPT 0191

Number

Board Asset Number:

DATE: 3-16-16


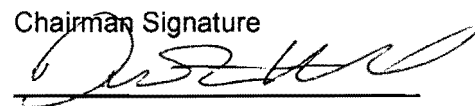
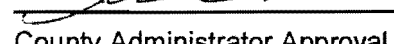
To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item GENERATOR	Room #	Make
Model	Year	Serial Number 2550366
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

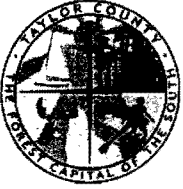
**DISPOSITION DATA**

Type of Disposition: <u>SURPLUS</u>	
<b>** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.</b>	
Explanation for Disposal: (required) _____	
Location: (required) _____	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____	
 Department Head	 Chairman Signature  County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

3254

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item AIR COMPRESSOR	Room #	Make
Model	Year	Serial Number 34206
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

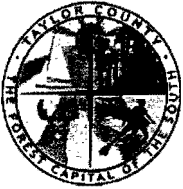
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

3708

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item FAN	Room #	Make
Model	Year	Serial Number 34206
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

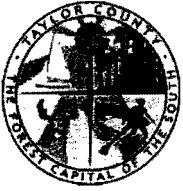
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
3972

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item WORKSTATION	Room #	Make
Model	Year	Serial Number 34206
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

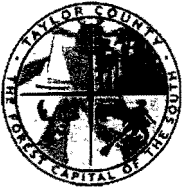
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5134

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item CHAINSAW	Room #	Make
Model	Year	Serial Number 00301291
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

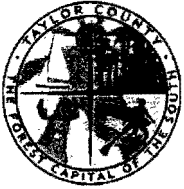
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

5137  
Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191  
Number

DATE: 3-16-16

Department Name

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item CHAINSAW	Room #	Make
Model	Year	Serial Number 000300910
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

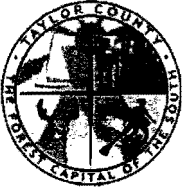
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_  
Date

[Signature]  
Department Head

[Signature]  
Chairman Signature  
[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: VFD ADVISORY

Department Name

5138

Clerk Asset Number:

DEPT 0191

Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item CHAINSAW	Room #	Make
Model	Year	Serial Number 000301240
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

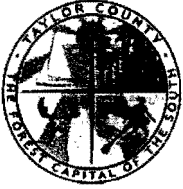
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5281

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item HAND HELD PITOT	Room #	Make
Model	Year	Serial Number G3753
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5378

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item GENERATOR	Room #	Make
Model	Year	Serial Number 85860552
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

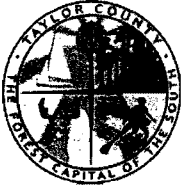
\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5400

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
RADIO		
Model	Year	Serial Number
		402TBN1558
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

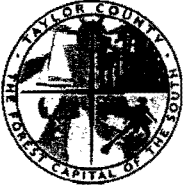
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5424

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item WARN GRILL	Room #	Make
Model	Year	Serial Number 714603
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5425

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item WARN GRILL	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

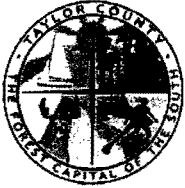
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

7354

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: VFD ADVISORY

DEPT 0191

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item RADIO	Room #	Make
Model	Year	Serial Number 038TLS1103
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

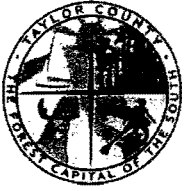
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

2049

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: COUNTY FIRE

DEPT 0192

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item tool chest	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

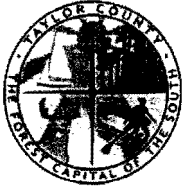
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

2133

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: COUNTY FIRE

DEPT 0192

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item tool chest	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

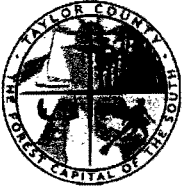
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature  
\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

2680

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: COUNTY FIRE

DEPT 0192

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
MUTLI TOOL - MANIFOLD		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

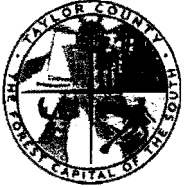
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

2681

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: COUNTY FIRE

DEPT 0192

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
RAM BUTT PLATE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

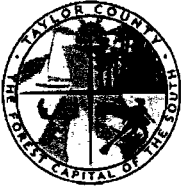
[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE  
Department Name

DEPT 0192  
Number

3177

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item GENERATOR	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

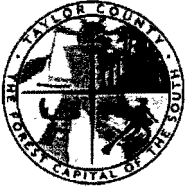
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

4808

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item CHAIN SAW	Room #	Make
Model	Year	Serial Number 8421440
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5605

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: COUNTY FIRE

DEPT 0192

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item TABLE W/ 6 CHAIRS	Room #	Make
Model	Year	Serial Number 8421440
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

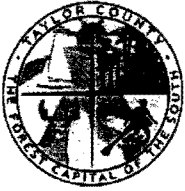
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

5657

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
COMPUTER MONITOR		
Model	Year	Serial Number
		8421440
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

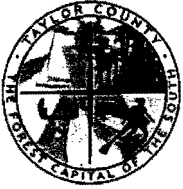
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

5682

Clerk Asset Number:

DEPT 0192

Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
LAWN MOWER		
Model	Year	Serial Number
		8421440
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

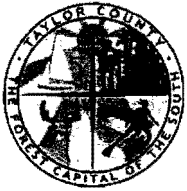
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE  
Department Name

5902

Clerk Asset Number:

DEPT 0192  
Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item CHAINSAW	Room #	Make
Model	Year	Serial Number 8421440
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

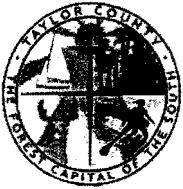
[Signature]  
Department Head

[Signature]  
Chairman Signature

[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6380

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item <i>Warehouse</i> WAREHOUSE CLOSET	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6381

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item <del>WAREHOUSE</del> CLOSET	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6382

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
<del>WAREHOUSE</del> CLOSET		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

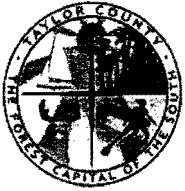
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6383

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item <del>WAREHOUSE</del> CLOSET	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

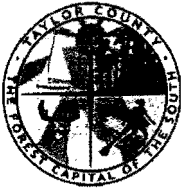
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6384

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
<del>WAREHOUSE</del> CLOSET		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

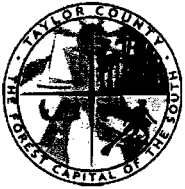
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature  
\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE  
Department Name

6385

Clerk Asset Number:

DEPT 0192  
Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item <del>WAREHOUSE</del> CLOSET	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

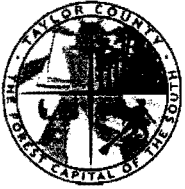
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

6386

Clerk Asset Number:

DEPT 0192

Number

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item WAREHOUSE CLOSET	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

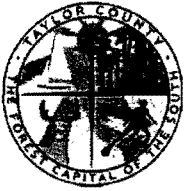
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6507

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
TRUUNK MOUNT ADAPTER		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

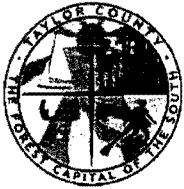
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: COUNTY FIRE

Department Name

DEPT 0192

Number

6554

Clerk Asset Number:

Board Asset Number:

DATE: 3-16-16

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
BLOWER		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

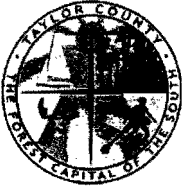
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

6636

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: COUNTY FIRE

DEPT 0192

DATE: 3-16-16

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
REFRIGERATOR		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

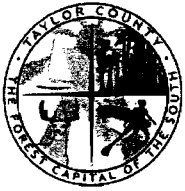
\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

2886  
Clerk Asset Number:

Board Asset Number: \_\_\_\_\_

FROM: EMERGENCY MEDICAL SERVICES DEPT 0240

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item LAMINATOR	Room #	Make
Model	Year	Serial Number PK-412-LAM
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

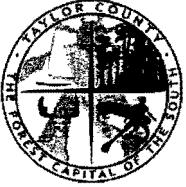
[Signature]  
Department Head

[Signature]  
Chairman Signature

[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

[Signature]  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: 2925

Board Asset Number: \_\_\_\_\_

FROM: EMERGENCY MEDICAL SERVICES DEPT 0240

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
COMBINER W/ TYPYE		
Model	Year	Serial Number
		MP535735
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature

[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

[Signature]  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

3833

Clerk Asset Number:

Board Asset Number:

FROM: EMERGENCY MEDICAL SERVICES DEPT

0240

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item HIGH CHAIR	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

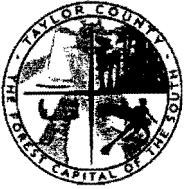
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

3930  
Clerk Asset Number:

Board Asset Number: \_\_\_\_\_

FROM: EMERGENCY MEDICAL SERVICES DEPT 0240

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item 5000 BTU WINDOW AC	Room #	Make
Model	Year	Serial Number QE2934641
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Department Head

Chairman Signature

County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

4279

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: EMERGENCY MEDICAL SERVICES DEPT

0240

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
19 COLOR TV		
Model	Year	Serial Number
		645537510
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

4654  
Clerk Asset Number:

Board Asset Number: \_\_\_\_\_

FROM: EMERGENCY MEDICAL SERVICES DEPT 0240  
Department Name Number

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item ALUMINUM FLAG POLE	Room #	Make
Model	Year	Serial Number L895A
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

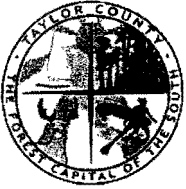
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

4759

Clerk Asset Number:

Board Asset Number:

FROM: EMERGENCY MEDICAL SERVICES

DEPT

0240

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item ROPER ELECTRIC STOVE	Room #	Make
Model	Year	Serial Number RJ2114597
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: \_\_\_\_\_

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: SOLID WASTE

Department Name

DEPT 0261

Number

3927  
Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
2 WHEEL TRAILER		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

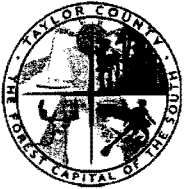
Gay Wambert  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: SOLID WASTE

Department Name

DEPT 0261

Number

3971

Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item PALLET TRUCK	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

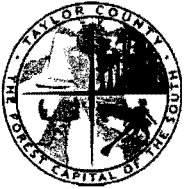
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Gary Wambolt  
Department Head

\_\_\_\_\_  
Chairman Signature  
\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: SOLID WASTE

Department Name

DEPT 0261

Number

4722

Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item CHERRY DESK	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

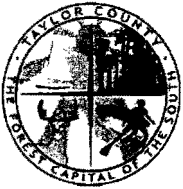
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Mary Lambert  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

4722- 001

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
011112		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Sally Wambolt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

4722-003

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE: \_\_\_\_\_

Department Name

Number

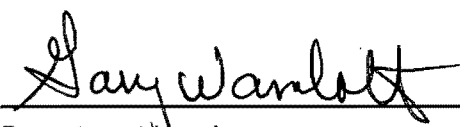
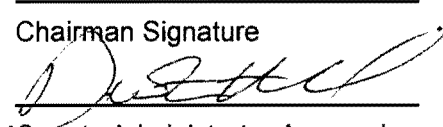

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

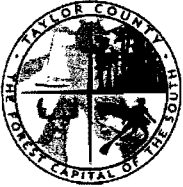
Name of Item	Room #	Make
STORAGE CABINET CHERRY		
Model	Year	Serial Number
Other Description: 2 DRAWER		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: <u>SURPLUS</u>	
<b>** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.</b>	
Explanation for Disposal: (required) _____	
Location: (required) _____	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____	
 Department Head	 Chairman Signature  County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
4722-00~~13~~

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
LATERNAL FILE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

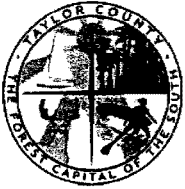
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Say Wambolt*  
Department Head

Chairman Signature  
*[Signature]*  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
4967

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item <i>50 Watt Radio</i>	Room #	Make
Model	Year	Serial Number 8N8080776
Other Description: 4967-001 Cab Speaker ( additional items needs to be 4967-002 Antenna deleted ) 4967-003 Installation		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
4968

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item <i>50 Watt Radio</i>	Room #	Make
Model	Year	Serial Number 8N8080777
Other Description: 4968-001 Cab Speaker ( additional items needs to be 4968-002 Antenna deleted ) 4968-003 Installation		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

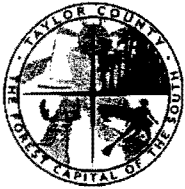
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Gary Wambolt*  
Department Head

Chairman Signature  
*[Signature]*  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
4969

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item <i>50 Watt Radio</i>	Room #	Make
Model	Year	Serial Number 8N8080775
Other Description: 4969-001 Cab Speaker ( additional items needs to be 4969-002 Antenna deleted ) 4969-003 Installation		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

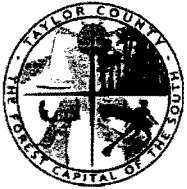
*[Signature]*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
4670

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
Base Radio--		
Model	Year	Serial Number
		8N8080778
Other Description: 4970-001 12 VDC POWER SUPPLY ( additional items needs to be deleted)		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Gary Wambolt  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5422

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
PUMPHOUSE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

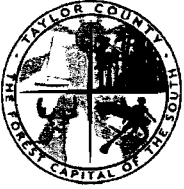
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Larry Wambert  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



# DISPOSITION OF ASSET REPORT

## TAYLOR COUNTY, FLORIDA

5410

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

**DATE:**

Department Name

Number

**To Whom It May Concern:**

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

### IDENTIFICATION DATA

Name of Item	Room #	Make
3/4 CP AIR GUN		
Model	Year	Serial Number
		01319A
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

### DISPOSITION DATA

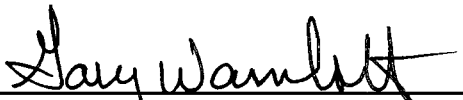
Type of Disposition: SURPLUS


**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

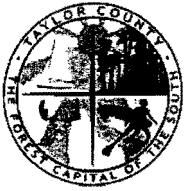
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_  
Date \_\_\_\_\_

  
Department Head

  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: SOLID WASTE  
Department Name

DEPT 0261  
Number

5770  
Clerk Asset Number:

Board Asset Number: \_\_\_\_\_

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
55 GAL SKID SPRAYER		
Model	Year	Serial Number
		1002
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

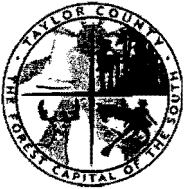
*Sally Wamboldt*  
Department Head

*[Signature]*  
Chairman Signature

*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: SOLID WASTE

Department Name

DEPT 0261

Number

6177

Clerk Asset Number:

Board Asset Number: \_\_\_\_\_

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
AIR CONDITIONER		
Model	Year	Serial Number
		QM1303014
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

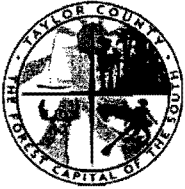
*Sam Wamboldt*  
Department Head

*[Signature]*  
Chairman Signature

*[Signature]*  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9033-001

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
MATERIAL RAILING		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Gay Wamboldt  
Department Head

Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9036-001

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: \_\_\_\_\_

Board Asset Number: \_\_\_\_\_

FROM: SOLID WASTE

DEPT 0261

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item SHELTER FOR SALEM	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Sally Wambert*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9036-002

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
CONCRETE FOR BLUE SPRINGS		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

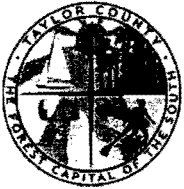
*Larry Wamlett*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9036-003

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
MATERIAL FOR BLUE SPRINGS		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

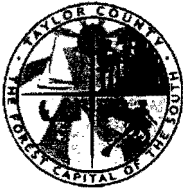
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9037-006

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: \_\_\_\_\_

Board Asset Number: \_\_\_\_\_

FROM: SOLID WASTE  
Department Name

DEPT 0261  
Number

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
PUMPHOUSE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

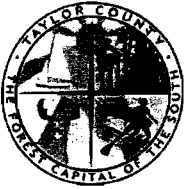
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dary Wamboldt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9038-001

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
PUMPHOUSE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

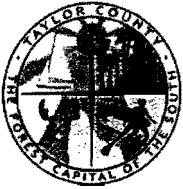
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9040-002

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: \_\_\_\_\_

Board Asset Number: \_\_\_\_\_

FROM: SOLID WASTE  
Department Name

DEPT 0261  
Number

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
PUMPHOUSE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

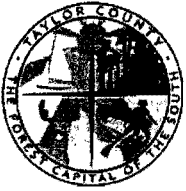
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dany Wambolt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9041-003

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: \_\_\_\_\_

Board Asset Number: \_\_\_\_\_

FROM: SOLID WASTE  
Department Name

DEPT 0261  
Number

DATE: \_\_\_\_\_

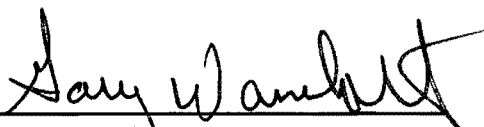
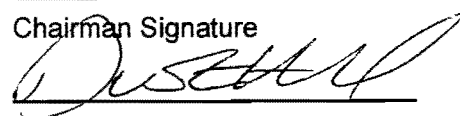
To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

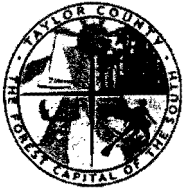
Name of Item	Room #	Make
PUMPHOUSE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: <u>SURPLUS</u>	
<b>** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.</b>	
Explanation for Disposal: (required) _____	
Location: (required) _____	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____	
 Department Head	 Chairman Signature County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9042-001

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
LUMBER FOR BUILDING		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Gary Wambolt  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9042-002

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: SOLID WASTE

DEPT 0261

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
CONCRETE FOR SLAB		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

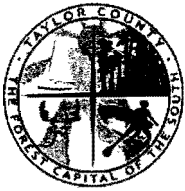
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Gary Wamboldt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9042-003

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: \_\_\_\_\_

Board Asset Number: \_\_\_\_\_

FROM: SOLID WASTE  
Department Name

DEPT 0261  
Number

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item SUPPLIES FOR CONCRETE	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

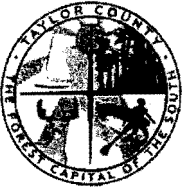
*Gay Wambold*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

6128

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Hazardous Waste

DEPT 0270

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
4 - DRUM CONTAINMENT		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

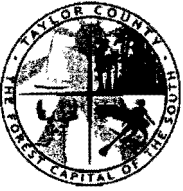
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Larry Wambolt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

6212

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Hazardous Waste

DEPT 0270

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
STORAGE CABINET		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

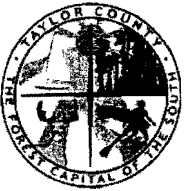
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Gary Wambeth  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA  
9061-010

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Hampdenus Wade  
Department Name

DEPT 0270  
Number

Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
3000 PSI CONCRETE		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

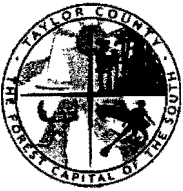
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Doug Wambolt  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-011

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Hampden's Waste

DEPT 0270

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
CONSTRUCTION MATERIALS		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

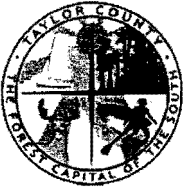
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Dary Wambolt  
Department Head

\_\_\_\_\_  
Chairman Signature  
\_\_\_\_\_  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

9061-012

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Harold C. Wate  
Department Name

DEPT 0270  
Number

Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item IMPROVEMENT TOOLS	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

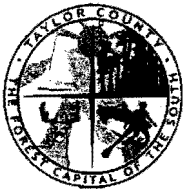
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Gary Wambolt  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



# DISPOSITION OF ASSET REPORT

TAYLOR COUNTY, FLORIDA

9061-013

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Hazardous Waste

DEPT 0270

DATE: \_\_\_\_\_

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

## IDENTIFICATION DATA

Name of Item	Room #	Make
ELECTRICAL SUPPLIES		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

## DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Larry Wambolt  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0277  
Number

4450

Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item EURO DELUXE WORKSTATION	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

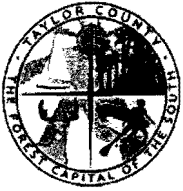
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Dary Wambolt  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0277

Number

Clerk Asset Number: 5847

Board Asset Number: \_\_\_\_\_

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item	Room #	Make
MICROSCOPE		LEICA
Model	Year	Serial Number
		00023621RY0057
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Sally Wamboldt  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager





DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0277

Number

6371

Clerk Asset Number:

Board Asset Number:

DATE:

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
MONITER		
Model	Year	Serial Number
		CN0D5428722014964T95
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dary Wambolt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

6718-001

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: MOSQUITO CONTROL

DEPT 0277

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
BEDLINER		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

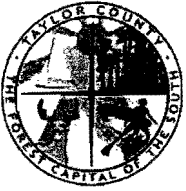
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0281

Number

2137

Clerk Asset Number:

Board Asset Number:

DATE:

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item	Room #	Make
INSECTISIDE PUMP TANK		
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

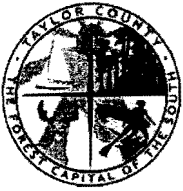
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dany Wambolt*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0281

Number

2644

Clerk Asset Number:

Board Asset Number:

DATE:

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item INSECTISIDE PUMP	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

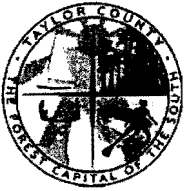
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Larry Wamboldt  
Department Head

[Signature]  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0281

Number

2647

Clerk Asset Number:

Board Asset Number:

DATE:

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item INSECTISIDE PUMP	Room #	Make
Model	Year	Serial Number A36331
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

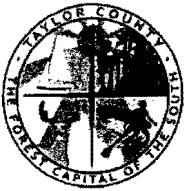
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*Dany Wambell*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

5019

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: MOSQUITO CONTROL

DEPT 0281

DATE:

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item LATERAL 2 DRAWER	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

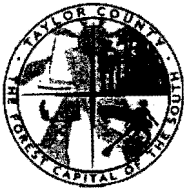
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]*  
Department Head

*[Signature]*  
Chairman Signature  
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

5283

Clerk Asset Number:

Board Asset Number:

FROM: MOSQUITO CONTROL

DEPT 0281

DATE: \_\_\_\_\_

Department Name

Number

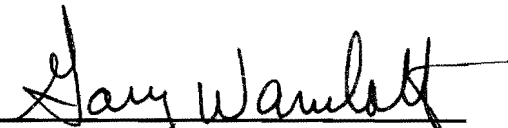
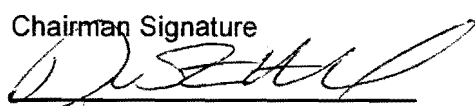
To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

**IDENTIFICATION DATA**

Name of Item INTERRUPTER 12FT HOSE	Room #	Make
Model	Year	Serial Number
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

**DISPOSITION DATA**

Type of Disposition: <u>SURPLUS</u>	
<b>** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.</b>	
Explanation for Disposal: (required) _____	
Location: (required) _____	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____	
 Department Head	 Chairman Signature County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



DISPOSITION OF ASSET REPORT  
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: MOSQUITO CONTROL

Department Name

DEPT 0281

Number

5348

Clerk Asset Number:

Board Asset Number:

DATE: \_\_\_\_\_

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

Name of Item ELECTRIC MOTOR	Room #	Make VOPAK
Model	Year	Serial Number 63320-4
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: SURPLUS

**\*\* Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) \_\_\_\_\_

Location: (required) \_\_\_\_\_

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: \_\_\_\_\_ Date \_\_\_\_\_

Larry Wamboldt  
Department Head

Chairman Signature  
[Signature]  
County Administrator Approval

\_\_\_\_\_  
Date Removed From Asset Records

\_\_\_\_\_  
Fixed Assets Manager



**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**



THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY FOR EMPLOYEE INSURANCE IN THE AMOUNT OF \$4812, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

**MEETING DATE REQUESTED:**

APRIL 19, 2016

**Statement of Issue:**

**AN EMPLOYEE WHO HAD EMPLOYEE-ONLY INSURANCE REPORTS A QUALIFYING EVENT THAT WOULD ALLOW US TO OFFER COVERAGE FOR HER SPOUSE. THIS REQUIRES A TRANSFER TO COVER THE DIFFERENCE IN COST FOR THE REMAINDER OF THE FY.**

**Recommended Action:**

**APPROVE THE TRANSFER**

**Fiscal Impact:**

**\$4812**

**Budgeted Expense:**

**NO.**

**Submitted By:**

**COUNTY ADMINISTRATOR 850-838-3500 X 7**

**Contact:**

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**


**History, Facts & Issues:**

**Options:**

**Attachments:**

# TAYLOR COUNTY BOARD OF COMMISSIONERS

## County Commission Agenda Item

<b>SUBJECT/TITLE:</b> 	COMMISSIONERS TO CONSIDER APPROVAL OF HIGHWAY AND BRIDGE/STRUCTURAL DESIGN PROPOSAL FROM PREBLE RISH, INC. FOR THE WIDENING & RESURFACING OF SAN PEDRO ROAD .
<b>MEETING DATE REQUESTED:</b>	April 19, 2016

### Statement of Issue:

The Board of County Commissioners is currently contracted with Preble Rish, Inc. to provide Highway and Bridge/Structural Design Services. In accordance with the terms and conditions of that contract, Preble Rish is proposing to prepare plans and specifications to widen and resurface San Pedro Road as part of the Florida Department of Transportation's (FDOT) Small County Outreach Program.

**Recommended Action:** Staff recommends that the Board accept and approve Preble Rish's proposal to provide design services for the widening/resurfacing of San Pedro Road from Faulkner Road to US HWY 27 under the FDOT Small County Outreach Program.

**Fiscal Impact:** FISCAL YR 2016/17 - \$1,133,182.00; FDOT funding  
\$101,572.16; PRI proposal

**Budgeted Expense:** YES

**Submitted By:** ENGINEERING DIVISION

**Contact:** COUNTY ENGINEER

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

#### History, Facts & Issues:

In August of 2015, the Board of County Commissioners executed a contract with Preble Rish, Inc. to provide Professional Engineering Services specific to Highway and Bridge/Structural Design through September of 2019. Later that same year, the Board also entered into a reimbursement agreement with the FDOT to provide the Board \$1,133,182 through the Small County Outreach Program to be used for the widening/resurfacing of San Pedro Road from Faulkner Road to US HWY 27. This funding will be used to support the proposed design services, the eventual construction effort and the associated Construction Engineering Inspection.

Under their proposal, it will be Preble Rish's responsibility to evaluate the current condition of the roadway and to undertake all aspects required to prepare the construction plans and associated specifications that will govern improvements to provide a structurally suitable roadway that is also compliant with current design and safety requirements. It is anticipated the project will widen and resurface the approximate 3.1-mile stretch of road from its current 20 ~ 22 ft varying width to a full 24 ft wide travelway. Improvements will also be made to the stormwater management components and shoulders, signage, pavement markings and roadside protection devices. Preble Rish anticipates

beginning design services once their proposal is approved and completing such activities within six months.

In an effort to help alleviate current workload and to further mature the contractual relationship possibility needed for upcoming FDOT Local Agency Program projects, Staff reached out to Preble Rish to provide the requested professional services. Though such outsourcing is not nearly as cost-effective as an in-house design effort, it provides an opportunity for Staff to continue working on other similar and non-similar projects coincidentally. It is for this reason of added expense that Staff makes every attempt to keep such situations infrequent whereby monies allocated toward these roadway projects can return to Taylor County to displace local funding requirements. Nonetheless, Staff will administer this and other similar projects to ensure efficiencies and cost control remain among the highest of priorities.

**Options:**

- 1) Accept and approve Preble Rish's proposal in the amount of \$101,572.16.
- 2) Deny Preble Rish's proposal and state reasons for such denial.
- 3) Consider a proposal that represents Taylor County's best interest as determined by the Board of County Commisisoners.

**Attachments:**

Preble Rish, Inc. Proposal  
PRI Task Order



March 18, 2016

Kenneth Dudley, P.E.  
Taylor County Board of County Commissioners  
201 East Green Street  
Perry, FL 32347

RE: Professional Consulting Services  
Small County Outreach Program  
Widening and Resurfacing of San Pedro Road  
From Faulkner Road to US 27  
Taylor County  
Financial Project ID 430704-1-54-01

Dear Kenneth,

We appreciate the opportunity to provide you with professional consulting services for the San Pedro Road Project. Our understanding of the project and the requested services are summarized as follows:

San Pedro Road (CR 356) is approximately 3.1 miles between Faulkner Road and US 27 in Taylor County. The existing roadway is two lanes varying between 20 and 22 feet in width with no paved shoulders. The existing pavement is in poor condition. The widening will provide for 12-foot travel lanes and the appropriate shoulder width per the FDOT Greenbook. The clear zone must be evaluated per the FDOT Greenbook requirements and must be constructed according to the most current clear zone requirements.

PRI is to provide complete turnkey services for this project: survey of the right-of-way, design of the road improvements, preparation of the construction plans, permitting as needed, preparation of specifications, and post-design, however, we understand that it will be our responsibility to acquire additional traffic data to support our design, if needed.

Our approach will be to gather complete data and conduct a thorough review of existing conditions and proposed improvements. Thorough, pertinent data used appropriately has the potential to provide cost savings during construction.

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## **PRI TEAM**

Our core design team will consist of an experienced project manager, an engineer, and a CADD designer,

Daryle Gray, PE will lead the PRI team as the Project Manager for the widening and resurfacing design of CR 356/San Pedro Road. Mr. Gray will be the Engineer of Record for this project. Engineering technical support will be provided by Robert Ceska and Brenda Flanagan. The project QA/QC will be provided by Donald Stanley, PE. Three sub-consultants will serve on our team. They are as follows:

- Meridian Surveying & Mapping will provide the necessary survey services.
- EGS will provide geotechnical services including borings for the box culvert extensions.
- GS Preble Engineering will provide the structural design for the extension of the double concrete box culvert located south of Olin Davis Road.

## **Permits**

The roadway improvements will be subject to the authority of the regulatory agencies and utility entities.

- Suwannee River Water Management District (SRWMD) – Environmental Resource Permit (ERP) for wetlands
- Army Corp of Engineer permit for wetlands
- Florida Department of Environmental Protection (FDEP) – National Pollution Discharge Elimination System (NPDES) Land Disturbing Activity Permit (NOI) This permit will be obtained by the contractor

## **PRI will provide the following services:**

### **A. Professional Surveying Services:**

Our survey approach will be to gather complete information within the right-of-way.

PRI will prepare a Topographic Route Survey for the referenced project, consisting of approximately 3.1 linear miles along San Pedro Road, between Faulkner Road and Hwy 27. The survey limits will include the full right of way and the intersections at Faulkner Road and HWY 27.



We will obtain sufficient spot elevations within the defined areas to generate a one (1) foot interval contour map. Spot elevations will be depicted on impervious surfaces to the nearest one-hundredth of a foot and collected at 50' intervals on straight-aways and 25 feet along all curved alignment (horizontal/vertical grade changes). All grade breaks will be included. With detailed pavement elevation information, PRI can calculate cross slopes. Where cross slopes need to be corrected, the existing pavement elevation data combined with existing pavement core data will help us to determine whether the cross slopes can be corrected using milling and resurfacing (a less expensive alternative) rather than the use of overbuild (a more expensive alternative). The survey will include the locations of all visible improvements such as pavement, striping, driveways, signs, etc.; the locations of all visible utility structures such as valves, utility poles, hydrants, drainage structures, including elevations of their tops and inverts where accessible; and the location of all trees pursuant to Taylor County Land Development Regulations. Underground utilities will be located based on visible evidence, available utility maps, and in conjunction with electromagnetic locations by this office.

The Right of Way lines will be mapped based on existing monumentation and will be tied to State Plane Florida North Zone (NAD 83) coordinates, The Vertical control will be based on NAVD 88 datum. An alignment will be created along the centerline of the roadway. Project control will be established at 1000 foot intervals and will be tied to the alignment by Station & Offset.

**Note: this fee proposal does not include the excavation of underground utilities. During the design phase, should the team identify areas where utilities need to be excavated, we provide a separate proposal for the service.**

## **B. Existing Pavement Evaluation Services:**

PRI will sub-contract with Cal-Tech Testing, Inc. to obtain cores of the existing pavement. Core frequency will be a minimum of ½ mile intervals with additional corings based on the recommendations of a Professional Engineer at Cal-Tech. The data will be used to evaluate and determine pavement and roadway design details.

## **C. Roadway Design Services:**

PRI's approach to design will include the early and thorough examination of existing conditions, design criteria and potential problems, with the goal of containing or reducing construction costs and reducing the number and costs of issues that could arise during construction. PRI will also utilize experience on previous jobs to anticipate problems that could arise and address them during project design.

1. Project Design Scope (i.e. Design Report) - PRI will begin the project design activities with a field visit and the completion of a Project Design Scope (PDS). The PDS will be based on a similar FDOT procedure for the review and documentation of existing

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conditions and design criteria, and the identification of potential problems that will subsequently be examined and resolved as needed before detailed design begins. The proposed improvements will be designed to be consistent with the May, 2013 edition of the *FDOT Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways*, also known as the Florida Greenbook.

2. Site Visits – PRI will conduct field visits as needed throughout design to gather and confirm data and design details.
3. Meetings – PRI will attend meetings as needed to coordinate the project with Taylor county, FDOT, and any other relevant entities.
4. Roadway Design – Full design will incorporate topographic survey and other available data including the results of the PDS. Design will be consistent with the May, 2013 edition of the *FDOT Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways*, also known as the Florida Greenbook.
5. Drainage Analysis – PRI will conduct necessary drainage analysis to maintain proper drainage on the project, meet FDOT standards, and meet Suwannee River Water Management District and Army Corps of Engineers requirements.
6. Design Exceptions – The proposed improvements will be designed to be consistent with the Florida Greenbook. If the proposed improvements cannot meet any of the 13 controlling design elements listed in the Florida Greenbook, a Design Exception will be needed. According to the Greenbook, any required design exception for San Pedro Road would require approval from Taylor County’s designated Professional Engineer. No FDOT or FHWA review or approval would be required. Should any design exceptions be needed, PRI will prepare, submit, and administer the follow the FDOT documentation submission requirements.
7. Roadway Plans – PRI will produce plans (electronically and 11 x 17 hardcopy) in accordance with typical standards, including the three component sets: roadway, signing and pavement marking and maintenance of traffic plans. Roadway plans will include typical sheets such as the cover sheet, general notes, legend, SWPP sheets, typical sections, plan view sheets, cross sections, and construction details. PRI will submit plans to Taylor County for review at 30, 60%, 90% and 100% design milestones.
8. Utility Coordination – PRI will coordination with utilities having facilities within the project corridor to ensure that any potential conflicts are identified and addressed as required. Utility coordination will begin no later than 60% plans. The Contractor will be responsible for any necessary utility relocations; utility relocations will be shown on the construction plans and coordinated with utilities during the remainder of the design process.



9. Specifications – It is understood that Taylor County will use their existing contract/specification documents. PRI will provide any supplemental specifications that may be required for the successful completion of the project. .
10. Cost Estimating – PRI will provide a cost estimate with each milestone submittal (not including the 30% submittal). The cost estimate will be used initially as a tool for gauging whether proposed improvements fit within the available budget so that adjustments can be made as needed and ultimately for estimating the total cost of construction prior to bidding. Should the results of the cost estimating indicate that the proposed improvements do not fit within the available budget, PRI will work with the County to identify additional ways to reduce the construction cost. The cost estimate will utilize FDOT pay items and will include calculated quantities. Quantities can also be shown in the plans as needed or desired in the form of Summary of Quantities sheets.
11. Quality Assurance – PRI has implemented a quality assurance procedure that has multiple quality steps built into it that span the life of a project. The procedure begins with initial kick-off of the project and aims to ensure proper communication of and attention to details throughout the life of the project. The procedure also includes a comprehensive quality control review of the plans.
12. Structures, signalization, and lighting – PRI has assumed that lighting will not be needed on this project. We will design the project to prevent impacts or changes to existing signals or signal loops. The milling, resurfacing and widening activities will stop at the pavement joint (with a small overlap) at each end of the project. No structures are anticipated to be needed for this project. If there are any existing box culverts on the project that require modification to accommodate the widening, PRI will sub-contract for the design if needed.

#### **D. Permitting Services:**

PRI will prepare, submit, and administer all required permits or exemptions, including any required coordination with FDOT during the course of the project.

1. Prepare, submit and administer the SRWMD Environmental Resource Permit documents.
2. Prepare, submit, and administer the ACE permit documents.

#### **E. Post Design/Construction Administration Services:**

PRI will provide the following services after the completion of design:

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1. Description of the work, as needed, for inclusion in the County's bid package. The County will advertise the project.
2. Provide Supplemental/Technical Specifications for inclusion in the Bid Advertisement
3. Attendance at a pre-bid meeting.
4. Response to questions during bidding and issuance of addenda as needed.
5. Attendance at a pre-con meeting.
6. Response to RFIs during the construction
7. Shop drawing review.

#### **F. Summary of Deliverables:**

As described above, the following deliverables will be provided to the County:

1. Project Design Scope document.
2. Design Plans at 30%, 60%, 90% and 100% milestones.
3. Technical Specification Package at 90% and 100% milestones.
4. Cost Estimate at 60%, 90% and 100% milestones.
5. Documentation of issued permits.

#### **G. Summary of Estimated Schedule:**

1. Topographic survey can begin within one week of receipt of notice to proceed and will take approximately one month to complete.
2. Pavement evaluation can begin within two weeks of receipt of notice to proceed and will take three to four weeks to complete.
3. Roadway design activities can begin within one week of receipt of notice to proceed and can begin on or before the required date of 03/31/2016, The bulk of design activities will begin after receipt of the topographic survey and the results of the pavement evaluation. Roadway design activities will be complete by 09/30/2016 as required.
4. Permitting activities will begin with 90% plans and will be completed by 09/30/2016 as required.
5. Project bidding will be complete such that construction can start by 12/31/2016. as required.

PRI will provide a detailed project schedule upon receipt of notice to proceed.

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#### H. Professional Fees:

<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>Fee</u></b>
A.	Surveying Services	\$ 20,020.00
B.	Pavement Evaluation and other Geotechnical work (EGS)	\$ 8,260.00
C.	Roadway Design	\$ 61,870.00
D.	Structural Design (Headwalls and Culvert) By GSP	\$5,632.16
E.	Wetland Delineation	\$980.00
F.	Permitting	\$ 2505.00
G.	Post Design/Construction Administration Services	\$ 2,305.00
	<b><u>Total</u></b>	<b>\$101,572.16</b>

The above-described services will be provided for the lump sum fee of **\$101,572.16.** Please see the attached fee breakdown sheets. This is a not to exceed cost. If we do not incur an activity shown, it will not be charged.

We trust this proposal meets with your approval and we look forward to working with you on this project.

Sincerely,

Debra Preble, PE  
Vice President, Preble-Rish, Inc.

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**mastersum per task**

		Staff hour Cost Details														Total		
Preble-Rish, Inc.		Sr. Proj. Manager		Proj. Engineer II		Administrative Assist.		Sr. Inspector		Sr. Cadd Technician		Preble-Rish	Meridian Surveying and Mapping	EGS	FELSI	GS Preble		
		Staff hours	Hourly Rate \$ 135.00	Staff hours	Hourly Rate \$ 85.00	Staff hours	Hourly Rate \$ 45.00	Staff hours	Hourly Rate \$ 55.00	Staff hours	Hourly Rate \$ 75.00	Totals						
Task Activity																		
1 Design Support Activities																		
1.1	Project Kickoff/Site visit/Confirm Scope	4.0	\$ 540.00	4.0	\$ 340.00		\$ -	0.0	\$ -		\$ -	\$ 880.00	\$ 520.00	\$ 260.00		\$ 632.16	\$ 2,292.16	
1.2	Survey San Pedro Road		\$ -		\$ -		\$ -				\$ -	\$ -	\$ 19,500.00				\$ 19,500.00	
1.3	Geotechnical		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -		\$ 8,000.00			\$ 8,000.00	
TOTAL		4.0	\$ 540.00	4.0	\$ 340.00	0.0	\$ -	0.0	\$ -	0.0	\$ -	\$ 880.00	\$ 20,020.00	\$ 8,260.00		\$ 632.16	\$ 29,792.16	
2 Design & Permitting																		
2.1	Roadway Analysis	30.0	\$ 4,050.00	110.0	\$ 9,350.00	3.0	\$ 405.00		\$ -		\$ -	\$ 13,805.00					\$ 13,805.00	
2.2	Roadway Plans	25.0	\$ 3,375.00	85.0	\$ 7,225.00	10.0	\$ 450.00		\$ -	270.0	\$ 20,250.00	\$ 31,300.00					\$ 31,300.00	
2.3	Drainage Analysis	20.0	\$ 2,700.00	22.0	\$ 1,870.00	5.0	\$ 225.00	2.0	\$ 110.00	10.0	\$ 750.00	\$ 5,655.00					\$ 5,655.00	
2.4	Utilities	6.0	\$ 810.00	8.0	\$ 680.00	4.0	\$ -	2.0	\$ -	15.0	\$ 1,125.00	\$ 2,615.00					\$ 2,615.00	
2.5	Environmental Permits, Compliance and Clearances	6.0	\$ 810.00	12.0	\$ 1,020.00	2.0	\$ 170.00	1.0	\$ 55.00	6.0	\$ 450.00	\$ 2,505.00			\$ 980.00		\$ 3,485.00	
2.6	Structures	1.0	\$ 135.00		\$ -		\$ -		\$ -	15.0	\$ 1,125.00	\$ 1,260.00				\$ 5,000.00	\$ 6,260.00	
2.7	Specification Package & Construction Checklist	1.0	\$ 135.00	20.0	\$ 1,700.00	10.0	\$ 450.00		\$ -		\$ -	\$ 2,285.00					\$ 2,285.00	
2.8	Cost Estimates (60%, 90%, 100%)	6.0	\$ 810.00	32.0	\$ 2,720.00	12.0	\$ 540.00					\$ 4,070.00					\$ 4,070.00	
2.9	Project Meetings and Status Updates	15.0	\$ 2,025.00		\$ -		\$ -					\$ 2,025.00					\$ 2,025.00	
TOTAL Design & Permitting		89.0	\$ 12,015.00	257.0	\$ 21,845.00	34.0	\$ 1,700.00	5.0	\$ 165.00	316.0	\$ 23,700.00	\$ 63,495.00	\$ -	\$ -	\$ 980.00	\$ 5,000.00	\$ 69,475.00	
3 Post Design Services																		
3.1	Pre-Construction Meeting	2.0	\$ 270.00		\$ -		\$ -		\$ -		\$ -	\$ 270.00						
3.2	Responses to RFI's	4.0	\$ 540.00	6.0	\$ 510.00	3.0	\$ 255.00		\$ -		\$ -	\$ 1,305.00						
3.3	Construction Assistance	1.0	\$ 135.00	5.0	\$ 425.00	2.0	\$ 170.00		\$ -		\$ -	\$ 730.00						
TOTAL Construction Support Services		7.0	\$ 945.00	11.0	\$ 935.00	5.0	\$ 425.00	0.0	\$ -	0.0	\$ -	\$ 2,305.00					\$ 2,305.00	
TOTAL FEES		100.0	13500.00	272.00	23120.00	39.00	2125.00	5.00	165.00	316.00	23700.00	66680.00	20020.0	8260.0	980.0	5632.16	101572.16	
												\$ 66,680.00						
																	\$ -	
																	\$ -	
																	\$ 101,572.16	

## PROFESSIONAL ENGINEERING SERVICES AGREEMENT

**TASK ORDER NO.:** 2009-001-PRI-1

**PURCHASE ORDER NO.:** \_\_\_\_\_

(For billing purposes only, to be assigned by COUNTY after execution.)

**PROJECT:** San Pedro Road Widening/Resurfacing

**COUNTY:** TAYLOR COUNTY, a political subdivision of the State of Florida.

**CONSULTANT:** Preble-Rish, Inc.  
654 SE Baya Drive  
Lake City, FL 32025  
PH 386-719-9985

Execution of the Task Order by COUNTY shall serve as authorization for CONSULTANT to provide for the above project, professional services as set out in the Scope of Services included as RECITALS to that certain Agreement of August 18, 2015 between the COUNTY and the CONSULTANT and further delineated in the specifications, conditions and requirements stated in the following listed documents which are attached hereto and made a part hereof: proposal letter dated March 18, 2016

Whenever the Task Order conflicts with said Agreement, the Agreement shall prevail.

**TIME FOR COMPLETION:** The work authorized by this Task Order shall commence upon being executed by COUNTY and returned to CONSULTANT and shall be completed within six months (\_\_\_\_\_) calendar days.

### METHOD OF COMPENSATION:

(a) This Task Order is issued on a:

☐ Fixed Fee basis

☒ Time basis method with a Not-to-Exceed amount

☐ Time basis method with a Limitation of Funds amount

~~(b) If the compensation is based on a "Fixed Fee Basis," then CONSULTANT shall perform all work required by this Task Order for the sum of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_). In no event shall CONSULTANT be paid more than the Fixed Fee Amount.~~

(c) If the compensation is based on a "Time Basis Method" with a Not-to-Exceed Amount, then CONSULTANT shall perform all work required by this Task Order for a sum not exceeding one hundred one thousand five hundred and seventy-two dollars and sixteen cents \_\_\_\_\_ DOLLARS (\$ \$101,572.16 ). CONSULTANT's compensation shall be based on the actual work required by this Task Order.

~~(d) If the compensation is based on a "Time Basis Method" with a Limitation of Funds Amount, then CONSULTANT is not authorized to exceed the Limitation of Funds amount of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_) without prior written approval of the COUNTY. Such approval, if given by the COUNTY, shall indicate a new Limitation of Funds amount. CONSULTANT shall advise the COUNTY whenever CONSULTANT has incurred expenses on this Task Order that equals or exceeds eighty percent (80%) of the Limitation of Funds amount. The COUNTY shall compensate CONSULTANT for the actual work performed under this Task Order based on supporting documentation of work performed.~~

The COUNTY shall make payment to CONSULTANT in strict accordance with the payment terms of the above-referenced Agreement.

It is expressly understood by CONSULTANT that this Task Order, until executed by the COUNTY, does not authorize the performance of any services by CONSULTANT and that the COUNTY, prior to its execution of the Task Order, reserves the right to authorize any party other than CONSULTANT to perform the services, or a portion thereof, called for under this Task Order if it is determined that to do so is in the best interest of the COUNTY.

IN WITNESS WHEREOF, the parties hereto have made and executed this Task Order on this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_, for the purposes stated herein.

**CONSULTANT**

**Preble-Rish, Inc.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

**TAYLOR COUNTY, FLORIDA**

By: \_\_\_\_\_  
Signature


\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# TAYLOR COUNTY BOARD OF COMMISSIONERS

## *County Commission Agenda Item*

<b>SUBJECT/TITLE:</b> 	COMMISSIONERS TO CONSIDER APPROVAL OF HIGHWAY AND BRIDGE/STRUCTURAL DESIGN PROPOSAL FROM CAUSSEAUX HEWETT & WALPOLE, INC. FOR THE WIDENING & RESURFACING OF CARLTON CEMETERY ROAD .
<b>MEETING DATE REQUESTED:</b>	April 19, 2016

### Statement of Issue:

The Board of County Commissioners is currently contracted with Causseaux Hewett & Walpole, Inc. (CHW) to provide Highway and Bridge/Structural Design Services. In accordance with the terms and conditions of that contract, CHW is proposing to prepare plans and specifications to widen and resurface Carlton Cemetery Road as part of the Florida Department of Transportation's (FDOT) Small County Outreach Program.

**Recommended Action:** Staff recommends that the Board accept and approve Causseaux Hewett & Walpole, Inc.'s proposal to provide design services for the widening/resurfacing of Carlton Cemetery Road from Puckett Road to US HWY 19/98 under the FDOT Small County Outreach Program.

**Fiscal Impact:** FISCAL YR 2016/17 - \$1,140,000.00; FDOT funding  
\$102,160.00; CHW proposal

**Budgeted Expense:** YES

**Submitted By:** ENGINEERING DIVISION

**Contact:** COUNTY ENGINEER

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

#### History, Facts & Issues:

In July of 2015, the Board of County Commissioners executed a contract with Causseaux Hewett & Walpole, Inc. to provide Professional Engineering Services specific to Highway and Bridge/Structural Design through September of 2019. Later that same year, the Board also entered into a reimbursement agreement with the FDOT to provide the Board \$1,140,000 through the Small County Outreach Program to be used for the widening/resurfacing of Carlton Cemetery Road from Puckett Road to US HWY 19/98. This funding will be used to support the proposed design services, the eventual construction effort and the associated Construction Engineering Inspection.

Under their proposal, it will be CHW's responsibility to evaluate the current condition of the roadway and to undertake all aspects required to prepare the construction plans and associated specifications that will govern improvements to provide a structurally suitable roadway that is also compliant with current design and safety requirements. It is anticipated the project will widen and resurface the approximate 1.9-mile stretch of road from its current 20 ~ 22 ft varying width to a full 24 ft wide travelway. Improvements will also be made to the stormwater management components and shoulders, signage,

pavement markings and roadside protection devices. CHW anticipates beginning design services once their proposal is approved and completing such activities within six months.

In an effort to help alleviate current workload and to further mature the contractual relationship possibility needed for upcoming FDOT Local Agency Program projects, Staff reached out to CHW to provide the requested professional services. Though such outsourcing is not nearly as cost-effective as an in-house design effort, it provides an opportunity for Staff to continue working on other similar and non-similar projects coincidentally. It is for this reason of added expense that Staff makes every attempt to keep such situations infrequent whereby monies allocated toward these roadway projects can return to Taylor County to displace local funding requirements. Nonetheless, Staff will administer this and other similar projects to ensure efficiencies and cost control remain among the highest of priorities.

**Options:**

- 1) Accept and approve Causseaux Hewett & Walpole, Inc.'s proposal in the amount of \$102,160.00.
- 2) Deny CHW's proposal and state reasons for such denial.
- 3) Consider a proposal that represents Taylor County's best interest as determined by the Board of County Commisisoners.

**Attachments:**

Causseaux Hewett & Walpole, Inc. Proposal  
CHW Task Order



March 15, 2016

Kenneth Dudley, P.E.  
County Engineer  
Taylor County Board of County Commissioners  
201 East Green St.  
Perry, FL 32347

RE: Professional Consulting Services  
Small County Outreach Program  
Widening and Resurfacing of Carlton Cemetery Road  
From Puckett Road to US 19/98  
Taylor County, FL  
Financial Project ID 434557-1-54-01  
FDOT Contract Number: G0667

Dear Kenneth,

We appreciate the opportunity to provide you with professional consulting services for the Carlton Cemetery Road Project. Our understanding of the project and the requested services are summarized as follows:

Carlton Cemetery Road is approximately 1.9 miles long and runs between Puckett Road and US 19/98 in Taylor County. The existing roadway is two lanes varying between 20 and 22 feet in width with no paved shoulders. The existing pavement is in poor condition. The widening will provide for 12-foot travel lanes and the appropriate shoulder width per the FDOT Greenbook. The clear zone must be evaluated per the FDOT Greenbook requirements and must be constructed according to the most current clear zone requirements.

CHW is to provide complete turnkey services for this project: survey of the right-of-way, design of the roadway improvements, preparation of the construction plans, permitting as needed, preparation of specifications, and post-design services. Some traffic data has been provided to assist with our pavement design, however, we understand that it will be our responsibility to acquire additional traffic data to support our design, if needed.

Our approach will be to gather complete data and conduct a thorough review of existing conditions and proposed improvements. Thorough, pertinent data used appropriately has the potential to provide cost savings during construction.

### **CHW Team**

Our core design team will consist of an experienced project manager, an engineer, and a CADD designer. An administrative Project Assistant is also assigned to the team and will assist as described below.

- The Project Manager and Engineer of Record for our team will be Tony Flegert, PE. Tony worked for FDOT for 14 years and has extensive experience with milling, resurfacing, and widening. Tony has worked for CHW for nearly two years, and in that time he has demonstrated extensive roadway design and traffic analysis knowledge and experience. Tony will be the primary point of contact for CHW during design and during construction for design or technical questions.
- Walker Owen, Engineer Intern, will work closely with Tony to perform project related activities and design.

- Chris Stapler, Sr. CADD Designer, will produce the roadway and other plan components based on design input from Tony and Walker. Chris has approximately 20 years of CADD experience including many roadway projects, and has worked on many of the prior Taylor County roadway projects for CHW.
- Jessica Junkin, Project Assistant; Jessica will assist with preparing and filing permit applications, correspondence, meeting setup and preparation, documentation, filing, file transfers, and more.

The following individuals are a few of the resources available to the core team; they may provide input or assistance to the core team upon request or need.

- Brian Snyder, PE, Project Manager; Brian has over eight years of engineering experience and spent several years working for Marion County's Office of the County Engineer. Brian has experience with capital projects, roadway design, signing and pavement markings, maintenance of traffic, traffic analysis, signal design, signal timing, and more. Brian will provide design input and assistance to the core team as needed.
- Heather Parker, Executive Assistant; Heather has experience with LAP agreements, TRIP agreements, match accounts, and funding, from her experience with the City of Gainesville's Traffic Operations Department. Heather will provide input as needed regarding LAP procedures and documentation.
- Josh Highlander, PE, Director of Construction Services; Josh will provide input regarding recent experiences on the Roberts Aman project, as well as general roadway construction knowledge, for the purpose of ensuring quality and constructability for the Carlton Cemetery Road project.
- Monique Heathcock, PE, Director of Engineering and Planning; Monique will ensure that CHW's QA / QC procedures are utilized for the benefit of the project.

### **Permits**

The roadway improvements will be subject to the authority of the regulatory agencies listed below. CHW will handle permitting requirements for the permits listed below except as noted.

- Suwannee River Water Management District (SRWMD) – Environmental Resource Permit (ERP) or exemption
- Army Corps of Engineers (ACOE) – General Permit or exemption
- Florida Department of Environmental Protection (FDEP) – National Pollutant Discharge Elimination System (NPDES) Land Disturbing Activity Permit (NOI) – this permit is listed for coordination purposes only; the Contractor will be responsible for administering the NOI permit.

### **CHW will provide the following services:**

#### **A. Professional Surveying Services:**

Our survey approach will be to gather complete information within the right-of-way.

CHW will prepare a Topographic Route Survey for the referenced project, consisting of approximately two (2) linear miles along Carlton Cemetery Road, between Puckett Road and Hwy 98. The survey limits will include the full right of way and the intersections at Puckett Road and Hwy 98.

We will obtain sufficient spot elevations within the defined areas to identify grade breaks and generate a one (1) foot interval contour map. Spot elevations will be depicted on impervious surfaces to the nearest one-hundredth of a foot and collected at 50' intervals on straightaways and 25 feet along all horizontal curves including super elevated curves. With detailed pavement elevation information, CHW can calculate existing cross slopes. Where cross slopes need to be corrected, the existing pavement elevation data combined with existing pavement core data will help us to determine whether the cross slopes can be corrected using milling and resurfacing (a less expensive alternative) rather than the use

of overbuild (a more expensive alternative). The survey will include the locations of all visible improvements such as pavement, striping, driveways, signs, etc.; the locations of all visible utility structures such as, valves, utility poles, hydrants, drainage structures, including elevations of their tops and inverts where accessible; and the location of all trees pursuant to Taylor County Land Development Regulations. Underground utilities will be located based on visible evidence, available utility maps, and in conjunction with electromagnetic locations by this office.

The Right of Way lines will be mapped based on existing monumentation and will be tied to State Plane Florida North Zone (NAD 83) coordinates. The Vertical control will be based on NAVD 88 datum. An alignment will be created along the Right of Way Centerline. Project control will be established at 1000 foot intervals and will be tied to the alignment by Station & Offset.

**Note: This fee proposal does not include the excavation of underground utilities. During the design phase, should the team identify areas where utilities need to be excavated, we will provide a separate proposal for the service.**

#### **B. Existing Pavement Evaluation Services:**

CHW will sub-contract with GSE Engineering and Consulting, Inc., to obtain cores of the existing pavement. Core frequency will be based on the recommendations of a Professional Engineer at GSE. The data will be used to evaluate and determine pavement and roadway design details.

#### **C. Roadway Design Services:**

CHW's approach to design will include the early and thorough examination of existing conditions, design criteria, and potential problems, with the goal of containing or reducing construction costs and reducing the number and costs of issues that could arise during construction. CHW will also utilize experience on previous Taylor County jobs to anticipate problems that could arise and address them during project design.

1. Project Design Scope (i.e. Design Report) – CHW will begin the project design activities with a field visit and the completion of a Project Design Scope (PDS). The PDS will be based on a similar FDOT procedure for the review and documentation of existing conditions and design criteria, and the identification of potential problems that will subsequently be examined and resolved as needed before detailed design begins. The proposed improvements will be designed to be consistent with the May, 2013, edition (or latest edition at the time of contract approval) of the *FDOT Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways*, also known as the Florida Greenbook.
2. Site Visits – CHW will conduct field visits as needed throughout design to gather and confirm data and design details. CHW will notify the client of dates and times of site visits to facilitate opportunities for coordination.
3. Meetings – CHW will attend meetings as needed to coordinate the project with Taylor County, FDOT, and any other relevant entities. Other than possible coordination efforts during site visits, no formal meetings are expected prior to submittal of the 60% plans.
4. Roadway Design – Full design will incorporate topographic survey and other available data including the results of the PDS. Design will be consistent with the May, 2013 (or current at the time of contract authorization), edition of the *FDOT Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways*, also known as the Florida Greenbook.
5. Drainage Analysis – CHW will conduct necessary drainage analysis to maintain proper drainage on the project, and meet FDOT, Suwannee River Water Management District, and Army Corps of Engineers requirements.

6. Design Exceptions – The proposed improvements will be designed to be consistent with the Florida Greenbook. If the proposed improvements cannot meet any of the 13 controlling design elements listed in the Florida Greenbook, a Design Exception will be needed. According to the Greenbook, any required design exception for Carlton Cemetery Road would require approval from Taylor County's designated Professional Engineer. No FDOT or FHWA review or approval would be required. Should any design exceptions be needed, CHW will prepare, submit, and administer the proper documentation in accordance with FDOT documentation and submission requirements.
7. Roadway Plans – CHW will produce plans (electronically and 11x17 hardcopy) in accordance with typical standards, including the three component sets: roadway, signing and pavement marking, and maintenance of traffic plans. Roadway plans will include typical sheets such as the cover sheet, general notes, legend, SWPP sheets, typical sections, plan view sheets, cross sections, and construction details. CHW will submit plans for review at 30%, 60%, 90%, and 100% design milestones unless otherwise requested by Taylor County or by FDOT. The content of the milestone plan sets will be generally consistent with FDOT procedures (FDOT PPM). The 30% plans will show only the survey with a 30% plan view design (no profile, cross sections, etc.) and will be submitted as a pdf only.
8. Utility Coordination – CHW will coordinate with utilities having facilities within the project corridor to ensure that any potential conflicts are identified and addressed as required. Utility coordination will begin no later than 60% plans. The Contractor will be responsible for any necessary utility relocations; utility relocations will be shown on the construction plans and coordinated with utilities during the design process.
9. Cost Estimating – CHW will provide a cost estimate with each milestone submittal beginning with the 60% submittal. The cost estimate will be used initially as a tool for gauging whether proposed improvements fit within the available budget so that adjustments can be made as needed, and ultimately for estimating the total cost of construction prior to bidding. Should the results of the cost estimating indicate that the proposed improvements do not fit within the available budget, CHW will work with the County to identify additional ways to reduce the construction cost. The cost estimate will utilize FDOT pay items and will include calculated quantities. Quantities can also be shown in the plans as needed or desired in the form of Summary of Quantities sheets.
10. Quality Assurance – CHW has implemented a quality assurance procedure that has multiple quality steps built into it that span the life of a project. The procedure begins with the initial internal kick-off of the project and aims to ensure proper communication of and attention to details throughout the life of the project. The procedure also includes a comprehensive quality control review of the plans.
11. Structures, signalization, and lighting – CHW has assumed that lighting will not be needed on this project. We will design the project to prevent impacts or changes to existing signals or signal loops. The milling, resurfacing, and widening activities will stop at the pavement joint (with a small overlap) at each end of the project. No structures are anticipated to be needed for this project. If there are any existing box culverts on the project that require modification to accommodate the widening, CHW will sub-contract for the design if needed.

#### **D. Permitting Services:**

CHW will prepare, submit, and administer all required permits or exemptions, including any required coordination with FDOT during the course of the project.

1. Prepare, submit and administer the SRWMD Environmental Resource Permit application or exemption.
2. Prepare, submit and administer the ACOE Permit application or exemption.

3. Please note that based on available data, CHW has assumed that wetland or other environmental studies and permitting will not be needed for this project. Should the need arise for any of the environmental services, CHW will provide an additional services proposal, including sub-consultant services, as needed.

**E. Post Design / Construction Administration Services:**

CHW will provide the following services after the completion of design:

1. Supplemental / Technical specifications for inclusion with the bid documents;
2. Description of the work, as needed, for inclusion in the County's bid package. The County will advertise the project. The description of the work shall consist of text provided in an email format for the client to utilize in preparation of the bid documents;
3. Attendance at a pre-bid meeting;
4. Attendance at other meetings as needed;
5. Response to questions during bidding and issuance of addenda as needed;
6. Participate (EOR) in the bid review;
7. Attendance at a pre-con meeting (attendance only; meeting to be planned and facilitated by CEI Consultant);
8. Shop drawing review; and
9. Response to RFIs during construction.

All subsequent activities during the construction phase will be handled by the CEI Consultant.

**F. Summary of Deliverables:**

As described above, the following deliverables will be provided to the County:

1. Project Design Scope document;
2. Design Plans at 30% (pdf only), 60%, 90%, and 100% milestones;
3. Technical Specification Package at 90% and 100% milestones (includes any required supplemental specifications);
4. Cost Estimate at 60%, 90%, and 100% milestones; and
5. Documentation of issued permits.

**G. Summary of Estimated Schedule:**

1. Topographic survey can begin within one week of receipt of notice to proceed and will take approximately one month to complete.
2. Pavement evaluation can begin within two weeks of receipt of notice to proceed and will take three to four weeks to complete.

3. Roadway design activities can begin within one week of receipt of notice to proceed and can begin on or before the required date of 03/31/16. The bulk of design activities will begin after receipt of the topographic survey and the results of the pavement evaluation. Roadway design activities will be complete by 09/30/16 as required.
4. Permitting activities will begin with 90% plans and will be completed by 09/30/16 as required.
5. Project bidding will be complete such that construction can start by 12/31/16 as required.

CHW will provide a detailed project schedule upon receipt of notice to proceed.

#### H. Professional Fees:

<u>Item</u>	<u>Description</u>	<u>Fee</u>
A.	Surveying Services	\$ 18,500.00
B.	Pavement Evaluation (by GSE)	\$ 11,500.00
C.	Roadway Design	\$ 66,120.00
D.	Permitting	\$ 1,960.00
E.	Post Design / Construction Administration Services	\$ 4,080.00
	<b><u>Total</u></b>	<b><u>\$102,160.00</u></b>

The above-described services will be provided for the lump sum fee of **\$102,160.00**. Please see the attached fee breakdown sheets.

We trust this proposal meets with your approval and we look forward to working with you on this project.

Sincerely,  
**CHW**



Monique M. Heathcock, PE  
Director of Engineering and Planning

	CHW Surveying							Total
	PA	CAD	PSM	Field Crew	Director / PSM	Subtotal Hours	Subtotal Cost	
	\$50.00	\$80.00	\$120.00	\$120.00	\$155.00			
<b>Professional Services</b>								
<u>Surveying</u>								
A. Professional Surveying Services:								
A1. Field Work:								
Establishing horizontal and vertical control				8		8	\$960.00	\$960.00
Spot observations (topography)				60		60	\$7,200.00	\$7,200.00
Improvements/utility locations				20		20	\$2,400.00	\$2,400.00
Placement of permanent site control				8		8	\$960.00	\$960.00
<b>Subtotal</b>								<b>\$10,560.00</b>
A2. Office: Mapping and Review:								
Research	6		4			10	\$780.00	\$780.00
Data munipulation		4	8			12	\$1,280.00	\$1,280.00
Data process (mapping)		40				40	\$3,200.00	\$3,200.00
QC Mapping/PSM Review			12			12	\$1,440.00	\$1,440.00
QC site walk through/Final PSM Review					8	8	\$1,240.00	\$1,240.00
<b>Subtotal</b>								<b>\$7,940.00</b>
<b>Subtotal</b>	6	44	24	96	8	178	\$19,460.00	
<b>Total Lump Sum</b>								<b>\$18,500.00</b>

CHW Engineering											Total
PPE	Director	Sr PM	PM / PE	Proj Engr	Sr CADD	PC	PA	Subtotal Hours	Subtotal Cost		
\$200.00	\$155.00	\$140.00	\$120.00	\$100.00	\$95.00	\$65.00	\$50.00				
Professional Services											
Engineering											
C. Roadway Design Services:											
C1. Project Design Scope (includes 1 site visit)			16		28	4	2	2	52	\$5,650.00	\$5,650.00
C2. Site Visits			5		12		2	6	25	\$2,330.00	\$2,330.00
C3. Meetings (assume 4 meetings, varying attendees)			15		20		2	8	45	\$4,630.00	\$4,630.00
C4. Roadway Design		2	24		60	80	2	8	176	\$17,800.00	\$17,800.00
C5. Drainage Analysis			4		40	6		2	52	\$5,230.00	\$5,230.00
C6. Design Variances / Exceptions (assume none needed)									0	\$0.00	\$0.00
C7. Roadway Plans (30%, 60%, 90%, 100%)			16		64	120			200	\$20,040.00	\$20,040.00
C8. Utility Coordination			4		24	8		8	44	\$4,120.00	\$4,120.00
C9. Specifications			4		4			4	12	\$1,160.00	\$1,160.00
C10. Cost Estimating (60%, 90%, 100%)			8		24	8		1	41	\$4,330.00	\$4,330.00
C11. Quality Assurance (most activities built into process)		2	2			2		1	7	\$830.00	\$830.00
Subtotal											\$66,120.00
D. Permitting Services:											
D1. SRWMD ERP Exemption			2		8			2	12	\$1,180.00	\$1,180.00
D2. ACOE Permit			2		4			2	8	\$780.00	\$780.00
Subtotal											\$1,960.00
Sub-Contracted Services											
B. Existing Pavement Evaluation (by GSE)											
Subtotal											\$11,500.00
											\$11,500.00
Subtotal	0	4	102	0	288	228	8	44	674	\$68,080.00	
Total Lump Sum											
											\$79,580.00





## PROFESSIONAL ENGINEERING SERVICES AGREEMENT

**TASK ORDER NO.:** 2009-001-CHW-1

**PURCHASE ORDER NO.:** \_\_\_\_\_

(For billing purposes only, to be assigned by COUNTY after execution.)

**PROJECT:** Carlton Cemetery Road Widening/Resurfacing

**COUNTY:** TAYLOR COUNTY, a political subdivision of the State of Florida.

**CONSULTANT:** Causseaux, Hewett & Walpole  
132 NW 76<sup>th</sup> Drive  
Gainesville, FL 32607  
PH 352-331.1976

Execution of the Task Order by COUNTY shall serve as authorization for CONSULTANT to provide for the above project, professional services as set out in the Scope of Services included as RECITALS to that certain Agreement of July 24, 2015 between the COUNTY and the CONSULTANT and further delineated in the specifications, conditions and requirements stated in the following listed documents which are attached hereto and made a part hereof: proposal letter dated March 15, 2016

Whenever the Task Order conflicts with said Agreement, the Agreement shall prevail.

**TIME FOR COMPLETION:** The work authorized by this Task Order shall commence upon being executed by COUNTY and returned to CONSULTANT and shall be completed within six months (\_\_\_\_\_) calendar days.

### METHOD OF COMPENSATION:

(a) This Task Order is issued on a:

☐ Fixed Fee basis

☒ Time basis method with a Not-to-Exceed amount

☐ Time basis method with a Limitation of Funds amount

~~(b) If the compensation is based on a "Fixed Fee Basis," then CONSULTANT shall perform all work required by this Task Order for the sum of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_). In no event shall CONSULTANT be paid more than the Fixed Fee Amount.~~

(c) If the compensation is based on a "Time Basis Method" with a Not-to-Exceed Amount, then CONSULTANT shall perform all work required by this Task Order for a sum not exceeding one hundred two thousand one hundred and sixty \_\_\_\_\_ DOLLARS (\$ \$102,160.00 ).  
CONSULTANT's compensation shall be based on the actual work required by this Task Order.

~~(d) If the compensation is based on a "Time Basis Method" with a Limitation of Funds Amount, then CONSULTANT is not authorized to exceed the Limitation of Funds amount of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_) without prior written approval of the COUNTY. Such approval, if given by the COUNTY, shall indicate a new Limitation of Funds amount. CONSULTANT shall advise the COUNTY whenever CONSULTANT has incurred expenses on this Task Order that equals or exceeds eighty percent (80%) of the Limitation of Funds amount. The COUNTY shall compensate CONSULTANT for the actual work performed under this Task Order based on supporting documentation of work performed.~~

The COUNTY shall make payment to CONSULTANT in strict accordance with the payment terms of the above-referenced Agreement.

It is expressly understood by CONSULTANT that this Task Order, until executed by the COUNTY, does not authorize the performance of any services by CONSULTANT and that the COUNTY, prior to its execution of the Task Order, reserves the right to authorize any party other than CONSULTANT to perform the services, or a portion thereof, called for under this Task Order if it is determined that to do so is in the best interest of the COUNTY.

IN WITNESS WHEREOF, the parties hereto have made and executed this Task Order on this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_, for the purposes stated herein.

**CONSULTANT**

**Causseaux, Hewett & Walpole, Inc.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

**TAYLOR COUNTY, FLORIDA**

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**



Taylor Medical & Dental Center presentation

**Meeting Date:**

April 19, 2016

**Statement of Issue:** I would like to present facts about Taylor Medical & Dental Center to the board, including the start of our new provider and the impact our center has upon the community.

**Recommendation:** None.

**Fiscal Impact:** \$ N/A **Budgeted Expense:** Yes ☐ No ☐ N/A ☒

**Submitted By:** Erin Cavanaugh, Taylor Medical & Dental Center Manager

**Contact:** (850) 838-2030

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** None.

**Options:** 1. \_\_\_\_\_

2. \_\_\_\_\_

**Attachments:** 1. \_\_\_\_\_

2. \_\_\_\_\_

**TAYLOR COUNTY BOARD OF COMMISSIONERS**

**County Commission Agenda Item**

**SUBJECT/TITLE:**



TAYLOR COASTAL WATER AND SEWER DISTRICT COMMISSION BOARD VACANCIES (4)

**Meeting Date:**

April 19, 2016

**Statement of Issue:**

The District is requesting the re-appointment of Lynn Aibejeris and Nancy Geohagen to serve another term as a Taylor Coastal Water and Sewer Board Commissioner. Their term will begin on May 4, 2016 and end on May 3, 2020

**Recommendation:**

Approval

**Fiscal Impact:**

\$ 0.00

**Budgeted Expense:**

Yes ☐

No ☐

N/A ☒

**Submitted By:**

M. Diane Cash Carlton

**Contact:**

M. Diane Cash Carlton

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:**

Lynn Aibejeris and Nancy Geohagen term on the District Commission Board expires on May 3, 2016. I have attached copies of their request for re-appointment. The 2 other commissioners whose term expires on May 3, 2016 are Troy Thompson and Joel Singletary. They have advised the district that they do not want to continue to serve. The vacancies were advertised. A copy of the advertisements is attached. To date no one has applied for the open positions. The district will continue to advertise.

**Attachments:** 1. Letters of Request to be Reappointed.

2. Advertisements for the open positions

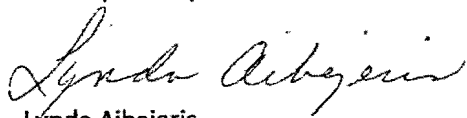
LYNDA AIBEJERIS  
20771 KEATON BEACH DRIVE  
PERRY, FLORIDA 32348

March 1, 2016

Taylor County Board of County Commissioners

I, Lynn Aibejeris have been serving as a Commissioner on the Taylor Coastal Water and Sewer District Board since 2006. My commission will expire on May 2, 2016. This letter is to serve notice that I wish to continue my position on the Board.

Thank you for your consideration.

  
Lynda Aibejeris



Nancy Taylor Geohagan  
1015 N Jefferson St.  
Perry, FL 32347

March 28, 2016

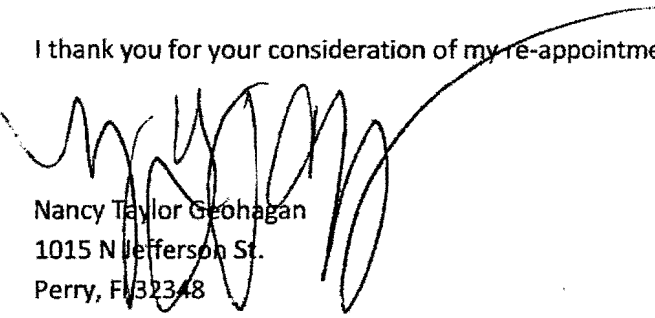
Taylor County Board of County Commissioners  
Administrative Complex  
201 E Green St  
Perry, FL 32347

Dear Taylor County Board of County Commissioners:

I am requesting that you consider my re-appointment to the Taylor Coastal Water and Sewer District Board. My term will expire on May 4, 2016.

I own property at Dekle Beach and I do solemnly swear that I am a registered voter within the State of Florida.

I thank you for your consideration of my re-appointment.



Nancy Taylor Geohagan  
1015 N Jefferson St.  
Perry, FL 32347

ad

**Subject:** ad  
**From:** Perry Newspapers <ads@perrynewspapers.com>  
**Date:** 3/29/2016 10:33 AM  
**To:** Taylor Coastal Water and Sewer District <tcwsd@fairpoint.net>

runs March 30 & April 6  
\$80.55 each run

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No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2016.0.7497 / Virus Database: 4545/11912 - Release Date: 03/29/16

—Attachments:—

TCWSD Board Vacancy 3x3 3-30-165.pdf

164 KB

ESTATE SALE. Fri., April 1, & Sat., April 2, 8 a.m. - 6 p.m. 2782 Golf Course Rd. Something for everyone. Sick room equip. & supplies, including a lift chair. Furniture, small appliances, costume jewelry, collectibles, toys, coolers & household liners. Christmas & pet items. Canning jars, TVs & other electronics. Large selection of ladies clothes sizes 4-14, mostly petite. Priced to sell.

Super Cages. Best quality and prices. Turkey Roost Nursery 584-7395. 6-miles south Puckett Road 2-miles west Courtney Grade, 6740 Abe Whitfield Lane.

3/2-3/30  
TRN

We Buy  
Scrap Metal  
and  
Junk Cars  
850-838-5865.

RC  
fn

No smokers  
850-838-5338

AR

3 bed 2 bath double wide 5 mins south of Perry. Chain link fenced, appliances included, not furnished. Call to schedule an appointment and request a rental application, also employment and income verification along with background check required. First and last month's rent along with security deposit at move in. \$695 per month, \$500 security deposit, pet deposit extra. No HUD. Call and LEAVE MESSAGE 850-792-4127.

3/18-4/1

Apartment for rent. Furnished, washer dryer and utilities. \$120 per week. Shady Grove, Simans area. Call 850-843-6621.

3/25, 3/30

For rent. Four bedroom, 2.5 bath house in town. \$750 per month, \$800 security deposit. No pets. Located off of Puckett Road. Call 850-584-6256 or 850-843-1300, leave message.

3/25-4/20

#### TIDEWATER APARTMENTS.

Now accepting applications for 2 & 3 bedroom apartments. Rent based on income. On-site laundry. Most utilities included. Close to shopping centers, city parks, and Boys & Girls Club. Public transportation available. 850-584-6842, TDD 711, EHO. Section 8 Affordable Multifamily Housing. TA

Town and Country has 1, 2 and 3 bedroom mobile homes available for rent. Starting at \$400 per month. Call 850-584-3095.

3/9-4/6

Ann Hodges, LLC Real Estate Broker  
Gulf Breeze Real Estate, Inc.  
Two Locations for your convenience:  
Perry, FL 32347 (850) 584-9101  
Perry, FL 32348 (850) 578-2202  
www.gulfbreezerealestate.net

**OPEN HOUSE**  
14560 Beach Rd. • Perry  
Saturday, April 2 • 2-4 p.m.



3BR/3 FULL BA brick home on 5 acres including a fenced back yard. Featuring: Family room w/ fireplace, front porch, screened back porch, garage, located in between the Gulf Of Mexico and city of Perry.

Call Amy Crain Carlton, Realtor at (850) 838-4777 or  
Lindsey Vaughn, Realtor at (850) 843-6014  
for more information.

Ann Hodges, LLC Real Estate Broker  
Your Satisfaction is Our First Priority!

## Board Vacancy

Taylor Coastal Water and Sewer District will have four openings on its governing Board of Commissioners beginning May 4, 2016. Potential commissioner's must own property within the District's boundaries and must solemnly swear that they are a registered voter within the State of Florida. The terms of the positions begin on May 4, 2016 and end on May 3, 2020. Commission meetings are held on the 4th Tuesday of each month at the district office at 3 p.m.

Interested parties should submit in writing their desire to serve and solemnly swear that they are a registered voter within the State of Florida. A copy of their Florida Drivers License should also be submitted. The request must be delivered to the District Office located at 18820 Beach Road, Perry, FL 32348 or e-mailed to the district at [tcwsd@fairpoint.net](mailto:tcwsd@fairpoint.net) by 4 p.m., April 8, 2016. All requests will be surrendered to the Taylor County Board of County Commissioners for appointment at their April 19, 2016, county commission meeting. Further information may be obtained by calling (850) 578-3043.

3/30/16

TC Water & Sewer

1875 or evening (352) 498-0294..  
15 H.P. Mercury, electric start, tiller  
handle, \$950 OBO. Call 850-584-  
9012 or 850-843-6133.  
4/1-4/6

For Sale: Krakauer piano with  
bench. Excellent condition inside  
& out, \$595. Call 850-838-2003.  
3/16-4/08

Smoky Greybeard (Fringe) trees,  
white Spirea (Bridal Wreath), pink  
Lorôpetalum, red Bottlebrush.  
Camellias, High Bush Blueberries,  
Apples, Pears, Peaches, Figs,  
Grapes, Persimmons, Chinkipins.  
Cold hardy, shade loving Palms.  
Easy, evergreen, native Zamia  
(Coontie). Windmill Palms.  
Hydrangea. Super Sagos.  
Daylilies. Best quality and  
prices. Turkey Roost Nursery 584-  
7395. Six miles south Puckett  
Road, two miles west Courtney  
Grade, 6740 Abe Whitfield Lane.  
4/1-4/29

included. \$225 weekly plus \$45  
deposit, \$45 and up daily, \$645-  
\$695 per month plus \$45 deposit.  
RV sites \$25 daily, \$125 weekly,  
\$395 monthly. Tax included. 1627  
S. Byron Butler Pkwy. (786) 426-  
1489.  
LS

Home for rent. Three bedroom,  
two bath. 2000+ square feet with  
fireplace. Must have references.  
\$800 per month. Call 850-672-  
4012.  
3/30-4/8

Rental in Shady Grove. Nice  
home, fenced yard. \$700/month,  
references required. No smokers  
850-838-5338  
AR

Apartment for rent. Furnished,  
washer dryer and utilities. \$120  
per week. Shady Grove, Sirmans  
area. Call 850-843-6621.  
3/25, 3/30

(386) 438-8458.

JH

We buy ugly mobile homes!  
Call John today!  
(386) 438-8458.

JH

New 2014 Jacobsen 4 bedroom, 2  
bath doublewide delivered & set-  
up, power pole, new well & septic  
included. Only \$59,995! (386)  
438-8458.

JH

**HELP  
WANTED**



Looking for waitresses for Whitey's  
Restaurant. Call 850-578-5788.  
JM

Part time help needed.

Must be neat in appearance and  
have good work history. Cash  
register and grill experience is a  
plus. Send resume to P.O. Box  
131, Perry, FL 32348.  
GDltfn

Field Technician-Needed

Position requirements:  
extensive travel including  
weekends, some holidays and at  
times overseas - a valid driver's  
license, we prefer you have a  
passport - pass a background  
check and drug screen - basic  
computer skills - professional  
communication skills to interact  
with customers - ability to lift  
50lbs. Experience/Background:  
knowledge of tools & equipment -  
construction experience.

We have two (2) position available.  
Applications accepted starting  
Monday, April 4, 2016, between 8  
a.m. - 4 p.m. Please apply in  
person at Big Top Mfg., 3255 N US  
19, Perry, FL.  
EEO/AA/m/f/vets/disabled  
4/1-4/13

## EMPLOYMENT OPPORTUNITY ACCOUNTING CLERK

- One year experience
- Great with numbers
- Friendly and Hard Working
- Paid Vacation, Sick leave, and Holidays
- Pay rate based on experience

**Apply in person**

**Bring resume to:**

**Ware Oil & Supply Co., Inc.**  
2715 S. Byron Butler Pkwy. (Hwy. 19)  
Perry, FL 32348 • (850) 584-6666

## Board Vacancy

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## TAYLOR COUNTY BOARD OF COMMISSIONERS

### County Commission Agenda Item

**SUBJECT/TITLE:**

THE BOARD TO APPROVE A LETTER OF SUPPORT FOR THE "TAYLOR COUNTY FLORIDA COMPETITIVENESS & EMPLOYMENT BY RAIL (CEBYR) PROJECT" GRANT APPLICATION, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

**MEETING DATE REQUESTED:**

APRIL 19, 2016

**Statement of Issue:**

The Board approved such letter of support in 2015, but unfortunately, the Department of Transportation did not select the grant application for funding. The grant is being applied for again this year.

**Recommended Action:**

Approve the letter of support

**Fiscal Impact:**

A benefit to Taylor County

**Budgeted Expense:****Submitted By:**

County Administrator 850-838-3500 x 7

**Contact:**

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

**History, Facts & Issues:****Options:****Attachments:**

## Margaret Dunn

---

**From:** Dustin Hinkel  
**Sent:** Tuesday, April 12, 2016 8:40 AM  
**To:** Brian Weprin; Pat Patterson  
**Cc:** matthew.bell@cch-llc.com; darganbright@omnitrax.com; Board Item (52281\_50976.tl431737@tasks.teamwork.com); Margaret Dunn  
**Subject:** RE: Taylor County Florida Competitiveness & Employment by Rail (CEBYR) Project  
**Attachments:** 20160412\_TIGER\_LOS.docx

The attached letter of support will be under consideration for Board approval at our next Board meeting on the 19<sup>th</sup>. Mr. Arganbright indicated that this timing would be acceptable.

Thanks!

## Dustin Hinkel

County Administrator  
Taylor County Board of County Commissioners

[Click here to sign up for instant severe weather alerts and updates via email and text message!](#)

201 E Green Street  
Perry, FL 32347  
850-838-3500 ext 7 Office  
850-838-3501 Fax  
850-672-0830 Cell

[dustin.hinkel@taylorcountygov.com](mailto:dustin.hinkel@taylorcountygov.com)  
<http://www.taylorcountygov.com>

Please note: Florida has a very broad public records law. Most written communications to or from public officials regarding public business are available to the media and public upon request. Your e-mail communications may be subject to public disclosure.

**From:** Brian Weprin [mailto:brian@ascotdevelopment.com]  
**Sent:** Monday, April 11, 2016 5:22 PM  
**To:** Pat Patterson <ppatterson@taylorcountygov.com>  
**Cc:** matthew.bell@cch-llc.com; darganbright@omnitrax.com; Dustin Hinkel <dustin.hinkel@taylorcountygov.com>  
**Subject:** Taylor County Florida Competitiveness & Employment by Rail (CEBYR) Project

Good afternoon Commissioner Patterson,  
I am emailing you this afternoon in hopes of obtaining an updated letter of support for the Taylor County Florida Competitiveness & Employment by Rail (CEBYR) Project application to be submitted to the US DOT for grant funding. Mr. Hinkel from the county office has been working with David Arganbright (GFRR) who has been spearheading the project in order to submit on behalf of Taylor County. Your support was much appreciated last year when you provided the attached letter in our efforts to secure federal funding to help fund this project which will have a profound impact on local and regional communities. While the project not

selected for US DOT funding last year, we believe we have an excellent opportunity at obtaining funds through new grant opportunities currently available.

I have an updated letter template sample for your review attached. Feel free to modify it as you see fit. We truly appreciate if you would be able to return a signed copy on your letterhead. Given the impending due date for the grant submission and how critical Taylor County's support is for this application, it would be incredibly helpful and ensure a timely submission if you were able to return a signed letter before the end of this week. If this turnaround is not feasible, we understand.

Please feel free to reach out to me with any questions you may have. We greatly appreciate your time, support, and consideration.

Best.

Brian Weprin  
Project Manager  
Taylor County Florida Competitiveness & Employment by Rail (CEBYR) Project Outreach  
Direct: 561-414-9415



## TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

DUSTIN M. HINKEL, County Administrator  
201 East Green Street  
Perry, Florida 32347  
(850) 838-3500, extension 7 Phone  
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney  
Post Office Box 167  
Perry, Florida 32348  
(850) 584-6113 Phone  
(850) 584-2433 Fax

April 13, 2016

The Honorable Anthony Foxx  
Secretary of Transportation  
West Building  
1200 New Jersey Avenue, SE  
9th Floor  
Washington, DC 20590-9898

Dear Secretary Foxx:

The Board of County Commissioners in Taylor County, Florida, heartily endorses the "Taylor County Florida Competitiveness & Employment by Rail (CEBYR) Project" grant application. Were this grant application to be funded, the improvements made to the Georgia-Florida Railway's rail system that runs through our county to the Georgia-Pacific Cellulose Mill, would improve our quality of life and chances for economic growth exponentially.

The Georgia-Pacific Cellulose Mill is a major employer in Taylor County, and our economy is heavily dependent on forestry products. As the local rail provider's infrastructure can only accommodate trains at very low speeds, the mill relies on trucks to get its product to market. These trucks run 24 hours a day through our community taking products north to Interstate 10 and east to Interstate 95 to head north to Savannah, Georgia, for overseas export.

Preservation of rail service is essential to the future prosperity and employment of Taylor County. Taylor County is listed as one of Florida's Rural Area of Critical Economic Concern (RACEC) and in the county GFRR's biggest customer is the Georgia-Pacific Foley Cellulose Mill. The mill provides 20% of yearly GDP for Taylor County. The viability of the mill is threatened by the inadequate rail service, which is vital to move commodities like pulp, chemicals and wood chips. The railroad is in poor condition and needs rehabilitation. Without upgrades, the future economic outlook of the mill—and the 600 skilled workers that this mill employs—will suffer in a competitive international market.

With connections to both CSX and Norfolk Southern, this freight rail corridor should be a tremendous asset for our community. Unfortunately, GFRR speeds are limited to only 10 miles per hour. This inefficient operation places my community at a competitive disadvantage, congests rail crossings, decreases train crew quality of life and reduces safety by fostering fatigue.

I believe that improvements to the rail system will reduce the risk to public safety through the reduction of truck traffic, resulting in fewer accidents. Hundreds of truckloads of exported wood pulp that are shipped to Savannah will be taken off the highways each month. The rail improvements would eliminate millions of annual truck miles. This is beneficial for the safety of the drivers on I-95, I-75, US-221, US-19, US-98, and I-10.



The Honorable Anthony Foxx  
April 13, 2016  
Page Two

This infrastructure project would allow Taylor County to attract more industry and jobs. The reduced truck traffic would make our neighborhoods cleaner and quieter and the Interstates safer and less congested. We can see no down side to this project and urge your favorable consideration.

Sincerely,

Jody DeVane  
Chair, Taylor County Board of County Commissioners

**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**



Board to review and approve Task Order 7 with AVCON, Inc. in the amount of \$19,135 for the Solar Farm Feasibility Study at Perry-Foley Airport.

**MEETING DATE REQUESTED:**

April 19, 2016

**Statement of Issue:** Requesting Board to approve Task Order 7 with AVCON, Inc. for the Solar Farm Feasibility Study at Perry-Foley Airport.

**Recommended Action:** Approve Task Order 7 with AVCON, Inc.

**Fiscal Impact:** The Task Order will be funded 100% with a FDOT grant.

**Budgeted Expense:** The project will be 100% grant funded.

**Submitted By:** Melody Cox

**Contact:** Melody Cox

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** FDOT has awarded the County a grant in the amount of \$19,135 to be used for a Solar Farm Feasibility Study at Perry-Foley Airport. The grant was executed by the Board at the March 7, 2016 meeting.

**Attachments:** Task Order 7 and Exhibit "A"- Scope of Work

**TASK ORDER NO. 7**  
**Professional Services**  
**SOLAR FARM FEASIBILITY STUDY**  
**Perry Foley Airport**  
**April 7, 2016**

Task Order No. 7

AVCON, INC., a Florida Corporation (hereinafter "CONSULTANT") agrees to perform and complete the following services (hereinafter "Services") for the **Taylor County Board of County Commissioners** (hereinafter "COUNTY"), in accordance with the terms and conditions of the Agreement for Professional Engineering, Planning, Design, and Construction Management Services, dated November 20, 2012, all of which terms and conditions are incorporated herein by reference.

1. **Task Location:** Perry Foley Airport  
Taylor County, Florida
2. **Task Name:** Solar Farm Feasibility Study
3. **Task Description/Scope of Services:** Consultant shall perform services as identified in Exhibit "A" – Scope of Services attached hereto.
4. **Compensation:** All work performed under this Task Order shall be compensated for on a Lump Sum basis as derived in Exhibit "A" – Scope of Services attached hereto. The Lump Sum fee for these services shall be Nineteen Thousand, One Hundred Thirty-Five dollars (\$19,135.00) and shall include all job-related travel costs, reprographic costs, printing/plotting costs, telephone/facsimile charges, and mail charges required to perform the work specified.
5. **Schedule:** The Consultant shall perform the services identified in Section 3 at the schedule identified in Exhibit "A."
6. **Deliverables:** Consultant shall submit the deliverables identified in Exhibit "A."

Accepted by:

**Taylor County Board of  
County Commissioners**

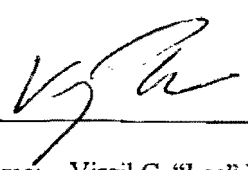
By: \_\_\_\_\_

Printed Name: Mr. Jody DeVane

Title: Chairman

Accepted by:

**AVCON, Inc.**

By:  \_\_\_\_\_

Printed Name: Virgil C. "Lee" Lewis, P.E.

Title: Regional Manager

**SCOPE OF WORK**  
**Professional Services**  
**SOLAR FARM FEASIBILITY STUDY**  
**Perry Foley Airport**  
**April 7, 2016**

**BACKGROUND**

Taylor County has been approached recently regarding the availability of land leases to install a solar farm on the Perry Foley Airport. Taylor County has requested that AVCON perform a feasibility study to determine the viability of installing a solar photovoltaic (PV) farm on the airport while complying with FAA regulations.

**SCOPE OF SERVICES**

AVCON will provide the following basic services for this Project:

1. Study the pros and cons including potential funding of the two most prominent types of ownership of an airport solar farm:

- Airport ownership of the solar farm for energy uses on the airport with any excess energy to be sold to the local utility, Duke Energy

- OR -

- Leasing of airport land to a solar farm developer who would construct the solar farm and sell the energy to Duke Energy. Even if this option is chosen, the FAA requires that the airport sponsor, Taylor County, be the point of contact between the FAA and any on-airport solar project.

**Fee for Task 1 → \$1,070.00**

2. Contact Duke Energy to determine their receptiveness to purchasing power from an airport solar farm. The state of Florida does not require utilities to purchase power generated from renewable sources. However, Duke Energy has a robust program of purchasing energy from renewable sources within Florida.

**Fee for Task 2 → \$660.00**

3. Determine if the airport solar farm is a "qualifying facility" as defined by the Florida Public Service Commission (FPSC), which is necessary for consideration by Duke Energy.

**Fee for Task 3 → \$500.00**

4. Determine what the interconnection procedures would be between the airport solar farm and Duke Energy.

**Fee for Task 4 → \$1,460.00**

5. Locate up to three locations on the airport where a Solar PV farm might be located. The location could be on the roof of one or more existing buildings or on flat or gently rolling terrain. In either case, the location should provide unobstructed views of the southern sky.

**Fee for Task 5 → \$2,660.00**

- 
6. Determine that for each of the selected locations the Solar PV panels would not penetrate any of the airport Design surfaces.

**Fee for Task 6 → \$1,420.00**

7. Determine that for each of the selected locations that the Solar PV panels would not be located within the critical area of any communications, navigation, and surveillance (CNS) facilities as defined in Chapter 6 of the FAA Advisory Circular 150/5300-13A, *Airport Design*.

**Fee for Task 7 → \$1,170.00**

8. Determine preliminary design information for the project to include the following:

- Latitude, longitude and height above mean sea level for each proposed location
- Final approach paths for the airport
- Potential orientation, tilt, and reflectance of the panels

**Fee for Task 8 → \$1,345.00**

9. Use the FAA's Solar Glare Hazard Analysis Tool (SGHAT) to determine:

- The potential for glare from the Solar PV panels along the final approach paths to Runways 18/36 and 12/30
- Retinal irradiance and subtended source angle of glare source if glare is found
- Potential ocular hazards
- When glare will occur throughout the year
- Relative energy production while evaluating alternative locations and layouts

**Fee for Task 9 → \$3,900.00**

10. Prepare Draft and Final Feasibility Studies which will summarize all work developed for this project. AVCON shall review the Draft and Final Feasibility Studies with Taylor County.

**Fee for Task 10 → \$1,320.00**

11. Meet with the FAA Orlando Airports District Office (ADO) to review the Draft Feasibility Study and discuss FAA comments. This task also includes a meeting with Taylor County to review the Final Feasibility Study.

**Fee for Task 11 → \$3,630.00**

**Total Fee → \$19,135.00**

---

**DELIVERABLES**

A Draft Feasibility Study will be developed and submitted to the County and FAA for review and comment. After receiving comments from the County and FAA, the comments will be addressed and the Final Solar Farm Feasibility Study will be submitted to the County.

**SCHEDULE**

It is anticipated that the Feasibility Study Project will have the following schedule:

Notice to Proceed to submittal of the Draft Feasibility Study ..... Three Calendar Months  
Review of the Draft Feasibility Study by the County ..... Two Calendar Weeks  
Address County comments ..... One Calendar Week  
Address County comments and Submit Final Feasibility Study ..... Two Calendar Weeks

**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**



Requesting Board approval of Resolution and Drug Free Workplace Certification required for submission of the Residential Construction Mitigation Program (RCMP) proposal application.

**MEETING DATE REQUESTED:**

April 19, 2016

**Statement of Issue:** The County is submitting a proposal to the RCMP requesting housing rehabilitation funding which can be used to "strengthen " and improve resiliency of residential structures from hurricanes and severe weather events. These funds can be used separately or in conjunction with CDBG and SHIP funds.

**Recommended Action:** Board to approve Resolution and Drug Free Workplace Certification required for the RCMP proposal submission.

**Fiscal Impact:** The County will be submitting a proposal requesting funding assistance in the amount of \$194,000. A match is not required.

**Budgeted Expense:** Y/N Not Applicable

**Submitted By:** Melody Cox

**Contact:** Melody Cox

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** The County was awarded a grant in the amount of \$194,000 FY 2015-2016 through the RCMP to be used for mitigation retrofit improvements to qualified homes to provide protective measures against severe weather and wind damage. The County is currently installing hurricane shutters on twelve (12) homes and it is anticipated will be completing at least four (4) roofing projects with the funds. The County has a waiting list of applicants requesting assistance through the RCMP Program.

**Attachments:** Resolution and Drug Free Workplace Certification



## TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

DUSTIN HINKEL, County Administrator  
201 East Green Street  
Perry, Florida 32347  
(850) 838-3500, extension 7 Phone  
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney  
Post Office Box 167  
Perry, Florida 32348  
(850) 584-6113 Phone  
(850) 584-2433 Fax

Upon motion of Commissioner \_\_\_\_\_ with a second by  
Commissioner \_\_\_\_\_ and vote of \_\_\_\_\_ the Taylor County Board of  
Commissioners, adopt the following resolution:

### RESOLUTION

**Whereas**, the State of Florida Division of Emergency Management (FDEM) established the Hurricane Loss Mitigation Program-Residential Construction Mitigation Program (RCMP) and is currently accepting Request for Proposals RFP-DEM-15-16-066, and

**Whereas**, The Board of County Commissioners, Taylor County, Florida is eligible to submit a proposal under this program to improve the resiliency and strengthen residential structures of qualified homeowners from severe weather and wind damage, and

**Whereas**, The Board authorizes Jody DeVane, Chairman, or Dustin Hinkel, County Administrator to file and execute any contracts or documents and apply for and administer funding on behalf of the applicant if so awarded from the FDEM Residential Construction Mitigation Program for mitigation retrofit improvements to residential homes in Taylor County.

**Therefore, be it resolved by the Board that:**

1. The Taylor County Board of Commissioners is eligible to submit a proposal requesting funding assistance to the Hurricane Loss Mitigation Program, Residential Construction Mitigation Program RFP-DEM-15-16-066 to retrofit and strengthen qualified residential homes in Taylor County from damage related to severe weather and wind.
2. The Taylor County Board of Commissioners support submitting a proposal requesting funding to be used for mitigation retrofit improvements for qualified homes in Taylor County.

**Done and Ordered** in regular session at Perry, Florida this 19th day of April, 2016.

**Board of County Commissioners  
Taylor County, Florida**

**Attest:** \_\_\_\_\_  
Annie Mae Murphy, Clerk

**By:** \_\_\_\_\_  
Jody DeVane, Chairman

**Forest Capital of the South**



## EXHIBIT D

### CERTIFICATION OF DRUG-FREE WORKPLACE

**IDENTICAL TIE BIDS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals are received from respondents which are both certified minority businesses (as set forth above), and which are equal with respect to price, quality and service, the proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- A. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- B. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- C. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection A.
- D. In the statement specified in subsection A, notify the employees that as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, F.S., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- E. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- F. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
VENDORS SIGNATURE

\_\_\_\_\_  
DATE