

ALACHUA COUNTY CDBG HOUSING GRANT #18DB-OM-03-11-01-H03
CHANGE ORDER # 1

Client Name: Cheryl Kirkland CLIENT NO.: N/A
 Address: 15007 SW 120th Ave DATE: 11/1/2021
Archer, FL 32618

Change order to the Demolition/ New Home Construction Contract between the contractor, Certified Roofing and Construction and the homeowner, Cheryl Kirkland, for the Alachua County CDBG Housing Program.

Background Information: *The following items are either code violations, health and safety issues or change order requested by and paid for by the homeowner*

Change Ordered: Replace septic system, add 100 sq ft of living space and add front patio

SCOPE OF WORK:

Health Department is requiring septic system be disposed of and replaced, inspection report attached \$6,300.00
 Incorporate Bid Alternate #1 -Septic System inground into contract to be paid with CDBG Funds
 Install and connect complete new septic system that meets code to include permitting, tank, drainfield, piping and plumbing. - To be paid with CDBG funds

Add an additional 100 sq ft of living space to home to be paid with homeowner funds \$12,500.00

Add a 12' X 39' front patio to be paid with homeowner funds \$6,300.00

TOTAL: \$25,100.00

CONTRACT AMOUNT

Original Contract Amount (SHIP \$45,000, CDBG \$ 78,000)	<u>\$123,000.00</u>
Previous Change Orders	<u>\$0.00</u>
Amount of SHIP Funds this Change Order	<u>\$0.00</u> Total SHIP Amount: \$ 45,000.00
Amount of CDBG Funds this Change Order	<u>\$6,300.00</u> Total CDBG Amount: \$ 84,300.00
Amount of Owner Funds this Change Order	<u>\$18,800.00</u> Total Owner Amount: \$ 18,800.00
Revised Contract Amount	<u>\$148,100.00</u>

This document shall become an amendment to the Contract and all stipulations and covenants of the Contract shall apply hereto.

<u>Cheryl A. Kirkland</u> Homeowner's Signature	<u>11/19/21</u> Date
<u>Charlotte Peterson</u> Contractor's Signature	<u>11/9/21</u> Date
<u>[Signature]</u> Authorized County Representative's Signature	<u>11/13/21</u> Date
<u>[Signature]</u> Project Manager's Signature	<u>12-6-21</u> Date

C. Johnson



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

15007 SW 120th Ave

APPLICANT: _____
CONTRACTOR / AGENT: Certified Participant Archer, FL
LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION
96" x 35" x 43"
[900] GALLONS SEPTIC TANK/SED ATU LEGEND: _____ MATERIAL: Precast BAFFLED: [X] (H)
[] GALLONS SEPTIC TANK/SED ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [X] (S)
[] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____ PUMPS: []
[] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 8/23/21 BY MRS. J. C. S. HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [] DIMENSIONS / FILLING / LEGEND, ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [] SOLIDS DEPLETION DEVICE / OUTLET FILTER DEVICE / INSTALLED
SIGNATURE OF LICENSED CONTRACTOR: [Signature] BUSINESS TITLE: _____ DATE: 8-23-21

EXISTING DRAINFIELD INFORMATION
[] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
[] SQUARE FEET SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []
CONFIGURATION: [] TRENCH [] RED []
DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION
[] SYSTEM INSTALLATION DATE _____ TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
[] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE 1, 64E-6, FAC
SITE CONDITIONS: [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
[] SLOPING PROPERTY []
NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
[] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []
FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D-BOX/HEADER [] DRAINFIELD
[] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA
Tank has cracks in corners & drainfield is not working. Needs septic & drainfield replaced.

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____
DH 0015, 08/05 (Obsolesces previous editions which may not be used)
Incorporated 64E-6:001, FAC

Kirkland

Archer Pump Service, Inc.

13428 SW 89th Ave, Archer, FL 32618 • Phone (352) 495-2024 • Fax (352) 495-8929

"Service When You Need It"

Bill To

Certified Roofing and Construction
PO BOX 1673
Newberry FL 32669

Terms **Sale Date**
Net 10 08/25/21

Tank pressure good. System working properly at this time. Motor drawing good amps. **old tank

Part Number	Product Name	Quantity	Price	Extended Amount
	well inspection	1	\$125.00	\$125.00
			Subtotal	\$125.00
			Discount	\$0.00
			Total	\$125.00

Handwritten signature and number: #116659

Thank You

Payment due when work is completed. All materials remain the property of Archer Pump Service, Inc. until paid for in full. An interest of 1.5% monthly on past due accounts (30 days - \$1.00 min.) Right to repossess is granted.