

## FIDDLER'S CREEK DESIGN REVIEW COMMITTEE REQUEST FOR ALTERATIONS, REPAIRS AND RECONSTRUCTION [This form must be typed.]

| Date          | e: April 6, 2020 Association: Lagomar Village (the "Village Association")  |
|---------------|--|
| I/We          | Lagomar Village Association , hereby request approval by the   |
| Fidd          | ler's Creek Design Review Committee for the modification shown below to residence  |
|               | ted at: throughout Lagomar Village   |
| (the          | "Property").   |
| Maili<br>Prop | ing address for notices regarding this Application if different from the address of the perty: American Property Management Services, Attn: Dianna Musse, 8825 Tamiami Trail E, Naples, FL 341   |
| Hom           | ne Telephone: 239-774-0105 Other Telephone:  |
| Ema           | il: dianna@americanpms.net   |
|               | ALTERATION/MODIFICATION BEING REQUESTED:   |
| Irriga        | tion System Upgrade to Install 3 Filters and 2 Blow off Valves to Substantially Reduce Irrigation Repair Costs   |
| The in        | nstallation work will be done by Stahlman-England, and the landscaping work to camouflage the filters  |
| will b        | e done by Top Cut USA landscape company. See attached letter explaining this proposal in detail.   |
|               |  |
|               | ase provide all information needed to review the proposed modifications or alterations,  |
|               | uding a detailed description of materials and colors used as well as dimensions of proposed erials. (See Lagomar Design Review Criteria ("Association DRC") available at   |
|               | w.fiddlerscreekmembers.com.)   |
|               | Completed Checklist (Association DRC - Exhibit "B")  |
|               | Completed Specifications and Materials Submittal (Association DRC Exhibit "C")   |
| X             | Name of Company Performing Work  |
|               | Copy of County Approvals/Permit/s (if required)  |
|               | Copy of the Occupational License/s (where applicable)  |
| X             | Certificate of Insurance-Certificate Holder - MUST be the Village Association name   |
|               |  |
|               | Signed and sealed engineering or architectural drawings (structural modifications or alterations)  |
|               | Signed and sealed engineering or architectural drawings (structural modifications or alterations)  Other detailed drawings by landscape designer or other professional, including proposed plant types, size, quantity and location (other modifications or alterations) (See Association DRC)   |
|               | Other detailed drawings by landscape designer or other professional, including proposed plant types, size,   |
| _             | Other detailed drawings by landscape designer or other professional, including proposed plant types, size, quantity and location (other modifications or alterations) (See Association DRC)  |
|               | Other detailed drawings by landscape designer or other professional, including proposed plant types, size, quantity and location (other modifications or alterations) (See Association DRC)  Specimens, drawings, cut sheets, paint samples, etc. (See Association DRC)  Copy of original hardscape/paving/site/grid/location plan showing proposed alterations (structural additions, |

### FIDDLER'S CREEK DESIGN REVIEW COMMITTEE REQUEST FOR ALTERATIONS, REPAIRS AND RECONSTRUCTION

#### **CERTIFICATION BY OWNER/S**

I/We hereby make application to the Fiddler's Creek Design Review Committee ("FCDRC") for the above-described item ("Application") for approval by the FCDRC. I/We understand and acknowledge that

- (a) I/We have received and read a copy of the Design Review Criteria for the Village Association.
- (b) Approval of our request must be granted in writing before I/we can have any work started.
- (c) I/We could be forced to have alterations or modifications removed and/or restored if any work is conducted without approval by the FCDRC.
- (d) If this request is granted "AS PRESENTED" to the FCDRC, the work must be completed as presented in the Application. Notwithstanding any of the provisions of the design review process, any change or modification to the Request, or any future exterior modifications of any kind, must be re-submitted to the FCDRC for review and approval before construction. Accordingly, the completed modification must be in conformity with the Request as approved by the FCDRC, and any condition for approval required by the Village Association.

Lagomar Village Association

By:
Signature of Applicant

Murray Barn hart as President

Signature of Applicant

## FIDDLER'S CREEK DESIGN REVIEW COMMITTEE REQUEST FOR ALTERATIONS, REPAIRS AND RECONSTRUCTION

#### **CERTIFICATION BY VILLAGE ASSOCIATION**

| l, the | undersigned, hereby certify to the FCDRC as follows:                                |
|--------|---|
| •      | I am the duly elected <u>Fresident</u> of Lagomar Village                           |
|        | Association ("Village Association"), and I am executing this Certification in that  |
|        | capacity.   |
| •      | [Check applicable box] The Board of Directors of the Village Association approved   |
|        | the foregoing Application: 🗷 At a meeting held on <u>Friedry</u> 14, 2020,          |
|        | OR  by unanimous consent.   |
| •      | The Application, as presented, contains all relevant information necessary for the  |
|        | FCDRC to evaluate it.   |
| •      | The alterations and/or modifications described in the Application are consistent    |
|        | with the specifications set out in the Village Association Governing Documents      |
|        | (including its Design Review Criteria). The FCDRC may hold the Village              |
|        | Association responsible for any alteration or modification performed with its       |
|        | approval which has not received the prior written approval of the FCDRC.            |
| •      | The Board acknowledges that the FCDRC, its successors and assigns, and its          |
|        | officers, members, directors, employees, agents, contractors, consultants and       |
|        | attorneys, shall not be liable in damages to you or any other person for any reason |
|        | arising out of or in connection with the approval or disapproval, or failure to     |
|        | approve, any plans or other specifications or materials, or failure to enforce any  |
|        | requirements of the FCDRC. Without limiting the generality of the foregoing, the    |
|        | FCDRC shall not be responsible for reviewing, nor shall its approval of any plans,  |
|        | specifications or materials be deemed approval of, the structural safety,           |
|        | soundness, workmanship, materials, usefulness, conformance with building or         |
|        | other codes or industry standards, or compliance with any other governmental        |
| Ву     | requirements.  Lagunar Village Association Director  Murray Barnhart as President   |
|        |   |

Date:

April 7, 2020

To:

Fiddler's Creek Design Review Committee (DRC)

From:

Lagomar Village Association Board of Directors

Subject:

Design Review Committee Application: Irrigation System Upgrade to Install Filter/Blow off Valves to Substantially Reduce Irrigation Repair

Costs

#### **Summary**

The Lagomar Village Association Board of Directors requests DRC approval for installation of three (3) automatic self-cleaning irrigation filters and two (2) automatic blow off valves (aka "Dump Valves"). The irrigation water filter is a self cleaning model that will be concealed by a shrub hedge (see Exhibit 1). The blow off valves will be installed below ground and will be accessible by a standard irrigation box. The installation of this filter package will provide cleaner irrigation water and substantial cost savings associated with cleaning and repairing the existing irrigation system components.

#### Introduction

The irrigation system in Lagomar Village contains high concentrations of suspended solids, including snails and organic sludge. The high concentration of suspended solids has resulted in clogged valves, clogged pop-up head filters, clogged funny pipe and broken sprinkler heads. Compounding the problems of high suspended solids in the source water is the fact that the present irrigation lines have not been cleaned since they were installed by the developer. The relevance of this fact is that snails and organic slime have accumulated in the lines and may be propagating in the lines.

#### Proposal

The Lagomar Village Association Board of Directors has identified the causes of clogged sprinkler heads in the community. The causes are a combination of snails and detritus (algae and dead plant and animal material) in the irrigation line and in the supply water. To remedy the problem the Board of Directors proposes to install three (3) Orival automatic flushing screen filters at the point where irrigation supply water is connected to the four inch irrigation supply line and two (2) blow off valves in the Lagomar four inch irrigation supply line. The proposal also includes connecting the four inch irrigation supply lines that currently operates as two separate loops in Lagomar Village. At the present time, the DR Horton home section of Lagomar Village is irrigated via one loop and the Lennar section of Lagomar Village is irrigated

via a second, separate loop. This proposal includes connecting the two existing loops to form one loop which will supply the entire village. The end result of installing water filters and blow off valves and of connecting the two loops is to improve the quality of irrigation water, reduce maintenance costs for the sprinkler heads and valves and provide a predictable supply of irrigation water to landscape material.

The blow of valves are proposed to be installed in the four inch irrigation supply line at locations that will allow optimum cleaning of debris and detritus in the four inch line. Blow off valves are proposed at the following locations (see Exhibit 2 where they are called Dump Valves):

- 1. On the north eastern lakeshore of Lagomar Ct.
- 2. On the lakeshore west of Carmini Ct. and north of Campanile Circle.

The blow off valves consist of a gate valve system that is operated using a battery operated timer. The operation of the valves will be scheduled at a frequency and duration necessary to discharge accumulated debris in the bank of the lake. The discharge point will be below the water surface of the lake. The valve operating system will be contained in an irrigation box that is identical to other irrigation control boxes in the community.

The proposed irrigation valves and blow off valves will be installed by Stahlman-England Irrigation, Inc. and work should be completed in 8 to 12 days. The filters (see Exhibit 3) on the Lagomar Village easement next to Lot #1 and between Lot #42 and Lot #43 will be screened with landscape material consisting of a hedge of pitch apple (Clusia rosea). The filter on lot #77 will be screened with a hedge of coco plum (Chrysobalanus icao) to match existing plantings. Plants will be installed by Top Cut USA, Lagomar Village's landscape contractor.

The cost of the automatic irrigation filters and blow off valves, including the work to join the two existing loops is \$54,575. Stahlman-England was selected because they offered the best product and warranty at a reasonable price. Stahlman-England has installed the proposed filter and blow off stations in several residential communities and commercial locations. In 2017 Stahlman-England installed this same filter and blow off system in Chiasso Village, here in Fiddler's Creek. Stahlman-England has agreed to provide the DRC with a \$2,500 security deposit if required.

On behalf of the Lagomar Village Association Board of Directors

Murray Barnhart, President

Chrysobalanus icao-see proposal) each 2'+ wide by 4+' Migh • 14 hedge plants Ceither Clusia rusea or

. Mulch inside and

Adjust sprintcler gs necessary. Exhibit 2

Chil Barrien : fand Oberloofs : Planners : Lamberja Architectur em Mari. Ip Lossin Fra. alam Marriens : Planners : Lambers (2 polosy) State Sylves: 259 842,1144 SP: NEVN OCONGRACE A SUBDIVISION LOCATED IN SECTIONS 11 AND 14, TORNSHIP 51 SOUTH, RANGE 28 EAST, COLLIER COUNTY, FLORIDA. A REPLAT OF TRACF "113" AND LOTS 1 THROUGH 38, (BLOCK "A") OF FIDDLER'S CREEK PHASE 4, UNIT THREE LAGOMAR AT FIDDLER'S CREEK The state of the state of the state of Sea DI SADOPE (PLAT BOOK 46, PACES 57 THROUGH BI) 1 2 2 THE PARTY OF THE P 3 RED+WHITEL Reprint Cons 33 Stahlman-England rrigation, Inc. **Dump Valve** Location of LEGEND

13

Water Street

Note: This plot was created before the "replat to 77 lots. Please ignore the

# ORG SEI Exhibit 3 Automatic Self-Cleaning (Page 1 of 3) Water Saving Filters 1½" to 10"



#### **CONSERVES RINSE WATER!**

Uses UP TO 90% Less Water than Conventional Self-Cleaning Filters Low Cost • Reliable • Flexible • Simplistic Design

The ORG Series units from Orival Inc. are designed to provide efficient, reliable filtration while reducing the amount of backwash water required. Thanks to its efficient rinse system, the ORG uses approximately 90% less than conventional self-cleaning units. This low consumption makes it the ideal unit for a wide variety of applications.

The unit is available in line sizes from 1½" to 10" inlet and outlet to handle flow rates up to 1760 GPM for a single unit. The stainless steel fine screen is available in a variety of sizes to suit any application.

Orival manufactures a wide variety of filtration systems, from 10 GPM to 12,000 GPM, available in stainless steel, carbon steel & special construction.

#### Applications

- Cooling Water
- **Drinking Water**
- Intake Water
- Reclaim & Effluent Water
- Well Water
- Waste Water
- Agricultural & Turf Irrigation
- H.V.A.C. & Cooling Towers
- **Pump Seal Protection**
- Fire Sprinkler
- I.E. & RO Protection
- Nozzle Protection
- **Heat Exchanger Protection**
- Air Compressor Protection
- Rain Harvesting
- Storm Water Reuse

#### Features

- Organic & Inorganic Suspended Solids Removal
- Hydraulically Operated & Electronically Controlled
- Single or Multiple Filter Manifold Systems
- Stainless Steel & Powder Coated Carbon Steel or Custom Construction
- **Efficient Water Saving Design**
- Low & High Pressure Operation
- Simplistic Design No Special Tools for Filter Element Retrieval
- Field Proven 5-Year No Mechanical Maintenance Design

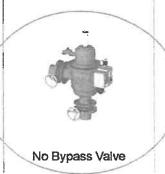
#### Screen Selection Guide

|                                  | Woven<br>PVC Support | Sintered<br>Multilayer | Wedgewire        |  |  |
|----------------------------------|----------------------|------------------------|------------------|--|--|
| Screen<br>Patterns               | 9 9 9                |                        |                  |  |  |
|                                  | 0 0                  |                        |                  |  |  |
| Screen<br>Apertures              | 15-5000 Mic          | 1-5000 Mic             | 25-2500 Mic      |  |  |
| Open<br>Screen Area<br>Hydraulic | 40%                  | 60%                    | 30%              |  |  |
| Collapse D.P. Temp Rating        | 300 psi<br>150 F     | 300 psi<br>300*F       | 450 psi<br>750°F |  |  |
| Material                         | St/St 316L           | St/St 316L             | St/St 316L       |  |  |
| Optional<br>Material             | Super Duplex         | , SMO 254, M           | onel & Others    |  |  |

#### Installations









With Bypass Valve



Automatic Self-Cleaning
WATER FILTERS

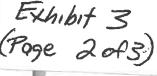
213 S. Van Brunt St., Englewood, NJ 07631

(800) 567-9767 (201) 568-3311 Fax (201) 568-1916

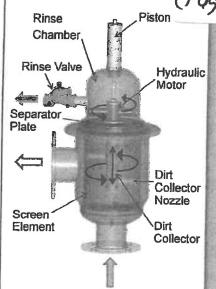
www.orival.com filters@orival.com

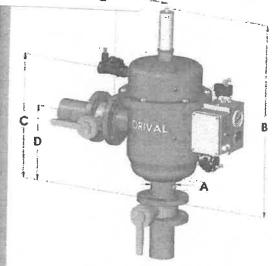
#### How It Works

- Raw water enters the inlet of the filter to the inside of the Screen Element collecting suspended solids forming a filter cake.
- As the filter cake grows thicker it causes a pressure drop, when reaching a 7 psi differential the Rinse Controller (not shown) triggers a rinse cycle.
- The Rinse Valve opens creating a vacuum force at the Dirt Collector Nozzles removing the filter cake.
- Water passing through the dirt collector to the hydraulic motor causes the assembly to rotate.
- As the assembly rotates, the piston strokes in an upward direction at the same time.
- The cleaning cycle lasts for 8 16 seconds without interruption of flow through the filter.



sions (inch)





#### Technical Data (Add "-S " for Stainless Steel Construction)

| Model        | Max Flow | Open Scree | n Area (in²) | Rinse Valve | Dry Weight | Α      | В      | С      | D     | E     |
|--------------|----------|------------|--------------|-------------|------------|--------|--------|--------|-------|-------|
| Model        | (gpm)    | Woven      | Sintered     | (inch)      | (lbs)      |        |        |        |       | _     |
| ORG/B-015-LE | 65       | 64         | 96           | 1           | 53         | 1½ NPT | 20.10  | 13.60  | 7.50  | 7.10  |
| ORG/B-020-LE | 110      | 64         | 96           | 1           | 55         | 2 NPT  | 20.10  | 13.60  | 7.50  | 7.10  |
| ORG/B-030-LE | 175      | 120        | 180          | 1           | 80         | 3      | 28.40  | 18.50  | 10.20 | 8.20  |
| ORG/B-040-LS | 350      | 120        | 180          | 1           | 92         | 4      | -28.40 | _18.50 | 10.20 | 8.20  |
| ORG-040-LE   | 350      | 466        | 700          | 11/2        | 140        | 4      | 55.40  | 38.70  | 21.30 | 12.50 |
| ORG-060-LS   | 660      | 466        | 700          | 1%          | 145        | 6      | 55.40  | 38.70  | 21.30 | 12.50 |
| ORG-060-LE   | 660      | 648        | 972          | 11/2        | 167        | 6      | 63.20  | 46.70  | 27.40 |       |
| ORG-060-LX   | 1320     | 810        | 1215         | 2           | 255        | 6      | 69.70  | 56.10  | 400   | 12.50 |
| ORG-080-LS   | 1320     | 648        |              | 11/2        | 172        | 8      | 63.20  |        | 27.60 | 12.50 |
| ORG-080-LE   | 1320     | 810        | 1215         | 2           | 265        | 8      | 69.70  | 46.70  | 27.40 | 12.50 |
| ORG-100-LS   | 1760     | 648        | 972          | 1½          | 211        | 46 5   | 63.20  | 56.10  | 27.60 | 12.50 |
| ORG-100-LE   | 1760     | 810        | 1215         | 2           | 300        | 10     | 69.70  | 46.70  | 27.40 | 30.70 |
|              |          | - 10       |              | _           | 500        | 10     | 09.70  | 56.10  | 27.60 | 12.50 |

#### Specifications

Inlet / Outlet Connections
Material of Construction
Operating Pressure
Operating Temperature
Rinse Valve
Control Power

#### Standard

Thread, Flanged, Victaulic Carbon Steel of Stainless Steel

30 psi (min); 150 psi (max) No min.; 150° F max.

Hydraulic

-110 / 220 Vac (0.5 A) 9 - 12 Vdc

#### Optional

Any Standard

Super Duplex, SMO 254, Monel & Others

12 psi (min); 1000 psi (max)

No min.; 212° F max.

Electric Ball Valve

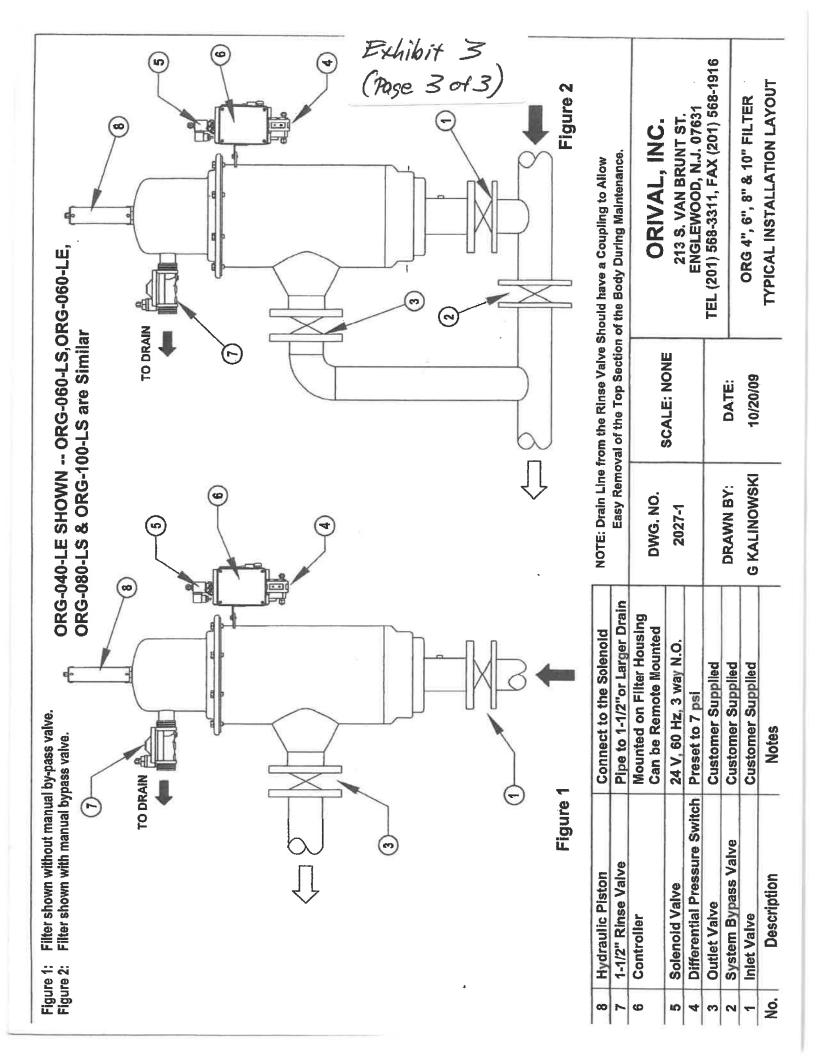
Hydraulic

#### Filtration Degrees

|          |       |       |       |       | Vis   | ible to | the nak | ed eye. |      |      |     |      |      |     |      | -    | -    |
|----------|-------|-------|-------|-------|-------|---------|---------|---------|------|------|-----|------|------|-----|------|------|------|
| Micron.  | 5     | 10    | 15    | 25    | - 30  | 40      | 50      | 80      | 100/ | 120  | 150 | 200  | 400  | 800 | 1000 | 1500 | 3000 |
| Mesh*    |       | 1500  | 1000  | 600   | 500   | 400     | 250     | 200     | 150  | 120  | 100 | 80   | 40   | 20  | 16   | 10   | 5    |
| inches*  | .0002 | .0004 | .0006 | .0010 | .0012 | .0016   | .002    | .003    | .004 | .005 | 006 | .008 | .016 | 032 | .04  | .06  | .12  |
| Physical | Size  |       |       |       |       |         |         |         | /    |      | 1   | 1    | l    | 1   |      |      |      |

\* Approximate and for reference only

ORIVAL, INC. • 213 S. Van Brunt St., Englewood, NJ 07631 • (800) 567-9767 • (201) 568-3311 • Fax: (201) 568-1916 www.orival.com • filters@orival.com





England.

Customer

## STAHLMAN - ENGLAND

NAPLES FL. 34109 Your Irrigation Expert! TEL: 239-514-1200 . FAX: 239-514-1191

#### **PROPOSAL**

FL State License SC

20

**Site Details** 

| C131151703 | 2200    |
|------------|---------|
| 0101101700 | 2/11/20 |

| LAGOMAR<br>TOM LULLO | LAGOMAR AT FIDDLERS CREEK<br>NAPLES, FL |
|----------------------|---|
| 9446 LAGOMAR CT      |   |
| NAPLES FL            |   |
| PHONE FAX            |   |

#### **AUTOMATIC FILTER INSTALLATION**

| SERVICE DESCRIPTION   |
|---|
| (3) 4" SELF-CLEANING GREEN TECH STAINLESS STEEL FILTERS FLANGED (BATTERY POWER) (6) 4" 90 DI FITTINGS WITH RESTRAINTS (6) 4" FLANGES (TO ADAPT PVC TO FILTER) FLANGE X FIPT (3) 4" X 24" SCH 80 NIPPLES (3) 4" X 36" SCH 80 NIPPLES (300) LF 2" CLASS 200 PVC (DISCHARGE PIPING TO LAKE) (6) 406-020 (3) 4" X 4" X 3" DI TEE (3) 3" X 24" SCH 80 NIPPLES (3) 417-030 (300) LF 3" CLASS 200 PVC (3) NIBCO T113 GATE VALVES 3" (3) 12" VALVE PITS (1) ANCILLARY ITEMS   |
| (1) WARRANTY ONE-YEAR AND EXTENDED TO FIVE-YEAR WITH MAINTENANCE AGREEMENT  |
| ADDITIONAL NOTES: Proposal is Void if not accepted within 60 days or installed within 12 months of date on proposal. We are not responsible to locate private utilities and are not responsible to repair damaged private utilities that are not properly marked. Final grade by others. (72) hours are required after acceptance for cable locates. Sleeves must be installed prior to all impervious areas. Additional cost required if existing sleeves buried bellow depth of 30". All required electric to equipment not included. Payment due within 30 days from invoice date. Additional cost required if "rock" found during excavation. Damages by others are not apart of this contract and may void warranty if not repaired by Stahlman- |

Date

| 00 | TOTAL \$46,200.00       |       |
|----|-------------------------|-------|
| 1  | 107/1                   |       |
| H  | 2 11 HAMES              | 2/2   |
|    | nan-England Irrigation, | Stáhl |

#### STAHLMAN - ENGLAND Irrigation, Inc. 2063 TRADE CENTER WAY

**LAGOMAR** TOM LULLO

NAPLES FL Phone Fax

9446 LAGOMAR CT

www.stahlman-england.com **PROPOSAL** 

**FL State License** www.rain4u.com NAPLES FL.34109 SCC131151703 Your Irrigation Expert! TEL: 239-514-1200 . FAX: 239-514-1191

52082 2/14/2020

Site Details

| - | Oite Details                            |
|---|---|
|   | LAGOMAR AT FIDDLERS CREEK<br>NAPLES, FL |
|   |   |

#### INSTALL 3" GATE VALVE AND AUTO -DUMP VALVES

| Manufacturer | Quantity | Description   |
|--------------|----------|---|
|              | 2        | 3" MJ GATE VALVE ASSEMBLY   |
|              | 2        | 3" 45 DEGREE ELL AIMED IN THE AIR TO FLUSH IRRIGATION   |
|              |          | MAINLINE  |
| SANDERSON    | 200      | 3" CL200 PVC RUN EACH PIPE INTO LAKE UP TO 100 LF   |
|              | 2        | 20" ROUND VALVE BOX FOR 3" GATE VALVE ACCESS  |
|              | 2        | AUTOMATIC FLUSHING CONTROL VALVES/NODES - INCLUDED  |
| HUNTER       | 2        | HUNTER (1) ZONE SMART VALVE BATTERY CONTROLLER  |
|              |          | EXTENDED WARRANTY UP TO 5-YEARS WITH MAINTENANCE PROGRAM. WARRANTY ENDS IF MAINTENANCE IS CANCELED. |
|              |          |   |
|              |          |   |
|              |          |   |
|              |          |   |

that are not properly marked. Final grade by others. (72) hours are required after acceptance for cable locates. Sleeves must be installed prior to all impervious areas. Additional cost required if existing sleeves buried bellow depth of 30". All required electric to equipment not included. Payment due within 30 days from invoice date. Additional cost required if "rock" found during excavation. Damages by others are not apart of this contract and may void warranty if not repaired by Stahlman-England.

| To schedule the above work, this Proposal must be signed & returned to our office. | TOTAL | \$5,665.00 |
|--|-------|------------|

Customer Date Stahlman-England Irrigation

## STAHLMAN - ENGLAND Irrigation, Inc.

2063 TRADE CENTER WAY
WWW.rain4u.com NAPLES FL. 34109
Your Irrigation Expert! TEL: 239-514-1200 . FAX: 239-514-1191

## PROPOSAL

FL State License SCC131151703

52064

2/11/2020

| LAGOMAR<br>TOM LULLO | LAGOMAR AT FIDDLERS CREEK<br>NAPLES, FL |
|----------------------|---|
| 9446 LAGOMAR CT      |   |
| NAPLES FL            |   |
| Phone Fax            |   |

Site Details

### CONNECTION BETWEEN THE TWO NEIGHBORING SYSTEMS LOTS 42 TO 44

| Manufacturer | Quantity | Description                    |
|--------------|----------|--------------------------------|
| HARCO        | 2 .      | 4" DI COUPLINGS                |
| HARCO        | 4        | FITTING RETRAINS               |
| SANDERSON    | 120      | 4" CL200 PVC MAINLINE GASKETED |
| HARCO        | 2        | PIPE TO PIPE RETRAINTS         |
| WARRANTY     | 1        | ONE-YEAR PARTS AND LABOR       |
|              |          |                                |
|              |          |                                |
|              |          |                                |
|              |          |                                |
|              |          |                                |
|              |          |                                |
|              |          |                                |
|              |          | ·                              |
|              |          |                                |
|              |          |                                |
|              |          |                                |
|              |          |                                |

ADDITIONAL NOTES: Proposal is Void if not accepted within 90 days or installed within 12 months of date on proposal. We are not responsible to locate private utilities and are not responsible to repair damaged private utilities that are not properly marked. Final grade by others. (72) hours are required after acceptance for cable locates. Sleeves must be installed prior to all impervious areas. Additional cost required if existing sleeves buried bellow depth of 30". All required electric to equipment not included. Payment due within 30 days from invoice date. Additional cost required if "rock" found during excavation. Damages by others are not apart of this contract and may void warranty if not repaired by Stahlman-England.

| To schedule the above work, this Proposal m | ice. TOTAL | \$2,710.00       |              |
|---|------------|------------------|--------------|
|   |            | 15 m 7           | Ment         |
| Customer                                    | Date       | Stahlman-England | Irrigation P |



## STAHLMAN - ENGLAND Irrigation, Inc. 2063 TRADE CENTER WAY

WWW.rain4u.com NAPLES FL.34109
Your Irrigation Expert! TEL: 239-514-1200 . FAX: 239-514-1191

FL State License SCC131151703

52061

**PROPOSAL** 

Site Details

2/11/2020

| LAGOMAR         | LAGOMAR AT FIDDLERS CREEK |
|-----------------|---------------------------|
| TOM LULLO       | NAPLES, FL                |
| 9446 LAGOMAR CT |                           |
| NAPLES FL       | 1                         |
| PHONE FAX       |                           |

| 11,0,42. 17 03  |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| FILTER AND DUMP VALVE MAINTENANCE   |   |  |  |  |  |  |  |
| SERVICE DESCRIPTION   |   |  |  |  |  |  |  |
| -MONTHLY INSPECTION AND EXERCISE OF   | F (3) FILTERS: \$150.0  | 0 PER MONTH  |  |  |  |  |  |
| -MONTHLY INSPECTION AND EXERCISE OF   | F (3) DUMP VALVES: :  | \$60.00 PER MONTH  |  |  |  |  |  |
| NOTE: WITH THIS SERVICE AGREEMENT, S<br>PERIOD UP TO 5 YEARS WHILE STAHLMAN<br>MAINTENANCE IS NOT PERFORMED BY ST<br>EXPIRE ON DATE OF MAINTENANCE CANC   | I-ENGLAND PERFORI<br>AHLMAN-ENGLAND /   | MS THIS MAINTENANCE. IF  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| ADDITIONAL NOTES: Proposal is Void if not acce<br>We are not responsible to locate private utilities and<br>properly marked. Final grade by others. (72) hours<br>installed prior to all impervious areas. Additional co-<br>electric to equipment not included. Payment due wi<br>during excavation. Damages by others are not apa<br>England. | d are not responsible to r<br>are required after accept<br>ost required if existing sle<br>ithin 30 days from invoice | epair damaged private utilities that are not<br>ance for cable locates. Sleeves must be<br>eves buried bellow depth of 30". All required<br>a date. Additional cost required if "rock" found |  |  |  |  |  |
|   |   | TOTAL  |  |  |  |  |  |
| Customer  | Date  | Stahlman-England Irrigation, Inc.  |  |  |  |  |  |



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| ti  | this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).       |          |                       |   |   |                                       |                                   |  |   |             |                             |            |
|---|---|----------|-----------------------|---|---|---------------------------------------|-----------------------------------|--|---|-------------|-----------------------------|------------|
| PRODUCER  |   |          |                       |   | CONTACT Natalie Wedderburn  |                                       |                                   |  |   |             |                             |            |
| Arthur J. Gallagher Risk Management Services, Inc.                          |   |          |                       | PHONE (A/C, No. Exit: 239 418 2120 (A/C, No. Exit: 239-936-8288 |   |                                       |                                   |  |   |             |                             |            |
| 12660 World Plaza Lane Bldg 73  |   |          |                       | C.MAR   |   |                                       |                                   |  |   |             |                             |            |
| FO  | rt Myers FL 33907   |          |                       |   |   | ADDRESS: Hatalie_Wedgerbuffitgelg.com |                                   |  |   |             |                             |            |
|   |   |          |                       |   |   |                                       |                                   |  | RDING COVERAGE                          |             |                             | NAIC#      |
|   | AVA (50 )   |          |                       |   | STAHL-2   | INSURER A: FCCI Insurance Company     |                                   |  |   |             |                             | 10178      |
|   | ureo<br>ahlman England Imigation, I   | nc.      |                       |   | 011112  | INSURER B:                            |                                   |  |   |             |                             |            |
| Inc   | C/O Joanne Stahlman   |          |                       |   |   | INSURER C:                            |                                   |  |   |             |                             |            |
|   | 63 Trade Center Way   |          |                       |   |   | INSURER D:                            |                                   |  |   |             |                             |            |
| Na  | ples FL 34109   |          |                       |   |   | INSURER E:                            |                                   |  |   |             |                             |            |
|   |   |          |                       |   |   | INSURE                                | RF:                               |  |   |             |                             |            |
|   | VERAGES   |          |                       | _   | NUMBER: 153552085   |                                       |                                   |  | REVISION NUMI                           |             |                             |            |
| IN  | HIS IS TO CERTIFY THAT THE NDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS | G ANY RE | QUIR<br>PERT<br>POLIC | REMEI<br>AIN,<br>CIES.  | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>LIMITS SHOWN MAY HAVE | OF ANY                                | CONTRACT THE POLICIES EDUCED BY F | OR OTHER IS<br>DESCRIBED<br>PAID CLAIMS. | DOCUMENT WITH D HEREIN IS SUB.          | RESPECT     | T TO V                      | WHICH THIS |
| INSR  | TYPE OF INSURANCE   |          | ADDL                  | SUBR  | POLICY NUMBER   |                                       | POLICY EFF<br>(MM/DD/YYYY)        | POLICY EXP<br>(MM/DD/YYYY)               |   | LIMITS      |                             |            |
| Ä   | X COMMERCIAL GENERAL LIAB   | LITY     | HANN.                 | 11.1.0  | GL100035722-01  |                                       | 1/1/2020                          | 1/1/2021                                 | EACH OCCURRENCE                         | 9           | 1,000.                      | .000       |
|   | CLAIMS-MADE X OC  | CUR      |                       |   |   |                                       | ĺ                                 |  | DAMAGE TO RENTED<br>PREMISES (Ea occurr | )           | \$ 100,000                  |            |
|   |   |          |                       |   |   |                                       |                                   |  | MED EXP (Any one pe                     |             | \$5,000                     |            |
|   |   |          |                       |   |   | -                                     |                                   |  | PERSONAL & ADV IN                       |             | \$ 1,000,000                |            |
|   | GEN'L AGGREGATE LIMIT APPLIES   | PER:     |                       |   |   |                                       |                                   |  | GENERAL AGGREGA                         | TE S        | 2,000,                      | .000       |
|   | POLICY X PRO-<br>JECT I   | .oc      |                       |   |   |                                       |                                   |  |   |             | \$2,000,000                 |            |
|   | OTHER:  |          |                       |   |   | 1                                     |                                   |  | 5                                       |             |                             |            |
| Α   | AUTOMOBILE LIABILITY  |          |                       |   | CA100009450-03  |                                       | 1/1/2020                          | 1/1/2021                                 | COMBINED SINGLE LIMIT \$ 1,0            |             |                             | ,000       |
| X ANY AUTO  |   |          |                       |   |   |                                       |                                   | BODILY INJURY (Per person) \$            |   |             |                             |            |
|   | OWNED SCHEDULED   |          |                       |   |   |                                       |                                   |  | BODILY INJURY (Per accident) \$         |             | \$                          |            |
|   | X HIRED ONLY X NON-OWNED  |          |                       |   |   |                                       |                                   |  | PROPERTY DAMAGE                         |             | s                           |            |
|   | X AUTOS ONLY AUTOS ONLY X Comp Ded 500 X Coll Ded 500   |          |                       |   |   |                                       |                                   |  | (Per accident)                          | \$          |                             |            |
| A   | Y www.min xxxx  | CUR      |                       |   | UMB10002076702  | 1/1/2020                              | 1/1/2020                          | 1/1/2021                                 | EACH OCCURRENCE                         |             |                             | nnn        |
| EXCESS LIAB CLAIMS-MADE   |   |          |                       |   | - 1   |                                       |                                   |  |   | \$5,000,000 |                             |            |
| DED X RETENTIONS 10 000   |   |          |                       |   |   |                                       |                                   |  | 71001W.D/11E                            | \$          |                             |            |
| A   | WORKERS COMPENSATION  | NO.      |                       |   | 001-WC20A-71621   |                                       | 1/1/2020                          | 1/1/2021                                 | X PER STATUTE                           | OTH-<br>ER  |                             |            |
| AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE                   |   |          |                       |   |   |                                       |                                   | E.L. EACH ACCIDENT                       |   | 1,000,      | 000                         |            |
|   | ANYPROPRIETOR/PARTNER/EXECUT<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)                           | WE Y     | N/A                   |   |   |                                       |                                   | E.L. DISEASE - EA EMPLOYEE \$ 1,00       |   |             |                             |            |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS belo  | M        |                       |   |   |                                       |                                   |  |   |             | \$ 1,000,000                |            |
| A Inland Marine-Equipment<br>Leased-Rented Equipment<br>Scheduled Equipment |   |          |                       |   | CM100035713-01  |                                       | 1/1/2020                          | 1/1/2021                                 | Limit<br>Deductible<br>Schedule on File |             | 250,000<br>1,000<br>302,595 |            |
|   | CRIPTION OF OPERATIONS / LOCATIO  |          |                       |   |   | e, may be                             | attached if more                  | space is require                         | ed)                                     |             |                             |            |
|   | orkers Compensation applies en<br>cluded Individuals: James Engl  |          |                       |   |   |                                       |                                   |  |   |             |                             |            |
|   |   |          |                       |   |   |                                       |                                   |  |   |             |                             |            |
|   |   |          |                       |   |   |                                       |                                   |  |   |             |                             | 1          |
|   |   |          |                       |   |   |                                       |                                   |  |   |             |                             |            |
|   |   |          |                       |   |   |                                       |                                   |  |   |             |                             |            |
|   |   |          |                       |   |   |                                       |                                   |  |   |             |                             |            |
| CE  | RTIFICATE HOLDER  |          |                       |   |   | CANC                                  | ELLATION                          |  |   |             |                             |            |
|   |   |          |                       |   |   | SHU                                   | UID ANV OF T                      | THE ABOVE D                              | ESCRIBED POLICIE                        | e de oàs    | ACEL I                      | CD BCCODE  |
|   |   |          |                       |   |   | THE                                   | EXPIRATION                        | DATE THE                                 | REOF, NOTICE                            |             |                             |            |
| Lagorray Village ACCORDANCE WITH THE POLICY PROVI                           |   |          |                       |   |   |                                       |                                   | Y PROVISIONS.                            |   |             |                             |            |

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Lagomar Village C/O American Property Management 8825 Tamiami Trail East

Naples FL 34113

#### COLLIER COUNTY CERTIFICATE OF COMPETENCY

#### CERTIFICATION INFORMATION

C32426 Certification Information Collier County Board of County Commissioners

Date: August 09, 2019

DBA: STAHLMAN-ENGLAND IRRIGATION INC.

ADDRESS: 2063 TRADE CENTER WAY

NAPLES, FL 34109-

PHONE: 2395141200

CELL: 2395720060

FAX: 2395141191

LICENSEE NBR: C32426

QUALIFIER: MARK S. STAHLMAN

TYPE: LANDSCAPING UNLIMITED CONTR.

CLASS CODE: 4230

ISSUANCE NBR: 26603

INSURANCE:

ORIG ISSD:

EXPIRATION:

General Liability January 01, 2020 October 28, 2004

September 30, 2020

Worker's Compensation January 01, 2020

NOTE: It is the Qualifier's responsibility to keep all business, licensing and requirements current and to provide up to date copies for Collier county files. This includes all insurance certificates and any change of address information.

Collier County \* City of Marco \* City of Naples Contractor Licensing

LANDSCAPING UNLIMITED CONTR.

Cert Nor: Exp. Status; C32426 09/30/2028 Active

STAHLMAN-ENGLAND IRRIGATION INC

MARK S. STANLMAN AND THE DEPORT OF THE TOTAL THE CENTER HAVE THE DEPORT OF THE TOTAL T NAPLES, EL 34109 totare Management Division

Signed:

**BUSINESS TAX NUMBER:** COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477

870120

VISIT OUR WEBSITE AT: www.colliertax.com

LOCATION: 2063 TRADE CENTER WAY STATE OR COUNTY LIC #: 26603 BUSINESS PHONE: 514-1200 ZONED: INDUSTRIAL

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. STAHLMAN-ENGLAND IRRIGATION INC. (SOC) LEGAL FORM Corporation 

STAHLMAN, MARK 2063 TRADE CENTER WAY

34109

JAPLES, FL

FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

11-20 EMPLOYEES NO FERTILIZING

CLASSIFICATION; LANDSCAPING UNLIMITED C

CLASSIFICATION CODE: 02106901

nor does it exempt the licensee from any other taxes or permits that may be required by It does not permit the licensee to violate any existing regulatory zoning laws This document is a business tax only. This is not certification that licen

THIS TAX IS NON-REFUNDABLE-

**AMOUNT** RECEIPT DATE

07/09/2019

502-20-00044015

#### Department of Business and Professional Regulation Construction Industry Licensing Board



### Hall, Steven M

**Certified Specialty Contractor** 

DBA: Stahlman-england Irrigation, Inc.

License #: SCC131151703

Rank: Cert Specialty

Licensed Since: 10/29/2015

Expires: 08/31/2020 Status: Current, Active

Special Qualifications Effective
Construction Business 10/29/2015
Irrigation Specialty Contractor10/29/2015

Main Address: 2063 Trade Center Way Naples FL 34109

Customer Contact Center: (850) 487-1395

### Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|   | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |   |  |   |                  |                   |                 |             |               |               |  |  |
|---|---|---|--|---|------------------|-------------------|-----------------|-------------|---------------|---------------|--|--|
|   | Stahlman-England Irrigation, INC  |   |  |   |                  |                   |                 |             |               |               |  |  |
|   | 2 Business name/disregarded entity name, if different from above  |   |  |   |                  |                   |                 |             |               |               |  |  |
|   |   |   |  |   |                  |                   |                 |             |               |               |  |  |
| page 3.   | 3 Check appropriate box for federal tax classification of the person whose name<br>following seven boxes.   | ck only one o   | one of the 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |   |                  |                   |                 |             |               |               |  |  |
| . S   | ☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation single-member LLC   | ☐ Trust/es  | frust/estate Exempt payee code (if any)  |   |                  |                   |                 |             |               |               |  |  |
| 200   | Limited liability company. Enter the tax classification (C=C corporation, S=S   | hio) ►  |  |   |                  |                   |                 |             |               |               |  |  |
| Print or type.<br>Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification.  LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S., federal tax pur is disregarded from the owner should check the appropriate box for the tax                 | ner. Do not o<br>mer of the LI<br>e-member LI   | LC is  | code (if any)                                     |                  |                   |                 |             | rting         |               |  |  |
| Ç.  | ☐ Other (see instructions) >  |   |  | (Applies to accounts maintained outside the U.S.) |                  |                   |                 |             |               |               |  |  |
| &   | 5 Address (number, street, and apt. or suite no.) See instructions.   | Requester's   | ester's name and address (optional)  |   |                  |                   |                 |             |               |               |  |  |
| See   | 2063 Trade Center Way   |   |  |   |                  |                   |                 |             |               |               |  |  |
| ٧,  | 6 City, state, and ZIP code   |   |  |   |                  |                   |                 |             |               |               |  |  |
|   | Naples, FL 34109  |   |  |   |                  |                   |                 |             |               |               |  |  |
| 7 List account number(s) here (optional)        |   |   |  |   |                  |                   |                 |             |               |               |  |  |
|   |   |   |  |   |                  |                   |                 |             |               |               |  |  |
| Par   | t I Taxpayer Identification Number (TIN)  |   |  |   |                  |                   |                 |             |               |               |  |  |
| Enter   | your TIN in the appropriate box. The TIN provided must match the name   | given on line 1 to avoi   | id Soc   | ial sec   | urity r          | umber             |                 |             |               |               |  |  |
|   | p withholding. For individuals, this is generally your social security number   |   | ra 📉   |   | 7                |                   | 7               | П           |               |               |  |  |
|   | nt alien, sole proprietor, or disregarded entity, see the instructions for Pr<br>s, it is your employer identification number (EIN). If you do not have a nu  |   |  |   | -                |                   | -               |             |               |               |  |  |
| TIN, la   |   | aniber, see from to get t   | or   |   |                  |                   | -1              | _           |               |               |  |  |
| Note:   | If the account is in more than one name, see the instructions for line 1.   | Also see What Name an   | nd Em  | ployer I  | dentil           | ication           | numi            | ber         |               |               |  |  |
| Numb  | er To Give the Requester for guidelines on whose number to enter.   |   |  |   |                  |                   |                 |             |               |               |  |  |
|   |   |   | 5  | 9 -   | . 3              | 6 1               | 4               | 8           | 0             | 6             |  |  |
| Par   | Certification   |   |  |   |                  |                   |                 |             |               |               |  |  |
| Internation of                                  | penalties of perjury, I certify that:   |   |  |   |                  |                   |                 |             |               |               |  |  |
|   | number shown on this form is my correct taxpayer identification number  | er (or I am waiting for a   | number to  | be issi   | ued to           | me);              | and             |             |               |               |  |  |
| Ser   | n not subject to backup withholding because: (a) I am exempt from back<br>vice (IRS) that I am subject to backup withholding as a result of a failure<br>longer subject to backup withholding; and  | tup withholding, or (b) I<br>to report all interest or  | have not be dividends,   | or (c) t  | tified<br>the IF | by the            | Inter<br>notifi | mal<br>ed n | Reve<br>ne th | enue<br>atiam |  |  |
| 3. l ar   | n a U.S. citizen or other U.S. person (defined below); and  |   |  |   |                  |                   |                 |             |               |               |  |  |
| 4, The  | FATCA code(s) entered on this form (if any) indicating that I am exempt   | from FATCA reporting  | is correct.  |   |                  |                   |                 |             |               |               |  |  |
| you ha  | ication instructions. You must cross out item 2 above if you have been not<br>ave failed to report all interest and dividends on your tax return. For real esta<br>sition or abandonment of secured property, cancellation of debt, contribution<br>than interest and dividends, you are not required to sign the certification, bu | ite transactions, item 2 d<br>ns to an individual retirer   | does not ap<br>ment arrang   | ply. For  | (IRA)            | gage ir<br>and ge | teres<br>meral  | t pa        | d,<br>aymı    | ents          |  |  |
| Sign  |   | De  | ate > ()   | /-  | 04               | , — ,             | 20              | 2.5         | 27            | )             |  |  |
| Ge  | neral Instructions  | Form 1099-DIV (dividends, including those from stocks or mutual funds)  |  |   |                  |                   |                 |             |               |               |  |  |
| Section   | on references are to the Internal Revenue Code unless otherwise   | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)   |  |   |                  |                   |                 |             |               |               |  |  |
|   | e developments. For the latest information about developments<br>d to Form W-9 and its instructions, such as legislation enacted  | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)  |  |   |                  |                   |                 |             |               |               |  |  |
|   | hey were published, go to www.irs.gov/FormW9.   | • Form 1099-S (proceeds from real estate transactions)  |  |   |                  |                   |                 |             |               |               |  |  |
| Pur   | pose of Form  | <ul> <li>Form 1099-K (merch</li> </ul>  | hant card a  | ind thir  | d par            | ty netv           | rork t          | rans        | actio         | ens)          |  |  |
| inform  | dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer   | <ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest),<br/>1098-T (tuition)</li> </ul>                                  |  |   |                  |                   |                 |             |               |               |  |  |
|   | fication number (TIN) which may be your social security number<br>, individual taxpayer identification number (ITIN), adoption  | Form 1099-C (canceled debt)   |  |   |                  |                   |                 |             |               |               |  |  |
| taxpa   | ver identification number (ATIN), or employer identification number   | Form 1099-A (acquisition or abandonment of secured property)  |  |   |                  |                   |                 |             |               |               |  |  |
| (EIN),<br>amou                                  | to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information   | Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.   |  |   |                  |                   |                 |             |               |               |  |  |
|   | s include, but are not limited to, the following.<br>n 1099-INT (interest earned or paid)   | If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later. |  |   |                  |                   |                 |             |               |               |  |  |