Lake Shore Hospital Authority
FINANCIAL ASSISTANCE APPLICATION

Office Hours M-F 8:30-4:30
Phone (386)755-1090
Fax (386) 755-7009
www.lakeshoreha.org

We take last applicant at 4:00

APPLICANT NAME:_____
Last First MI Maiden or Other Name
PHYSICAL ADDRESS_____(where you reside)

CITY_____COUNTY_____STATE_____ZIP_____

TELEPHONE: Home_____ CELL: _____ DATE OF BIRTH_____ S.S. #_____

SPOUSE'S NAME: _____
Last First MI
DATE OF BIRTH_____ S.S. #_____

APPLICANT'S EMPLOYER NAME_____

APPLICANT'S EMPLOYER'S PHONE NUMBER_____ HOW LONG_____MOS/YRS (circle one)

RATE OF PAY_____HOURLY, DAILY, WEEKLY, BI-WEEKLY, MONTHLY (CIRCLE ONE)

SPOUSE'S EMPLOYER NAME_____

SPOUSE'S EMPLOYER'S PHONE NUMBER_____ HOW LONG_____MOS/YRS (circle one)

RATE OF PAY_____HOURLY, DAILY, WEEKLY, BI-WEEKLY, MONTHLY (CIRCLE ONE)

OTHER SOURCES OF INCOME: Child Support/Alimony_____Rental Income_____SS/SSI_____ Odd jobs _____
Retire/Pension_____Welfare/AFDC_____U/C_____Interest/Dividends_____Other_____Food Stamps_____

EXPENSES: Monthly Rent/Mortgage_____Land Pymt_____Electric_____Water_____Gas/Sewer_____
Telephone Pmyt. _____ Cable Pymt. _____ Vehicle Pymt _____
Gas/mo_____Insur/mo_____Child Support_____

PROPERTY OWNED: List all real estate owned, co-owned, or that applicant's name is associated with.
Location Address

1._____Lien Amount_____ Lien Holder_____
2._____Lien Amount_____ Lien Holder_____

BANK ACCOUNTS: List all bank accounts in applicant's name or that applicant's name is associated with, such as, checking accounts, savings accounts, or certificates of deposit.

Name of Bank

1._____Type of Account _____Account Balance_____

2._____Type of Account _____Account Balance_____

See Back of Application to Complete

Revised April 10, 2017

MOTOR VEHICLES: List all automobiles, boats, motorcycles, motor homes, travel trailers, owned, co-owned.

YEAR	MODEL	VIN#	MO. PAYMENT	LIEN HOLDER	LOAN AMT

List all members of the family unit (including all children under age of 18 for who you are a legal guardian, provide support and claim on taxes.

Name	DOB	Relationship	SS#

List all sources of income for the family unit

Name	Type of Income	Source of Income Or Employer	Monthly Amount (before deductions)

Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI)
I, on my behalf and on behalf of any applying family member under the age of 18, do hereby authorize Lake Shore Hospital Authority (LSHA), Shands Lake Shore Regional Medical Center and any of their participating providers to release and exchange any and all data, records and information related to medical records and individually identifiable protected health information (PHI) in their respective capacities as covered entities under HIPAA, and as allowable under federal and state laws, including but not limited to the data, records and information as necessary to provide care and/or administer the LSHA Indigent Health Care Program.
I hereby waive, relinquish and release the organizations referenced above, who have been granted the authority to release information to each other and otherwise, from any and all claims arising out of my authorization to release this information in accordance with the terms of this document.
A photocopy of this Authorization is considered as valid as the original. You are entitled to make and return a photocopy of this authorization. The authorization referenced above in regards to medical records shall remain in effect indefinitely unless properly terminated by written notice.

Signature of Individual or Legal Representative:_____Date

Applicant's Declarations and Authorizations
I certify that the information given by me for the purpose of qualifying for the LSHA Financial Assistance Program is true and accurate to the best of my knowledge, and that I have no other income, assets or liabilities except those listed. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the LSHA Financial Assistance Program as well as **constitute fraud in violation of 817.50 Florida Statutes**. I authorize Lake Shore Hospital Authority, including its Trustees, employees, representatives, and agents, to use this information and make inquiries or obtain any information necessary to verify the accuracy of the information contained herein. I authorize all financial institutions, the Social Security office, the Credit Bureau, my creditors, landlord, and past and present employers to release any information or documentation requested by the Lake Shore Hospital Authority to verify the information provided herein and for such other purposes deemed necessary by LSHA to verify my qualifications for healthcare services.

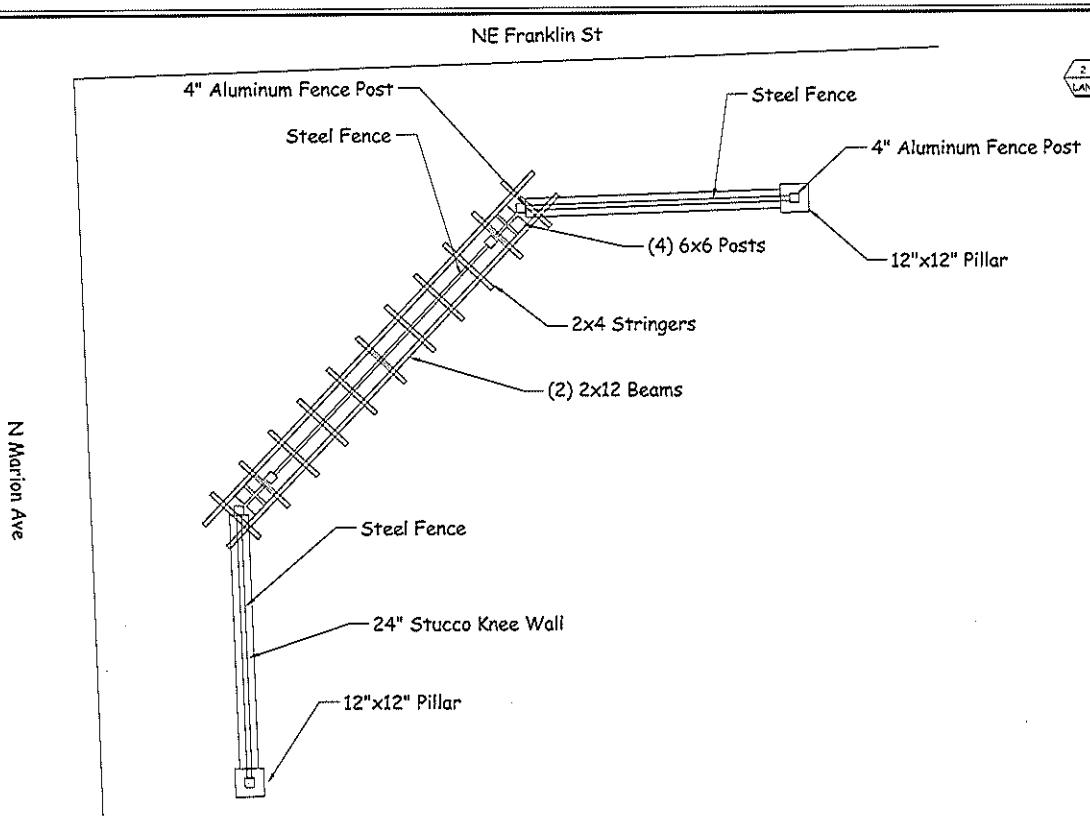
Signature of Individual or Legal Representative:_____Date

LSHA Member Responsibility Statement
I certify that as a member of the LSHA Financial Assistance Program I will keep my appointments, call to cancel if I cannot keep them, arrive on time, and treat office staff and physicians with respect. When given prescriptions, I will seek assistance if needed and strive to stay in compliance with my medications.

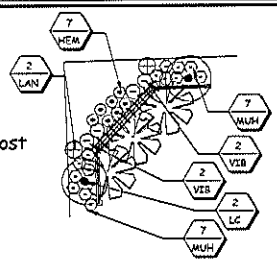
Signature of Individual or legal Representative:_____Date


Shands Lakeshore
Regional Medical
Center
Shands Lakeshore
Regional Medical
Center
Google Earth


Shands Lakeshore
Regional Medical
Center



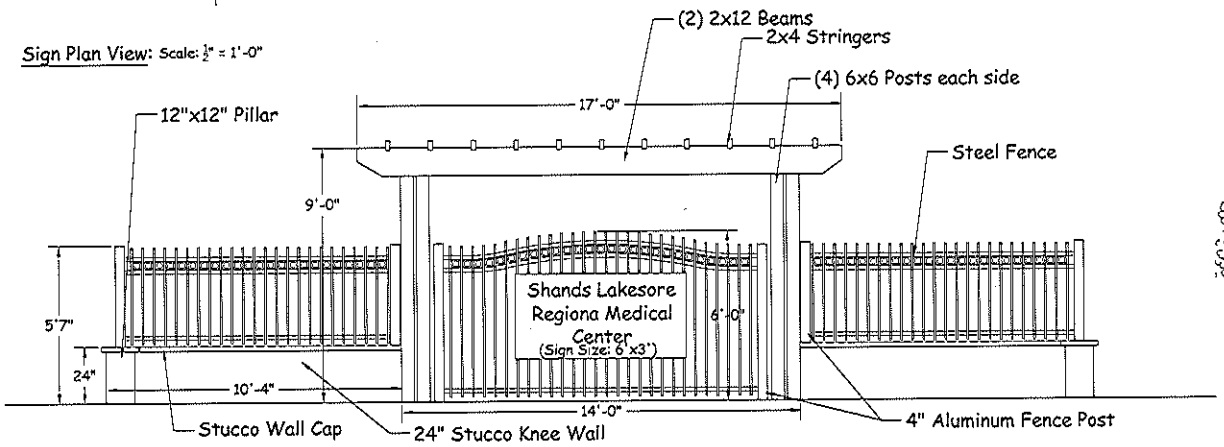
Typical Sign Landscape Plan: Scale: 1" = 10'



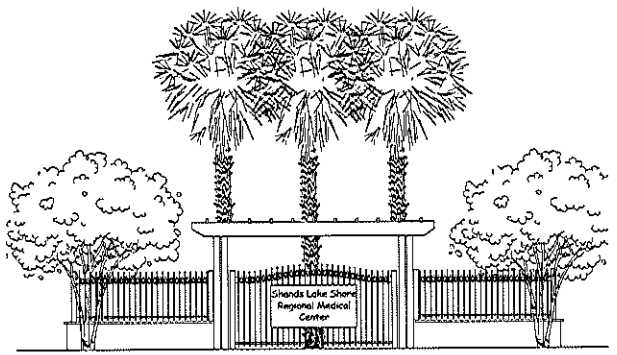
Landscape Legend:

Qty:	Symb	Name
Trees:		
2	LC	Razzleberry Lagerpetalum Chinensis, 15 gal, Standard, 8' ht
3	SP	Cabbage Palm Sabal palmetto, 18' CT, matched
Shrubs/Grasses:		
14	MUH	Muhly Grass Muhlenbergia capillaris, 3 gal, 24" o.c.
4	VIB	Dwarf Walters Viburnum Viburnum obovatum 'Mr Shillings, 3 gal, 30" o.c.
Groundcover:		
7	HEM	Daylily Hemerocallis ssp, 1 gal, 24" o.c.
2	LAN	Yellow Lantana Lantana 'Gold Mound', 1 gal, 36" o.c.

Sign Plan View: Scale: ½" = 1'-0"



Sign Elevation: Scale: ½" = 1'-0"



Landscape Design Associates

Lake Shore Medical Campus
City of Lake City
Entry Sign

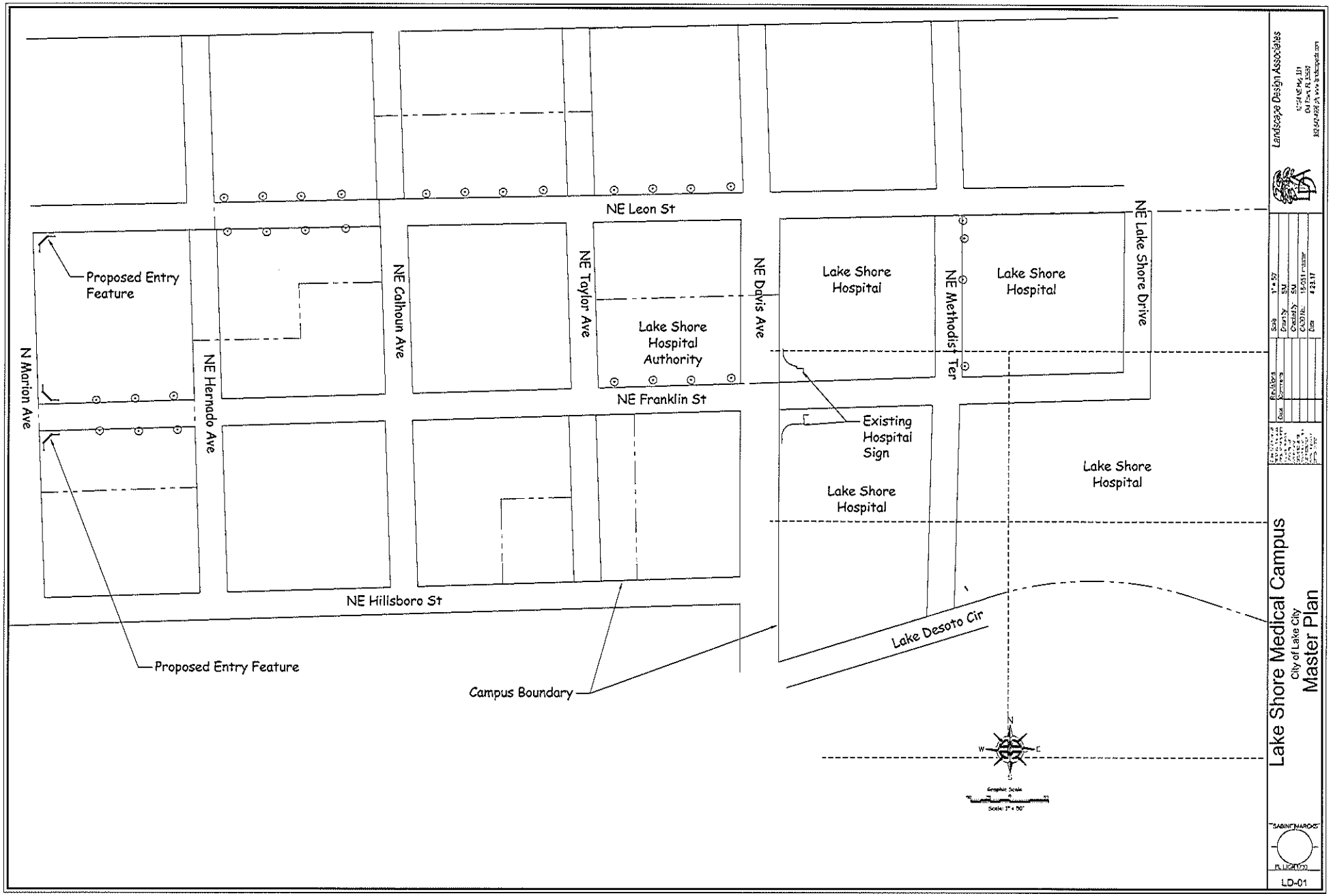
LD-02

Construction Item	Units	Quantity	Unit Cost	Total Cost
Trees				
Razzleberry,15 gal, 8' Ht	EA	6	$200.00	$1,200.00
Cabbage Palm, 18' Ht	EA	9	$300.00	$2,700.00
Crape Myrtle, FG, 12' Ht	EA	29	$300.00	$8,700.00
Shrubs				
Muhly Grass, 3 gal	EA	42	$17.00	$714.00
Dwarf Walters Viburnum, 3 al	EA	12	$17.00	$204.00
Perennials				
Day Lily, 1 gal	EA	21	$9.00	$189.00
Yellow Lantana, 1 gal	EA	6	$9.00	$54.00
Irigation street trees	LS	1	$4,000.00	$4,000.00
Irigation Sings	EA	3	$500.00	$1,500.00
Entry Sign				
Sign faces	EA	3	$500.00	$1,500.00
Massonary & stone	EA	3	$756.00	$2,268.00
Pergola	EA	3	$2,500.00	$7,500.00
Fence	EA	3	$8,000.00	$24,000.00
option Lighting	EA	3	$1,000.00	$3,000.00
Mobilization	LS	3	$1,000.00	$3,000.00
TOTAL				$60,529.00

Lakeshore Hospital Entry Signc
Opinion of Probable Cost

DATE:
5.1.17

PROJECT NUMBER
16-051


NE Leon St
NE Lake Shore Drive
Proposed Entry Feature
N Marion Ave
NE Hernado Ave
NE Calhoun Ave
NE Taylor Ave
NE Davis Ave
NE Methodist Ter
Lake Shore Hospital
Lake Shore Hospital Authority
NE Franklin St
Existing Hospital Sign
Lake Shore Hospital
Lake Shore Hospital
Lake Shore Hospital
NE Hillsboro St
Lake Desoto Cir
Proposed Entry Feature
Campus Boundary
N
W
E
S
Graphic Scale
Scale: 1" = 80'
Landscape Design Associates
Lake Shore Medical Campus
City of Lake City
Master Plan
SABINO MAROO
FL LIC# 1000
LD-01

PLANTING NOTES:

FERTILIZER

FERTILIZERS SHALL BE SLOW RELEASE, UNIFROM IN COMPOSITION, DRY AND FREE FLOWING. THE FERTILIZER SHALL BE DELIVERED TO THE SITE IN THE ORIGINAL UNOPENED BAGS, EACH BEARING THE MANUFACTURERS STATEMENT OF ANALYSES AND SHALL MEET THE FOLLOWING REQUIREMENTS: SIX (6) PERCENT NITROGEN, SIX (6) PERCENT PHOSPHOROUS, AND SIX (6) PERCENT POTASSIUM. FERTILIZER SHALL BE APPLIED TO ALL SHRUBS (1/3 LB PER 3 GAL POT, 1/4 LB PER 1 GAL POT) AND GROUNDCOVER. THE SOD STARTER FERTILIZER MIXTURE SHALL BE A 5-10-10 ANALYSES. A 14-14-14 FERTILIZER ANALYSES IS REQUIRED ON ALL TREES AND SHRUBS OVER 5' IN HEIGHT (1/2 LB PER 5' OF SPREAD). AGRIFORM TABLETS WITH TWENTY (20) PERCENT NITROGEN, TEN (10) PERCENT PHOSPHOROUS, FIVE (5) PERCENT POTASSIUM IN 21 GRAM SIZES SHALL BE APPLIED ALONG WITH THE FERTILIZER PROCESS (1 WITH 1 GAL PLANTS, 2 WITH 3 GAL PLANTS AND 2 TABLETS PER 1" OF TREE TRUNK CALIPER). MAGNESIUM SULFATE SHALL BE APPLIED TO ALL PALMS AT INSTALLATION AT A RATE OF 1/2 LB PER INCH OF TRUNK CALIPER. MANGANESE SHALL BE APPLIED AT THE SAME RATE.

MULCH

MULCH MATERIAL SHALL BE COLORED 'A' GRADE CERTIFIED RE-CYCLED MULCH AND MOISTENED AT THE TIME OF APPLICATION TO PREVENT WIND DISPLACEMENT. MULCH SHALL BE APPLIED TO A MINIMUM OF 3" DEPTH IN PLANTING BEDS. MULCH SHALL NOT BE PLACED WITHIN 6" OF TREE OR PALM TRUNKS.

SOD

THE SOD SHALL BE CERTIFIED TO MEET FLORIDA STATE PLANT BOARD SPECIFICATIONS, ABSOLUTELY TRUE TO VARIETAL TYPE, AND FREE FROM WEEDS, FUNGUS, INSECTS AND DISEASE OF ANY KIND.

SUBSTITUTIONS

NO SUBSTITUTION OF PLANT MATERIAL TYPES OR SIZES WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION FROM THE LANDSCAPE ARCHITECT OF RECORD. CONTAINER GROWN MATERIAL WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR B & B MATERIAL UNLESS PREVIOUSLY APPROVED. INTENDED SUBSTITUTIONS SHALL BE SPELLED OUT IN BID.

MEASUREMENTS

SHADE TREES: HEIGHT SHALL BE MEASURED FROM GROUND TO THE AVERAGE BRANCH HEIGHT OF CANOPY. SPREAD SHALL BE MEASURED TO THE END OF BRANCHING EQUALLY AROUND THE CROWN FROM THE CENTER OF THE TRUNK. MEASUREMENTS ARE NOT TO INCLUDE ANY TERMINAL GROWTH. SINGLE TRUNK TREES SHALL BE FREE OF "V" CROTCHES THAT COULD BE POINTS OF WEAK LIMB STRUCTURE OR DISEASE INFESTATION.

SHRUBS: HEIGHT SHALL BE MEASURED FROM THE GROUND TO THE AVERAGE POINT WHERE MATURE PLANT GROWTH STOPS. SPREAD SHALL BE MEASURED TO THE END OF BRANCHING EQUALLY AROUND THE SHRUB MASS. MEASUREMENT AREA NOT TO INCLUDE ANY TERMINAL GROWTH.

PALMS: CLEAR TRUNK SHALL BE MEASURED FROM THE GROUND AT THE TIME OF INSTALLATION TO THE POINT WHERE THE MATURE AGED TRUNK JOINS THE IMMATURE OR GREEN PORTION OF THE TRUNK OR HEAD.

GREY WOOD (G.W.) - SHALL BE MEASURED FROM THE GROUND AT THE TIME OF INSTALLATION TO TOP OF THE HARDENED TRUNK.

OVERALL HEIGHT (O.A.) - SHALL BE MEASURED FROM THE GROUND AT THE TIME OF INSTALLATION TO THE AVERAGE FROND HEIGHT.

PALMS WITH MARRED OR BURNED TRUNKS WILL NOT BE ACCEPTED.

PLANTING SOIL AND BACKFILL

PLANTING SOIL SHALL BE RECYCLED TOPSOIL.
RECYCLED TOPSOIL SHALL CONSIST OF A STABILIZED MIXTURE OF GROUND YARD TRIMMINGS AND POSSIBLY BIOSOLIDS PROCESSED ACCORDING TO STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION GUIDELINES FOR THE PROCESSING AND DISTRIBUTION OF SEWAGE SLUDGE COMPOST. RECYCLED TOPSOIL SHALL ONLY BE OBTAINED FROM A STATE PERMITTED RECYCLING FACILITY WHICH IS ALSO D.O.T. CERTIFIED AND STORES PRODUCT ON A PAD WITH A CURRENT NEMATODE CERTIFICATION FROM FLORIDA DEPARTMENT OF AGRICULTURE. RECYCLED TOPSOIL SHALL HAVE THE FOLLOWING CHARACTERISTICS:

- WEED FREE
- MOISTURE CONTENT 50% BY WEIGHT MAXIMUM
- WATER HOLDING CAPACITY 200% BY WEIGHT MINIMUM
- CARBON TO NITROGEN RATIO LESS THAN 25 TO 1
- ORGANIC MATTER CONTENT 40% BY DRY WEIGHT MINIMUM
- SOLUBLE SALTS LESS THAN 3 MMHOS/CM
- PH RANGE 7.0 - 7.9
- MINIMUM NUTRIENT LEVELS AS FOLLOWS:

MACRO NUTRIENTS: NITROGEN (N) - 1% MINIMUM, WATER INSOLUBLE NITROGEN 90% MINIMUM, PHOSPHORUS (P) - 0.5% MINIMUM, POTASSIUM (K) - 0.2% MINIMUM AND OTHER MACRO AND MICRO NUTRIENTS. THE RECYCLED TOPSOIL SHALL CONTAIN LEVELS OF THOSE MICRO NUTRIENTS NECESSARY FOR PLANT GROWTH. THESE INCLUDE CALCIUM, MAGNESIUM, SULFUR, BORON, COPPER, IRON, MANGANESE AND MOLYBDENUM. RECYCLED TOPSOIL NOT MEETING THESE REQUIREMENTS WILL NOT BE ACCEPTED.

BACKFILL:
ALL NEW AND TRANSPLANTED PLANT MATERIAL (INCLUDING NEW SOD) SHALL BE PLANTED ONLY AFTER PREPARATION OF EXISTING SOIL AS FOLLOWS:
SPREAD A LAYER OF 3" DEPTH OF RECYCLED TOPSOIL (AS DEFINED ABOVE) OVER THE ENTIRE PLANTING AREA. THE TOPSOIL SHALL THEN BE UNIFORMLY DISKED, TILLED OR ACRIFIED INTO THE EXISTING SOIL TO A DEPTH OF 12" UNDERNEATH SHRUBS AND GROUNDCOVERS, 6" UNDERNEATH SOD AND TO A DEPTH OF 36" FOR THE TREE PITS, WITH THE FOLLOWING EXCEPTION. NO ROTOTILLING OR DISKING SHALL OCCUR CLOSER TO THE TRUNKS OF ESTABLISHED PLANTS THAN ONE HALF (1/2) THE DISTANCE OF THE CANOPY FURTHER OUT FROM THE DRIP LINE OF THE EXISTING PLANT CANOPY. ALL PLANTS, INCLUDING HEDGES AND GROUND COVER SHALL BE PLANTED IN INDIVIDUALLY DUG HOLES AND THE MATERIAL DUG FROM THE HOLES SHALL THEN BE FURTHER MIXED WITH THE PREPARED SITE SOIL PRIOR TO BACKFILLING OF THE PLANTING HOLES AROUND THE ROOT BALLS. NO ADDITIONAL BACKFILL SOIL SHALL BE USED.

AN EXCEPTION ARE PLANTING PITS FOR CABBAGE PALMS, WHICH SHALL BE BACKFILLED WITH CLEAN NATIVE SAND ONLY.

REMOVE EXCESS MATERIAL TO PROVIDE PROPER FINISHED GRADE.

ALL PLANTING PITS AND PLANTING AREAS SHALL BE AMENDED WITH AGRODIAMONDS PER MANUFACTURERS SPECIFICATIONS.

PLANT MATERIALS

TREES, PALMS, SHRUBS, GROUND COVERS.

PLANT SPECIES AND SIZES SHALL CONFORM TO THOSE INDICATED IN THE DRAWINGS. NOMENCLATURE SHALL CONFORM TO STANDARDIZED PLANT NAMES, 1942 EDITION. ALL NURSERY STOCK SHALL BE IN ACCORDANCE WITH GRADES AND STANDARDS FOR NURSERY PLANTS, PARTS I & II, LATEST EDITION PUBLISHED BY THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, UNLESS SPECIFIED OTHERWISE. ALL PLANTS SHALL BE NORMAL FOR THE VARIETY AND FLORIDA GRADE NUMBER 1 OR BETTER AS DETERMINED BY THE FLORIDA DIVISION OF PLANT INDUSTRY.

SPECIMEN MEANS AN EXCEPTIONALLY HEAVY, SYMMETRICAL, TIGHTLY KNIT PLANT, SO TRAINED OR FAVORED IN ITS DEVELOPMENT THAT FIRST APPEARANCE IS UNQUESTIONABLE AND IT IS OUTSTANDINGLY SUPERIOR IN FORM, NUMBER OF BRANCHES, COMPACTNESS AND SYMMETRY.

ALL PLANTS SHALL BE FRESHLY DUG, SOUND, HEALTHY, VIGOROUS, WELL BRANCHED AND FREE OF DISEASE AND INSECT EGGS AND LARVAE AND SHALL HAVE ADEQUATE ROOT SYSTEMS. TREES FOR PLANTING ROWS SHALL BE UNIFORM IN SIZE AND SHAPE. ALL MATERIALS SHALL BE SUBJECT TO APPROVAL BY THE LANDSCAPE ARCHITECT. WHERE REQUIREMENTS ARE OMITTED FROM THE PLANT LIST, PLANTS SHALL BE PRUNED PRIOR TO DELIVERY ONLY UPON THE APPROVAL OF THE LANDSCAPE ARCHITECT.

ALL CONTAINER GROWN MATERIAL SHALL BE HEALTHY, VIGOROUS, WELL ROOTED PLANTS AND ESTABLISHED IN THE CONTAINER IN WHICH THEY ARE SOLD. THE PLANTS SHALL HAVE TOPS OF GOOD QUALITY AND BE IN HEALTHY GROWING CONDITION. AN ESTABLISHED CONTAINER GROWN PLANT SHALL BE TRANSPLANTED INTO A CONTAINER AND GROWN IN THAT CONTAINER SUFFICIENTLY LONG ENOUGH FOR THE NEW FIBROUS ROOTS TO HAVE DEVELOPED SO THAT THE ROOT MASS WILL RETAIN ITS SHAPE AND HOLD TOGETHER WHEN REMOVED FROM THE CONTAINER.

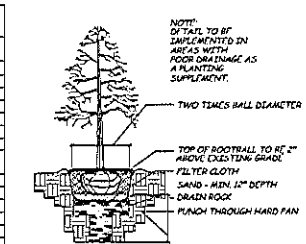
GENERAL NOTES:

1. THE CONTRACTOR SHALL PERSONALLY ACQUAINT HIM/HER SELF WITH THE EXISTING SITE CONDITIONS AND THE EXTENT AND SCOPE OF WORK REQUIRED.
2. THE PLANT LIST INDICATES THE NAMES, SIZES AND SPACING OF SPECIFIC PLANT MATERIALS. QUANTITIES HAVE BEEN PROVIDED TO THE CONTRACTOR AS A CONVENIENCE. THE CONTRACTOR IS RESPONSIBLE FOR HIS/HER OWN QUANTITY COUNT. IN CASE OF DISCREPANCIES BETWEEN THE DRAWINGS AND PLANT LIST, THE QUANTITIES ON THE DRAWINGS SHALL PREVAIL.
3. NO SUBSTITUTES ON VARIETIES LISTED WILL BE ALLOWED WITHOUT WRITTEN APPROVAL FROM LANDSCAPE ARCHITECT.
4. PLANTS SHALL BE WATERED AS NECESSARY OR WITHIN 24 HOURS AFTER NOTIFICATION BY THE LANDSCAPE ARCHITECT.
5. THE LOCATIONS OF PLANTS, AS SHOWN IN THESE PLANS, ARE APPROXIMATE. THE FINAL LOCATIONS MAY BE ADJUSTED TO ACCOMMODATE UNFORESEEN FIELD CONDITIONS. MAJOR ADJUSTMENTS TO THE LAYOUT ARE TO BE APPROVED BY THE LANDSCAPE ARCHITECT OF RECORD.
6. ALL PLASTIC FABRIC SHALL BE REMOVED FROM PLANT MATERIAL AT TIME OF INSTALLATION.
7. ALL TREES MUST BE STAKED AS SHOWN ON THE LANDSCAPE DETAIL SHEET WITHIN 24 HRS OF PLANTING. STAKES TO REMAIN FOR A MINIMUM OF 12 MONTH BUT NO LONGER THAN 18 MONTH. CONTRACTOR RESPONSIBLE FOR MAINTENANCE AND REMOVAL OF THE STAKES.
8. ALL TREES MUST BE PRUNED AS PER LANDSCAPE ARCHITECT DIRECTION.
9. ALL SOD EDGES SHALL BE TRIMMED AS PER THE LANDSCAPE ARCHITECT'S DIRECTION.
10. ALL SHRUBS, TREES, GROUNDCOVERS, SOD AND WILDFLOWER AREAS SHALL HAVE IMPROVED SOIL AS PER PLANTING SOIL NOTES.
11. DO NOT ALLOW AIR POCKETS TO FROM WHEN BACKFILLING.
12. SOAK PLANTS IMMEDIATELY WITH WATER FOLLOWING PLANTING.
13. MAINTAIN THE ORIGINAL GRADE OF THE TREE BASE.
14. DO NOT BREAK ROOTBALL.
15. ALL PLANT SHALL BE HARDY UNDER CLIMATIC CONDITIONS SIMILAR TO THOSE ON LOCALITY OF THE PROJECT.
16. THE LANDSCAPE CONTRACTOR SHALL WATER, MULCH, WEED, PRUNE, AND OTHERWISE MAINTAIN ALL PLANTS, INCLUDING SOD, UNTIL COMPLETION OF THE CONTRACT OR ACCEPTANCE BY THE LANDSCAPE ARCHITECT. SETTLED PLANTS SHALL BE RESET TO PROPER GRADE, PLANTING SAUCERS RESTORED, AND DEFECTIVE WORK CORRECTED.
17. THE LANDSCAPE CONTRACTOR SHALL AT ALL TIMES KEEP THE PREMISES FREE FROM ACCUMULATION OF WASTE MATERIALS OR DEBRIS CAUSED BY THE CREWS DURING THE PERFORMANCE OF THE WORK. UPON COMPLETION OF THE WORK, THE CONTRACTOR SHALL PROMPTLY REMOVE ALL WASTE MATERIALS, DEBRIS, UNUSED PLANT MATERIAL, EMPTY PLANT CONTAINERS AND ALL EQUIPMENT FROM THE PROJECT SITE.
18. UPON COMPLETION OF THE WORK, THE LANDSCAPE CONTRACTOR SHALL NOTIFY THE LANDSCAPE ARCHITECT AND REQUEST A FINAL INSPECTION. ANY ITEMS THAT ARE JUDGED INCOMPLETE OR UNACCEPTABLE BY THE LANDSCAPE ARCHITECT OR REPRESENTATIVE SHALL BE PROMPTLY CORRECTED BY THE LANDSCAPE CONTRACTOR.
19. THE LANDSCAPE CONTRACTOR SHALL GUARANTEE ALL PLANT MATERIAL FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF FINAL ACCEPTANCE IN WRITING FROM THE LANDSCAPE ARCHITECT. AT THE TIME OF FINAL ACCEPTANCE THE ONE (1) YEAR PERIOD SHALL COMMENCE. ANY MATERIALS WHICH HAVE DIED DURING THIS PERIOD SHALL BE PROMPTLY REPLACED WITH SPECIMENS THAT MEET THE MINIMUM REQUIREMENTS CALLED FOR IN THE DRAWINGS. THE LANDSCAPE CONTRACTOR SHALL NOT BE HELD RESPONSIBLE FOR THE DEATH OR DAMAGE RESULTING FROM LIGHTNING, VANDALISM, AUTOMOBILES OR FROM NEGLIGENCE BY THE OWNER. CONTRACTOR SHALL BE RESPONSIBLE FOR WATERING AND OTHERWISE MAINTAINING PLANTS DURING THE GUARANTEE PERIOD UNLESS A WRITTEN AGREEMENT WITH THE LANDSCAPE ARCHITECT PROVIDES FOR A DIFFERENT ARRANGEMENT.
20. ALL LABOR AND MATERIAL FOR SOIL AMENDMENTS AND FERTILIZER THAT IS REQUIRED TO INSURE THE SUCCESSFUL ESTABLISHMENT AND SURVIVAL OF THE PROPOSED VEGETATION AS WELL AS ALL COST FOR THE REMOVAL OF UNSUITABLE OR EXCESS BACKFILL MATERIAL SHALL BE INCLUDED IN THE CONTRACTORS BID TO PERFORM THE WORK PRESENTED IN THIS PLAN SET.
21. NO LANDSCAPING ADDED UNDER THIS PROJECT SHALL BE LOCATED SUCH THAT SAID LANDSCAPING OBSCURES MOTORIST'S VISIBILITY OF ANY EXISTING SIGN(S).

WATERING SCHEDULE

APPLICATION SCHEDULE	
PALM TREES	20 GAL/APPLICATION/PLANT
LARGE TREES	30 GAL/APPLICATION/PLANT
SMALL TREES	20 GAL/APPLICATION/PLANT
LARGE SHRUBS	10 GAL/APPLICATION/PLANT
SMALL SHRUBS	5 GAL/APPLICATION/PLANT
GROUNDCOVER	5 GAL/APPLICATION/PLANT
APPLICATION AMOUNT	
MONTH 1	12 APPLICATIONS
MONTH 2	12 APPLICATIONS
MONTH 3	8 APPLICATIONS
MONTH 4	8 APPLICATIONS
MONTH 5	5 APPLICATIONS
TOTAL:	45 APPLICATIONS

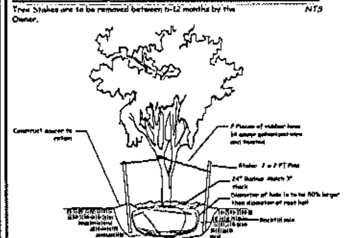
ABBREVIATIONS:
C.T.- CLEAR TRUNK
Ht.- HEIGHT
O.C.- ON CENTER
Spr.- SPREAD



TREE PITS WITH DRAIN
N.T.S.

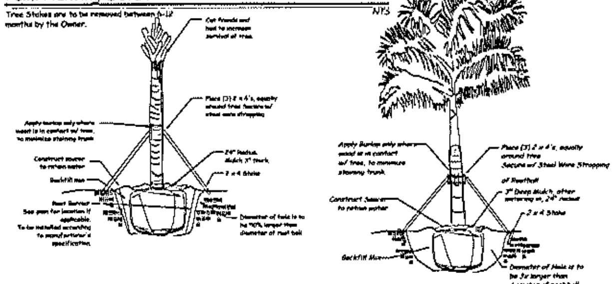
Tree Planting Detail

Tree Stakes are to be removed between 6-12 months by the Owner.
NTS



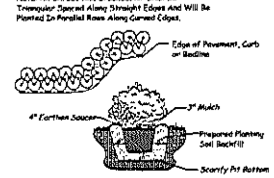
Palm Planting Detail

Tree Stakes are to be removed between 6-12 months by the Owner.
NTS



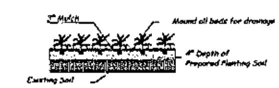
Shrub & Groundcover Planting Detail

Note: All Shrubs And Groundcover Shall Be Triangular Spaced Along Straight Edges And Will Be Planted In Parallel Rows Along Curved Edges.
NTS



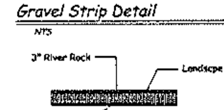
Groundcover & Annual Detail

NTS
NOTE: Annuals Are To Be Planted As Per Groundcover Detail Excluding Mulch.



Gravel Strip Detail

NTS



Graphic Scale
Scale: 1" = 50'

Landscape Design Associates

Scale	NTS
Drawn by	SM
Checked by	SM
CADD No.:	15-051 master
Date	4.28.17

Revisions: Date | Comments

Lake Shore Medical Campus
City of Lake City
Hospital Landscape Plan

LD-09

Staff Report
Jack Berry
May, 2017 Regular Meeting

NEW	8
RENEW	17
INELIGIBLE (INCOME OR OTHER)	0
TOTAL CLIENTS SEEN IN OFFICE IN APRIL	25
ACTIVE MEMBERS	146
PUBLIC VISITS	54

PRIMARY CARE VISITS – 6 LOCATIONS

March 2017	76
YTD (Fiscal year October – Sept)	453

PHARMACY USAGE
March 2017
PATIENTS SERVED 64
RX'S FILLED 201

EMERGENCY ROOM VISITS

April 2017	21